

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

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



Annual Report 2015



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Mental Health
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Honorable Charlie D. Baker, Governor of the Commonwealth
Thomas Weber, Commissioner, Department of Early Education and Care
Mitchell Chester, Commissioner, Department of Elementary and Secondary Education
Honorable Linda Carlisle, Acting Child Advocate
Honorable Jennifer Flanagan, Senate Chair, Joint Committees on Mental Health and Substance Abuse; and Children, Families and Persons with Disabilities
Honorable Elizabeth A. Malia, House Chair, Joint Committee on Mental Health and Substance Abuse
Honorable Kay Khan, House Chair, Joint Committee on Children, Families and Persons with Disabilities
Honorable James Welch, Senate Chair, Joint Committee on Health Care Financing
Honorable Jeffrey Sanchez, House Chair, Joint Committee on Health Care Financing
Honorable Karen E. Spilka, Chair, Senate Committee on Ways and Means
Honorable Brian S. Dempsey, Chair, House Committee on Ways and Means

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 2015 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. We are driven by the knowledge that:

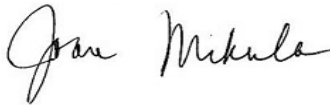
- Half of all lifetime mental illnesses begin by age 14; three quarters by age 24.
- Between 13-20% of children living in the United States are affected by mental illness in a given year.

- 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 healthcare costs than other adults. Thus, while children are not “cost drivers,” our failure to intervene or engage in preventative measures results in bringing them to adulthood, where their medical needs and costs become significantly higher. We believe that the best and most cost effective treatment for behavioral disorders is through the development of integrated delivery of health care systems, with attention to preventative care.

We know we can improve outcomes, lower long term costs, and do better by our children and adolescents with behavioral disorders and their families.

Sincerely,



Joan Mikula

Commissioner

On behalf of the Children’s Behavioral Health Advisory Council

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

I. 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 it is vital to its mission, and ultimately to the families and children of the Commonwealth, that its members, policy makers and others keep in mind that the Council was established as an independent advisor to both the Executive and Legislative branches. 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.

II. COUNCIL'S ACTIVITIES

Generally, the Council meets on the first Monday of each month. During the period covered by this Report (October 2014 through September 2015), the Council met eight times, including a gathering at the Worcester Recovery Center and Hospital as part of the Children's Behavioral Health Knowledge Center's 2nd Annual Symposium and Gailanne Reeh Lecture. During the course of the year there were presentations by both Council members and outside groups on a variety of topics, followed by robust conversation and an exchange of ideas, opinions and suggestions for "next steps." The topics examined and discussed include:

- MassHealth's Health Homes initiative
- MassHealth's Primary Care Payment Reform initiative
- DMH's Supporting Transition Age Youth and Young Adults (STAY) Grant
- The role of young adult leaders in representing youth voice on key DMH committees
- MCPAP's utilization and operations, new initiatives including MCPAP for Moms, and sustainability planning
- The Health Policy Commission's work in general and on behavioral health specifically
- Early Childhood Mental Health policy and programs, including the federally funded MYCHILD and LAUNCH
- Child psychiatry fellows as consultants in Community Service Agencies (CSAs)
- MassHealth's listening sessions and stakeholder engagement
- Opioid Workgroup Recommendations and Action Plan

III. THE CHILDREN'S BEHAVIORAL HEALTH KNOWLEDGE CENTER

In May 2015, the Council attended the Children's Behavioral Health Knowledge Center's Second Annual Symposium and Gailanne Reeh Lecture. The Knowledge Center was mandated in the same enabling legislation that created the Council (Chapter 321, Acts of 2008) and its stated mission was 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.

Located at the Department of Mental Health, the Knowledge Center fills a gap in the children's behavioral health system by serving as an information hub, through its Annual Symposium, website, workshops, and webinars. The Center staff works with state agencies and community based service providers 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. In 2015, the Center sponsored workshops and webinars on implementation science, launched a website <http://www.cbhknowledge.center/>, and established several strategic projects with MassHealth.

