# The State Mental Health Planning Council

The State Mental Health Planning Council 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." The Council does not have its own set of bylaws. 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 membership of the Council is reviewed regularly. Members who have not been active within the last year are contacted to confirm their commitment and new members are appointed to ensure a balanced and diverse membership. DMH provides staff to the Council.

Many members of the Planning Council are also involved in locally based participatory planning processes and with other advocacy groups. As issues arise, smaller groups function as subcommittees of the Council, with membership that includes individuals on the Planning Council as well as other interested persons. These issues include the mental health needs of elders, children and adolescents, young adults, parents, cultural/linguistic minorities, and topics on consumer-directed activities and restraint/seclusion elimination. These subcommittees meet regularly to advocate for the needs of the individuals they represent, advise DMH on policy issues, and participate in the planning and implementation of new initiatives.

**Elder Mental Health** **Issues**

The Elder Mental Health Planning Collaborative is a partnership between the Massachusetts Aging and Mental Health Coalition (MAMHC), a statewide membership organization dedicated to improving awareness of the critical problems elders face when experiencing mental illness, dementia or substanceabuse, and three state departments: Department of Mental Health, the Executive Office of Elder Affairs (EOEA) and the Department of Public Health (DPH).  The local Coalition was formed in Massachusetts in 1999 from the national efforts of SAMSHA and the AARP Foundation which went on to form the National Coalition on Mental Health and Aging.  Membership in the Massachusetts Coalition includes representatives from local private agencies, the Massachusetts Association of Older Americans (MAOA), Massachusetts Councils on Aging, Mass Home Care, The Massachusetts Partnership on Substance Use in Older Adults, Boston University Institute of Geriatric Social Work and the Association for Behavioral Health, formerly the Mental Health and Substance Abuse Corporation of Massachusetts.   The Coalition and the Planning Collaborative are focused on the needs and concerns around serving elders and has a history of success in completing projects directed at systems improvement.  These projects include publishing a guide on elder services, improving access to emergency services through provider trainings, and understanding the strengths and weaknesses of the nursing home screening system in an effort to divert admissions of those with a history of mental illness and revising the Pre-Admission Screening and Resident Review (PASRR) Level 2 tool to be more useable for diversion and discharge planning. These revisions were followed by trainings of almost 1,000 professionals from nursing homes, hospitals and local area agencies of aging.

Past examples of the Collaborative’s work include engaging the three dual Special Needs Plan (SNP) providers, known as Senior Care Organizations (SCOs) with the values of a medical home to support their growing mental health network and promote evidence-based practices, particularly in the area of screening for and treating depression and anxiety, and engaging DMH leadership in the Areas and Sites to hear about their work with older adult clients and how the Collaborative may be able to help.

The Coalition has held twelve annual conferences drawing ever increasing numbers and highlighting best practices across the state.  Featured speakers have included leading practitioners in aging and mental health, top state administrators, and clinicians from a promising demonstration project. In addition, the Boston University Institute of Geriatric Social Work and MAOA, created a blended model of online and face to face training on mental illness for elder network staff.  It sought out leaders in aging, mental health and emergency responders to contribute. One of the local coalitions, The Greater Lowell Elder Mental Health Collaborative, has also created a web site- [http://www.eldermentalhealth.org/](http://www.eldermentalhealth.org/-) for elders and their caregivers. It is an easily accessible tool for understanding issues, learning about existing services and finding out the work of the local and statewide coalitions.

