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Department of Mental Health

FY2019 Annual Individual and Family Support Plan

June 2018



**Department of Mental Health
Annual Individual and Family Support Plan
FY 2019**

Overview

Individual and Family Support is imbedded in the Department of Mental Health's (DMH) mission statement. As the State Mental Health Authority, DMH assures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. Its critical mission is accomplished by working in partnership with other state agencies, individuals, families, providers and communities. This plan details ongoing collaborations and initiatives that support clients, their families, the communities where they live and our sister state agencies.

For DMH, the term 'support' includes all activities that assist individuals in their recovery and aid families in their role to promote the growth, resiliency, recovery and rehabilitation of their affected family member. In providing family support, DMH uses the broad definition of family, which may include adults and children, parents and guardians, spouses and partners, other relatives, and non-related individuals whom the person served client defines as family and who play a significant role in the individual's life. In addition, DMH includes support that is provided to the person served themselves in order to facilitate his or her recovery process as these activities are central to the mission and values of the Department.

Through ongoing direct communication with consumers and families as well as with contracted providers and advocacy organizations, DMH provides education, training, linkage, and direct assistance and support. These five support aspects include:

- Education that is age and role-appropriate to enable family members and individuals served to understand mental health issues and the treatment being offered;
- Training in managing challenges that a family member living with a mental illness presents and advocacy and leadership skills for family members and/or persons served;
- Linkage with other resources, including peers and other families, that can reduce the caregiving burden, recognizing that children and youth, as well as adults, may be serving in a care-giving capacity for their family member with mental health problems;
- Direct assistance in caring for a family member with mental health needs; in navigating the human services and special education systems, in addressing eligibility requirements, and in accessing entitlements and insurance for family members and for themselves;
- Person-to-person support through parent support providers, family partners, peer support to adults and parents with mental health conditions; as well as support groups for families, other caregivers, and individuals.

These five support aspects are identified throughout the plan within the context of family empowerment, consumer and family leadership, family support resources in child, youth and adult services, access to services and supports, cultural competence and interagency collaboration.

Further, the DMH approach evolves from extensive, routinely sought family and consumer input. DMH gains stakeholder input from a wide variety of sources and processes as described below.

- Ongoing and regular meetings of the DMH Area and Site boards that regularly provide both needs assessments and program planning input;
- The Massachusetts State Mental Health Planning Council (SMHPC). This body is federally mandated by the Substance Abuse and Mental Health Services Administration (SAMHSA) to exist in all state Mental Health Authorities receiving Community Mental Health Services block grant funds. It is a standing committee of the Mental Health Advisory Council (MHAC) to the Massachusetts Department of Mental Health. The MHAC, established by statute (MGL c.19, section 11) and regulation (104 CMR 26.04 [4]) consists of 15 individuals appointed by the Secretary of the Executive Office of Health and Human Services to "advise the commissioner on policy, program development and the priorities of need in the Commonwealth for comprehensive programs in mental health." All members of the SMHPC are nominated and appointed by the MHAC and include consumers, family members of adults and children, legal and program advocates, providers, other state agencies, mental health professionals and professional organizations, legislators, representation from state employee unions and members of racial, cultural and linguistic minority groups. The SMHPC meets quarterly while its co-chairs and subcommittee chairs meet monthly throughout the year. The subcommittees directly focused on family member and consumer support are the Professional Advisory Committee on Child/Adolescent Mental Health (PAC), Youth Development Committee, Multicultural Advisory Committee, TransCom (The Transformation Committee), Parent Support Committee, Employment Subcommittee, Elder Mental Health Collaborative, and Housing Subcommittee.
- The Parent Professional Advocacy League (PPAL), conducts monthly training and information sessions with DMH Family Support Specialists and MassHealth funded Family Partners. A senior DMH staff person attends these meetings and uses them to keep up with issues, problems, and accomplishments as well as to present information to the group for feedback.
- The Massachusetts Chapter of the National Alliance for the Mentally Ill (NAMI-Mass) and the Parent Professional Advocacy League (PPAL) are in frequent communication with the Department regarding issues of concern to family members. (Ongoing)
- The DMH Office of Recovery and Empowerment organizes meetings and events that bring together DMH and peer leaders together on various topics.
- For children and youth, DMH service system planning is aligned with the MassHealth Rosie D Remedy Services of the Children's Behavioral Health Initiative (CBHI). The population directly affected by the remedy (MassHealth members from birth to 21 with serious emotional disturbance includes many families who are also part of the DMH service population. Therefore, DMH continually assesses how it purchases and delivers services so that its services align with the Commonwealth's overarching goal of a service system for families of children with serious emotional disturbance that addresses child and family needs regardless of the family's insurance status or particular agency involvement. The input from families of youth up to age 21 and from young adults is critical in guiding thinking about the DMH child-youth-young adult system and is solicited through targeted meetings of parents and young adults, as well as the active participation and engagement of parents who sit as members of DMH policy committees.

