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Children's Behavioral Health

Knowledge Center

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Massachusetts Department of Mental Health



Overview

Established in Chapter 321 of the Acts of 2008: An Act Relative to Children’s Mental Health, the mission of the Children’s Behavioral Health (CBH) Knowledge Center is to ensure that:

- The workforce of clinicians and direct care staff providing children’s behavioral health services are highly skilled and well-trained;
- The services provided to children in the Commonwealth are cost-effective and evidence-based; and
- The Commonwealth continues to develop and evaluate new models of service delivery.

The Children’s Behavioral Health Knowledge Center is located at the Department of Mental Health in the Child, Youth, and Family Services Division. As part of the state’s mental health authority, the Knowledge Center's purview is the entire children’s behavioral health system, across Executive Office of Health and Human Services (EOHHS) agencies and public and private payers.

The Knowledge Center fills a gap in the children’s behavioral health system, serving as an information hub across providers and public and private payers. Through its tools, Center staff members work with colleagues who are developing, implementing, and advocating for practices, programs, and service delivery models that are based on the best available evidence about what works to improve outcomes for young people. As an intermediary organization, the Center’s activities facilitate connection among the rich array of children’s behavioral health researchers, program developers, providers, practitioners, and consumer advocates in Massachusetts. The Center’s projects generally focus on the application of research knowledge, not the production of it.

Strategic Vision

Areas of focus – CY 2020

- Developing the skills of the behavioral health workforce to support youth and families including those of family members
- Enhancing supervisor competency and organizational support for high-quality supervision
- Using innovative strategies to assist families with navigating the complexities of the behavioral health system

Key partnerships

Located within the state mental health authority, the Knowledge Center is well positioned to establish partnerships with other Executive Office of Health and Human Services agencies. This includes co-sponsoring of trainings and other workforce initiatives, braiding funding for shared projects and activities, and better alignment of workforce priorities and communication across agencies. Collaborations in 2020 included:

- **MassHealth** - As the largest payer of publicly funded children’s behavioral health services in the Commonwealth, the Center works closely with colleagues at MassHealth’s Children’s Behavioral Health Initiative (CBHI) to support the workforce delivering CBHI services.

- **Department of Housing and Community Development (DHCD)** – serves some of the most at-risk youth in the Commonwealth in its emergency family shelter programs. This year, the Center supported this cross-agency partnership to ensure that staff members who are working closely with these young families can recognize the early signs of a behavioral health condition, in the hopes of preventing more serious problems in the future.
- **Department of Children and Families (DCF)** – More than 67% of all referrals made to the LINK-KID trauma therapy referral service located at the UMass Child Trauma Training Center, were made by staff members or foster parents from DCF. Additionally, the Center supported trainings for DCF contractors who provide services to youth and families on topics such as substance use screening, motivational interviewing, permanency practice, and reflective supervision.

Center Infrastructure

The Knowledge Center has several dissemination vehicles for this work including its website, trainings, listserv, and webinars. The Center also has established relationships with researchers, skilled trainers in topics such as early childhood mental health, motivational interviewing, and reflective supervision, e-learning designers, and consultants with expertise in implementation science and design thinking. In 2020:

- The Center’s website had over **13,000 unique visitors**.
- Developed a video library for young adult peer mentors to provide them access to on-demand learning opportunities to continue to support their practice.
- The Center provided training and coaching support using evidence-based teaching approaches to more than **500 behavioral health professionals**. The Center does not deliver or support one-time training events as they have little support for their effectiveness in changing behavior or enhancing skills. Rather, the Center’s training initiatives tend to be multi-day trainings that are paired with coaching and organizational consultation to reinforce and support what trainees are learning in the classroom.
- Center staff members provide expert consultation and support to the Commonwealth’s provider organizations, academic institutions, and EOHHS agencies on the use of implementation science, meeting design and facilitation, and training curriculum design and development, and design thinking methodologies.

Major Activities and Accomplishments

Development of Innovative Programs and Practices

Motivational Interviewing for Parents

Motivational interviewing (MI) is an evidence-based strategy for facilitating behavior change across a wide range of treatment targets, including enhancing adherence to treatment. With the support of MI trainers, the Center worked alongside Dr. Emily Kline and her team at Beth Israel Deaconess to develop a multi-session “MI inspired” training to disseminate MI skills to parents.

