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September 10, 2025

Honorable Maura T. Healey, Governor of the Commonwealth
Honorable Maria Mossaides, Child Advocate
Honorable Michael D. Hurley, Senate Clerk
Honorable Timothy Carroll, House Clerk
Honorable John C. Velis, Senate Chair, Committee on Mental Health, Substance Use and Recovery
Honorable Mindy Domb, House Chair, Committee on Mental Health, Substance Use and Recovery
Honorable Robyn K. Kennedy, Senate Chair, Committee on Children, Families and Persons with Disabilities
Honorable Jay D. Livingstone, House Chair, Committee on Children, Families and Persons with Disabilities
Honorable Cindy F. Friedman, Senate Chair, Committee on Health Care Financing
Honorable John J. Lawn, Jr., House Vice-Chair, Committee on Health Care Financing
Honorable Michael J. Rodrigues, Senate Chair, Committee on Ways and Means
Honorable Aaron Michlewitz, House Chair, Committee on Ways and Means

On behalf of the Children's Behavioral Health Knowledge Center, established under the provisions of Chapter 321 of the Acts of 2008, I am pleased to submit its 2024 Annual Report.

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 Knowledge Center serves as an information hub, through its learning communities, website, workshops, and webinars. The Center's activities facilitate connection among the rich array of children's behavioral health researchers, program developers, providers, practitioners, and parent advocates in Massachusetts.

From its unique vantage point within the mental health authority, the Center is well positioned to further the work of the state's publicly funded behavioral health services across Executive Office of Health and Human Services agencies. As you will see in the enclosed report, the Center has supported a variety of projects that cut-across the various service systems to support the development of practices, programs, and service delivery models that are based on the best available evidence about what works to improve outcomes for young people and their families.

Sincerely,

A handwritten signature in cursive script that reads "Brooke Doyle".

Brooke Doyle, M.Ed., LMHC
Commissioner

cc: Kiame Mahaniah, MD, MBA, Secretary
Executive Office of Health and Human Services

Children's Behavior Health Advisory Council

THE OFFICE OF
GOVERNOR MAURA T. HEALEY

LT. GOVERNOR KIMBERLEY DRISCOLL

Kiame Mahaniah, MD, MBA
Secretary of the Executive Office
of Health and Human Services

Brooke Doyle
Commissioner

February 2025

Children's Behavioral Health
Knowledge Center
FY 2024 Annual Report

MASSACHUSETTS DEPARTMENT
OF MENTAL HEALTH

Overview

Established in Chapter 321 of the Acts of 2008 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.
- 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 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 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 – FY 2024

- Developing a practice profile for Family Partners who support caregivers of children with behavioral health challenges.
- Developing the skills of staff who work with young children and their families on family engagement, reflective practice and intervention.
- Supporting the development, evaluation, and dissemination of an innovative group program for the prevention of anxiety, depression and suicidality in adolescents.
- Supporting the professional development of early career BIPOC behavioral health professionals.
- Developing educational videos to support the Reflective Supervision training that can be accessed by agencies to implement the practice of high-quality supervision.
- Developing and launching a redesigned [Knowledge Center website](#).

Key partnerships

Located within the state mental health authority, The Center is well positioned to establish partnerships with other Executive Office of Health and Human Services agencies. This includes co-sponsoring of training and other workforce initiatives, braiding funding for shared projects and activities, and better alignment of workforce priorities and communication across agencies. Collaborations in 2024 included:

- **MassHealth** - As the largest payer of publicly funded children's behavioral health services in the Commonwealth, MassHealth provides children with behavioral, emotional, and mental health needs and their families with integrated behavioral health services and a comprehensive, community-based system of care.
- **Office of the Child Advocate (OCA)** -The Office of the Child Advocate (OCA) provides independent oversight of state services for children to ensure that children receive appropriate, timely and quality services. The OCA also serves as a resource for families who are receiving, or are eligible to receive, services from the Commonwealth.
- **Department of Public Health (DPH)**- The Pregnancy, Infancy and Early Childhood (PIE) Division of DPH promotes physical, social and emotional well-being and resilience. The Division fosters healthy environments during pregnancy, infancy, and through early childhood. Using the life course approach PIE offers direct services, connections and referrals. It conducts research and evaluation; and supports policy and systems development.
- **Children's Trust Fund**-The Children's Trust is a public-private organization working toward a Massachusetts free from child abuse and neglect. They partner with organizations and communities to drive systemic change to address the root causes of abuse and neglect so that all children can grow up in thriving families.