The Council believes that funding beyond the initial start-up funds provided by DMH is essential for the Center to continue to be a valuable resource for the children's behavioral health network.

V. THE YEAR AHEAD

We anticipate the Council will be very much engaged in the Commonwealth's work to integrate behavioral health and primary care. The Council's continued focus on behavioral health and primary care integration builds on its recommendations to the Behavioral Health Integration Task Force, discussed in our 2013 report. Support for strategies such as care coordination and increased involvement of family or parent partners has been articulated in each of our Annual Reports.

We hope as health reform policy decisions are developed and implemented, careful attention is paid to:

- Understanding and addressing the needs of children whose parents have mental illnesses and are served in the adult medical home or health home.
- Better defining and supporting the role of parent partners in the medical homes and health homes for children and adolescents.
- Recognizing the reality that serious emotional disturbance (SED) is a chronic condition that needs attention throughout a child's development.

The Commonwealth has invested in important foundations in the children's behavioral health system. We lead the nation in developmental screenings, including behavioral health screenings for youth. Nearly every (98%) youth in Massachusetts with an emotional or behavioral developmental issue is consistently insured. Because of the *Rosie D* litigation and remedy plan, considerable attention has been paid to the public delivery of care system and to the creation and penetration of the new services created as part of the remediation plan under that litigation. The *Rosie D* (aka Children's Behavioral Health Initiative) service array has provided a strong platform on which to incorporate evidence-based programs and innovative service delivery models funded by sister state agencies. It has also highlighted the gap between the services available to families and children covered under MassHealth and those covered by commercial carriers. The Council looks forward to advising the system's continued evolution beyond the accomplishments of the *Rosie D* remedy.

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	Gail Garinger The Child Advocate Office of the Child Advocate
Frances Carbone Department of Children and Families	David Matteodo Massachusetts Association of Behavioral Health Systems Representative
Janet George Department of Developmental Services	Carla Saccone Association for Behavioral Healthcare Representative
Emily Sherwood Office of Medicaid	Erin Bradley Children’s League of Mass Representative
Carol Nolan Department of Early Education and Care	Peter Metz, M.D. New England Council of Child and Adolescent Psychiatry Representative
Nancy Schwartz Division of Insurance	Barry Sarvet, M.D. Massachusetts Psychiatric Society Representative
Marcia Mittnacht Department of Elementary and Secondary Education	Michael Yogman, M.D. Mass Chapter of the American Academy of Pediatrics Representative
Robert Turillo Department of Youth Services	Eugene D’Angelo, Ph.D. Massachusetts Psychological Association Representative
Jennifer Tracey Department of Public Health	Carol Trust, LICSW National Association of Social Workers – Massachusetts Chapter Representative
William R. Beardslee, M.D. Massachusetts Hospital Association Representative	Dalene Basden Parent/Professional Advocacy League Representative
Timothy O’Leary Massachusetts Association for Mental Health Representative	Lisa Lambert Parent/Professional Advocacy League Representative
Jack Simons Director Executive Office of Health and Human Services Children’s Behavioral Health Interagency Initiative	Mary McGeown Massachusetts Society for the Prevention of Cruelty to Children

Sarah Gordon Chiaramida Massachusetts Association of Health Plans Representative	Ken Duckworth, M.D. Blue Cross Blue Shields of Massachusetts Representative
Kermit Crawford, Ph.D. Professional in human services workforce development Boston Medical Center	John Straus, M.D. Massachusetts Behavioral Health Partnership Representative
Gustavo Payano Young Adult Policy Team	Samantha Sandland Young Adult Policy Team
Theodore Murray, M.D. Cambridge Health Alliance	Jill Lack Neighborhood Health Plan
Amy Carafoli-Pires Boston Medical Center HealthNet Plan	Erin Ruell Beacon Health Strategies
John Sargent, M.D.	Gisela Morales-Barreto, Ed.D.
Paul Shaw	Midge Williams
Toni Irsfeld	Mary Ann Gapinski