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## **Department of Mental Health**

# **Chapter 171 Report and Annual Individual and Family Support Plan Fiscal Year 2022**

**November 2021**



**Department of Mental Health  
Annual Individual and Family Support Plan  
Fiscal Year 2022 (FY22)**

**Overview**

Individual and Family Support is embedded 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 a broad definition of family, which may include adults and children, parents and guardians, spouses and partners, other relatives, and non-related individuals that the person served defines as family and play a significant role in the individual’s life.

Input from families of youth and young adults is critical to guiding the development of the DMH system. It 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 and procurement committees. Youth and young adults have several opportunities to provide input to DMH on services and policies that impact them and their families as described herein.

DMH provides five support aspects:

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

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

## **The Plan**

### **I. Individual and Family Leadership and Empowerment**

Family members and persons served are represented, and in some instances hold leadership roles, on various councils and advisory boards which provide significant input and direction into the development of DMH policies, procedures, program development, and service evaluation, including:

- Commissioner's Statewide Advisory Council;
- Family Advisory Council;
- State Mental Health Planning Council (SMHPC) and its subcommittees including the Professional Advisory Committee on Child/Adolescent Mental Health (PAC); Youth Development Committee; Transcom (The Transformation Committee); Employment Subcommittee; Elder Mental Health Collaborative; and the Housing Subcommittee;
- Young adult representation on the MBHP Consumer Council; Youth Development Committee; Statewide Young Adult Council; Youth Human Rights Committee; Employment Subcommittee; and Housing Subcommittee;
- The Children's Behavioral Health Advisory Council, which has parent and youth representation as Council members;
- 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; and
- Contract management meetings and other local committees that work on the details of refining and improving the quality of DMH services.

DMH manages three statewide contracts which further family engagement and empowerment of families and caregivers of adults with mental illness (National Alliance on Mental Illness), families of youth with mental health needs (Parent/Professional Advocacy League), and other stakeholders (Massachusetts Association of Mental Health). These programs are described throughout this report and are designed to integrate the voices of families in mental health planning and to empower families and organizations through education and awareness, training, information and referral, collaborations and partnerships, consultation, and technical assistance.

DMH Child, Youth, and Family Services (CYF) uses several mechanisms for soliciting ongoing input from parents and youth to ensure DMH procurements, policies, and other activities reflect parent and youth perspectives and experiences:

- The Child, Youth and Family Advisory Committee is comprised entirely of parents and other caregivers. It provides consultation and feedback to DMH CYF leadership about the operation of DMH and its contracted services from the perspective of parents and families. This is a key venue for leadership to hear from families about systemic issues that affect their experience and that of other parents of youth receiving DMH services. This group reviews and gives feedback regarding reports on the operations and outcomes of DMH and its contracted providers as well as DMH CYF proposed activities, initiatives, and policies;

- The Intensive Clinical Service (ICS) Procurement Stakeholder Group includes parents as well as professionals with lived experience to solicit input from workgroup members;
- Currently, DMH is preparing to procure its high-intensity services and has begun a direct-interview process with all enrolled youth and families to solicit their experiences and recommendations and to continue to evolve these interventions to be relevant and helpful to those served by DMH. This direct interview process also includes other important stakeholder groups including providers, state agencies, trade organizations, advocacy groups, and schools;
- 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, approved private residential schools, and public schools. In addition, parents are taking leadership roles, recommending curricula and new methods, and helping to inform Committee members to shape pending legislation on restraint/seclusion practice in public schools;
- DMH continues to advance the participation and professionalization of parents and caregivers working in the system of care for children and youth with Serious Emotional Disturbance (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 and family support providers; and
- As described below, DMH 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 ensuring 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 is in frequent communication with DMH and DMH staff attend monthly PPAL meetings to stay informed of any issues, problems, and accomplishments and to present information to the group for feedback. Additional activities include:
  - PPAL provides trainings that help families build skills in specific areas, such as effective advocacy with schools and insurers and facilitating family support groups;
  - Youth Move Massachusetts, under PPAL's umbrella, is the local chapter of Youth Move National which improves services and systems focused on mental health for youth and young adults. DMH contracts with the local chapter to implement a statewide speakers bureau of youth and young adults to share their lived experiences with providers, policy makers, and other key stakeholders; and
  - Family support funds are provided to PPAL to pay for expenses associated with attending PPAL's annual conference.