In 2012, members of the Elder Collaborative attended a SAMHSA Policy Academy on the behavioral health needs of older adults. At the request of SAMHSA, senior leaders from Elder Affairs, MassHealth, DMH and DPH Bureau of Substance Abuse Services (BSAS) attended a Northeast regional meeting at SAMHSA headquarters, which also included senior leaders from SAMHSA, CMS and ACL (formerly the Administration on Aging). As part the action plan, the group committed to doing a summit related to this topic. The Summit on Older Adults: Behavioral Health Issues and the Coming Wave, was held on October 30, 2014. It was a joint effort of three state agencies, Department of Mental Health, Department of Public Health and the Executive Office for Elder Affairs, as well as the Massachusetts Association of Older Americans. This invitation only event was attended by over 100 health policy, health care delivery and aging services leaders. The speakers included Dr. Stephen Bartels, a researcher on aging and behavioral health issues from Dartmouth, Dr, Thomas McGuire, a Harvard health economist, and A. Kathryn Power, the North East SAMHSA Regional Administrator. The meeting was well received and most feedback emphasized the timeliness and urgency of the topic and the planning committee will produce a report.

The focus of the group in SFY12-14 was to take a more in-depth look into the opportunities offered by the Affordable Care Act of a Medical Home model for elders that fit both the Massachusetts state initiative and federal health care reform. These include becoming more involved in a number of initiatives in Massachusetts to integrate primary and behavioral health through the Primary Care Medical Home Initiative, the Dual Eligibles Initiative, Health Homes, Money Follows the Person and the Balancing Incentive Program.

**Child/Adolescent Issues**

Although there are now several children's mental health advocacy groups, the Professional Advisory Committee on Children's Mental Health (PAC) continues to be unique in its broad approach to children's mental health.  It priorities include continued review of the implementation of the 2008 “An Act Improving and Expanding Behavioral Health Services for Children in the Commonwealth”, comprehensive legislation that addresses issues ranging from insurance parity to pre-school mental health services. It also continues to pay active attention to the Children's Behavioral Health Initiative by meeting with the commissioners of the Departments of Children and Families and Mental Health regarding departmental goals and priorities; the impact of the broad implementation of the first phase of the Children's Behavioral Health Initiative, the Rosie D remedy; and the opportunities for promoting integrated service delivery across child and family serving agencies.

In SFY14 and 15, the PAC has focused its efforts on making infant and early childhood mental health a statewide priority. The PAC organized a panel presentation at the April 2014 Planning Council meeting on “Meeting the Mental Health Needs of Young Adults and their Families”. The PAC is advocating for DMH to assume an essential cross- systems leadership role in Infant-Early childhood Mental Health (IECMH) and has noted multiple accomplishments, including trainings in infant and toddler mental health, enhanced capacity of pediatric practices, implementation of the Top of the Pyramid Skills (TOPS) curriculum, creation of the early Childhood Learning Collaborative Initiative and the completion of an early childhood mental health guide for early childhood educators. The PAC will continue to advocate and engage with state agencies and other partners on the following priorities areas in IECMH: addressing its cross-cutting nature, encouraging greater attention to early identification and response, increasing access to IECMH services and financing, building capacity and competency to IECMH practice and promoting public awareness.

**Youth Development Committee**

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.

Two young adult peer leaders co-chair the Statewide Young Adult Council (SYAC). The SYAC Council meets monthly to provide the young adult perspective and guidance on the Transition Age Youth (TAY) Initiative, share information on employment and educational opportunities, as well as provide feedback on policy and planning efforts ongoing in DMH. The SYAC provided feedback to Work Without Limits, BenePlan, the Success for Transition Age Youth (STAY) grant and the UMass Transitions Research & Training Center. Specifically, the SYAC informed the design, development and beta-test for the ReachHire MA website ([www.reachhirema.org](http://www.reachhirema.org)) with Work Without Limits and MORE Advertising and provided feedback on the development and creation of Work Without Limit’s Massachusetts Job Board. The SYAC was recognized for their contributions with the 2014 Leadership Award from Work Without Limits at the Annual Raise the Bar HIRE conference.

Young adults have participated on a number of advisory teams across the state and are continuously asked to join new boards and committees. These have included: the Children’s Behavioral Health Advisory Council, Healthy Changes Task Force, Young Children’s Council, DMH Council on Recovery and Empowerment (CORE), MBHP Consumer Council and EOHHS’ Children, Youth & Families Advisory Council. In addition, the YDC formed an Education Subcommittee, which is developing a work plan and inviting various post-secondary programs who assist with re-entry into college to present their program models at upcoming meetings. YDC members are also active on the Housing and Employment Subcommittees of the Planning Council.

