

**Commonwealth of Massachusetts
Executive Office of Health and Human Services**

**THE CHILDREN'S BEHAVIORAL HEALTH
ADVISORY COUNCIL**



Annual Report 2020



The Commonwealth of Massachusetts
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On behalf of the Children's Behavioral Health Advisory Council (Council), established under the provisions of Chapter 321 of the Acts of 2008, I am pleased to transmit its 2020 Annual Report.

Council membership is diverse and multi-disciplinary. It is comprised of representatives of leading professional guilds, trade organizations, state agencies, family and young adult leaders, and other stakeholders. A listing of the Council's membership is attached as **Appendix A**. Throughout its years, the Council has worked to ensure that children's behavioral health receives the attention that it deserves in the larger policy conversations about healthcare reform.

The Council's work is driven by the knowledge that:

- Half of all lifetime mental illnesses begin by age 14; three quarters by age 24.
- Between 13-20% of children living in the United States are affected by mental illness in

a given year.

- 50% to 75% of youth with a substance use disorder also experience a co-occurring mental illness.
- Suicide is now the second leading cause of death for youth between the ages of 10 to 24.
- 50% of students age 14 or older with a mental disorder drop out of high school, the highest drop-out rate of any “disability” group.
- The CDC estimates that the economic impact of mental health challenges among youth under age 24 is \$247 billion annually.

Without intervention, child and adolescent psychiatric disorders frequently continue into adulthood and are increasingly associated with disability and increased medical costs. For example, research shows that when children with coexisting depression and conduct disorders become adults, they tend to use more health care services and have higher health care costs than other adults. Thus, while children are not “cost drivers,” our failure to intervene or engage in preventative measures result in bringing them to adulthood, where their medical needs and costs become significantly higher.

In 2020, the Council identified two inter-related issues as its most pressing work: 1) ensuring youth in need of behavioral health treatment can access it, and 2) growing and diversifying the behavioral health workforce to meet demand for treatment. As we all know, these long-standing issues have been compounded by the current public health crisis. We know, too, that crisis can bring opportunity. COVID-19 offers the chance to eliminate barriers to treatment and forces us all to identify creative solutions to some of our most intractable problems. The collective wisdom and experiences of the Council will be a vital asset as we build for the future of children’s behavioral health care in Massachusetts.

Sincerely,



Brooke Doyle
Acting Commissioner
On behalf of the Children’s Behavioral Health Advisory Council

cc: Marylou Sudders, Secretary, Executive Office of Health and Human Services

INTRODUCTION AND PRELIMINARY STATEMENT

Section 1 of Chapter 321 of the Acts of 2008 amended Chapter 6A of the Massachusetts General Laws, by inserting Section 16Q and established the Children’s Behavioral Health Advisory Council (Council) and placed the Council, “within but not subject to control of, the executive office of health and human services.” Additionally, the language of section 16Q (a) states the Council is to, “advise the governor, the general court and the secretary of health and human services.” The scope and breadth of the Council’s advisory role is best evidenced in subparagraph (d) of Section 16Q, which authorizes the Council to make recommendations in the following areas:

- (i) best and promising practices for behavioral health care of children and their families, including practices that promote wellness and the prevention of behavioral health problems and that support the development of evidence-based interventions with children and their parents;
- (ii) implementation of interagency children’s behavioral health initiatives with the goal of promoting a comprehensive, coordinated, high-quality, safe, effective, timely, efficient, equitable, family-centered, culturally-competent and a linguistically and clinically appropriate continuum of behavioral health services for children;
- (iii) the extent to which children with behavioral health needs are involved with the juvenile justice and child welfare systems;
- (iv) licensing standards relevant to the provision of behavioral health services for programs serving children, including those licensed by entities outside of the executive office of health and human services;
- (v) continuity of care for children and families across payers, including private insurance; and
- (vi) racial and ethnic disparities in the provision of behavioral health care to children.

The Council believes that its role as an independent advisor to the Executive and Legislative branches is vital to the families and children of the Commonwealth. Our credibility as an advisory body depends upon our independence and ongoing commitment to advocate for legislation, policies, practices, and procedures that best serve the families and children of the Commonwealth with emotional disorders and behavioral health needs. Our recommendations are guided by our expertise, experience, and our commitment to the families and children of the Commonwealth. We hope our work is useful to both the Executive and Legislative branches as we collectively work toward an integrated health care system that addresses the behavioral health needs of our children and adolescents.

I. COUNCIL'S ACTIVITIES

During the period covered by this Report (October 2019 through September 2020), the Council met six times. This year the Council served as key advisors on a number of timely and important topics which are detailed below.