- Youth and Young Adults have several opportunities to provide input to the Department on services and policies that impact them and their families:
 - For more than 25 years, DMH has had a Child/Adolescent Human Rights Committee for youth representatives from adolescent continuing care services (inpatient and intensive residential treatment programs). These youth have weighed in on human rights issues, treatment issues and practices as well as program operational policies and procedures. This statewide group continues to meet on a monthly basis and inform the ongoing development and refinement of these high-intensity services.
 - The **Youth Development Committee (YDC)** was formally established as a SMHPC sub-committee in 2002 to focus on transition age programming (defined as individuals between the ages of 16 and 25) and to create a voice for youth and young adults. It continues to serve as an advisory board to the SMHPC, and has been key in the development of the Department of Mental Health's (DMH) Transition Age Youth (TAY) Initiative. Membership includes young adults as co-chairs, young adults, stakeholders and policy makers from the state mental health department in the Child/Adolescent & Adult divisions, interagency partners, transition experts, non-profit advocacy organizations, parents, university representatives, and other professionals.
 - Starting in 2007, the Statewide Young Adult Council (SYAC) grew out of YDC because young adults wanted to create their own meeting to provide the young adult perspective and guidance on the TAY Initiative, share information on employment and educational opportunities, as well as provide feedback on policy and planning efforts ongoing in DMH. In addition, SYAC has been instrumental in increasing youth voice into the mental health delivery system, and over the past year, SYAC provided input into the EOHHS Transition Planning Process, and provided feedback on a young adult specific housing continuum. For SFY18-19 State Plan, SYAC has identified infusing a youth voice into the various procurements DMH has planned to ensure services are age and developmentally appropriate for transition age youth and young adults.

- DMH Child, Youth and Family Services established several mechanisms for soliciting on-going input from parents and youth to ensure that DMH's procurements, policies, and other activities reflect parent and youth perspectives and experiences. One example is in the Caring Together system, with the following specific components:
 - Caring Together Family Advisory Committee: comprised entirely of parents and other family members to inform implementation of Caring Together services.
 - Caring Together Implementation Committee: comprised of Caring Together providers, state agency staff, and two parents.
 - Caring Together Coordinators of Family Driven Practice: Staff who are parents with lived experience raising a child with significant behavioral health needs and have extensive professional experience as a Family Partner, Senior Family Partner, or other Parent Support Provider within the children's behavioral health service system. Their role is to advance family engagement practices and family-driven care within the Caring Together system and lead practice improvement efforts throughout the Caring Together system. Due to the important contribution

- of the Coordinators, DMH recently expanded their role and effort regarding family driven practice to include other DMH services and to DMH itself.
- In addition, DMH specialty services (Intensive Residential Treatment and Clinically Intensive Residential Treatment) which were procured as part of the Caring Together procurement imbedded new professional roles for youth (Peer Mentors) and family members with lived experience (Family Service Leaders) to provide both consumer support within the service and connection to home/community services.
- Additionally, in the recent procurements of CYF Therapeutic Day Services and Flexible Support Services, focus groups and meetings were held with parents and youth across the state to understand their experience with these DMH community services and solicit their input on their re-design. Interpreters were provided to ensure participation of individuals for whom English is not their first language.
- DMH enhanced its websites and public information materials to make information about DMH services more available. DMH recently redesigned its internet site as part of the Executive Office of Technology Services and Supports' redesign of Mass.gov. The DMH Resource guide is one of the website's 10 most frequently visited areas. Persons preferring telephone consultation may call the DMH Information and Resource line (1-800-221-0053). Finally, DMH is active on the social media sites, Twitter and Instagram (@massdmh).

The Plan

Through administrative processes, staff assignment, and procurement, DMH continues to address key concerns raised by families and people receiving services, to the extent that resources allow. Parents, family members, and consumers have been involved in both the design and implementation phase of these initiatives. Specific levels of involvement are identified with each initiative.

I. Family Empowerment

Family members and consumers are represented on various councils and advisory boards that provide significant input and direction into the development of DMH policies, procedures, program development and service evaluation, including:

- Commissioner's Statewide Advisory Council;
- Family member participation in the Caring Together Family Advisory Council, the Caring Together Provider Advisory Council and a committee of stakeholders to develop quality and outcome indicators for Caring Together services;
- State Mental Health Planning Council (SMHPC) and its subcommittees, including the Professional Advisory Committee on Children's Mental Health (PAC), Youth Development Committee, TransCom, Restraint/Seclusion Elimination Committee, Multicultural Advisory Committee, Employment Subcommittee, Housing Subcommittee, Elder Mental Health Collaborative, and Parent Support Committee. Parents, caregivers, and consumers also assume leadership roles on these subcommittees;

- The Children's Behavioral Health Advisory Council, established in 2009 in response to Chapter 321 of the Acts of 2008, the Children's Mental Health Law, which has parent and youth representation as Council members;
- Young adult representation on the following committees and workgroups: MBHP Consumer Council, Youth Development Committee, Statewide Young Adult Council, Employment Subcommittee, Housing Subcommittee, and Multicultural Advisory Committee;
- Site and Area Boards that advise on local program development, regulations, statutes and policies;
- Service procurement process through community forums, Requests for Information (RFIs) and membership on proposal review committees that make recommendations to DMH about contract awards. Family members serve on design teams, are represented on Selection Review Teams, and co-present with state agency staff at provider forums and meetings with state agency staff as an orientation to new service models being procured.
- Contract management meetings and other local committees that work on the details of refining and improving the quality of DMH services; and

As mentioned earlier, DMH also contracts with the Parent/Professional Advocacy League (PPAL), the state chapter of the National Federation of Families for Children's Mental Health. This is the statewide organization responsible for making sure that the voices of parents and family members of children with mental health needs are represented in all policy and program development forums both within DMH and in other state agency and interagency forums. PPAL efforts to promote family empowerment include:

- On-going support, through networking, information-sharing, and training, for the network of 25 DMH Family Support Specialists to enhance their advocacy skills.
- Regular communication with the local support groups facilitated by DMH Family Support Specialists. This communication is used to solicit input on proposed changes to state and federal laws, regulations, and program designs that affect children with mental health challenges.
- Feedback from PPAL 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. PPAL members have also been frank about the fact that, beyond the child identified as the client, family members often have their own needs, and PPAL has advocated for service provision that is built on an understanding of the needs and strengths of both the child and the family.
- Collaboration with DMH to solicit ad hoc input from parents, youth, and family members regarding specific issues that impact DMH service design, practice, and policy formulation.
- DMH currently contracts with PPAL to conduct topical surveys of parents and families on current and emerging issues and challenges that families face in getting needed services and supports for their children with behavioral health needs. These findings are used to inform DMH's work, as well as MassHealth and the broader children's behavioral health service system.