In SFY14, DMH was awarded a SAMHSA/CMHS System of Care Expansion Implementation Grant. The “Success for Transition Age Youth” (STAY) grant and the Northeast DMH Area was awarded a SAMHSA Now is the Time (NITT) Healthy Transitions grant. Both grants are working to reach into communities across the state and engage young adults of diverse populations with mental health services and supports. The YDC continues to collaborate on the planning and implementation of grant activities. The YDC and the STAY grant hosted the 4th annual Young Adult Peer Leadership Appreciation Day in May 2015 to celebrate the work and service of young adult peer leaders/peer support workers.

In preparation for the SFY16-17 State Plan, the YDC identified a series of unmet needs and service gaps and proposed a number of recommendations. These include:

* Improving service continuity and availability by re-establishing Young Adult Case Managers and providing training to case managers and young adults;
* Increasing outreach and engagement through implementation of STAY youth engagement strategies, social media presence and youth leadership development;
* Promoting employment though collaboration with the Employment subcommittee, providing employment preparing and readiness trainings (such as GIFT training) and increasing support for the Reach Hire website;
* Increasing high school graduation rates and post-secondary education enrollment with support from the Education Subcommittee by promoting model education support programs and developing Mental Health 101 trainings for educators; and
* Improving access to housing resources through collaboration with the Housing Subcommittee and the Special Commission for Unaccompanied Youth.

**Employment Issues**

The employment subcommittee (ESC) was created in 2006 because a significant number of Council members believed that an effort should be made to make employment, including self-employment and volunteer opportunities, a central part of the fabric of the DMH delivery of care system. The subcommittee is currently working on the following priorities:

* Advocate for DMH to focus on the employment of individuals served as an important component of recovery and to see employment as a priority. Largely through the subcommittee’s advocacy, DMH created the position of Director of Employment in SFY14, to monitor, evaluate, and coordinate the Department’s various employment services and staff. In SFY15, the subcommittee convened a statewide forum of CBFS providers and employment service subcontractors to develop a series of recommendations addressing employment outcomes, IPS fidelity and the role of DMH. The ESC intends to submit these recommendations to DMH for consideration in CBFS re-contracting. The ESC has identified variation in the emphasis and expertise of CBFS providers as a current gap in the system. In addition the subcommittee met with the DMH Area Employment Coordinators to learn about their diverse roles.
* Support the development of common employment measures and data collection methods to ensure an unduplicated count of all individuals who are working based on the efforts of DMH-funded employment services (CBFS, Clubhouses, PACT, and RLCs). The subcommittee is beginning to review and analyze employment data for PACT and identifies the lack of employment data for Clubhouse as a current gap that DMH is addressing.
* Advocate with government agencies, legislators and private entities to preserve and enhance the availability of employment services for individuals with mental illness. The ESC is partnering with Alexis Henry from Work Without Limits at the University of Massachusetts as she researches and publishes on the positive impact employment can have on mental health recovery.
* Advocate for greater collaboration amongst state agencies, providers and private entities in supporting integrated/coordinated employment services and employment opportunities for individuals with mental illness. The ESC has three members on the DMH/MRC Memorandum of Understanding Steering Committee. The subcommittee will continue to advice DMH and MRC on the implementation of the MOU, including its impact on interactions between DMH service providers and MRC.
* Support DMH in its focus on employment for young adults aged 18-25 as an important component of recovery. Members of the subcommittee have been meeting jointly with the YDC to advance this goal. The ESC identified current gaps to include a lack of funding to maintain the Reach Hire website and a lack of employment services and supports for young adults.
* Explore ways to increase membership of the ESC. One strategy is to recruit one or more young adults through the YDC and STAY grant.

**Multicultural Advisory Committee**

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. For SFY 2014-15, MAC’s goals included:

* 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.