October 2019 – This meeting focused on two main topics: 1) the new Behavioral Health for Children and Adolescents (BHCA) benefit and 2) setting the agenda for the Council's work this year. With respect to the BHCA benefit, members of the Children's Mental Health Campaign shared public materials including a Frequently Asked Questions (FAQ) document intended to help educate families and other members of the public about this benefit. Council members were asked to provide feedback to the Campaign on the FAQ with a plan to have these materials made available via the Campaign's website in the coming days. Council members will have an important role to play in helping to raise awareness among the constituencies they represent with respect to this benefit. Given the complexity of the topic, having a common set of materials to use so the message is clear and consistent is incredibly useful. The Council is grateful for the leadership of the Children's Mental Health Campaign for their work on this project.

Over the summer months, a survey of Council members revealed that there was interest in focusing a single topic/theme rather than a different topic each meeting. When asked which topic Council members believe is the "most urgent or pressing" challenge(s) facing children's behavioral health, two topics were cited most frequently by the group: access to care, followed by workforce issues. Council members were then asked to engage in a small group activity to identify sub-topics, presenters, and/ or data they were interested in learning more about. Members identified a number of different presenters / topics including:

- Data from the various "navigator" or access lines that are operating in the state (e.g. WJC's Interface Referral Service, MCPAP, LINK-KID, etc.)
- Learning from waitlist data that might exist about WHO is waiting or WHERE the longest waits might be or WHAT types of services youth/ families are waiting for
- What can the Council learn from pilot programs such as Project AMP and how to scale-up these types of pilot programs that have had positive early impact
- Drop-in and access centers as a pathway to behavioral health care – how might these be a model for special populations like young adults

The work of the small groups, helped to inform the agenda for the subsequent Council meetings for this year.

December 2019 – In December, the Council heard from Dr. Luana Marques, PhD, Director of the Community Psychiatry PRIDE, program at the Massachusetts General Hospital. She shared her work on adapting Cognitive Behavioral Therapy for use by paraprofessionals and community health workers at ROCA in Chelsea and at Charlestown High School. The non-master's prepared workforce is often under-attended to given the amount of time and

contact these workers have with young people with behavioral health challenges in residential treatment settings, schools, inpatient and CBAT facilities, and community settings. Considering how to empower this workforce and adapt and simplify complex treatments and teach skills to youth in schools and community settings is an important workforce frontier that the Council is interested in exploring.

The Council also received an update on the progress of the effort to certify family partners and therapeutic mentors as part of the new Behavioral Health for Children and Adolescents benefit. Council members reviewed the criteria that DMH has been using to evaluate various certification options including:

- Scalability and alignment with current and likely future workforce certification and license systems to allow a clear path for expansion and to leverage existing investments;
- Certification standards that reflect the competencies of the roles;
- Acceptability to commercial insurers;
- A certification process that safeguards quality, such as application and recertification processes that validate and reinforce qualifications;
- Accessibility and ease of use of the Certification System by a diverse workforce with different levels of education and administrative skills;
- Minimal cost to implement and operate, including as a direct cost to the Commonwealth and as a cost to practitioners and service agencies.

The Council will play an important advisory role in the work of certifying, training, and supporting the workforce of paraprofessionals including family partners and therapeutic mentors.

February 2020 – Council members heard from Rose Allocca and Vanna Souksavath, from the Office of Youth and Young Adult Services within the Bureau of Substance Addiction Services (BSAS), at the Department of Public Health, about [Project AMP](#). Project AMP utilizes “near peer” mentors located in school-based settings to engage at-risk youth in an enhanced brief substance use intervention model. The peer mentors in this project are supervised by clinicians who have been trained in the evidence-based, Adolescent Community Reinforcement Approach (ACRA).

Early results of Project AMP are promising, it has been well-received by the 14 pilot sites, and students and staff at the schools “want more.” Access to enough licensed clinicians who are trained in ACRA was identified as the factor limiting expansion of Project AMP. Council members identified the extra costs and time associated with training and delivering an evidence-based practice like ACRA as particular challenges. This is a well-known issue the Council has identified in the past that has stymied expansion of evidence-based practices or innovative pilot programs. While the creative use of a paraprofessional by Project AMP is an exciting workforce innovation, it again points to need to attend to the recruitment and retention of the licensed master’s level clinical workforce.

March 2020 – Margaret Hannah, Director, William James College INTERFACE Referral Service and Jessica Laroche, Director for Public Policy and Government Relations, Massachusetts Association for Mental Health, presented on the development of Network of Care Massachusetts. The group discussed the important distinction between an interactive database of resources and facilitated referral systems such as INTERFACE.