Additionally, this year The Center began a partnership with the:

- [Hispanic/Latino Behavioral Health Center of Excellence](#)

Through funding from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's Office of Behavioral Health Equity, The Hispanic/Latino Behavioral Health Center of Excellence is established to advance the behavioral health equity of Latino communities through the development and dissemination of culturally-informed, behavioral health information, provision of training and technical assistance and directed support to expand the behavioral health workforce that serves Latino communities. The Center serves as a resource for mental health and substance use providers, primary care providers, community-based and faith-based organizations, research institutions, Hispanic and Latino-Serving Institutions (HSIs) of higher education, peer and recovery support service providers, as well as state, regional, local, and federal entities.

Center Infrastructure

The Center has several dissemination vehicles for its 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, prevention, and reflective supervision, e-learning designers, and consultants with expertise in implementation science and design thinking. In FY 2024:

- The Center's website which had over 13,700 unique visitors.
- The Center provided training and coaching support using evidence-based teaching approaches to hundreds of 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.

Major Activities and Accomplishments

- **Development of Innovative Programs and Practices**

Living in Families with our Emotions (LIFE): A behavioral intervention for at-risk adolescents and their families that aims to improve resilience and long-term positive outcomes

In light of the worsening mental health crisis that has emerged in adolescents during the past decade, and the severe shortage of mental health providers who are trained to care for this population, there is a tremendous need for alternative, innovative ways to deliver mental health care to adolescents, especially to those with limited access to mental health support. At the end of 2022, with funding from the American Rescue Plan (ARPA), The Center partnered with the Massachusetts General Hospital's [Resilience and Prevention Program](#) (RAPP) to adapt, implement and evaluate Living in Families with Emotions (LIFE), a group-based behavioral intervention, that teaches resilience-boosting skills to adolescents and their caregivers to be delivered by non-clinical staff, such as after-school coordinators and youth support staff.

The program, originally designed to be delivered by clinical behavioral health staff had been tested in a highly diverse sample of middle school students, in three Latinx immigrant cohorts in Chelsea, MA and four cohorts in Medford, MA. Adolescent participants showed significant improvements in aspects of functioning, such as school achievement ($t=2.45, p=.026$). Additionally, LIFE is associated with significant pre vs post reductions in a range of symptoms, including suicidality ($t=4.82, p<.001$), depression ($t=2.5, p=.05$), and subclinical psychotic symptoms ($t=3.1, p=.005$).

During FY24, the second year of the program, RAPP offered the LIFE training trainees from The GIFT Program, The NAN Project, the Ohrenberger School in Boston, Children's Cove in Cape Cod, Esperanza Academy in Lawrence, Connections Family Resource Center in Brockton, MGH- Chelsea Healthcare, and the Boys and Girls Club in Roxbury. Trainees include teachers, parents, peer coordinators, school counselors, and program developers. Following the training RAPP staff provided weekly supervision of facilitators including observation of select sessions (25%) and assessment of fidelity.

Based on feedback from community partners, RAPP further adapted the LIFE manual, most importantly dividing each of the eight 90-minute sessions into two sessions, creating a sixteen 45-minute session manual, to accommodate a typical school day schedule. They created additional videos to accompany the LIFE trainings and replace some of the didactic portions of the training and adapted the LIFE training for virtual delivery to make the training more accessible to communities across the State. They also translated the parent sessions into Spanish for deployment in Latinx populations.

The program has been well received by participants. For example, in June 2024, RAPP ran a two-day training workshop with 45 members of the Roxbury Boys and Girls Club. The trainees were diverse demographically, with an age range spanning 19-71 years, with 56.3% identifying as female gender, 90.6% African American, 9.4% White, 21.8% Hispanic/Latino, and 78.2% Non-Hispanic/Latino. 75.0% had not received previous mental

health training. After the training, confidence in teaching general mental health skills increased from 69.4% to 82.1% ($p=0.0001$) and confidence in teaching LIFE-specific mental health skills increased from 60.6% to 81.0% ($p=0.0001$). Post-assessment feedback surveys indicated that the trainees found LIFE to be “highly relevant to the mental health needs of the adolescents they work with” and “useful in dealing with youth mental health challenges at work”. Additionally, 88.3% of these trainees would recommend the training to a colleague, with an average satisfaction rating of 4.41/5, and 81.7% of trainees said they would continue to use LIFE educational and resource materials in their work.