To ensure that DMH provides services that are culturally competent to lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) persons and their families, DMH launched a

LGBTQ initiative. As an initial first step, DMH held interviews with key informants, as well as focus groups with DMH clients who self-identify as LGBTQ. Recently, DMH also conducted an all employee survey to assess LGBTQ environment and needs. The results of these discussions and survey developed the DMH LGBTQ policy and training activities in FY18. In FY19, the new policy goes into effect and training of all DMH will be required. Training of managers began in FY 18 as part of implementation and kickoff of the new policy and guidance.

The State Mental Health Planning Council (SMHPC) subcommittees provide significant input into policy and program development.

- The Professional Advisory Committee on Children's Mental Health (PAC) continues to be unique in its broad approach to children's mental health. It has a unique function and role, as the only non-state chaired advisory, entity to DMH focusing on needs and services to children, youth and parents. The PAC's priorities include the Children's Behavioral Health Initiative and opportunities for promoting integrated service delivery across child and family serving agencies. Recently, the PAC has focused discussion and provided input to DMH to ensure that children's behavioral health care, in the re-engineering of integrated primary care payment systems, will maintain a high quality and provide effective access. Further, the PAC supports the development of coordinated care for infants' and young children's mental health. Finally, the PAC collaborates with the Parent Support Subcommittee of the SMHPC to enhance care for parents with mental illness.
- The Youth Development Committee (YDC) was organized in 2002 to focus on transition age programming (defined as those individuals between the ages of 16 and 25) and to create a voice for youth and young adults. Membership includes young adults as co-chairs, parents, providers, advocates, university representatives and interagency staff. This committee meets monthly and effectively oversees the DMH Statewide Transition Age Young Adult (TAY) Initiative. The Initiative has expanded its partnership through a concentrated focus on the development of young adult peer mentors and young adult peer leaders across the Commonwealth. The YDC represents and reports to the Planning Council on the various young adult activities occurring across the state and elicits feedback and input from the Area and Statewide Young Adult Councils. The two young adult co-chairs of the YDC are active members of the Planning Council and its steering committee. One of the YDC co-chairs recently became one of three chairs for the SMHPC.
- The Multicultural Advisory Committee (MAC) advises the Commissioner of DMH, the Director of the DMH Office of Multicultural Affairs, and the SMHPC on DMH's commitment to equitable and quality mental health care for culturally and linguistically diverse communities. The MAC consists of representatives from mental health providers, community-based social services providers, peer providers, city and state government agencies, consumers, family members, educators, and researchers. The committee expanded its advisory role to other groups within DMH. MAC existed as a subcommittee of the SMHPC since April 2007. The diverse MAC membership provides a collective voice, linkages, and

advice to DMH on addressing the complex bio-psychosocial, mental health, recovery, and support needs of children, adolescents, adults, and elderly in Massachusetts' culturally and linguistically diverse populations, especially communities that are marginalized, underserved, or unserved. MAC's goals include:

- Serving as DMH's ambassadors to culturally and linguistically diverse communities by sharing communities' perspectives with DMH and helping DMH outreach to communities;
- Strengthening communication and connections among culturally and linguistically diverse communities, civic organizations, mental health and human services providers, and DMH, including with DMH area operations; and sharing knowledge to increase clients' access to quality care for the reduction of health and mental health disparities and improvement in outcomes.

II. Consumer and Family Leadership

DMH provides and supports numerous opportunities for families and consumers to enhance and develop leadership and advocacy skills, including:

- NAMI's "Family to Family" curriculum, which utilizes a train-the-trainer model to help families 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 the individuals that DMH serves participate in trainings focusing on advocacy strategies offered through MA Families Organizing for Change..
- PPAL provides monthly trainings for DMH Family Support Specialists and for MassHealth Family Support & Training Family Partners that build skills in specific areas, such as effective advocacy with schools and insurers and evidence based treatments. PPAL has also provided training on family empowerment for parents of Medicaid enrollees.
- The Parent Information Network (PIN) administered through BAMSI and funded by the Department of Mental Health, includes a "Parents of Transitional Age Youth Program" that provides information, education, guidance, outreach and support to parents of transitional age youth (14-25) who have emotional, behavioral, and/or mental health challenges. This includes support groups, parent/community education, online support, a resource center and one-on-one support.
- 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 several conference venues including 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, the annual Building on Family Strengths conference sponsored by the Research and Training center of Portland State University, the annual National Building Bridges Conference, and the annual MA Children's Behavioral Health Knowledge Center Symposium.