DMH provides and supports numerous opportunities for adult persons served and their families to enhance and develop leadership and advocacy skills, including:

- The National Association for Mental Illness (NAMI) "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 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;
- The DMH Office of Recovery and Empowerment (ORE) leads efforts to support and expand the peer workforce, informs the system on the principles of choice, and raises awareness among the mental health community and the general public of DMH's commitment to person-centered and recovery-based principles; and

- The Transformation Center, the Massachusetts statewide technical assistance center, conducts annual peer specialist trainings. There are over 600 people who completed the training to become Certified Peer Specialists (CPSs) after passing the oral and written examination.

## II. Family Support Resources in Child, Youth, and Family Services and Adult Services

Family and individual support is embedded within 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 consents to having the family aware of the situation and 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 continues to work on the question of how to support family members of persons served who are their own guardians and 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):** a comprehensive, clinically-focused service that provides clinical interventions and peer and family support to facilitate engagement, support functioning, and maximize symptom stabilization and self-management of individuals residing in all housing settings.
- **DMH Case Management:** a service designed to assist persons served gain access to community-based services, public benefits that the person may qualify for, and coordinate the provision of those services among various providers.
- **Respite Services:** 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.
- **Peer Respite Services:** site-based, temporary peer support in a community-based, natural environment to support persons served in emotional distress and/or emergent crisis. The service model is rooted in values of mutuality and empowerment.
- **Clubhouse Services:** membership community –based centers providing psychosocial rehabilitation services and supports including employment and education services, linkage to community resources, housing supports, health and wellness services, social and recreational services, transportation services, and empowerment and advocacy.
- **Program of Assertive Community Treatment (PACT):** a comprehensive, evidence-based practice, recovery-oriented service model for individuals with serious mental illness who may benefit from intensive coordinated services and who have 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.
- **Forensic PACT Services:** a comprehensive, evidenced-based, recovery-oriented service model designed to have special capabilities to serve individuals with serious and persistent mental illness who have current criminal justice involvement or a history of repetitive criminal justice involvement, who may benefit from intensive coordinated services, and 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):** 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.
- **Access and Drop-In Centers for Youth and Young Adults:** access and drop-in centers to support and link young adults to behavioral health services. These sites are primarily staffed by young adult peer mentors who help to navigate and guide participants to engage in treatment and to support their goals around employment, education, and housing.
- **Homeless Support Services:** a range of clinical interventions, supports and housing programs to address the unique needs of individuals who are mentally ill and who may be at risk of or experiencing homelessness. Programs include the Aggressive Treatment Relapse Prevention (ATARP) and Housing Option Program, outreach and engagement, and stabilization services (e.g., Safe Havens and shelters).

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

- **CYF Case Management:** a service designed to assist youth and their families to identify and access services and supports available in their communities through higher levels of care, and to coordinate the provision of those services among various providers. DMH CYF Case Managers work in partnership with the youth and their family to promote family-driven and youth-guided care.
- **Flexible Support Services:** peer and family supports including respite, home-based family support, individual youth support and youth support groups. Family Partners and Young Adult Peer Mentors in these community-based services provide peer support to parents/caregivers and youth/young adults respectively, to support and promote active engagement in services, and assist parents/caregivers and youth/young adults to navigate the service system, understand service options, and develop self-advocacy and resiliency skills.
- **Therapeutic Day Services:** highly structured environments providing supports and treatment including, behavior management training, social skill development, symptom management, and supported recreation. Services are available after school, on weekends, and during vacation times to promote and support participation in community activities, development of well-being, and healthy and positive peer and family relationships.
- **Intensive Clinical Services (ICS):** formerly Caring Together Services, provides out-of-home treatment and intensive community-based treatment for youth with clinically complex needs. ICS 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.
- **Intensive Residential Treatment Programs and Continuing Care Units:** intensive 24-hour, secure facilities available in the Commonwealth for youth with SED or SMI who require more intensive clinical services or hospital-based psychiatric care. Professional roles for young adults/youth-graduates (Peer Mentors) and family members with lived experience (Family Service Leaders) are embedded in these services.