- **Workforce Initiatives**

Family Partner Practice Profile Development

Peer support is the process of using one’s personal experience - or “lived experience” - to help someone in a similar life situation. It includes activities such as coaching, education, skills training, and emotional support. Research¹ has shown that peer support is a valuable resource that improves people’s engagement in services, resilience, and self-determination, leading to better health outcomes. In the “family peer support” approach people who are parenting a child with a mental health condition receive support from others who share this life experience.

A Family Partner is a person who has the lived experience of raising and parenting a child with significant mental health needs and has been trained to provide a range of supports to caregivers of youth with similar needs. To succeed, a Family Partner must have extensive knowledge and a deep understanding of behavioral health service systems for youth. This knowledge is gained through the Family Partner’s own experience navigating service systems for their child, as well as through training and knowledge gained on the job.

The National Implementation Research Network defines a “practice profile” as a tool to help programs put the core elements of a service or practice in place. It breaks down large concepts, such as “engagement,” into separate skills and activities that can be taught, learned, and observed. This Family Partner Practice Profile describes the main practices that Family Partners use in their work with caregivers. Each practice is broken down into the skills and activities that are required to effectively implement the practice, i.e., what they are saying and doing when delivering Family Partner services. This Practice Profile describes the best or ideal practice for Family Partners — that is, what a Family Partner should aspire to in their work with caregivers and families.

This Practice Profile focuses on best practices for Family Partners’ *direct work with caregivers*, in any context or setting. Family Partners use their lived experience with purpose and intent. They offer services that are family-

¹ Hoagwood, K.E., Cavaleri, M.A., Olin, S.S., Burns, B.J., Slaton, E., Gruttadaro, D., Hughes, R. *Family Support in Children’s Mental Health: A Review and Synthesis*. *Clinical Child and Family Psychology Review* (2010) 13:1-45.
Kutash, K., Duchnowski, A.J., Green, A.L., & Ferron, John M. *Supporting Parents Who Have Youth with Emotional Disturbances Through a Parent-to-Parent Support Program: A Proof of Concept Study Using Random Assignment*. *Administrative Policy in Mental Health and Mental Health Services Research* (2011) 38:412-427.
Obrochta, C., Anthony, B., Armstrong, M., Kalil, J., Hust, J., & Kernan, J. (2011). *Issue brief: Family-to-family peer support: Models and evaluation*. Atlanta, GA: ICF Macro, Outcomes Roundtable for Children and Families. Retrieved from [https://www.ffcmh.org/sites/default/files/Issue Brief - Family to Family Peer Support Outcomes Roundtable 2011.pdf](https://www.ffcmh.org/sites/default/files/Issue%20Brief%20-%20Family%20to%20Family%20Peer%20Support%20Outcomes%20Roundtable%202011.pdf)

driven, youth-guided, strengths-based, equitable, and culturally responsive, while also helping to elevate these principles more broadly.

The Family Partner Practice Profile was developed through a collaboration between the DMH, the MassHealth Office of Accountable Care and Behavioral Health, and stakeholders including family partners, family partner supervisors and trainers, caregivers, leaders in agencies that employ family partners, and DMH and MassHealth staff. At a series of stakeholder meetings held between January and April 2024, we received input, guidance, and feedback on the development of the Practice Profile. The practice profile will be available on The Center website in Spring 2025.

