

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

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



Annual Report 2017



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Mental Health
25 Staniford Street
Boston, Massachusetts 02114-2575

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

JOAN MIKULA
Commissioner

(617) 626-8000
www.mass.gov/dmh

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Hon. Charles D. Baker, Governor of the Commonwealth
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Hon. John Keenan, Senate Vice-Chair, Joint Committee on Mental Health, Substance Use and Recovery
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Hon. James Welch, Senate Chair, Joint Committee on Health Care Financing
Hon. Peter Kocot, House Chair, Joint Committee on Health Care Financing
Hon. Karen E. Spilka, Chair, Senate Committee on Ways and Means
Hon. Jeffrey Sanchez, 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 2017 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 healthcare 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.

The Commonwealth's investments in a range of policy and practice reforms will require addressing concerns about the capacity of the workforce. The Council's priority for 2017 and 2018 is examining the dimensions of the workforce challenge and identifying promising initiatives designed to address those challenges. This report provides a preview of the Council's deliberations. We look forward to providing a complete report focused on this critical issue later in this fiscal year.

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 it 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 2016 through September 2017), the Council met nine

times, including attending the Children's Behavioral Health Knowledge Center's 4th Annual Symposium and Gailanne Reeh Lecture.

During the course of this past year, our discussions focused on a range of issues of concern not only to Council members but relevant throughout the children's behavioral health system. These discussions build on the recommendations that we made in our 2016 Annual Report. In that report, we provided advice and recommendations' regarding MassHealth's comprehensive restructuring, children being boarded in emergency departments, the need to reinforce outpatient services, and substance abuse and co-occurring disorders. Woven through all of these policy and practice discussions are concerns about the capacity of the workforce.

The Council's priority for 2017 and 2018 is examining the dimensions of the workforce challenge and identifying promising initiatives designed to address those challenges. The Council's deliberations are informed by the work of other organizations concerned about workforce issues. For example, the Blue Cross Blue Shield of Massachusetts Foundation's concerns about the impact of workforce on access led to their report, *Access to Behavioral Health Care in Massachusetts: The Basics*, published in July 2017. The Massachusetts Hospital Association's, *Behavioral Health Unfinished Agenda of Reform (BHUAR)*, includes a Workforce Action Team. The Massachusetts Providers Council commissioned a report, *Beyond Social Value: The Economic Impact of the Human Services Sector*, which examines the economic impact and health of the human services sector.

The Council uses a broad definition of the children's behavioral health workforce in our discussions. For example, we are interested in recent efforts to invest in and enhance the peer workforce (e.g., family partners, young adult peer mentors, community outreach workers, recovery coaches). One promising initiative is the Children's Behavioral Health Worker Certificate Program, a two-semester, college-credit certificate program for both current and future Family Partners, Therapeutic Mentors and newly created Peer Mentor positions. Additionally, we have invited the Massachusetts Association of Community Health Workers, whose mission is to strengthen the professional identity of community health workers (CHWs), foster leadership among CHWs, and promote the integration of CHWs into the health care, public health and human service workforce.

The Council is interested in a broad array of strategies that enhance the workforce capacity. Investing in quality supervision is emerging as a promising best practice for reducing turnover and improving the skills of direct care practitioners. Among the leaders in this area are the Children's Behavioral Health Knowledge Center and MassHealth who are partnering to improve the quality of supervision in In-Home Therapy Programs. This joint initiative is focusing both on the skills of individual supervisors and the organizational strategies that support quality supervision.

THE CHILDREN’S BEHAVIORAL HEALTH KNOWLEDGE CENTER

As in previous years, Council members attended the Children’s Behavioral Health Knowledge Center’s 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 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.

Located at the Department of Mental Health, the Knowledge Center filled a gap in the children’s behavioral health system by serving as a knowledge broker, collaborator, and an information hub, through its Annual Symposium, website, workshops, and webinars. It works with state agencies, community based service providers, advocates, and other stakeholders 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 children and youth.

The Knowledge Center has become a valuable and effective leader in addressing the workforce challenge through a number of creative partnerships and projects. A particular area of expertise is quality supervision. The Knowledge Center partners with state agencies, community-based provider organizations, and national experts to design and test strategies for improving the quality and effectiveness of supervision.

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 leader and resource for the children’s behavioral health system.

V. THE YEAR AHEAD

The Council will continue to explore a wide range of initiatives designed to address and improve the capacity of the children’s behavioral health workforce. We look forward to providing advice and recommendations so that the Commonwealth can make and sustain improvements in the children’s behavioral health system.

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
Kristen Alexander Department of Children and Families	Marsha Medalie Association for Behavioral Healthcare Representative
Janet George Department of Developmental Services	Erin Bradley Children’s League of Mass Representative
Jack Simons Director Executive Office of Health and Human Services Children’s Behavioral Health Interagency Initiative	Peter Metz, M.D. 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
Tracey McMillan Division of Insurance	Michael Yogman, M.D. Mass Chapter of the American Academy of Pediatrics Representative
Teri Valentine Department of Elementary and Secondary Education	Eugene D’Angelo, Ph.D. Massachusetts Psychological Association Representative
Robert Turillo Department of Youth Services	Carol Trust, LICSW/Rebekah L. Gewirtz National Association of Social Workers – Massachusetts Chapter Representative
James Hiatt/Kate Roper 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
William R. Beardslee, M.D. Massachusetts Hospital Association Representative	Ken Duckworth, M.D. Blue Cross Blue Shields of Massachusetts Representative

Sarah Gordon Chiaramida Massachusetts Association of Health Plans Representative	John Straus, M.D. Massachusetts Behavioral Health Partnership Representative
Kermit Crawford, Ph.D. Professional in human services workforce development Boston Medical Center	Jill Lack Neighborhood Health Plan
Theodore Murray, M.D. Cambridge Health Alliance	Elizabeth Bosworth Beacon Health Strategies
Amy Carafoli-Pires Boston Medical Center HealthNet Plan	Toni Irsfeld
John Sargent, M.D.	Midge Williams
Paul Shaw	
Mary Ann Gapinski	