- **Family Support Specialists:** a statewide network of parent peer professionals, or Family Support Specialists, who facilitate parent support groups; and assist other parents to navigate the system, access entitlements, and develop the skills that allow them to effectively advocate for the services
- **Parent Professional Advocacy League (PPAL):** an organization promoting parent participation in policy and program development so that behavioral health services are family-driven and reflect family voice and choice.

### III. 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 statutes will fund the mental health services identified in the statutes, 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 individuals 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 persons served:

- DMH funds benefits specialists who provide training and work with individuals 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.
- To assist families in navigating the behavioral health benefits for children and adolescents (BHCA) with commercial insurance, DMH supports the Insurance Resource Center for Autism and Behavioral Health, located within the Shriver Center at the University of Massachusetts. The Center is a unique resource in the Commonwealth for providing training, information, and assistance with issues related to commercial insurance coverage for treatment of autism and children's behavioral health issues. Education of families, providers, and other community members about the behavioral health benefits available to youth helps to support the goal of parity for behavioral health with physical health.
- NAMI has a statewide information and referral line that services thousands of callers a year. Through these calls and other requests, NAMI of Massachusetts 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, which increasingly draws families whose children have behavioral health problems.
- An additional website, ReachHireMA.org, also advised by the YDC and SYAC, is focused on young adult employment and educational opportunities. The Department of Transportation supported billboards statewide for Reach Hire and traffic to the site has increased steadily.
- DMH provides funding to the Massachusetts Psychosis Network for Early Treatment (MAPNET), a First Episode Psychosis Technical Assistance Center (FEPTAC), to provide extensive outreach and engagement trainings to community groups and to agencies regarding early signs and symptoms of early psychosis and pathways to care. MAPNET maintains a website with resources and information regarding First Episode Psychosis Coordinated Specialty Care programs in Massachusetts for youth, families, and providers.

- 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 during May, which has been designated nationally as Mental Health month.
- The Massachusetts Child Psychiatry Access Program (MCPAP) is a system of regional children's behavioral health consultation teams designed to help primary care providers and their practices to promote and manage the behavioral health of their pediatric patients. Additionally, when indicated, face-to-face consultations with either a Child and Adolescent Psychiatrist or independently licensed Behavioral Health Clinician are conducted with the youth and/or family and written recommendations are sent to the primary care provider within two business days. During FY21 MCPAP child psychiatrists and/or clinicians conducted a total of 2,716 face-to-face consultations with youth and or/families either in person or via telehealth. This represents a 27% increase in face-to-face consultations over FY20, when the total face-to-face visits was 2,176.
- MCPAP for Moms, an expansion of MCPAP, provides obstetricians, midwives, and PCPs with psychiatric consultation for behavioral health concerns and questions around medications when pregnant or breastfeeding. During FY21, MCPAP for Moms provided 134 face-to-face consultations via telehealth.
- The Children's Behavioral Health Knowledge Center at DMH supports the University of Massachusetts Child Trauma Training Center's (CTTC) LINK-KID referral service. 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 will be speaking with a clinically trained Resource and Referral Coordinator (RRC). The entire process of making a referral through LINK-KID takes no more than two business days and the amount of time from the initial call to the referral is tracked closely by LINK-KID staff.
- The HandholdMA.org website (<https://handholdma.org/>) launched in October 2020 in partnership with the Children's Behavioral Health Knowledge Center (CBHKC) at DMH, the Office of the Child Advocate (OCA), and EOHHS. The website, created by a team of mental health and child development experts along with parents and DMH CYF staff, was designed for parents of children aged 6–12. The site is available in six languages (English, Spanish, Portuguese, Haitian Creole, Simplified Chinese, and Vietnamese). The site has seen more than 51,000 unique visitors and has over 100,000 page views since launching.
- The Children's Behavioral Health Knowledge Center in collaboration with the Donahue Institute created and scripted an e-course called *The School of Hard Talks Online: Lessons from Motivational Interviewing (MI) for Busy Families*. The School of Hard Talks e-course consists of seven 15-minute modules teaching parents core MI concepts through instructional slides, animated scenes, and interactive quizzes. Each module has a companion one-page handout summarizing key points in English and Spanish. The e-course is publicly available (<https://handholdma.org/what-can-i-do/the-school-of-hard-talks-online-lessons-from-motivational-interviewing-for-everyday-families>) and its page has been viewed 2,576 times since it was launched in Spring 2021.
- In response to the COVID-19 public health emergency, DMH created a comprehensive online directory with resources and tips to boost emotional health, mental health, and well-being during the outbreak (<https://www.mass.gov/resource/maintaining-emotional-health-well-being-during-the-covid-19-outbreak>) for individuals, families, and communities. Visitors to the page are directed to supports across a variety of accessible media (e.g., PSAs, hotlines, text lines, social media accounts, provider webpages) offering a range of services from straightforward FAQs and tip sheets in multiple languages to virtual support groups and mental health crisis supports. Among the many resources easily available are those focused on children, families, peers,



