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Department of Mental Health Chapter 171 Report and Annual Individual and Family Support Plan

Fiscal Year 2023

November 2022



**Department of Mental Health
Annual Family Support Plan
Fiscal Year 2023 (FY23)**

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 persons served, 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 defined as family by the person served and play a significant role in their 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 DMH.

Ongoing and direct communication with persons served and families, as well as contracted providers and advocacy organizations, is critical to guiding the development of the DMH system. Input 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. Members of DMH Area and Site boards provide ongoing needs assessments and program planning input. Youth, young adults, and 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 managing challenges that a family member living with a mental illness presents and advocacy and leadership skills for the persons served and/or their family members;
3. **Linkage** with other resources, including peers and other families, which 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.

I. Family Empowerment and Leadership

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 member participation in the Caring Together Family Advisory Council;
- Parents, caregivers, and persons served representation and leadership roles on the 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 Massachusetts Behavioral Health Partnership (MBHP) Consumer Council; Youth Development Committee; Statewide Young Adult Council; 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;
- 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. This is accomplished through DMH's statewide network of Family Support Specialists. DMH also embeds family partners in its flexible support, Intensive Clinical Services (ICS), and Continuing Care Units/Intensive Residential Treatment Program (CCU/IRTP) contracts;
- 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. PPAL efforts to promote family empowerment include:
 - Monthly trainings for DMH Family Support Specialists and MassHealth Family Support and Training Family Partners to build skills in specific areas, such as effective advocacy with schools and insurers and facilitating family support groups;
 - Statewide speakers bureau of youth and young adults to share their lived experiences with providers, policy makers, and other key stakeholders via Youth Move Massachusetts, the local chapter of Youth Move National which improves services and systems focused on mental health for youth and young adults;
 - Regular communication with DMH Family Support Specialists to solicit input on proposed changes to state and federal laws, regulations, and program designs that impact children with mental health challenges;
 - Feedback from PPAL to DMH staff about problems parents experience around service access and quality based on information from support groups, PPAL surveys, and calls to the office. PPAL members have been frank about the fact that family members often have their own needs, and PPAL advocates for service provision 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; and
 - Topical surveys of parents and families on current and emerging issues and challenges accessing 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.

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 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;
- The DMH Office of Recovery and Empowerment (ORE) leads efforts to support and expand the peer workforce, informs the system on the principles of consumer 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 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.

II. Family Support Resources and Funding

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 CYF 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. In addition, ACCS provides a range of provider-based housing options as treatment settings to assist individuals developing skills and establishing natural supports and resources to live successfully in the community. ACCS aligns with MassHealth's Behavioral Health Community Partner program (BHCP) 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.
- **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. To provide case management, DMH Case Managers assess the person's service needs, create an individual service needs plan, and help coordinate those services among providers in accordance with the plan. With permission from the persons served, DMH Case Managers work with the family to support their loved one's recovery. For children and youth served by DMH, Case Managers work closely with parents and guardians to perform the functions outlined above.
- **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 services, 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. 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 referenced as an Assertive Community Treatment (ACT) program by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Alliance on Mental Illness (NAMI).
- **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 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 eight 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. Three sites are currently supported by state funds, while five others are supported through SAMHSA grants.
- **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, stabilization services (e.g., Safe Haven and shelters) and dual diagnosis services.

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. 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 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:** 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. 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, as well as home-based clinical services.

- **Therapeutic Day Services:** highly structured therapeutic services that offer 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 to provide both consumer support within the service and connection to home/community services.
- **Family Support Specialists:** a statewide network of parent peer professionals, Family Support Specialists 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 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.

III. Accessing 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 services paid for by insurance for either outpatient or inpatient treatment. DMH's budget is predicated on the assumptions that the acute care sector will fulfill its role, including those 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 permission from the person served. 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.
- 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.
- SpeakingofHope.org and associated social media efforts are managed by DMH to engage young adults seeking specific resources and supports in their local communities such as, the Young Adult Access Centers.
- 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;
- ReachHireMA.org 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. 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 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