The goals were accomplished by holding regular, ongoing MAC meetings. MAC’s areas of focus for SFY14 were on 1) anti-stigma practices towards mental illness and the promotion of prevention and treatment, 2) recovery, empowerment and peer support, 3) children’s mental health services, 4) integrated health and behavioral health care, and 5) reduction of barriers to care. For SFY15, the areas of focus were based on the DMH Cultural and Linguistic Competence Action Plan. MAC members were also connected to DMH staff who participate in the Department’s Cultural Competence Action Team (CCAT). CCAT promotes and assists DMH’s mission to provide culturally and linguistically competent care that is person-centered and trauma-informed. The CCAT consists of DMH staff from each DMH service area and from DMH’s Mental Health Services, Clinical and Professional Services, and the Commissioner’s Office. MAC members played a crucial role in organizing the Many Faces of Mental Health: Sharing Our Stories event held in 2013. The Many Faces of Mental Health event was held for the second time during September 2014 and MAC has plans to grow the event into an annual tradition. The role of MAC is anticipated to increase because membership roles and expectations were developed through consensus in SFY15 and twelve members are committed to serving on the committee until SFY18.

**TransCom**

TransCom (the Transformation Committee) was established in 2004 to guide the work of the Mental Health System Transformation Grant funded by the Centers for Medicare and Medicaid Services (CMS). TransCom became a sub-committee of the Planning Council in SFY07. This committee brings together a diverse group of individuals and organizations to advocate for a flexible, peer-driven and recovery-oriented infrastructure; model collaboration and cultural/linguistic inclusion; and to support the development, promotion and coordination of innovative recovery-oriented practices. Lead organizations are DMH, the Transformation Center – a statewide technical assistance center for the consumer/survivor movement, MassHealth, the Association for Behavioral Healthcare (ABH), and the University of Massachusetts Center for Health Policy and Research (CHPR). In SFY10, Transcom completed a strategic planning process identifying three priority goals for the committee:

* Support, safeguard, and expand peer specialists, peer workers, and peer-run programs;
* Provide information, education and training on innovative recovery practices (for providers, hospitals, peer communities, DMH, legislators, and cultural/ linguistic communities); and
* Advocate for funding for peer workers and innovative recovery oriented services (with an emphasis on Medicaid).

Transcom members committed themselves to continue to work as a group on system transformation following the end of federal funding.

In recent years, Transcom released and disseminated two documents developed in monthly stakeholder meetings with associated subcommittee work. The first, 2013 Revision-Promoting a Culture of Respect: Trancom’s Position Statement on Employee Self-Disclosure in Health and Social Service Workplaces, is an update of a document providing guidance to the field regarding personal disclosure. Personal disclosure of mental health recovery is encouraged as communities and human service professionals gain understanding of peer support roles. The second document, April 2014: Massachusetts Peer Professional Workforce Development Guidelines was developed by invitation of DMH after a State Mental Health Planning Council discussion identified confusion about the emergence of peer roles in healthcare. Based on collaborative work by diverse stakeholders, Trancom summarized the unique contribution of peer support roles in the field, outlined essential practices regarding the effective use of peer professionals, and developed a chart showing the various stages of peer professional development. The document includes examples of job titles, roles, competencies, prerequisites and available trainings associated with professional development stages.

In June 2015, TransCom hosted an “Invitational Summit” with peer leaders from the mental health and substance abuse communities. The purpose was to identify common themes supporting peer support in both systems and to share lessons learned. Additional goals of TransCom are to: host an event that promotes understanding by insurers, policy and practice leaders; support reimbursement of the Certified Peer Specialist and Recovery Coach roles; and to expand opportunities for certification and continuing education.