- Parents co-chair the Family Advisory Committee of the Massachusetts Behavioral Health Partnership (MBHP) and are represented on the EOHHS Children's Behavioral Health Advisory Council.
- Parents serve on the Department of Elementary and Secondary Education's (DESE) Statewide Advisory Committee for Special Education.
- Parents were given the opportunity to review and provide feedback on DESE Special Education Advisory Council recommendations for providing transition services while moving students along a path in order to achieve post-secondary goals.
- Parents serve on the Interagency Restraint/Seclusion Prevention Initiative Advisory Committee and inform ongoing development of trauma-informed, youth-guided, family-driven practices across Health and Human Service settings, private C.766 approved residential schools, and the public schools.
- The DMH Office of Recovery and Empowerment (ORE) actively participates and leads efforts to support and expand the peer workforce, inform the system on the principles of consumer choice, and raise awareness among the mental health community and the general public of DMH's commitment to person-centered and recovery-based principles.
- The Transformation Center, Massachusetts' statewide consumer technical assistance center, conducts annual peer specialist trainings. There are currently over 600 people who completed the training and became Certified Peer Specialists (CPSs) after passing the oral and written examination.
- DMH continues to advance the participation and professionalization of parents and caregivers working in the system of care for children and youth with SED. This is accomplished through DMH's statewide network of Family Support Specialists and DMH's commitment to supporting and advancing the role of family partners and other parent/family support providers.

III. Family Support Resources in Child, Youth and Family Services and Adult Services

Family and individual support is embedded within a number of DMH CYF community-based services. Parents are usually the legal guardians and the ones responsible for their children's care; therefore, most Child, Youth and Family services and activities are designed to support parents in their role. DMH-funded services for adults with mental illness also provide support to their families, if the adult served has consented to having the family aware of his/her situation and are involved. Family support is provided for both persons living at home with mental illness and those who are not. For adults, the service system promotes independence while at the same time offers support to their families, 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 persons served 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 principal DMH adult services providing family and individual support as a service component are described below.

Adult Community Clinical Services (ACCS): DMH developed a new program, Adult Community Clinical Services (ACCS), to replace its primary adult community-based service,

Community Based Flexible Supports (CBFS). ACCS is a residential and community treatment service providing enhanced clinical and rehabilitative services focused on building and sustaining engagement to promote individual recovery, achievement of personal goals and successful completion of the service. ACCS will align with MassHealth's Behavioral Health Community Partner program (BH CP) and with all available employment services, such as those provided by DMH Clubhouse providers and the Massachusetts Rehabilitation Commission (MRC), to leverage existing resources, improve coordination of care and avoid duplication of services. ACCS includes a family engagement service component and Family Partners as a type of peer support. Peer support in ACCS includes Certified Peer Specialists, Recovery Coaches, and Family Partners.

Let's Talk Parents: In FY18, the Children's Behavioral Health Knowledge Center continued its work with **Let's Talk Parents**, a brief interview protocol and discussion guide for adult mental health service providers, focusing on the impact of parenting and family experiences on the adult/parent living with mental illness. Let's Talk Parents is adapted from the original Let's Talk about Children model, developed in Finland, which is a brief, evidence-based psychosocial interview protocol and discussion guide to assist providers and their adults served who are parents to identify and meet the needs of their children, with demonstrated effectiveness in improving children's outcomes. From January to December 2017, investigators worked to identify and engage interested stakeholders from selected agencies delivering Community Based Flexible Support (CBFS) services to help design and pilot the intervention.

Case Management: DMH case management is a service designed to assist persons served gain access to community based services, public benefits that the person may qualify for, and to coordinate the provision of those services among various providers. To provide case management, DMH case managers assess the person's service needs, create an individual service needs plan, and help to coordinate those services among providers in accordance with the plan. With adult clients' permission, DMH case managers work with the family to support their loved one's recovery.

Respite Services: Respite Services provide temporary short-term, community-based clinical, supportive, and rehabilitative services that enable a person served to live in the community as fully and independently as possible. Respite Services are a critical resource in the system providing intensive clinical and supportive intervention that: assess service needs and facilitate transition to community based services, enable a Person Served to remain in or transition back to a stable living environment and divert or transition a Person Served from acute/continuing care hospitalizations / correctional facility. Respite services uses a blended staffing model utilizing a single multi- disciplinary team with the appropriate level of clinical staffing to deliver Services in both site-based and mobile settings. All team members are expected to perform Respite Services activities regardless of the setting.

Peer Respite Services: Peer Respite Services provides site based, temporary peer support in a community-based, natural environment to support individuals served in emotional distress and/or emergent crisis. The service model is rooted in values of mutuality and empowerment. Peer Respite Services support the continuity of individuals' natural supports and community relationships, including but not limited to relationships with mental health and medical providers.

Clubhouse Services: The Clubhouse Service offers psychosocial rehabilitation services and supports through a membership-based community center. Clubhouse Services assist persons served to: increase their community integration through natural supports, interpersonal relationships, and the utilization of community resources; to become more self-sufficient through self-advocacy, education and employment; to enhance general health and wellness; maintain housing; and to participate fully in, and enjoy, their community of choice. Components of Clubhouse Services include: employment services, education services, linkage to community resources, housing supports, health and wellness services, social and recreational services, transportation services and empowerment and advocacy.

PACT Services: PACT is a comprehensive, Evidence Based Practice, recovery oriented service model for individuals with serious mental illness who may benefit from intensive coordinated services and who has not responded well to traditional community based programs or office based interventions. It has an integrated, multi-disciplinary team approach to providing active, ongoing, comprehensive, community based services. Services are individually directed and the Team is the single point of accountability for all services including psychiatric medication prescribing, medication management and therapy. Interventions include outreach, engagement, rehabilitation, clinical, health related as well as recovery-based interventions and support. Services are integrated and designed to be responsive to the changing needs of the Persons Served. The PACT model is an Evidence-Based Practice referred to by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Alliance on Mental Illness (NAMI) as an Assertive Community Treatment (ACT) program.