[Infant and Early Childhood Mental Health \(IECMH\) Workforce Development Initiatives](#)

“Infancy and early childhood present a prime opportunity to nurture positive mental health for children and parents alike, enhancing wellbeing and saving costs from mental health problems down the road”.²

An estimated 10 to 16 percent of young kids experience mental health issues; kids living in poverty, at a higher rate of 22%. According to Nancy Kelly, the Mental Health Promotion Branch Chief at the federal government’s Substance Abuse and Mental Health Services Administration (SAMHSA) when young children do not live in a nurturing and a nurturing setting and lack intervention, the impacts of trauma and stress can be immediate and long-lasting”.³

- **Reflective Supervision Training for Non-Clinical Infant and Early Childhood Workforce**

Reflective supervision/consultation (RS/C) is widely recognized as best practice in the provision of infant mental health services including but not limited to early education and care, behavioral health, home visiting, pediatrics, etc. The primary goal of RS/C is to promote high quality services and positive outcomes in children and families. And yet, this type of supervision and consultation is not easily available or equitably accessible to the diverse Infant and Early Childhood workforce.

The Center offered a 12 month-Reflective Consultation Training in FY23 open at no-cost to any individual involved in Infant and Early Childhood Mental Health promotion or prevention work with the goal of diversifying and strengthen the early childhood workforce by creating equitable access to reflective consultation training and practice. Four groups of 8 people each met for 10 months and a total of 30 hours and reported an increase in confidence providing Reflective Supervision to employees at their respective agencies. The offering provides ongoing support to integrate skills learned in training in infant and early childhood mental health, to support the workforce through ongoing coaching; and to build the capacity of Reflective Supervisors in the field to continue this coaching in their settings.

- **Early Relational Health Fellowship for BIPOC Clinicians**

² Cole, P., Gebhard, B., Ullrich, R., & Schmit, S. (2017, October). [Mental Health Services: Critical Supports for Infants, Toddlers, and Families](#).

³ Sullivan, E. T. (2023, February 28). Who’s Looking Out for the Mental Health of Infants and Toddlers? EDSURGE. Retrieved December 23, 2023, from <https://www.edsurge.com/news/2023-02-28-who-s-looking-out-for-the-mental-health-ofinfants-and-toddlers>

With ARPA funding The Center supported two groups of 5 fellows each in the Early Relational Health Fellowship Program at UMass Chan Medical School. Fellowships were awarded to clinical professionals from Black, Indigenous, and People of Color (BIPOC) backgrounds looking to gain in-depth knowledge in Infant and Early Childhood Mental Health and become leaders in the field, hence supporting the dissemination of this much-needed specialty service. This program is a comprehensive, part-time, hybrid, 18-month training program in early relational health research, theory, assessment, and relationship-based interventions. The first cohort of 5 fellows graduated from this program and three of them have already moved on to positions of leadership, including in Early Relational Health, core faculty in higher education, and director of psychiatry programs and systems.

- **Trainings for Work with Infants and Young Children and their Caregivers**

The Center supported training for staff who work with infants and young children in a variety of settings on family engagement, observation, child development, and reflective supervision.

The Center partnered with the Children’s Trust to deliver two virtual trainings in [Facilitating Attuned Interactions](#) (FAN), in March and May 2024. FAN’s goal is strengthening the provider-parent relationship, resulting in parents who are “attuned to their infants and ready to try new ways of relating to them”. This training consists of three half-day training sessions for teams, followed by a year of monthly meetings with the teams’ supervisors to support implementation of the model in the agencies, as well as growing and supporting reflective supervision with staff. All regions of the State were represented in these trainings, 32% of participants identified as BIPOC. Participants worked in diverse fields such as clinical mental health services, early intervention, homeless shelters, occupational therapy, and child protective services. During FY’25, with braided funding from MassHealth and DPH, The Center will provide four virtual training sessions, including a train-the-trainer model, which will increase the State’s capacity to deliver this training with four new trainers.

The Center offered training in [Theraplay](#), an evidence-based dyadic attachment-based child and family therapy intervention to 30 clinical staff in April 2024. Nineteen (19%) percent of participants self-identified as BIPOC. We were able to have participants from the entire state, but due to underrepresentation of Western MA and Cape and Islands, our goal for FY’25 is to offer two smaller trainings in those locations.

[BIPOC Clinician Early Career Learning Collaborative: The Legacy Project](#)

In September 2023, The Center began offering an early career development learning community in response to reports from behavioral health organizations that they were having difficulty hiring and retaining diverse staff and not having the necessary skills and training to support BIPOC staff in their career trajectories. The goal of the learning community was to increase retention of BIPOC early career behavioral health professionals in public sector settings by engaging them in a peer learning community and enhancing their knowledge and skills to successfully practice and make progress in their careers, with special emphasis in serving communities of color and providing organizational leadership regarding racial equity and inclusion.

