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Department of Mental Health

FY2018 Annual Individual and Family Support Plan

August 2017



**Department of Mental Health
Annual Individual and Family Support Plan
FY 2018**

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 families 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 client defines as family and who play a significant role in the client's life. In addition, DMH includes support that is provided to the person 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 reinforcement. These five support aspects include:

- Education that is age and role-appropriate to enable family members and individuals 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 care-giving burden, recognizing that children and adolescents, as well as adults, may be serving in a care-giving capacity for their family member with mental health problems;
- Direct assistance in caring for a family member with mental health needs; in navigating the human services and special education systems, in dealing with eligibility requirements, and in accessing entitlements and insurance for family members and for themselves;
- Person-to-person reinforcement 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, adolescent 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 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 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 Planning Council 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 Council 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), the Youth Development Committee, the Multicultural Advisory Committee, TransCom (The Transformation Committee), and the Parent Support Committee, the Employment Subcommittee and the Housing Subcommittee.
- PPAL, the Parent Professional Advocacy League, 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 adolescents, 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 SED) 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-adolescent 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 the CBHI executive and advisory committees and other DMH policy committees. Two young adult peer leaders are also appointed members of the Children's Behavioral Health Advisory Council and are also actively involved in DMH's Statewide Young Adult Council (SYAC).

- DMH Child, Youth and Family Services has established several mechanisms for soliciting on-going input from parents and youth to ensure that the Department's procurements, policies, and other activities reflect parent and youth perspectives and experiences. This is particularly evident for Caring Together, the joint DMH-Department of Children and Families program. These mechanisms include:
 - 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.
- DMH has enhanced its websites and public information materials to make information about DMH services more available. Currently, DMH is redesigning its internet site in collaboration with the Executive Office of Technology Services and Supports' revision to 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 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 and Parent Support Committee. . Parents 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: Children's Behavioral Health Advisory Council, MBHP Consumer Council, Youth Development Committee, Statewide Young Adult Advisory Council, Employment Subcommittee, Housing Subcommittee and Education Subcommittee, and Multicultural Advisory Committee;
- Site and Area Boards that advise on local program development, regulations, statutes and policies;
- Two parents with lived experience that are contracted consultants for Central Office Child, Youth and Family Services. These consultants are integral in service development and implementation;
- Service procurement process through community forums, Requests for Information (RFIs) and membership on proposal review committees that make recommendations to the Department 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

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 forty-three 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, the Department has launched an 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, the Department 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 FY '18.
- The State Mental Health Planning Council 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 the Department of Mental Health 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 State Mental Health Planning Council 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 has now also become one of three chairs for the State Mental Health Planning Council.
 - The Multicultural Advisory Committee (MAC) advises the Commissioner of the Department of Mental Health (DMH), the Director of the DMH Office of

Multicultural Affairs, and the State Mental Health Planning Council on the Department'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 has expanded its advisory role to other groups within DMH. MAC has been a subcommittee of the State Mental Health Planning Council 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 the Department'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.
- Parent Support Committee: This subcommittee works with the DMH Children's Behavioral Health Knowledge Center and numerous stakeholders to review the fit and feasibility of adapting the evidence-based Let's Talk intervention for adult mental health providers working with clients who are parents. Using the resources from the National Implementation Research Network, the team drafted a practice profile for the intervention adaptation; reviewing available training materials with a plan to adapt/develop materials relevant to the Massachusetts service context.
- On-going psycho-educational training for parents and caregivers: In partnership with PPAL, the project developed and published a training curriculum for parents of transitioning youth called *Transition Planning: Empowering Families*. This publication addresses the changing roles of families, provides an overview of benefits, health care and advocacy, discusses legal options, and addresses communication with one's child and with the child's provider.

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 DMH clients participate in trainings offered through MA Families Organizing for Change that focuses on advocacy strategies.
- 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 Statewide Advisory Committee for Special Education.
- 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 maintains close ties with Adoptive Families Together (AFT), an organization of adoptive families that now operates as a program of the Massachusetts Society for the Prevention of Cruelty to Children. AFT provides support groups across the state and develops written material to help educate and assist parents in advocating for the best services for their children. DMH makes AFT materials available through the DMH-funded family support specialists.
- DMH 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 the Department’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 and Adult Services

Currently, DMH is re-designing and re-procuring its community-based services system for children, youth and adults, to improve the flexibility of services to meet the needs of consumers and families and to increase consumer, youth and family voice and choice. Family and individual support is embedded within a number of these 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 families of adult clients, if the adult client has consented to having the family aware of his/her situation and are involved. Family support is provided for both clients 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 families of adult clients, many of whom continue to be key resources for their adult children, even when those children live out of the home. DMH will continue to work on the question of how to support family members of clients who are their own guardians who choose not to involve their families in their treatment, as those family members often feel distraught and frustrated by being cut out of the process of helping a loved one.