Forensic PACT Services: The Forensic PACT is a comprehensive, Evidenced Based, recovery oriented service model designed to have special capabilities to serve individuals with serious and persistent mental illness that have current criminal justice involvement or a history of repetitive criminal justice involvement who may benefit from intensive coordinated services and who have not responded well to program or office based interventions. It has an integrated, multi-disciplinary team approach to providing active, ongoing, comprehensive, community based services. Services are individually directed and the Team is the single point of accountability for all services.

Recovery Learning Communities (RLC): RLC is a peer driven, peer support, recovery oriented service for individuals who have been diagnosed with a serious mental illness or who have experienced emotional distress or significant mental health challenges and who may also have or have had substance use issues. Through peer support, the RLC provides a range of recovery support services, supports the RLC peer workforce and links RLC Community Members with recovery-oriented services and supports.

Homeless Support Services: DMH has contracts for 3 distinct types of homeless support services: Housing First; Outreach and Engagement; and Stabilization. Homeless support

services also includes a master service agreement for Program Staffing Supports. These are described below.

Housing First Services: Housing First Services employ two service models: Assertive Treatment and Relapse Prevention (ATARP) and Housing Options Program (HOP I and HOP 2 levels) designed to provide supportive housing and lease management services for DMH authorized individuals experiencing homelessness.

ATARP- A supportive housing program for DMH individuals at risk of or experiencing homelessness, who have a dual diagnosis of mental illness and substance-related addictive disorders. The model is an intensive clinical outreach service designed to provide individualized support in community housing placements. The intensive clinical outreach services promote housing retention, assistance in accessing treatment and other resources so that the individuals served can achieve recovery.

Housing Options Program (HOP1, HOP 2)- Low intensity services for DMH individuals experiencing homelessness who qualify for specialized housing subsidies with supportive services. HOP 1 services include assistance in maintaining housing subsidies provided by the federal Department of Housing and Urban Development. HOP 2 services include supportive help with life tasks, such as ensuring adequate food, paying bills, mediation with landlords and/or help with social interactions with the goal of housing retention.

Outreach and Engagement: These services, provided by an Outreach Team, focus on making contact in the community with individuals who are experiencing homelessness in an effort to engage them and facilitate referrals for essential treatment, including behavioral health and primary care, employment services, housing and assistance in applying for benefits for which they may be eligible. Services include engagement, assessments, crisis intervention, and information and referral.

Stabilization Services: Two service models exist for stabilization services: Safe Haven and Dual Diagnosis Shelter, which are designed to provide homeless individuals with access to safe, stable housing, DMH services and other community services including access to mental health and physical health services.

Safe Haven - Provide an alternative to shelter for individuals whose symptoms of mental illness make it difficult to utilize shelters and may have otherwise been sleeping outdoors. Safe Haven programs are residential in design in a group living environment, transitional in nature and are targeted for individuals with serious and persistent mental illness. Services beyond housing include help with benefits, other housing applications, social support, and crisis intervention, with staffing provided 24 hours per day, 7 days per week with the goal of stabilization and assistance in transitioning into long-term housing.

Dual Diagnosis Shelter Services- Provides a specialized shelter for homeless individuals who have a dual diagnosis of mental illness and substance-related addictive disorders. The specialized shelter provides emergency beds and clinical support. Staffing is provided 24 hours per day and 7 days per week. On-site shelter support includes: assessment of needs, service coordination, crisis intervention, assistance with activities of daily living, assistance with medication and nutritional education.

DMH Child, Youth and Family Services that provide family and individual support as a service component are described below.

In FY18, DMH directly provided and/or funded a range of direct services for approximately 6,900 children and youth (ages 0 to 20) who have serious emotional disturbance (SED) or Serious Mental Illness (SMI). This figure does not include youth receiving emergency services, youth receiving evaluations through court clinics, or youth served through interagency projects to which DMH contributes funds but for which it is not the program administrator. In addition, this figure does not include youth who receive indirect services through school and community support programs, such as trauma counseling. Nor does it include the parents across the Commonwealth who participate in the activities provided by DMH Family Support Specialists, which are available to all parents in Massachusetts whose children experience mental health challenges, not just parents of DMH youth clients (see below).

CYF Case Management: DMH CYF Case Management is a service designed to assist youth and their families to identify and access services and supports available in their communities and through higher levels of care, and to coordinate the provision of those services among various providers. To provide case management, DMH CYF Case Managers assess the service needs of the youth and family, create a service plan that reflects an effective response to those needs, and help to coordinate those services among providers in accordance with the plan. DMH CYF Case Managers work in partnership with the youth and their family to promote family-driven and youth-guided care.

Flexible Support Services: In FY19, DMH is reprocurring these community-based services for youth and families, of which two new key components are Family Partners and Young Adult Peer Mentors. Both services are designed to provide peer support to parents/caregivers and youth respectively, to support and promote active engagement in services, and assist parents/caregivers and youth to navigate the service system, understand service options, and develop self-advocacy and resiliency skills. Through strategic sharing of their own lived experience, Family Partners and Young Adults Peer Mentors are able to engage parents/caregivers and youth in ways that others may not. DMH Flexible Support Services also provide support to parents/caregivers and families that enable them to most fully participate in their children's treatment, including but not limited to such things as transportation and respite.

Therapeutic Day Services: In FY18, DMH re-procured its Therapeutic Day Services, which are highly structured therapeutic services that offer treatment, behavior management training, social skill development, symptom management, and supported recreation. Services are available after school, on week-ends, and during vacation times, to promote and support participation in

community activities, development of well-being, and healthy and positive peer and family relationships.