**Restraint/Seclusion Elimination**

In November 2008, the Planning Council voted to create a subcommittee on restraint/seclusion elimination. The subcommittee had previously been established as an advisory committee to the SAMHSA-funded State Incentive Grant (SIG) on restraint and seclusion elimination. While reduction of restraint and seclusion in the state-operated system continues as a core mission, the subcommittee expanded its focus to include trauma-informed care activities. The subcommittee provides ongoing review of DMH restraint and seclusion data; makes recommendations on accurate and meaningful data reporting; and provides oversight of restraint/seclusion elimination activities at state facilities. The subcommittee membership was expanded to include the DMH Director of Human Rights and Director of Child/Adolescent Statewide Programs.

The subcommittee continues to review restraint and seclusion data from DMH state-operated facilities and discuss trends with DMH leadership. The subcommittee membership now includes a DMH Area Medical Director, facility Director of Nursing and Chief Operating Officer, leading to improved communication between the subcommittee and facility and Area leadership. In SFY15, the subcommittee completed facility site visits and is preparing recommendations to include a process for sharing information and best practices between DMH inpatient facilities. In addition, the subcommittee supported DMH’s acquisition of analytic software for the purposes of analyzing restraint and seclusion data.

**Parent Support**

In March 2009, the Planning Council voted to establish a Parent Support subcommittee. The subcommittee began monthly meetings in May 2009. It is composed of a broad cross-systems representation of parents, peer organizations, providers, academic researchers, and representatives from DMH, the Department of Children and Families, Department of Public Health, Bureau of Substance Abuse Services, and Department of Transitional Assistance. The need for this subcommittee is based on the fact that nationally adults with psychiatric disorders were as likely, or more likely, to be parents than adults without psychiatric disorders. In Massachusetts 11% of DMH eligible adults are parents of one or more children. In addition, rehabilitative and treatment services for adults consistently fail to recognize the role of parent as a significant life domain.

In October of 2011 the Parent Support Subcommittee, with the sponsorship of the Department of Mental Health, convened an inter-agency forum entitled *Mental Health Is Family Health.* The forum was attended by over 85 people including consumers, providers, advocacy groups, and representatives from six state agencies. The forum generated a statement of priorities for the state agencies to better respond to the needs of parents with mental health conditions and their children. These priorities included: the importance of a public health approach; identifying opportunities to support parents and children across agencies and within service categories; mobilizing resources within Clubhouses and Recovery Learning Communities; maximizing use of existing peer support opportunities to make them “parent-informed” and “family-friendly”; capitalizing on emerging interest in and resources for this population and their children; identifying opportunities in existing adult mental health services to support consumers who are parents and their families and creating guiding principles and core curriculum that can be drawn upon in varied training venues and activities.

Recent activities of the Parent Subcommittee include:

* Collaboration with the Worcester Recovery Center and Hospital (WRCH) to develop family-oriented services in the inpatient setting to support patients and their families as well as in the future to offer family support services to the larger community. A staff from WRCH is now a member of the subcommittee.
* Representatives of the subcommittee were trained to facilitate the *Parenting Journey* and collaboratively implement the 12-week program supporting parents in recovery to focus on self-care, factors that influence parenting style and building on strengths of the family.
* The Parent Subcommittee planned a Regional Educational Forum in October 2014 for the Planning Council, bringing together stakeholders and Evan Kaplan from Children Family Connections in Philadelphia, who has been successful in developing direct services for families in mental health recovery.
* Several members of the subcommittee contributed to a manual designed to assist providers in adapting existing services to foster service growth within the mental health system. This manual, *Creating Options for Family Recovery: A Provider’s Guide to Promoting Parental Mental Health* was authored by Dr. Joanne Nicholson with contributions by Kate Biebel, Chip Wilder and Toni Wolf.

The subcommittee made several recommendations, including: data collection of the number of parent enrolled in DMH services; identifying existing programs for families with parental illness for the purposes of resource sharing; workforce development to include training/consultation, implementation of an evidence-based model, “Let’s Talk” and enhancing peer support to develop a parent peer training curriculum; and promoting collaboration between state partners, including DMH and DCF, and with the Medical Home Model and Homelessness Prevention programs and shelters.