The principal DMH adult services providing family and individual support as a service component are described below.

A replacement for CBFS: DMH is developing a new Service Model ("New Model") to replace its primary adult community-based service, Community Based Flexible Supports (CBFS). The New Model 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. The New Model will align with MassHealth's Behavioral Health Community Partner program (BH CP) and with all available employment services, including 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. The 'New Model' includes family engagement as a service component and Family Partners as a type of peer support. Peer support is inclusive of Certified Peer Specialists, Recovery Coaches, and Family Partners.

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

Respite Services: Respite Services provide temporary short-term, community-based clinical and rehabilitative services that enable a person to live in the community as fully and independently as possible. Respite Services provide supports that assist persons to maintain,

enter or return to permanent living situations. Respite Services are Site-Based and/or Mobile. Site-Based Respite Services provide temporary supportive services and short-term, community based living arrangements in a distinct location. Mobile Respite Services are mobile services, accessible to persons in variety of community settings such as: their current living situation, inpatient facilities, skilled nursing homes, and homeless shelters.

Clubhouse: The Clubhouse service is a psychosocial rehabilitation service that provides supports through a membership-based community center. Clubhouse Services assists people served to recognize their strengths, develop goals, and enhance the skills people determine are needed to live, work, learn, parent, and participate fully in their communities. Components of Clubhouse Services includes: linkage to community resources, housing supports, employment services, education services, health and wellness services, social and recreational services, transportation services and empowerment and advocacy.

Program of Assertive Community Treatment (PACT): PACT is a multidisciplinary team approach providing acute- and long-term support, community based psychiatric treatment, assertive outreach, and rehabilitation services to persons served. The PACT Team provides assistance that promotes recovery and community integration, ensures person-centered goal setting, and assists persons in gaining hope and a sense of empowerment. The program provides services to persons served who often have co-occurring disorders such as substance abuse, homelessness or involvement with the judicial system. The team is the single point of clinical responsibility and assumes accountability for assisting persons served meet needs and achieves goals for recovery. The majority of services is provided directly by PACT team members in the natural environment of the person, and is available on a 24 hour, 7 day a week basis. Services are comprehensive, highly individualized and are modified as needed, through an ongoing assessment and treatment planning process.

The Recovery Learning Community (RLC): The RLC provides peer-to-peer support to individuals with serious mental illness. It is expected to serve as a “hub” in its respective DMH Area. The RLC Program is a resource and referral center that provides general information on topics of concern to peers. The information focuses on community resources and programs. Services may be offered in a variety of settings; at the RLC Program site, community mental health centers, inpatient hospitals, generic community settings, town hall, fairs, shopping mall, etc. Services include: providing and/or referring to a wide range of peer to peer support services; supporting the providers of peer-to-peer support through training, continuing education, and consultation; and linking together peer-operated services and supports for the purpose of creating a network. This network improves communication, facilitates the delivery of services, coordinates advocacy, and assists in responding to a person’s needs, aspirations and goals in their valued life roles such as learning, working, social and family relationships, citizenship, and parenting, as they evolve over time. The main goal of every RLC Program is to help persons achieve full community integration. Participation is not an end unto itself, but an additional step toward recovery. The services of a RLC Program are delivered primarily by Peers.

DMH child, youth and family services providing family and individual support as a service component are described below.

DMH directly provides and/or funds a range of direct services for approximately 6,884 children and adolescents (ages 0 to 20) per year who have serious emotional disturbance. This figure represents annual service enrollment and 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 an array of Family Support activities and groups. This latter initiative is available to all parents in Massachusetts whose children experience mental health challenges and is not limited to parents of DMH youth clients. Publicly funded acute-care services, including inpatient, emergency and outpatient as well as some family stabilization and case management services are managed by MassHealth.

Supports to children and their families are a critical element of the continuing care community-based services and are an integral part of the services described above. Support services for youth and families, including parents and care givers in recovery, are available across the state and include but are not limited to respite services, parent mentors, parent partners, youth mentors, therapeutic recreation, and transportation, including transportation and lodging for families whose children are placed in a hospital or treatment facility at a distance from their home. Further, DMH funds parent support coordinators in every DMH Area. These coordinators, or “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 needs. In addition, 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

The legislated mission of DMH calls for a focus on serving adults with serious mental illness and children and adolescents with serious emotional disturbance who have continuing care needs that cannot be addressed by acute care services. DMH's budget is predicated on the assumptions that the acute care sector will fulfill its role, including that insurers subject to the state's parity legislation will fund the mental health services identified in the legislation, and that generic, community agencies and organizations, given some assistance, can and will serve most children and adults, including those with mental health needs.