Caring Together Services: DMH Caring Together Services provide out-of-home treatment and intensive community-based treatment for youth clinically complex needs. Recognizing the critical role that parents/caregivers and other family members play in the treatment of a youth with SED, Caring Together Services promote active participation of parents/caregivers and other family members in all aspects of a youth's care, and strive to provide family-driven and youth-guided care that promotes resiliency and permanency. Parents/caregivers and other family members play important roles in activities that guide the successful implementation of Caring Together Services, and include those described above (e.g., Caring Together Family Advisory Committee, Caring Together Implementation Committee, and the Caring Together Coordinators of Family Driven Practice).

Intensive Residential Treatment Programs and Continuing Care Units: DMH intensive residential treatment programs (IRTP/CIRT) are the most intensive 24-hour, secure facilities available in the Commonwealth for youth with serious emotional disturbance or mental illness. DMH also operates hospital-based psychiatric care in locked units for authorized children and youth who require continuing intensive medical and/or psychiatric stabilization. New professional roles for youth (Peer Mentors) and family members with lived experience (Family Service Leaders) are imbedded in these services to provide both consumer support within the service and connection to home/community services.

Family Support Specialists: Through its Community and School Therapeutic Supports, DMH funds a statewide network of parent peer professionals, or Family Support Specialists. Available in every DMH Area, Family Support Specialists assist other parents to navigate the system, access entitlements, and develop the skills that allow them to effectively advocate for the services and supports they and their child need. Family Support Specialists also facilitate parent support groups that are open to all parents or caregivers of a child with emotional or behavioral health needs, and are not limited to just parents of DMH-involved youth.

Parent Professional Advocacy League (PPAL): DMH provides funding to the Parent Professional Advocacy League (PPAL), the statewide organization that supports and advocates on behalf of parents and families of children with behavioral health needs. This organization works to promote parent participation in policy and program development so that behavioral health services are family-driven and reflect family voice and choice. DMH recognizes that adults with psychiatric conditions are quite likely to be parents themselves and is adapting recovery and support services to meet the unique needs of parents and care givers with mental health conditions.

IV. Access to Services and Supports

DMH's statutory mission calls for a focus on serving adults with serious mental illness and children and youth 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, including that insurers subject to the state's parity

legislation will fund the mental health services identified in the legislation, and that community agencies and organizations, given some assistance, can and will serve most children and adults, including those with mental health needs.

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 does extensive outreach and training with community agencies and organizations to make them aware of DMH services including services such as education and family support activities sponsored by NAMI and PPAL. In addition, DMH is also increasing its communication and publicity activities. Examples of these activities, which DMH either directly funds or supports through collaborations and partnerships include:

- 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.
- 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.
- DMH works collaboratively with Adoptive Families Together, the Federation for Children with Special Needs, and Massachusetts Families Organizing for Change, an organization focused on individuals with developmental and/or intellectual disabilities, and which is increasingly drawing families whose children have behavioral health problems. The purpose is to assure that these constituents know about DMH services.
- Several organizations, including PPAL and the Transformation Center, added features to their websites, including blogs and chat rooms that are responsive to the needs of a variety of consumers and family members.
- The DMH Child, Youth and Family Division worked through the Transitional Age Youth Initiative to increase media involvement through a redesign of the Speaking of Hope website to highlight various transition age young adult resources and supports across the state, with continuous updates informed by the Statewide Young Adult Council and supported by the Youth Development Committee as a forum for young adult information and conversations related to housing, education, employment, resources, health and wellness, LGBTQ supports, and upcoming young adult activities or trainings.
- An additional website, also advised by the YDC and SYAC is, ReachHireMA.org which is focused on young adult employment and educational opportunities. This website was originally developed in collaboration with UMass Medical School but now is fully under the DMH social media umbrella. Employment is seen as a top priority for young adults with serious mental health challenges and this site provides an opportunity for engagement on this topic. Recently, the Department of Transportation supported billboards statewide for Reach Hire and traffic to the site has increased steadily.
- DMH supports and collaborates on general community information campaigns 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 developed a liaison function between DMH Site offices and acute care inpatient psychiatric units and facilities. The DMH liaison works with inpatient facilities to assist in referrals to DMH continuing care inpatient beds; identify possible alternatives to inpatient continuing care; facilitate linkages between the inpatient unit and existing community providers; and facilitate transfers to continuing care when alternative dispositions are not possible. Further, DMH provides training to acute care psychiatric units, and to other state agencies such as the Department of Children and Families to keep them abreast of DMH services and service authorization requirements.
- The Children's Behavioral Health Knowledge Center at DMH has supported the University of Massachusetts Child Trauma Training Center's (CTTC) **LINK-KID** referral service since October 2016. The goals of the service are to: 1) Rapidly refer children in need of trauma treatment to those providers/practitioners who can provide state-of-the-art care and 2) reduce the burden inherent in navigating the complex treatment systems on families and other referral sources (e.g. social workers, etc.) by maintaining a statewide database of providers trained to deliver evidence-based trauma treatments and facilitating a timely referral to a provider(s) based on age, gender, geography, and insurance type.

LINK-KID is a FREE resource for families, providers, and professionals looking to refer children to trauma-focused evidence-based treatment throughout Massachusetts. When a caregiver, parent, or professional calls LINK-KID (**1-855-LINK-KID**) to make a referral for services, the individual speaks with a clinically trained Resource and Referral Coordinator (RRC) who will collect the basic demographic information of the child and will also complete a full trauma screen with the referral source and/or the caregiver, including collecting a description of the child's trauma history including various trauma types and related symptoms, reactions, and responses connected with the trauma experience(s).

The entire process of making a referral through LINK-KID takes no more than two business days and the amount of time from initial call to the referral is tracked closely by LINK-KID staff. Since the contract began in October 2016, LINK-KID staff members have facilitated more than 1,013 referrals to evidence-based trauma treatment.