The MI for Parents (MI4P) project aims to develop and pilot test the feasibility and effectiveness of a motivational interviewing skills training course for parents/caregivers of youth (ages 14-24) with behavioral or

mental health concerns. As of 12/15/2020, 62 participants enrolled in the MI for Parents training; 60 completed their baseline surveys. The overwhelming majority of parents have identified as a mother, stepmother, or grandmother (93.33%), while the remainder of the sample identifies as a dad (6.66%). 56.67% categorize themselves as being married or cohabitating with a partner. In terms of race and ethnicity, 76.57% of our sample identifies as white, 11.67% as black, 6.67% as Central/ South American, and 5.00% as other or more than one race. The average age is 53 years old. 91.67% report that their identified "most difficult" child is living with them at the time of the training. Parents endorsed that their child/children experience a variety of mental and behavioral issues, substance use being a common endorsement (41.67%).

Parents were asked to complete surveys and real play exercises pre and post training sessions. These surveys measured perceived stress, parenting confidence, family conflict, and expressed emotion, which is a term to describe over-involvement and resentment towards the child. Knowledge of the MI skills was also managed. The data suggests that parents who participated in the MI inspired training sessions reported less stress, less family conflict, less expressed emotion and higher parenting confidence after the training sessions. These changes were maintained when we checked back in 3 months after the training session. Parents also showed that they learned and maintained the MI skills knowledge.

Project Picasso

Project Picasso was a three-week research sprint that explored the question, "How might DMH reach youth and their families earlier in their journey?" The global design firm, IDEO met with over 40 stakeholders including families, DMH staff members, and staff from community-based organizations, in a series of focus groups and co-design sessions in March of 2020. The project began just as the pandemic began shutting down schools, workplaces, and other gatherings. It resulted in four important learnings that are guiding the DMH Child, Youth, and Family Division's strategic planning efforts. The four opportunity areas were:

- Help families recognize the early signs of a behavioral health challenge so they can know when to act
- Help schools be a source of support
- Assist families with navigating the system
- Provide flexible supports and services

These findings were also reviewed with the Children's Behavioral Health Advisory Council to help inform and guide the work of its membership. This work also informed the development of HandholdMA (described below) which seeks to help families who may be worried about their child's mental health.

Handhold MA

[Handhold MA](#) is an interactive, family-friendly website that seeks to provide parents and caretakers with highly accessible answers to the following questions:

- **Should I Worry?** Information they need to understand changes in their child's behavior and figure out when they might need help.

- **What Can I Do?** Curated resources for parents looking to help their child cope and heal from mental health challenges, promote healthy social and emotional development, de-escalate challenging situations, and connect to others who have been through this.
- **Who Can Help?** A user-friendly “front door” to existing behavioral health system navigation and treatment locator tools, including guides on what to expect, how to find support, and how to prepare for a first visit.

Created by a team of mental health, child development, and human-centered design experts in partnership with parents who have navigated the mental health system for their own children, the HandholdMA site officially launched in the middle of October 2020 and has had more than 24,000 unique visitors.

Workforce Initiatives

Early childhood mental health training for DHCD Family Shelter Staff

In its role as the state mental health authority, DMH recognizes how critical it is to intervene early to prevent more serious challenges later. The Center teamed up with colleagues at the Department of Housing and Community Development and the Connected Beginnings Training Institute at UMass to sponsor an introductory training on early childhood social and emotional development for its emergency shelter providers. Given that children experiencing homelessness are one of the most at-risk groups for developing behavioral health challenges this was an important strategic investment for DMH and the Knowledge Center.

More than 65 shelter staff who serve families with very young children were provided with an overview of social-emotional development in children birth-five years, an understanding of child behavior as a form of communication, and an introduction to how some key risk-factors affect very young children. This professional development experience included two live on-line trainings (90 minutes each) and a group coaching session (90 minutes). In the next fiscal year, we hope to engage a smaller group of shelter providers who will engage in a deeper application of these skills and integration of a screening protocol into the shelter intake process in order to better identify at-risk children.