A total of thirty masters’ level unlicensed behavioral health clinicians participated in three separate cohorts that met for nine monthly sessions facilitated by Dr. Phillip Laidlaw, PsyD and/or Alexa Fenton, LMFT, former Assistant Director of The Center. Topics discussed included: best practices for working in community behavioral health settings, strategies to get the most out of supervision, strategies for addressing racism in the workplace,

skills for managing work stress and burnout and career development phases and processes, including credentialing, becoming clinical supervisors. Additionally, participants had access to up to three individual mentoring sessions.

In a survey of 2023-24 participants, 90% of respondents indicated that their participation in the learning community increased the likelihood of their continuing their careers in the public sector, 75% affirmed that they had learned a great deal or a lot of useful strategies to deal with racism in the workplace, and 80% indicated that they had learned a great deal or a lot of strategies to deal with stress and burnout. When asked how their participation had contributed to their personal and professional growth, respondents mentioned feeling part of a community, becoming aware of their needs, feeling supported, less alone as well as feeling strengthened, empowered, more confident. When asked what they found most valuable, they said they particularly appreciated having a safe space to share their experiences without judgement, meeting with others going through similar experiences and learning from others how to navigate similar challenges.

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 supervisees 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 direct care workers but often do not receive specialized training on how to be a supervisor.

- **Reflective Supervision Training and Coaching**

The 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. The Center has offered RS training yearly since 2015. The five session, 3-hour training is followed by six monthly coaching sessions where participants receive coaching from the trainers as they apply the skills learned in their work with supervisees. Each year a group of teams of supervisors from several agencies join the training, for a total of approximately 40 participants. In recent years emphasis has been placed on supporting each agency team in developing a plan for implementation and maintenance of reflective supervision practices throughout their program and/or agency.

- **Addressing Secondary Traumatic Stress in Supervision**

In response to the workforce crisis associated with the COVID-19 pandemic and to bolster existing supervision efforts, The Center, in collaboration with Dr. Elizabeth McEnany developed a curriculum focused on addressing secondary traumatic stress in supervision (STS). Secondary traumatic stress (STS) is characterized by the manifestation of PTSD symptoms in people working with trauma survivors resulting from at least one indirect

exposure to traumatic content and is a common experience among behavioral health providers. This comprehensive four-part training series is designed in conjunction with Reflective Supervision training and delves into supervisory practices at both individual and organizational levels.

The Center has offered the training series three times since 2023. Learning objectives include enhancing supervisors' abilities to address their supervisees' responses to secondary stress, with a focus on recognizing and addressing the varying impact based on racial, ethnic, and cultural identities. In addition to this comprehensive training, STS incorporates an extra component wherein an executive sponsor (such as a Senior Leader or HR Manager) is encouraged to attend, fostering actionable strategies throughout all levels of an organization. Ninety-two percent of the FY 24 participants who evaluated the course indicated that they were satisfied or very satisfied with its content and that they would make some or many changes to their supervisory practices as a result of participating in the training.

[Family Therapy Intensive Training](#)

The DMH CYF Division, The 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 provides 81 hours of training, including approximately one full day of training a month and one two-day-long retreat. Over the past five years, the program has trained 140 clinicians. Another cohort of 28 clinicians began in July 2024 and is expected to complete the course in June 2025. The program offers a second year of monthly coaching sessions to anyone who has taken the training to help clinicians deepen their practice. This project is the result of cross-agency collaboration and alignment of training approaches across systems.

[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) to provide hope and support to youth and young adult facing similar challenges. Additionally, YAPMs serve as guides to other youth and 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.