As a resource directory as opposed to a referral system, Network of Care MA offers helps users take the first steps in identifying information on resources in their communities and generally helps to empower users by providing them information that they can use to take the next step in getting help. MAMH, Blue Cross Blue Shield of MA Foundation, and CF Adams Charitable Trust are providing funding, leadership, and staffing for the first three-year period with the ultimate goal of having the Network of Care “owned” by the public system. Council members were enthusiastic about the project and its potential for helping people get to the right place sooner. There is also hope that the project will be able to provide some data about what types of resources people are looking for and where gaps might exist. The Council will be eagerly following the roll-out of the Network of Care and supporting the ongoing database development.

April 2020 – The April Council meeting took place via WebEx due to the limits on public gatherings because of COVID-19. At this meeting, Emily Sherwood, Deputy Commissioner of Child, Youth, and Family (CYF) Services at DMH, shared an update with the group on the DMH CYF response to the COVID-19 crisis. She reported on the work to get all case managers mobile phones so they can stay in touch with families, the creation of a COVID-19 webpage with information and activities for children, youth, and families, efforts to process provider payments quickly, and the heroic efforts of the staff and vendor staff members who are working in congregate care programs. Kelly English, Director of the CBH Knowledge Center, also shared the results of the first [“Learning from COVID”](#) weekly survey which was designed to identify those “rules” people were “breaking” in order to provide care to youth/families during the COVID-19 crisis. Preliminary findings included:

- “Rules” related to self-disclosure: *“Disclosing my own feelings and anxieties about this pandemic to support my families in solidarity.”*
- “Rules” related to use of technology: *“Allowing use of non-HIPAA compliant platforms when clients are unable to access HIPAA complaint video telehealth or if they feel uncomfortable with video communication.”*
- “Rules” related to paperwork: *“Getting verbal releases and consents has made coordinating easier.”*
- “Rules” related to care delivery: *“We are not visiting the families in their homes. We are utilizing telehealth via Zoom or phone calls. The families I have actually prefer the Zoom better than face to face visits.”*
- “Rules” related to schedules or availability: *“Increasing texting and calling before/after the normal 9-5 so allow [sic] for time to talk when it is more “down time” for the children being home.”*

Council members also spent time describing some of the issues they were seeing “on the ground” including a significant decrease in youth boarding in emergency departments,

decreases in requests for mobile crisis intervention, and fewer youth being admitted to inpatient units. The concern being the fiscal impact on providers because of decreased revenue.

Michelle Botus, Director of CYF Interagency Initiatives, shared the work that has been accomplished to date on, [Isaac's Story](#), an animated film and graphic novel for elementary and middle school-aged children, designed to help children recognize that emotional hurting is the same as physical hurting. Since the launch of the book in May 2019, over 32,000 English and almost 8,000 Spanish copies of the book have been disseminated. Isaac's Story is now being promoted as a tool for parents and other caregivers to use at home to discuss the fact it is "okay not to be okay" particularly now that so many children are feeling anxious due to COVID-19.

Finally, Courtney Chelo, from the Children's Mental Health Campaign, provided Council members with a legislative advocacy update. She spoke about the passing of the Children's Health & Wellness Law which requires in part:

- Insurers to keep accurate, up-to-date provider directories
- Extends continuous MassHealth coverage to youth aging out of foster care up to age 26
- Establishes a 3-site pilot for Children's Behavioral Health Centers of Excellence

She also spoke about passing of the Mental Health ABC Act by the Senate that strengthens the state's already robust mental health parity law, the focus of the Campaign's FY 21 budget advocacy efforts which included funding three pilot sites for the Children's Behavioral Health Center's of Excellence, supporting Return to School Bridge Programs, Early Childhood Interagency Collaboration at DMH, and continued support for the Mental Health Advocacy Program for Kids.

Lastly, she noted that the Campaign has been working with a number of organizations to advocate for the following issues to help mitigate the impact of COVID-19 on behavioral health including:

- Access to personal protective equipment (PPE) for behavioral health providers
- COVID-19 testing for congregate care and community-based programs
- Keeping children and adults with mental health needs out of Emergency Departments (ED)
 - *Creating access to Applied Behavioral Analysis consultation*
 - *Providing improved access to behavioral health consultation and coaching to support children in foster care*
- Supporting Emergency Child Care Centers
- Ongoing equitable access to equipment and internet service to support Telehealth
- Continuity of care and improved consistency in insurance coverage

June 2020 - The Council met on June 1, 2020 for its final meeting of this reporting period. The immediate backdrop for this meeting included both widespread protests against police brutality and the violent deaths of people of color and the continued concerns of COVID-

19 and its impact on the children’s behavioral health system. COVID-19 has had a disproportionate impact on communities of color; efforts to address the impact of this public health crisis must take this fact into consideration when planning how to allocate resources including behavioral health treatment.