Family Therapy Intensive

The DMH CYF Division, the Knowledge Center, and MassHealth’s Children’s Behavioral Health Initiative supported scholarships for 28 clinicians working in the publicly funded mental health system to attend the Intensive Certificate Program in Family Systems Therapy provided by Therapy Training Boston. Our publicly funded treatment systems work to ensure full family engagement in treatment and seek to prepare families to support their children successfully at home. This course supports beginning and intermediate level clinicians to become more skilled, self-aware and confident family-centered clinicians and supervisors. It teaches family systems ideas and practices, addressing complex family and individual needs through approaches that are practical, empowering and collaborative for both families and providers. The course will provide 81 hours of training from July 2020 through June 2021, including approximately one full day of training a month and one weekend retreat. This project is the result of cross-agency collaboration and alignment of training approaches across systems.

Course in Assessment and Clinical Understanding

In an effort to improve the assessment and clinical formulation skills of individuals working with youth and families served by DMH, the Center supported a cohort of DMH staff members and treatment providers to attend an intensive online course in clinical assessment. It uses case studies to teach skills; videos to demonstrate the skills; and includes sample assessment tools. Skilled clinicians serve as moderators for Stop & Apply sections where participants are asked to respond to questions about the training content. It reinforces the “Golden Thread” by teaching how to gather relevant information, how to connect it all - and integrate the information in a meaningful way. It seeks to help supervisors refresh their knowledge and guide them in how to talk about concepts with their staff and exposes supervisors to the training so they can decide how their staff should be trained in assessment and clinical formulation skills. The modules address topics such as: how to gather relevant information, how to consider child development in the course of assessment, the role of culture in assessment, and how to develop and communicate a case formulation.

Twenty-one individuals completed the course which included a mix of DMH CYF staff members and treatment providers. 93% percent of participants who completed the end of course evaluation indicated that the course helped them feel better prepared to do their job. Selected quotes from participants include:

- *This training takes you from scratch about case formulation, something I had never been trained about and the role plays between clinician and family members.*
- *Very well organized and each section, break down was easy to follow. Having been in the mental health field for a very long time (25yrs) this was a nice reminder of how to improve and complete effective assessments and family driven treatment goals with a reminder to keep the assessment live and to always remember to modify your initial assessment and treatment focus as you work with the family and discover new information with them.*

Strengthening Supervision

A key aspect of the Center’s workforce development strategy is to focus on the competency development and support of supervisors who oversee service delivery in the publicly funded children’s behavioral system. Supervisors have considerable influence over their staff and play a critical role in teaching, coaching, and supporting behavioral health staff members that are working directly with youth and families. Many supervisors are promoted based on their performance serving as a direct care worker but often do not receive specialized trainings on how to be a supervisor. This year the Knowledge Center supported two projects designed to support the implementation of high-quality supervision in community behavioral health centers.

Reflective supervision training and coaching

The Knowledge Center worked with Dr. Elizabeth McEnany to train and coach supervisors in Reflective Supervision (RS). The practice of RS has its roots in infant and early childhood mental health but is applicable for those working with older youth and families, particularly those who have experienced trauma. RS strengthens the practice of trauma-informed care through its model of collaboration with and support of clinicians and other providers.

Learning community activities included:

- Twelve (12) hour training in RS practice for direct care supervisors and middle managers. The training was offered at no cost to the participants or the program. Continuing education credits were also offered to those who completed the full 12-hour supervisor training series.
- Two learning community meetings focused on *the implementation of RS*, for change teams comprised of senior leaders, supervisors, and other staff from the organization.
- Mentoring/coaching through a combination of phone conferences and onsite meetings for six months after initial training.

Approximately 40 supervisors from three large community mental health providers¹ began the course in September 2019 and completed the coaching in June 2020. Another 40-person cohort from four community mental health providers² began the training virtually in October 2020. This initiative has been extremely popular with more than 70% of participants indicating that it is “extremely likely” they would recommend participation in reflective supervision to a colleague. Fifty-three percent of respondents indicated the training “exceeded expectations” and another 47% reported that it “met expectations”. Comments from trainees included:

- *I am grateful for this training – both as a supervisor and a supervisee. It is great that we are moving toward reflective supervision and I believe that if administered correctly it will help with staff retention.*
- *This may have been one of the most highly structured and organized multi-day training I’ve ever attended.*

Important successes of this project included:

- Supervisors reporting spending **more time** focused on clinical issues and support of staff during supervision time rather than administrative (e.g. paperwork) issues.
- Supervisors **cancelling fewer** supervision sessions with their supervisees – thus having more consistent supervision.
- Supervisors having **more consistent/predictable supervision sessions** (e.g. regular scheduled time rather than “ad-hoc.”)