V. Cultural Competence

Recognizing that mental health is an essential part of healthcare, the Department of Mental Health (DMH) establishes standards to ensure effective and culturally competent care to promote recovery. The DMH Office of Multicultural Affairs (OMCA) is committed to reducing mental health disparities among diverse racial, ethnic, and linguistic populations in Massachusetts. OMCA ensures meaningful access to DMH services, programs, and activities for persons who

have limited English proficiency. OMCA coordinates the scheduling of in-person interpreters for clients in DMH-operated facilities/mental health units, persons seeking DMH services, and the family members who are involved in their care. Likewise, American Sign Language (ASL) interpreters and Communication Access Realtime Translation (CART) providers are utilized to help individuals who are deaf and hard of hearing. OMCA supports the provision of ASL interpreter and CART services by explaining to DMH staff how to request these services for their clients. Written materials are available in the client's preferred language. Examples of translated written materials include the *Right to An Interpreter* human rights poster, complaint forms, and service authorization application forms. Translations are done for individual client-specific matters on an as needed basis.

OMCA staffs the Multicultural Advisory Committee (MAC), noted above as a subcommittee of the State Mental Health Planning Council. MAC advises the Commissioner of DMH on the Department's commitment to equitable and quality mental health care for culturally and linguistically diverse communities. MAC members are mental health providers, community-based social services providers, representatives of city and state agencies, clients and family members, peer providers, people with lived experience of mental illness, educators, researchers, and other stakeholders who understand and advocate on behalf of diverse communities. MAC meetings occur every other month and serve as forums for MAC members to learn about mental health-related events so they can share this information with their communities.

OMCA coordinated the translation of the annual DMH consumer satisfaction surveys in order to increase participation by consumers and their family members whose primary language is not English. The satisfaction survey sent to adult clients enrolled in Community Based Flexible Support was translated into 6 languages. The family consumer satisfaction survey sent to parents/guardians of children enrolled in DMH services was translated into Spanish.

VI Interagency Collaboration

DMH is engaged in numerous interagency activities to promote the mental health of youth and adults, including:

- The DMH Commissioner chairs the Children's Behavioral Health Advisory Council, on behalf of the Secretary of Health and Human Services. This Council is mandated under Chapter 321 of the Acts of 2008, An Act Improving and Expanding Behavioral Health Services for Children in the Commonwealth. It is made up of stakeholder groups identified in the law and meets monthly to monitor, plan and make recommendations on targeted activities.
- DMH is an active member of the Bureau of Substance Addiction Services Interagency Work Group (IWG) established by the Department of Public Health in 2001 with membership that also includes the Departments of Children and Families, Youth Services, Developmental Services and Transitional Assistance, MassHealth, the Juvenile Court and Learn to Cope, and selected substance abuse providers. The IWG goals are to build common understanding and vision across state systems; design and implement a community centered system of comprehensive care for youth with behavioral health disorders that incorporates evidence based practice; coordinate service delivery across

systems; simplify administrative processes; and develop purchasing strategies that maximize federal and state dollars.

- DMH is represented on DCF's Statewide Advisory Council. In addition, DMH collaborates with the Transition Age Youth Coordinator for DCF on matters pertaining to young adults 16-25.
- DMH also collaborates with the Department of Elementary and Secondary Education (DESE) on a number of initiatives and task forces, including:
 - DMH sits on the Special Education Advisory Council whose purpose is to review and make recommendations pertaining to Special Education's State Performance Plan and Annual Performance Report
 - DMH is the convener of a School Based Collaborative in its Metro Boston Area, attended by senior representatives from the Boston Public Schools and community based mental health agencies which contract with DMH to provide consultation, training, and specialized interventions to students in over 100 schools within the greater Boston area
 - DMH participated in panel discussions with Boston Public School leadership, Boston Public Health Commission, students, parents, Teachers Union and Suffolk County Sheriff's Department to develop a strategy to create Trauma-Informed Schools.
 - Recognizing the efficacy of peer support and family driven practice especially in young adults and communities of color, DMH is working with Boston Public Schools Leadership to develop a Social Emotional Ambassadors program in the Boston Public High Schools, where students and parents/care-givers will be trained and supported to counsel their peers
 - DMH is represented on the Suffolk County Sheriff's Department Family Matters Advisory Committee, which uses a strength based community centered approach to foster collaboration across sectors with stakeholders and providers. Advisory members share best practices and explore innovative approaches and processes to improve the quality of care and support for families of the incarcerated. The Consortium leverages the resources of the community and builds partnerships rooted in intersectionality and is driven to create a cultural shift that acknowledges the social economic, racial, and the dynamics power and privileges plays in systems change
- 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.
- In response to growing concern about restraint and seclusion use in child-serving settings, DMH leads the cross-secretariat interagency effort to reduce and prevent their use. The Initiative brings together leaders from the state Departments of Children and Families (DCF), Mental Health (DMH), Youth Services (DYS), Developmental Services (DDS), Public Health (DPH), Early Education and Care (EEC), and Elementary and Secondary Education (ESE) to work in partnership with the Office of the Child Advocate and parents, youth, providers, schools and community advocates to focus on preventing and reducing the use of behavior restrictions that can be re-traumatizing. The vision for the multi-year effort is that all youth serving educational and treatment settings will use trauma informed, positive behavior support, Restraint and Seclusion prevention practices

that respectfully engage families and youth. Currently, the group is facilitating the implementation of new R/S regulations (ESE and EEC) which advance R/S prevention practices, data collection and analysis, and eliminates prone restraint. A key method to this facilitation process is workforce development – cross-agency/cross-provider trainings provided throughout the year. This Initiative capitalizes on the Department of Mental Health's award-winning, nationally recognized, 17-year restraint and seclusion prevention effort.