treatment providers, individuals who are Deaf and Hard of Hearing, as well as the DMH multicultural resource directory offering linguistically and culturally appropriate mental health and related services for communities of color, LGBTQ community members, immigrants, and refugees.

- DMH, in partnership with Riverside Trauma Center manages MassSupport, a Crisis Counseling Program (CCP). The MassSupport Network provides free community outreach and support services across the state in response to COVID-19.

#### **IV. Cultural Competence**

Recognizing that mental health is an essential part of healthcare, DMH establishes standards to ensure effective and culturally competent care to promote recovery. The DMH Office of Race, Equity, and Inclusion (OREI) is committed to reducing mental health disparities among diverse racial, ethnic, and linguistic populations in Massachusetts. OREI ensures meaningful access to DMH services, programs, and activities for persons who have limited English proficiency. OREI 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. OREI 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.

OREI coordinates the translation of the annual DMH consumer satisfaction surveys to increase participation by persons served and their family members whose primary language is not English. The satisfaction survey sent to adult clients enrolled in Adult Community Clinical Services (ACCS) and Program of Assertive Community Treatment (PACT) is available in six languages (English, Spanish, Chinese, Haitian Creole, Khmer, and Vietnamese). The family consumer satisfaction survey sent to parents or guardians of children enrolled in DMH CYF services is offered in English and Spanish.

DMH continues to promote the anti-stigma “Isaac’s Story” campaign (<https://www.mass.gov/isaacs-story>) centering on a book and video for elementary-school-age children and their parents. Isaac is a young boy of color, talking with his friend Mia about their respective recent experiences, hers with a hospitalization for broken leg, his for a hospitalization for anxiety. As they talk about “different kinds of hurt,” the book and video gives children and adults language to talk about mental health and well-being. DMH partners with school and community organizations across the state to sponsor public reading of the book, with a particular focus on partnering with organizations and schools in communities of color. In addition to the original English and Spanish version of the book, DMH translated the graphic novel in a Haitian Kreyol and Cape Verdean Creole. In FY21 DMH distributed a total of 13,561 to families and professionals throughout the commonwealth.

#### **V. Interagency Collaboration**

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

- The DMH Commissioner chairs the Children’s Behavioral Health Advisory Council, on behalf of the Secretary of Health and Human Services. This Council, mandated under Chapter 321 of the Acts of 2008, *An Act Improving and Expanding Behavioral Health Services for Children in the Commonwealth*, is made up of stakeholder groups identified in the law and meets monthly to monitor, plan, and make recommendations on targeted activities;