Getting the Most Out of Supervision – Online Training

Supervision plays a critical role in helping supervisees develop their professional skills, manage workplace difficulties & stresses, and navigate their role and responsibilities. Yet not all supervisees understand its value, purpose, or how to make best use of it. The Center partnered with the local and national experts on supervision to create a free online training and in-person facilitator’s guide, titled “Getting the Most out of Supervision.” Intended for supervisees no matter what their role is in the organization (e.g., clinician, peer mentor, outreach worker, etc.), this brief online resource details seven concrete strategies supervisees can use immediately to build a more constructive and satisfying supervisory experience. To disseminate this resource widely to Massachusetts-based treatment providers, the Center hosted webinars in January, March, and August of 2020. Approximately 170 individuals from a range of behavioral health provider agencies attended these sessions. The resource has been viewed more than 270 times since January 2020.

¹ Cohort 1 providers are: Riverside, Community Healthlink, and Children’s Friend and Family Services, a program of JRI

² Cohort 2 providers are: the Italian Home for Children, Lynn Community Health Center, Advocates, and the Brien Center.

Young Adult Peer Mentoring Workforce Training

Young Adult Peer Mentors (YAPM) play an emerging and an increasingly vital role in the Commonwealth's behavioral healthcare delivery system. YAPMs are professionals who share their personal experience of living with and overcoming a behavioral health challenge(s) provide hope and support to youth facing similar challenges. Additionally, YAPMs serve as guides to other young adults by offering their invaluable experience with navigating the behavioral healthcare system. [Research](#) on the use of peers has found they help promote engagement in care, reduce utilization of restrictive and costly services such as inpatient hospitals and emergency departments, and improve quality of life.

YAPMs are employed within several behavioral health settings across the state including, but not limited to DMH's Intensive Residential Treatment Programs, DMH Flexible Support Services, Caring Together Continuum programs, and MassHealth's Therapeutic Mentoring services.

Young Adult Peer Mentor Micro-Learning Series

In 2020, the Knowledge Center developed and produced six short animated training videos that highlight the Core Elements of Young Adult Peer Mentoring, and provided tips on how they can use their lived experience with purpose and intent to help the youth they support. These videos were developed in collaboration with YAPMs to ensure the information is relevant and useful for YAPM and others to understand their role.

Since the release of these videos, Center staff was asked to present on a national webinar about supporting YAPMs and the practice profile to various stakeholders and programs in Massachusetts and around the country. Massachusetts continues to be a leader in supporting, developing, and expanding the YAPM role. Watch the videos [here](#).

Core Elements of Young Adult Peer Mentoring

In 2020, the Knowledge Center sponsored three virtual Core Elements of Young Adult Peer Mentoring Trainings. The content of this training is based off the [YAPM Practice Profile](#) that was released in 2017. Originally, this training was held in-person over 3-days. COVID-19 required the Core Element trainers and the Center to host the training virtually. The training was successfully adapted into six sessions, one session for each Core Element. On a positive note, the pivot to virtual training allowed for more YAPMs to participate that might not have had the opportunity in the past. For example, YAPMs living and working on Cape Cod and the Islands and in Western Massachusetts were able to participate easily via Zoom. 44 YAPM completed the Core Elements trainings hosted by the Center.

In addition, the DMH Northeast Area sponsored one training for the YAPMs working in the Young Adult Drop-In Centers that recently opened as a part of the SAMHSA Healthy Transition grant. The Knowledge Center provided technical assistance and support. 16 YAPMs completed this training.

Facilitating Access to Evidence-Based Trauma Treatment

A 2012 report of the United States Attorney General's National Task Force on Children Exposed to Violence estimated that more than half of the children currently residing in the United States can expect to have their lives touched by violence, crime, abuse, and psychological trauma.³ While not all children exposed to a

³ <https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

traumatic event develop negative symptoms that require treatment, many do. It is critically important to assist children and their families in accessing treatment as quickly as possible to reduce the impact of trauma on their functioning.

