

THE OFFICE OF
GOVERNOR MAURA T. HEALEY

LT. GOVERNOR KIMBERLEY DRISCOLL

Kathleen E. Walsh
SECRETARY OF THE EXECUTIVE OFFICE
OF HEALTH AND HUMAN SERVICES

Brooke Doyle
Commissioner

**Children's Behavioral Health
Knowledge Center
FY2022 ANNUAL REPORT**

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**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; 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 2022

- Developing the skills of the behavioral health workforce to support youth and families including those of family members and peer staff
- Enhancing supervisor competency and organizational support for high-quality supervision with specific attention to working with diverse populations
- Supporting the development, evaluation, and dissemination of innovative behavioral health practices
- 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 2022 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 63% 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 motivational interviewing, permanency practice, and reflective supervision.
- **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. This year, the Center collaborated with the Boston Public Health Commission to enhance the Handhold website to include an expanded set of resources, including new resources for parents of very young children and adolescents.

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 2022:

- The Center’s website had over 11,000 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.
- 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

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 outcomes

Starting in the Fall of 2022, the Center started working with Dr. Daphne Holt and her team at the Department of Psychiatry at Massachusetts General Hospital to develop a training program for clinical and non-clinical staff to offer a group-based behavioral intervention called *Living In Families with our Emotions (LIFE)* that aims to improve the mental health of adolescents and lessen the disability associated with having a mental health condition.

Even before the onset of the pandemic, mental health challenges were the leading cause of disability and poor life outcomes in children and adolescents with up to one in five children ages 3 to 17 in the U.S. with a reported mental, emotional, developmental, or behavioral conditions (HHS, 2021).¹ Among children in Massachusetts, some measures of mental health have worsened over time, while other measures have remained stable. Analysis of the National Survey on Drug Use and Health by Substance Abuse Mental Health Services Administration (SAMHSA) showed that in 2017, 13.6 % of youth (ages 12 to 17 years old) in Massachusetts suffered from at least one major depressive episode in the past year (similar to the national rate of 13 %) (SAMHSA, 2019). In 2019, that rate increased to 15.6 % of youth in that same age range in Massachusetts (and 15.1 % nationally) (SAMHSA, 2020a). Among youth in Massachusetts with at least one major depressive episode, 56.8 % did not receive any mental health treatment in 2019, an increase from 54.5 % in 2017 (SAMHSA, 2020a). Rates of anxiety and depression increased in children during the pandemic. A report that used data from the National Survey of Children's Health (NSCH) showed that the percentage of children (ages 3 to 17 years old) in Massachusetts who had anxiety or depression increased by slightly over 50 % from 2016 to 2020 (from 12.2 % to 18.4 %) (The Annie E. Casey Foundation, 2022).

Concurrent with the increased need for behavioral health services, during the pandemic, recruitment and retention of mental health providers in Massachusetts has been challenging. A survey of providers in Fall 2021 showed that for every 10 clinicians hired to work in mental health clinics, 13 clinicians left those positions (ABH, 2022). Given this situation training staff in non-clinical settings to provide preventive interventions, such as LIFE is a strategy that could reduce the number of youths whose behavioral health concerns become serious and require therapeutic intervention.

The rationale for LIFE is based on the following model: Supporting adolescent mental health by providing a basic proficiency in emotion recognition and regulation skills can reduce the need for mental health treatment in the short and long term. Moreover, this type of protective intervention can potentially prevent the interruption of developmental trajectories and associated gaps in education, loss of employment opportunities,

¹ Poor life outcomes include (but are not limited to) difficulties at home, with peer relationships, and in school; greater risk of substance use; criminal behavior; incarceration; homelessness; and chronic health conditions (asthma, diabetes, etc.) For more detail, click [here](#).

and social impairments experienced by young people with serious mental health conditions. Adolescence and young adulthood have long been recognized as uniquely vulnerable periods in psychological and brain development, representing a peak time period during which mental health conditions can develop or worsen. Despite this known vulnerability and the established benefits of enhancing the ability of adolescents to manage stressful life events (i.e., emotional resilience), no evidence-based resilience-boosting interventions for this age group have been made widely available and accessible. Because of this major gap in care, during the past five years Dr. Holt's team has developed and tested LIFE, showing that it is feasible to deliver both in-person and via videoconferencing. This intervention is an innovative, non-stigmatizing, group-based program for adolescents focused on teaching evidence-based skills shown to enhance emotional resilience.

LIFE has been designed and 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 attendance of the LIFE intervention was on average 91.7% across all cohorts and parent attendance was on average 75% across all cohorts. The adolescent participants also showed significantly improved emotion labeling and 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 ($t=3.1, p=.005$).

The training plan consists of four 4-hour in-person or remote meetings and eleven videos. This training would be provided by clinicians who developed LIFE and delivered it to multiple cohorts of adolescents. It includes didactic instruction, observing practice sessions, and role-playing. The training will be conducted for up to 50 staff, three times per year. The trainees can include those with or without clinical training or prior experience working with adolescents. Following the training, supervision, and oversight (with review of audiotaped sessions and weekly group supervision) will continue for one year to ensure fidelity to the LIFE intervention.