- DMH is represented on the Department of Elementary and Secondary Education (DESE) Internal Stakeholders Work Group to develop authentic family engagement from preschool to post-secondary. It is one of eleven state agencies tasked at developing the Framework for Authentic Family Engagement. The Internal Stakeholders consulted with parent leaders in communities all through the Commonwealth to design a blueprint for the framework;
- DMH is represented on the Special Education Advisory Panel of the Massachusetts Board of Elementary and Secondary Education (BESE). The Advisory Panel's responsibilities include advising on unmet needs within the state in the education of children with disabilities; commenting on proposed rules and regulations involving special education; advising in developing evaluations and corrective action plans; and assisting in the coordination of services to children with disabilities;
- DMH consults to the Department of Children and Families (DCF) regarding service planning for children involved with DCF who have mental health problems and for those whose parents have mental illness. The Medical Director for Child, Youth, and Family Services meets monthly with the DCF Psychiatrist and the DCF Mental Health Specialists to discuss trends, issues, and complex situations related to client and family needs. DMH Child Psychiatrists are available to provide consultation to DCF Area Offices on DCF youth with complex psychiatric needs;
- DMH is a 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 a goal of providing a comprehensive and effective response to the unique needs of this population;
- DMH is on the Interagency Workgroup on Youth/Young Adult Substance Use which is chaired by the Massachusetts Department of Public Health (DPH) Bureau of Substance Addiction Services (BSAS) Office of Youth and Young Adults. Many collaborative activities are evolving from this work including the piloting of Young Adult Recovery Navigators at the Access Centers;
- DMH is represented on the Justice Involved Women's Panel in partnership with the Department of Correction, Department of Children and Families, representatives of prison advocacy groups and legislators to address issues related to justice-involved women, re-entry programs, trauma-informed programs and training, domestic violence prevention and rehabilitation programs for incarcerated women;
- DMH is represented on the 13-member Middlesex County Restoration Center Commission chaired by Middlesex Sheriff Peter J. Koutoujian and Dr. Danna Mauch, the President and CEO of the Massachusetts Association for Mental Health. The Commission is tasked by the MA Legislature with piloting a program to create a restoration center in Middlesex County that would provide behavioral health services to individuals in mental health or substance use crisis. These services would help support ongoing law enforcement diversionary efforts across New England's most populous county, diverting individuals with behavioral health conditions from arrest or unnecessary hospitalization;
- The Department of Mental Health oversees The Massachusetts Jail and Arrest Diversion Initiative. In partnership with police departments across the state, the jail diversion program provides training in behavioral health to police and first responders, assists with training to ensure best practices for behavioral health crises, and provides clinical information and training to police departments across the Commonwealth;
- DMH works closely with the Massachusetts Suicide Prevention Program (SPP) at DPH to increase community awareness and education regarding best practices for suicide prevention. DMH and SPP support a number of programs for family members of both attempt and loss survivors, including Families for Depression Awareness and The NAN Project. Both programs provide training and opportunities for youth and young adults to speak to community groups and to provide training in evidenced-based gatekeeper interventions for other youth and young adults, e.g. Question Persuade Refer (QPR) and Signs of Suicide (SOS);

- DMH serves on the newly established Interagency Youth Suicide Prevention Task Force led by the MA Suicide Prevention Program. Additional members include MassHealth, the Department of Youth Services, DCF, DESE, OCA, and three youth-serving programs at DPH. The purpose of the Task Force is to engage state agencies and programs who provide services to youth, especially specific subpopulations at elevated risk for suicide. The Task Force aims to better engage youth and families already receiving services, potentially before they become suicidal. This work may be conducted through awareness raising campaigns about youth suicide, resources, and supports; staff training and development; updating agency policies and procedures; and direct outreach to youth;
- DMH is represented on the Ellen Story Commission on Post-Partum Depression. The Commission is tasked with investigating policy initiatives to address perinatal mental health and promote mental health during pregnancy and the postpartum period; and seeks to improve resources for perinatal mood disorders available to women and their families;
- DMH is represented on the Family Advisory Council of the Massachusetts Behavioral Health Program (MBHP);
- 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; and
- Finally, recognizing the critical importance of prevention and early intervention regarding childhood mental health, DMH is expanding its capacity to address the mental health needs of young children through these collaborative efforts:
  - DMH partnered with MassHealth to provide training in DC: 0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood) to 127 professionals between October 2020 to April 2021. A database of individuals trained with information regarding their race, ethnicity, language capacity, and region of practice was created with the goal of ensuring diversity among the workforce trained. Additionally, three 90-minute Overview Webinars of the DC: 0-5 were offered to professionals working in children 0-5. Approximately 60 individuals attended the webinars;
  - DMH funded five Reflective Consultation groups in collaboration with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) and the Massachusetts Association for Infant Mental Health (MassAIMH). The groups meet monthly for two hours over a one-year period with a total of 54 individuals accessing this training, one of which was a Spanish speaking cohort. The groups will continue into FY22;
  - DMH CYF provided consultation to Mass 2-1-1, a free statewide information and referral hotline, on the development of an informational flyer – “*We all need help sometimes*” – about the behaviors which signal that young children (0-5) might need help; and
  - DMH collaborated with MSPCC and Massachusetts Association for Infant Mental Health (MassAIMH) and the Children’s Mental Health Campaign to increase awareness, resources, and professional development opportunities on Infant and Early Childhood Mental Health via eight monthly online newsletters with 225 subscribers.