- ***[Core Elements of Young Adult Peer Mentoring Training](#)***

In 2024, The Center sponsored two virtual Core Elements of Young Adult Peer Mentoring trainings. The content of this training is based on the [YAPM Practice Profile](#) that was released in 2017. The training is conducted virtually to enhance accessibility across the state. Additionally, a sign language interpreter provided ASL translation for the Spring Session for two deaf participants. The training is conducted over the course of three days, two Core Elements for each section. In 2024, 34 YAPMs completed the Core Elements trainings hosted by The Center. In FY 24, The Center launched the Young Adult Peer Mentor Resource Network. This monthly meeting provides an opportunity for YAPMs across the state to provide mutual support regarding their unique role and to share best practices in engaging youth and young adults in services and supports focused on their mental health and wellness. The YAPM Resource Network had consistent participation throughout the year with approximately 10-15 participants per month.

- ***[Young Adult Peer Mentoring Research and Publication](#)***

In 2024, the Massachusetts Young Adult Peer Mentoring model was recognized in a national publication. The article, [Relational Complexity of the Near-Age Peer Support Provider Role in Youth and Young Adult Community Mental Health Settings](#), was published in the Journal of Behavioral Health Services and Research.

In 2024, The Center also supported training for supervisors of Young Adult Peer Mentors. Twenty-five supervisors participated in a full-day training session in June where they focused on a strength-based supervision model that is attuned to the specific needs of young adult peers.

[Best Practice Psychiatric Care in Group and Residential Treatment for Youth and Families Learning Collaborative](#)

In the context of facilitating and supporting best practice psychiatric care in group and residential treatment settings for youth in the Commonwealth, the Learning Collaborative was launched in January 2023 and occurs monthly for 90 minutes meetings. The Learning Collaborative is organized and conducted by two child psychiatrists, Joel Goldstein MD (DMH) and Kerry Ann Williams MD (Medical Director, Justice Resource Institute). Participants are child psychiatric care providers (psychiatrists, advanced practice nurses and developmental pediatricians) practicing at residential and congregate care program sites throughout Massachusetts. Some of the topics addressed during 2024 were:

- Differential diagnosis of psychosis and autism as well as consideration of treatment approaches
- Best practice psychopharmacologic strategies in the treatment of aggression for youth in congregate care, residential and hospital-based settings.
- Focus on Pediatric Sleep
- Residential Milieu Management
- Occupational Therapy

[Support for Paid Internships for Behavioral Health Students](#)

The Center manages a two-year, 7 million dollar grant program (September 2023 to August 2025) supported with COVID and ARPA funds that provides four universities around the state: Westfield State University, Salem State University, Bridgewater State University and Boston College with funds to provide payment for students completing required internships in behavioral health fields. BIPOC and other marginalized students completing degree required internships, which are typically unpaid were prioritized within this grant. Internship placements are limited to public sector settings to increase interest and a pathway to careers in public sector mental health. In addition, the program supports that cost of training and supervision incurred by the organizations that host the interns.

An unduplicated total of 191 students received paid internships during the 2023-2024 academic year. The students were in bachelor's level social work or psychology programs; master's level social work, psychology or counseling programs; and masters level psychiatric mental health nurse practitioners. In addition, 30 physician assistant students were paid for their time in a behavioral health rotation.

Many students mentioned being able to focus more on their schoolwork and on their internships because of the compensation, as well as feeling an alleviation of stress, engaging more with their school communities, and, perhaps most importantly, having the resources needed to prevent them from dropping out of the internship experience because of other financial requirements. Additionally, students said that they were able to choose an internship based on their career aspirations, rather than choosing an internship solely on the internship site's ability to pay. Interns were also able to use the extra time they had from not having to work extra jobs to plan activities for clients or spend more time with their children.

Universities saw the effect of the benefits that students described. It was evident to them that the paid internships significantly relieved students' financial stress. Several reported that it has allowed a greater focus on learning. One stated that "Students are relieved and grateful for the paid internship. For many, it is the first time they can concentrate on being a student without juggling multiple jobs to support themselves and their families. As a result, they are enjoying classes and taking the time to go deep into their readings. They have time to process information and concentrate on their assignments. Learning, not just passing classes, has become the focus." Faculty also reported a decline in urgent financial situations (requests for additional financial aid to cover rent or transportation expenses, assistance with purchasing books, assistance with technology, etc.). According to faculty, the ability to focus on school translates, for instance, to students not having to request extensions for assignments. Professors have also noticed an improvement in students' quality of work.