The Knowledge Center contracts with the University of Massachusetts Child Trauma Training Center's (CTTC) LINK-KID referral service to: 1) Rapidly refer children in need of trauma treatment to those providers/practitioners who can provide state-of-the-art care and 2) reduce the burden inherent in navigating the complex treatment systems on families and other referral sources (e.g. social workers, etc.) by maintaining a statewide database of providers trained to deliver evidence-based trauma treatments and facilitating a timely referral to a provider(s) based on age, gender, geography, and insurance type.

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

With the information gathered during the trauma screening process, the RRC, in collaboration with the referral source/caregiver, makes a clinical decision about which evidence-based treatment will be most appropriate for the child. In addition to telephone support, the RRC also offers to provide trauma related psychoeducational material to the caregiver, via electronic or postal mail. Once the screening has been completed, the RRC identifies a trained practitioner(s)/ agency(ies) that matches the geography, insurance needs, language needs, and treatment needs of the child and family (e.g., trauma specialty, gender preference, setting of treatment), and a referral to that practitioner/agency will then be made. Family preference also informs the decision-making process (e.g., preferred agency/preferred clinician, etc.). The RRC will collaborate with the caregiver during this process regarding preferences and will inform the parent/caregiver and referral source about the location of the referral(s) submission. The entire process of making a referral through LINK-KID takes no more than two business days and the amount of time from initial call to the referral is tracked closely by LINK-KID staff. During the time period between January 1 and December 17, 2020, LINK-KID made 642 referrals for evidence-based trauma treatment. 67% of all referrals were from by the Department of Children and Families. MassHealth was the insurance type of the vast majority of children at 425 or 76% of all referrals.

Knowledge Dissemination Activities

The Knowledge Center fills a gap in the children's behavioral health system, serving as an information hub across providers and public and private payers. The goal is to facilitate connections among local providers, researchers, and youth/family members, while raising awareness among policy makers and program funders about those projects, policies, or practices that could be scaled-up. The Knowledge Center has several dissemination vehicles for this work including its listserv, website, and webinars.

Webinars

The Knowledge Center hosts webinars on a variety of topics geared toward various stakeholder audiences. This year's included:

- **Parenting in Recovery** – Co-hosted by the Center of Psychosocial and Systemic Research at the Mass General Hospital, this virtual event included a screening of a video with poignant stories of parents in recovery. Following the video Dr. English facilitated a panel with parents where they were able to share their experiences with respect to stigma, communicating about difficult times, helpful supports, and resources and words of wisdom.
- **Community Health Worker Certification** – This webinar co-hosted by the Center with the Board of Community Health Workers provided a detailed overview of the CHW application process.
- **The School of Hard Talks** – Attended by more than 100 people, this webinar featured an overview of the School of Hard Talks curriculum, which is an adaptation of motivational interviewing practices for parents.
- **HandholdMA** – This webinar offered participants a detailed walk-through of the HandholdMA website and allowed participants to share their “wish list” for additional build-outs.

Website and listserv

The Knowledge Center's website: www.cbhknowledge.center provides a forum for policy makers, providers, advocates, and youth and families to: locate information about local and national training events, learn about evidence-based and promising practices in Massachusetts, and share relevant information and resources for individuals working in the children's behavioral health field. In 2020, the site had over 13,000 unique visitors.

Learning from COVID-19 Series

In the early stages of the pandemic, the Center quickly responded to gather intelligence from frontline children's behavioral health treatment providers and families about the ways they had to rapidly adapt to the changes in care delivery as a result of the stay at home advisory. Understanding that COVID presented not only numerous challenges but also opportunities, the Center created a series of weekly three-question surveys to rapidly learn about those adaptations, innovations, and challenges facing treatment providers and families.

A detailed summary of the responses from each week is available at:

<https://www.cbhknowledge.center/learning-from-covid>. This information was shared via the Center's listserv each week and discussed at the Children's Behavioral Health Advisory Council in June 2020 as well as within the Child, Youth, and Family Division at DMH to inform the Division's COVID response.

Conclusion

In the year ahead, the Center will serve as a resource for helping to ensure that individuals providing children's behavioral health treatment and services across the continuum of care are highly skilled and well trained, and that families have access to critical knowledge and resources to assist them in obtaining services. Consistent with its legislative authorization, the Center will continue to promote workforce competency in evidence-based practices through targeted training and assistance with locating providers that deliver high quality evidence-based trauma treatment. The Center will continue to serve as a resource for supporting innovative changes in care delivery that are flexible, adaptable and accessible to children, youth and families in need at any point of entry into services.