- Recognizing the critical importance of prevention and early intervention with regard to childhood mental health, DMH is expanding its capacity to address the mental health needs of young children.
 - DMH continues to work in partnership with the Department of Early Education and Care (DEEC) to expand both agencies' capacity to address the mental health needs of young children.
 - The two agencies continue to explore ways in which this partnership can build on current DEEC initiatives to improve behavioral health supports to young children at risk for experiencing on-going behavioral/mental health challenges, such as those at risk for suspension and/or expulsion from early childhood care, children living in communities experiencing significant stress, and children from families challenged to access needed supports through the schools.
 - DMH is an active participant and partner on the public-private state Young Children's Council that oversees on-going activities of the DPH-Boston Public Health Commission's Project MYCHILD and LAUNCH grants and the MECCS Impact grant.
 - DMH co-chairs the Infant and Early Childhood Mental Health (IECMH) Policy Workgroup, which addresses statewide coordination of activities related to IECMH across multiple stakeholders.
 - DMH and DEEC along with DPH held a summit in 2017 to bring stakeholders, including parent partners, together to discuss challenges in IECMH, including Expulsion and Suspension from Preschool, and strategies to improve behavioral health supports in preschool and in primary care settings. The summit also served to provide recommendations which will inform the strategic plan for the IECMH Policy Workgroup.
 - In 2018, DMH and DEEC partnered to present a series of Professional Development training opportunities for Family Childcare Providers across five regions in the Commonwealth. The trainings targeted the Spanish speaking, immigrant and other marginalized workforce members, a subpopulation identified by DEEC as one that would benefit from Trauma Informed, IECMH trainings. The outcomes expected are increased competencies and expansion in their capacity to meet the mental health needs of the young children in their care as well as their families.
- DMH consults to DCF regarding service planning for children involved with DCF who have mental health problems and for those whose parents have mental illness. The DMH Child Psychiatrists meet monthly with the DCF Psychiatrist and the DCF Clinical Specialists to discuss trends, issues, and complex situations related to client/family needs; and provide consultation to DCF Area Offices on DCF youth with complex psychiatric needs.

- DMH continues to assess how its services can be improved for those children who have a parent or primary caregiver living with mental illness and collaborate with DCF to improve identification and supports for parents with mental illness.
- In collaboration with DCF, DMH actively participates in MA Anti-Trafficking Leadership Advisory Board and on the Statewide Human Trafficking Workgroup to develop goals, recommendations and protocol in responding to Commercial Sexually Exploited Children (CSEC). DMH collaborated with Justice Resource Inc and My Life My Choice to have staff trained on discovery and identification. To support this effort, DMH has identified staff in each DMH Area to participate in Multi-disciplinary Response Teams at the county level. These teams are charged with developing a Non-criminal response to CSEC.
- Given that a majority of children in the state have some of their mental health treatment covered by private insurance plans, this population must be considered as well when attempting to build an integrated system providing comprehensive services. Massachusetts passed mental health parity legislation in 2000 which mandated coverage for both acute and intermediate care and created an ombudsman resource at DPH to oversee managed care implementation. In 2008, the law was amended to broaden its scope to include substance abuse disorders, post-traumatic stress disorders, eating disorders and autism for both adults and children. In 2009, DMH, the Division of Insurance, and DPH issued guidance clarifying what is covered under intermediate care. As the state achieves full implementation of the Rosie D Court Order, a continuing challenge is to create a provider network that serves both the publicly and privately insured and ensures continuity of care as children move on and off of Mass Health.
- DMH continues to partner with MassHealth on a number of initiatives. For example, DMH Child Psychiatrists and the MassHealth Office of Clinical Affairs Medical Director co-chair an ongoing Committee related to psychotropic medication use among children with the goal of developing an algorithm for best practices. DMH is also represented on the Family Advisory Council of the Massachusetts Behavioral Health Program (MBHP).
- DMH is an active member of the Commission on Unaccompanied Homeless Youth (the Commission). The Commission was established in statute for the purpose of studying and making recommendations relative to services for unaccompanied homeless youth, with the goal of providing a comprehensive and effective response to the unique needs of this population.
- In FY18, DMH Child, Youth and Family Division staff served on the steering committee to develop the State Plan to End Youth and Young Adult Homelessness. DMH was spotlighted in the State Plan for a best practice of Authentic Youth Engagement. Additionally, DMH staff served on a steering committee to “Create a safe space” for youth and young adult members of the Commission. At every juncture in the development of the state plan, DMH engaged the Youth Development Committee (YDC) for feedback, editing and contributions to the State Plan
- DMH is represented on the Commission on the Status of Grandparents Raising Grandchildren. The Commission’s primary purpose is to serve as a resource to the Commonwealth on issues affecting grandparents and all relatives raising grandchildren.

Finally, DMH is an active participant in multiple efforts underway with EOHHS leadership to improve the integration of behavioral and physical health care systems including the recently

approved MassHealth Section 1115 Waiver Accountable Care Organization Initiative, the Integrated Care Initiative for Individuals Dually Eligible for Medicare and Medicaid and the Behavioral Health Community Partner Initiative. Joint efforts include the “New Model” design discussed earlier, adopting common quality measures, seeking consumer satisfaction input via a survey project and a community resource directory in partnership with the Health Policy Commission. Through continued execution, evaluation and refinements to the plan described above, DMH supports individuals and families in recovery.