A number of Council members remarked that telehealth has become a critically important method of providing care to youth and families during the pandemic, but hope it is “here to stay.” With widespread concerns about increased demand for children’s behavioral treatment, Council members view telehealth as an important tool for improving access to care.

Kelly English, Director of the Children’s Behavioral Health Knowledge Center at DMH, shared the results of a recent (May 2020) survey of frontline children’s behavioral health staff asking them to identify those emerging issues or challenges that are on the horizon for children’s behavioral health in the coming weeks / months? Eight-five (85) individuals responded to the survey, primarily frontline clinicians and program administrators from agencies providing home-based behavioral health treatment. The following themes emerged including:

- Reports that the “honeymoon” phase of telehealth is ending. Providers and families noted an increasing exhaustion with providing and receiving telehealth services.
- Providers are increasingly noticing strain and stress on families related to the extended stay-at-home advisory and school closures.
- Providers reported concerns about how youth will fare when “live” school resumes in the fall.
- Concerns about increased demand for treatment given family stress, exposure to violence, loss, trauma, and depression.
- Finally, providers expressed the need to intentionally support the emotional health and well-being of behavioral healthcare providers given the challenges they are facing. Many providers are experiencing the same losses and challenges as the families they serve.

These issues raised up a number of charges to the children’s behavioral health community including:

- How might we support youth, parents, & teachers for the return to school?
- How might we increase access to trauma informed care?
- What creative solutions to access & workforce issues do we need to scale?
- How might we increase suicide prevention efforts?
- How can we support providers to keep telehealth fresh and engaging?
- How might we support the emotional health and well-being of the children’s behavioral health workforce?

Addressing these questions and exploring creative solutions to these complex problems will be the continued work of the Council in the coming year.

II. THE YEAR AHEAD

As described above, the Council will continue to play a vital role in advocating for the needs of youth and their families with behavioral health challenges in the year ahead; the existing workforce and access issues faced by the system have been compounded by the COVID-19 crisis. It will take the collective creativity and commitment of the children's behavioral health community to identify solutions to what have been some of its thorniest problems.

As the Council looks ahead to its continued work, members were invited to consider the question, "how might we reach youth and their families earlier in their mental health journey?" Earlier intervention has great potential for impact not only for prevention of undue suffering but also for cost savings and greater efficiency. Five opportunity areas emerged from this query which will serve as the core of the Council's work in the coming year. These included:

- Prevention and wellness
- Cross-agency and cross-sector work
- Primary care and behavioral health integration
- Helping schools be a source of support
- Helping families navigate the system

A survey sent to Council members will help refine and focus its work on these important topics in the coming months.

APPENDIX A

The Children’s Behavioral Health Advisory Council (the Council) was established under the provisions of Chapter 321 of the Acts of 2008. The Council is a unique public-private partnership representing child-serving agencies, parents and professionals with expertise in the issues of children’s mental health. The membership of the Commission is as follows:

Joan Mikula, Chair Commissioner Department of Mental Health	David Matteodo Massachusetts Association of Behavioral Health Systems Representative
Vacant Department of Children and Families	Marsha Medalie Association for Behavioral Healthcare Representative
Janet George Department of Developmental Services	Tammy Mello/Joe Leavey Children’s League of Mass Representative
Kate Ginnis MassHealth Office of Behavioral Health	Vacant New England Council of Child and Adolescent Psychiatry Representative
Carol Nolan Department of Early Education and Care	Barry Sarvet, M.D. Massachusetts Psychiatric Society Representative
Kevin Beagan Division of Insurance	Michael Yogman, M.D. Mass Chapter of the American Academy of Pediatrics Representative
Jane Ewing Department of Elementary and Secondary Education	Eugene D’Angelo, Ph.D. Massachusetts Psychological Association Representative
Robert Turillo Department of Youth Services	Rebekah L. Gewirtz National Association of Social Workers – Massachusetts Chapter Representative
Brian Jenney/Rebecca Butler Department of Public Health	Dalene Basden Parent/Professional Advocacy League Representative
Maria Mossaides The Child Advocate Office of the Child Advocate	Lisa Lambert Parent/Professional Advocacy League Representative
Danna Mauch Massachusetts Association for Mental Health Representative	Mary McGeown Massachusetts Society for the Prevention of Cruelty to Children Representative
William R. Beardslee, M.D. Massachusetts Hospital Association Representative	Ken Duckworth, M.D. Blue Cross Blue Shield of Massachusetts Representative

Sarah Gordon Chiaramida Massachusetts Association of Health Plans Representative	John Straus, M.D. Massachusetts Behavioral Health Partnership Representative
Theodore Murray, M.D. Cambridge Health Alliance	Elizabeth Bosworth Beacon Health Strategies
Amy Carafoli-Pires Boston Medical Center HealthNet Plan	