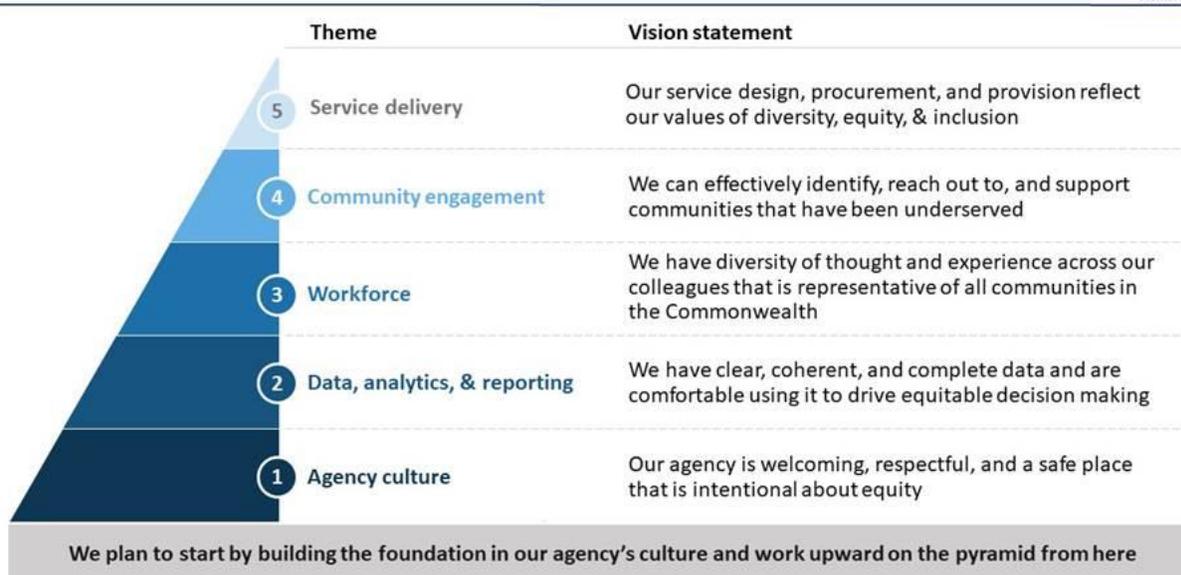
by youth, Area-wide conferences with youth performances, and distribution of informational materials to libraries, schools, and pediatricians' offices;

- 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 RRC collects basic demographic information of the child and will complete a full trauma screening with the referral source and/or the caregiver including a description of the child's trauma history, trauma types, 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 the initial call to the referral is tracked closely by LINK-KID staff.
- 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 of all ages. The site helps parents locate treatment and support resources and is available in six languages (English, Spanish, Portuguese, Haitian Creole, Simplified Chinese, and Vietnamese). The site has seen more than 65,000 unique visitors 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 more than 6,000 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. Culturally Competent Outreach & Support

Recognizing that mental health is an essential part of healthcare, DMH establishes standards to ensure effective and culturally competent care to promote recovery. DMH is committed to being an anti-racist and socially just organization where all people are treated fairly, receive resources equitably, and feel valued and safe. This requires continuous effort to create meaningful and long-lasting change. This includes examination of policies, practices, and the individual contributions of all staff necessary to achieve DMH’s mission of assuring access and provision of services and supports to meet the mental health needs of all individuals. Accomplishing this goal requires, DMH to fully integrate Race, Equity and Inclusion practices in all aspects of the agency. Below is a graphic that illustrates that integration.

DMH-wide themes and vision statements for REI integration



Some additional efforts include, but are not limited to:

- DMH created the Language Access Coordinator position to ensure that DMH is accessible to our very diverse community, including partner service providers and the general population. This position is responsible for scheduling and supervising interpreters, translators, and captioning providers to aid both persons served by DMH and providing input into equitable language policies and practices.
- Many DMH staff have demonstrated their commitment to addressing issues of bias and discrimination through participation in 21-week Challenges sponsored by the YMCA to facilitate the examination and correction of racist behaviors and beliefs. The Challenge encourages people to explore one topic each time they participate that will encourage progress along the path to equity and justice.
- The Community Ambassador Program started in the Metro Boston area in February 2022. Participating staff have been trained to represent DMH in the community, helping to build connections and promote services to diverse underserved groups, individuals, children, and families.
- DMH is actively examining ways to recruit, hire, and retain diverse individuals that reflect all communities of the Commonwealth, as well as developing pathways to support the professional advancement for all staff.

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. The workgroup is tasked with developing a Framework for Authentic Family Engagement. The Internal Stakeholders consulted with parent leaders in communities throughout the Commonwealth to design a blueprint for the framework;
- DMH is represented on the Special Education Advisory Panel of the Massachusetts Department of Elementary and Secondary Education (DESE). 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 persons served 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, DCF, 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 DMH 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 Interagency Youth Suicide Prevention Task Force led by the MA Suicide Prevention Program. 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.
- DMH participates in the Interagency Tribal Partners Work Group overseen by DPH which aims to strengthen the relationship with the two federally recognized tribes in the Commonwealth and other organizations, such as the North American Indian Center of Boston, and tribes.
- 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 Partnership (MBHP);
- DMH is represented in the Young Children's Council as well as the Interagency Coordinating Council convened by DPH;
- 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;
- DMH is represented on the Childhood Trauma Task Force convened by the OCA with the goal of improving ways the Commonwealth can identify and provide services to youth impacted by trauma; and
- DMH convenes an Infant and Early Childhood Interagency Policy workgroup whose members include DPH, DTA, DESE, and the Department of Early Education and Care. This group works closely with external stakeholders to support the growth and development of IECMH promotion, prevention, and treatment.