Quality Assurance Research Plan

Assessments (pre and post LIFE and at 6- and 12-month follow-up time points) to measure implementation and efficacy of LIFE in a range of real-world settings will be needed to evaluate its feasibility and effectiveness following the trainings and delivery of the program. For these assessments, brief self-report measures will be collected that adolescents and parents/guardians complete online.

The School of Hard Talks: 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. Beginning in 2020 with the support of MI trainers, the Center worked alongside Dr. Emily Kline and her teams at Beth Israel Deaconess and Boston Medical Center to develop a multi-session "MI inspired" training to disseminate MI skills to parents.

A pilot study to test the feasibility and efficacy of the intervention, called "The School of Hard Talks" (SOHT) yielded very positive results regarding participant satisfaction and statistically significant improvements in parenting attitudes, confidence, stress, and conflict from pre- to post-intervention assessments. These improvements were still strong 12 weeks later. Based on the positive results of the pilot course, the Center supported Dr. Kline's team and Dana Remian of UMass Donahue Institute's learning solutions team in creating

a self-paced “e-course,” called “The School of Hard Talks Online: Lessons from Motivational Interviewing for Busy Families.” The e-course is publicly available at: <https://handholdma.org/what-can-i-do/the-school-of-hard-talks-online-lessons-from-motivational-interviewing-for-everyday-families>. During 2022 the course page was accessed approximately **3,235 times**.

In the Fall of 2021 Dr. Emily Kline at the Boston Medical Center Department of Psychiatry trained 40 staff in DMH’s contracted parent support programs to use SOHT curriculum in their parent support groups. Monthly “booster sessions” for these newly trained School of Hard Talks facilitators, occurring October 2021 through June 2022. The new facilitators will participate in one booster session each month, with approximately 10 participants per session. These booster sessions provide ongoing support as new facilitators implement the SOHT curriculum in their parent support groups.

To reach a broad audience, the School of Hard Talks materials were translated into Spanish and distributed to these facilitators for their use in their parent support groups. A Spanish version of the online course will become available in early 2023.

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 during 2022 had more than 20,000 unique visitors. The site is available in six languages.

The Boston Public Health Commission and the Department of Mental Health collaborated on developing resources for parents of very young children and adolescents.

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. In previous years the Center teamed up with and the Connected Beginnings Training Institute at UMass to sponsor an introductory training on early childhood social and emotional development for the Department of Housing and Community Development’s 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. Given the

high turnover rate among shelter staff, in 2022 the Center funded the development of an online version of the training on foundational infant and early childhood social and emotional development concepts that could be used by the shelters to train new staff.

Infant and Early Childhood Mental Health (IECMH) Reflective Consultation Training

Infant and Early Childhood Mental Health Initiatives

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 Knowledge Center funded a 12 month-Reflective Consultation Training in FY21 and FY22 open at no-cost to any individuals 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. Five groups of 6 people each met for 12 months and a total of 24 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. In FY23 we will continue to provide Reflective Supervision Training for 4 groups of 8 people for 10 months, totaling 30 hours.

Additionally, the Center has continued investing in training the workforce on the DC: 0-5™ (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood). This diagnostic classification approach recommends a comprehensive, multi-session diagnostic assessment and can provide a deeper understanding of the infant/young child's psychological, emotional, and relational development and experience, all within the context of family, community, and culture. recommends a comprehensive by using a multiaxial framework. During FY22 DMH supported 3 DC: 0-5 Virtual Clinical Trainings where 78 professionals were trained, as well as 6 Reflective Consultation Sessions reaching 133 individuals. In addition, 2 Community of Practice sessions were open to all DC: 0-5 trained professionals statewide and had 80 attendees. In FY23, we are projected to deliver an additional 3 DC: 0-5 training virtual clinical trainings with again 6 Reflective Case Consultation sessions. The training is open to 50 professionals each. There will also be 3 Community of Practice sessions open to any previously trained professionals statewide.

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, including approximately one full day of training a month and one two-day-long retreat. Over the past four years, the program has trained 84 clinicians. Another cohort of 28 clinicians began in July 2022 and is

expected to complete the course in June 2023. The program offers a second year of coaching to anyone who has taken the training in order to help clinicians deepen their practice. This project is the result of cross-agency collaboration and alignment of training approaches across systems.

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 the following 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. The Knowledge Center has offered RS training yearly since 2015.

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. In response feedback that agencies do not have internal training programs to offer to their staff as they are promoted into supervisory roles, and therefore sending new supervisors to complete the training every year, the Center added a second year to the RS training during which organizations participated in a sustainability and capacity building project. Agencies were invited to use the training materials from year one and to make any needed adaptations to increase their ease-of-use for their teams. Participants reviewed and updated their supervision processes and documents and developed plans relevant to each of their agencies to sustain the practice of reflective supervision for current and new supervisors in-house.