**Housing Committee**

In May 2013, the Planning Council voted to establish a Housing Committee following a presentation to the Council on an overview of housing resources and agencies and the personal experience of a young adult with accessing housing resources and supports. The committee held its first meeting in September 2013, and identified three broad policy areas: resource advocacy, policy advocacy and external educational outreach. In SFY15, the Committee has engaged in the following activities related to these priorities:

* Resource Advocacy: The committee worked with the Massachusetts Association for Mental Health, DMH and other stakeholders in advocating for additional state appropriations for special rental assistance account for DMH clients which is within the budget for the Executive Office of Housing and Community Development (EOHCD) and is administered jointly be EOHCD and DMH. The goal of increasing the account by $1 million to $5,125,000 was achieved.
* Policy Advocacy: The committee met with DMH contracted service providers, housing agencies, housing programs and other stakeholders to identify policy or regulation changes that would make the rental assistance program more effective. The committee identified two specific policy areas to advocate for policy changes: multiple inspections of premises approved for the special rental assistance account for DMH clients and the limitation that rental assistance is only available to CBFS clients.
* External Educational Outreach: The committee developed and presented a Housing Workshop, “Home is Where Recovery Lives”, at the October 2014 NAMI Annual Convention. The session was well attended and attendees were provided with a handout on housing programs and resources as well as practical tips on helping a loved one prepare for a housing search and related matters.

**Planning Council Steering Committee**

In March 2009, the Planning Council voted to establish a steering committee in response to feedback received in 2008 during the block grant monitoring visit. Specifically, the feedback provided in the written report identified that the large size of the Planning Council did not facilitate addressing the business of the Council during its quarterly meetings. The Planning Council endorsed a charter document for the steering committee and the first meeting was held in November 2009. The membership of the subcommittee includes the co-chairs of the Council, a chair or designee from each subcommittee and two members-at-large. The membership also includes at least two consumers and two family members of a person with a mental illness. The steering committee meets before each full Planning Council meeting to review the status of subcommittee activities, discuss block grant related activities, inform the agenda for Planning Council meetings, and address any other business that does need to go before the full Council membership. The Planning Council membership felt it was important to address in the charter document that the role of committee is not to exercise the powers or authority of the Council.

**Planning Council Meeting Summary**

The Planning Council reviews the Department's State Plan, monitors its implementation and advocates regarding mental health system issues. The Council met on July 13, 2014, to review DMH strategic priorities and progress, receive a presentation on the peer and family workforce and provide subcommittee reports and updates. The peer and family workforce panel included a presentation by TransCom on the Peer Professional Workforce Development Guidelines and by the Urban College on the Children’s Behavioral Health Certification Program. The Planning Council meeting on October 23, 2014 was devoted to a panel presentation organized by the Parent Support subcommittee on “Families Living with Parental Mental Illness” and subcommittee updates. The Council met again on January 29, 2015. The subcommittees presented recent activities and identified unmet needs to inform the development of the SFY16-17 State Plan. The Council meeting on April 23, 2015 included discussion of MassHealth priorities and updates, including the Health Connector, payment reform, health care integration, long-term supports, transition age youth and early childhood. Several subcommittees also reported on recent activities including TransCom and the Professional Advisory Committee. In addition to feedback providing in the meeting, the subcommittees also produced written recommendations for inclusion in this section of the document. The Council met on July 28, 2015 to review the draft of the Plan and prepare the Planning Council letter. The meeting also included a presentation on the Tobacco Summit and Leadership Academy and subcommittee reports. As is customary at Planning Council meetings, the Commissioner and other members of DMH senior leadership are in attendance.

The Planning Council and its subcommittees provide a strong and ongoing voice for recovery and resiliency. The Council has made significant contributions in identifying particular domains needing transformation in the mental health system in Massachusetts. As described above and in the Unmet Service Needs and Critical Gaps section, many of the subcommittees contributed data and information that is used to describe and define these needs. In addition, the Council and subcommittees have played an active role in planning many of the transformation efforts occurring in the Commonwealth.