Toward the end of the Fall 2023 and Spring 2024 semesters, on average interns are most interested in working in organizations that serve specific marginalized groups, who are BIPOC or LGBTQIA+, followed by behavioral health organizations serving people on MassHealth or who are uninsured or people with serious mental illness.

Knowledge Dissemination Activities

Insurance Resource Center for Autism and Behavioral Health

Understanding insurance coverage and accessing treatments continues to be a significant challenge for families seeking behavioral health services. Despite strong laws mandating coverage, the complexities of navigating

insurance, affording coverage, as well as systemic barriers, remain high and continue to prevent some families from accessing needed care.

The Center continues its partnership with the [Insurance Resource Center for Autism and Behavioral Health](#) (IRC), a program of the Eunice Kennedy Shriver Center at UMass Chan Medical School to assist state agency staff, families, and providers with navigating behavioral health commercial insurance benefits for children and adolescents. The IRC provides a range of resources including:

- Information and technical assistance by phone/e-mail
- Assistance with issues related to navigating insurance
- Access to documents including legislation, FAQ's, agency bulletins, etc.
- Trainings and webinars for families and providers
- Fact Sheet Library on topics relevant to Behavioral Health. These are available as accessible pdf documents, with translated versions in Spanish, Brazilian Portuguese, Simplified Chinese, and Vietnamese.

During FY 24, the IRC:

- Received approximately 5,847 calls, **representing a 70% increase from the prior year.**
- Established a language line to expand capability to assist families in many languages, and the community has been very appreciative of the resource.
- Provided training for 3,081 people, relatively consistent with the prior year. Presentations ranged from small groups of families to larger groups of professionals, depending on the specific topic, forum, etc. Spanish and Portuguese translation is offered for all the IRC's Lunch and Learn presentations.
- Participated in 10 outreach events, such as conferences, resource fairs and community events throughout the state. Three outreach events were focused on cultural, linguistically diverse, and underserved communities.
- Organized an Autism Diagnosis Summit in May of 2024 bringing together professionals to discuss ways to expand access to diagnostic services, which is a significant barrier/delay to accessing services for many families.

Of the requests for assistance the IRC receives, cases related to BH remain amongst the most challenging cases, relative to both insurance coverage, access to treatment, and severity of need. The IRC continues to partner with DMH, MSPCC, PPAL, clinicians, and other organizations to provide insurance support and resources. IRC, like many others, receives requests for assistance with cases where individuals are "stuck" in ED's and/or encountering other barriers. While many of the needs are outside of the scope of our insurance-related technical assistance, the IRC provides support and referrals to others in their networks for assistance.

[Website and Listserv](#)

The Center launched a redesigned [website](#) packed with new resources, training opportunities, and a rich archive of learning materials in October 2024. The website 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 FY 2024, the site had over 13,700 unique visitors. We are excited to unveil a fully renovated site.

Conclusion

The Children's Behavioral Health Knowledge Center contributes to the advancement of many of the aims of the Roadmap for Behavioral Health Reform to:

1. Deliver more effective treatment by training the workforce to address the mental health needs of infants and young children and their families, to tackle them early before challenges escalate requiring higher levels of care; and by supporting the peer workforce by developing the Family Partner Practice Profile.
2. Improve health equity by increasing training, mentoring and financial support of BIPOC clinicians in training or entering the behavioral health field in the public sector; and by increasing attention to the needs of racial and ethnic groups in all The Center's programs.
3. Support the peer workforce by developing the Family Partner Practice Profile and training tools to support the practice.
4. Ease the burden of families in accessing behavioral health services through programs such the Insurance Resource Center for Autism and Behavioral Health.
5. Develop more options to treatment by supporting the development of innovative easily accessible options that can be delivered by non-clinical staff such as [Living in Families with Our Emotions \(LIFE\) Project](#).
6. Increase collaboration among state agencies and provider organizations.
7. Continue to develop programs to address identified gaps in the behavioral health service array by offering training opportunities for the behavioral health workforce. For example, in response to the crisis of access to assessment of Autism Spectrum Disorders, especially for children who speak languages other than English, The Center approached the [Hispanic/Latino Behavioral Health Center of Excellence](#) and established a collaboration to offer training for Spanish-speaking psychologists in Massachusetts in assessment of Autism Spectrum Disorders to be offered in 2025.