The second year Learning Community began in June 2021 and ended in June 2022. The Learning Community activities included:

- Four learning community meetings focused on *the implementation of RS*, for change teams comprised of senior leaders, supervisors, and other staff representing each of the four organizations.
- Twelve (12) monthly mentoring/coaching virtual sessions with each agency

Surveys of the four participating organizations to assess the outcomes of the implementation of their plans will be conducted in 2023. Best practices identified will be shared with agencies in future trainings, and on the Center’s website.

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.

Core Elements of Young Adult Peer Mentoring Training

In 2022, the Knowledge Center sponsored three 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. COVID-19 required the Core Element trainers and the Center to host the training virtually. The training was conducted over the course of three days, two Core Elements for each section. One of the training sessions in 2022, included three deaf participants. DMH was able to provide ASL interpreters to make this training accessible. This is a unique opportunity to insure that Young Adult Peer Mentoring is available to deaf and hearing-impaired youth and young adults. In 2022, 39 YAPMs completed the Core Elements trainings hosted by the Center. In addition, the Center sponsored three virtual Core Elements Coaching Days in 2022. Coaching days are typically 4–5-hour sessions in which Core Elements Training graduates can build on their existing knowledge base of YAPM practice through discussion and guided activities, typically surrounding a predetermined theme. 30 YAPMs participated in coaching days. In 2022 the YAPM Practice Profile received 1,800+ views.

Young Adult Peer Mentoring Organizational Self-Assessment & Capacity Building Toolkit

In 2021, the Knowledge Center released an easy-to-use, practical [organizational self-assessment and capacity building toolkit](#) for agencies and organizations to improve their implementation of YAPMs. Created with the National Implementation Research Network's implementation stages and drivers in mind, this toolkit enables organizations at all stages – whether they are looking to implement YAPMs or looking to expand or enhance existing YAPM services – to assess their YAPM implementation needs and to connect to free, accessible resources to address them. The toolkit had over 747 views in 2022.

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.² While not all children exposed to a 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) Lifeline4Kids (formerly LINK-KID) referral service to: 1) Rapidly refer children in need of trauma treatment to

² <https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

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.

Lifeline4Kids 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 Lifeline4Kids (**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 trained practitioners/ agencies that match 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 2022, LINK-KID received 1185 referrals for youth in need of evidence-based trauma treatment. 58.6% (695) of all referrals were involved with the Department of Children and Families, 28.5% (338) of all referrals were referred by DCF social workers and 26.6% (312) of all referrals were in the custody of DCF. MassHealth was the insurance type of the majority of children at 771, or 65.1% of all referrals.

As the Behavioral Health Helpline launches in 2023 as the conduit to the full range of treatment services for mental health and substance use offered in Massachusetts, including outpatient, urgent, and immediate crisis care, the Knowledge Center's contract with Lifeline4Kids will conclude at the end of FY'23. Meantime, the staff of Lifeline4Kids will help develop an operational linkage between the two (i.e., if someone calls Lifeline and needs crisis or other services the BHHL can connect them with) and for both sides to learn about what each other delivers.

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, since 2018 DMH has sponsored a yearly educational symposium/webinar series for group and residential treatment providers and other stakeholders focusing on clinical issues related to psychiatric care in group and residential settings. Starting in the Fall of 2022 the Center began to develop further the "community of practice" model for group and residential based psychiatric

care providers and colleagues through an ongoing learning community in which participants would have a more active role in the professional learning. In February of 2023 a learning community including interested psychiatric care providers and colleagues who practice in group, residential and intensive treatment settings in Massachusetts will begin monthly meetings to discuss clinical topics relevant to psychiatric care in group and residential treatment settings for youth. In addition to prescribing and monitoring practice, the clinical topics addressed could include other relevant clinical concerns, such as racial, gender and other care disparities, strength-based approaches to treatment planning and the impact of childhood trauma on clinical presentation and treatment.

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 Center 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.

Between July and December 2022, the IRC received approximately 1,350 inquiries. The majority (~57%), of these inquiries were from families receiving, or inquiring about, MassHealth coverage. During that time period, 1,527 individuals attended IRC's presentations, workshops, and seminars. For more information visit: <https://massairc.org/>

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 2022, the site had over 11,000 unique visitors.

Conclusion

The Children's Behavioral Health (CBH) Knowledge Center contributes to the advancement of many of the aims of the Roadmap for Behavioral Health Reform to: 1) ease the burden of families in accessing behavioral health

services through programs such the Insurance Resource Center for Autism and Behavioral Health; 2) develop more options to treatment by supporting the development of innovative easily accessible options such as The School of Hard Talks online; 3) increase the competency of the behavioral health workforce by offering training programs like the Core Elements of Young Adult Peer Mentors, Family Therapy, Reflective Supervision and Living in Families with Our Emotions (LIFE); and 4) increase collaboration among state agencies and provider organizations.

In the year ahead, the Center will continue to 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, with a special focus on training of peer and non-clinical staff with the aim of easing the burden on the behavioral health clinical workforce. 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.