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.

- 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 also 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.
- In particular, the 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 from a Young Adult Design Committee which was created in FY16. “Speaking of Hope” is a website developed 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, GLBTQ supports, and upcoming young adult activities or trainings-
- General community information campaigns are conducted by the Massachusetts Association for Mental Health (MAMH) as part of its campaign to combat the stigma of mental illness. Media are particularly involved during the month of October to promote the National Depression Screening Day, and also during May, which has been designated nationally as Mental Health month. The first week in May is Children's Mental Health Week. The DMH Areas and Family Support Specialists sponsor numerous activities to increase knowledge about child mental health and the successes that youth with mental health issues can achieve. Local activities have included photography shows of work done by youth, Area-wide conferences with youth performances, and distribution of informational materials to libraries, schools, and pediatricians' offices.
- DMH 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.

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

Major planning for Child, Youth and Family service system development and integration continues to take place as part of the Children's Behavioral Health Initiative (CBHI).

- 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 also engaged in interagency activities with a specific focus. There are numerous activities to promote the mental health of youth and adults.

- DMH is an active member of an 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, MBHP, the Juvenile Court and the Parent Professional Advocacy League (PPAL,) 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 representation 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 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 eliminate 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 are currently exploring 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 serves on the Infant and Early Childhood Mental Health (IECMH) Interagency Systems Workgroup, which addresses statewide coordination of activities related to IECMH across multiple stakeholders.
- DMH and DCF have collaborated to change daily practice in both agencies to address the needs of service provision for parents with mental illness and improve outcomes for children. Some examples include: DMH changed its practice and now offers short-term services to adult applicants who were DCF involved; cross-training has been provided so that workers in each system have an improved understanding of the resources and also the regulatory environment within which each agency staff complete their work; and, DMH consults to DCF regarding service planning for children with mental health problems and for those whose parents have mental illness. The DMH Child Medical Director meets monthly with the DCF Psychiatrist and the DCF Clinical Specialists to discuss trends, issues, and complex situations related to client/family 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.
- 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. DMH, MassHealth and DCF have partnered to align standards for Family Partners, to assure continuity of care for families across levels of care and across public payers. DMH is also represented on the Family Advisory Council of the Massachusetts Behavioral Health Program (MBHP). In addition, the DMH Child Medical Director and the Mass Health 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 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. The focus of the commission's work shall include, but not be limited to: (i) an analysis of the barriers to serving unaccompanied homeless youth who are gay, lesbian, bisexual or transgender; (ii) an analysis of the barriers to serving unaccompanied youth under 18 years of age; (iii) an assessment of the impact of mandated reporting requirements on unaccompanied homeless youths' access to services; (iv) the commonwealth's ability to identify and connect with unaccompanied homeless youth; and (v) recommendations to reduce identified barriers to serving this population.
- DMH is represented on 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.
 - Fostering unity among grandparents raising grandchildren, communities and organizations in the commonwealth, by promoting cooperation and sharing of information and encouraging collaboration and joint activities;
 - Serving as a liaison between government and private interest groups with regard to the unique interest and concern to grandparents raising grandchildren;
 - Advising executive and legislative bodies of the potential effect of proposed legislation on grandparents raising grandchildren, as the commission deems necessary and appropriate; and,
 - Identifying issues that are faced by relatives, other than parents, who are raising children. Currently, the Commission meets monthly at various locations around the state.
- DMH is actively involved in the EOHHS Transitional Planning Collaborative Workgroup, a Collaborative Workgroup formed to review EOHHS and service agency regulations that are related to transition planning for individuals. A cross-secretariat examination of key transition points for people involved with the EOHHS service system, and a determination of both programmatic and regulatory responses that could result in improved transition outcomes for people. Workgroup members convene into smaller topic-based subgroups to develop comprehensive interagency protocols for implementing the transition deliverables. EOHHS staff will continue in a facilitation role and recommend any further policy development based on the work of the subgroups. DMH Staff are co-chairing and/or participating in the following sub-groups:

- Interagency Acute Setting Discharge Team Workgroup
- Policy & Transition Case Flow Workgroup
- Case Closure Workgroup
- Interagency Acute Setting Discharge Team Workgroup
- Training and Professional Development Workgroup

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.