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Children's Behavioral Health Knowledge Center Annual Report

2016-2017

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Massachusetts Department of Mental Health

Overview

Established in Chapter 321 of the Acts of 2008: An Act Relative to Children's Mental Health, 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 (DMH) 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 by serving as an information hub, through its Annual Symposium, website, workshops, and webinars. 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, not the production, of research knowledge.

Major Activities and Accomplishments

Parents with Mental Illness

Let's Talk About Parenting

The majority of adults in the United States who experience mental illness during the course of their lifetime are parents. This includes those who meet criteria for the most serious of mental illnesses, who are likely to be receiving public sector services. Decades of research support the finding that children of parents with mental illness are at increased risk to develop behavioral and emotional issues. The cost of not supporting individuals living with mental illness as parents is significant, both for adults themselves as well as for their offspring. The Knowledge Center has been working with researchers Joanne Nicholson from the Dartmouth Psychiatric Rehabilitation Center and Kate Biebel from the University of Massachusetts to increase the capacity of individuals working with adults with mental illness to explore and support their clients' experiences, needs and goals as parents, and to improve the quality of service delivery and care for these adults. In the first year of this project, Drs. Nicholson and Biebel developed a practice profile (see below for a more detailed description of a practice profile) and discussion guide for adult mental health service providers called *Let's Talk About Parenting (LTP)*. In the second year of this project, they continue to refine the LTP materials and implement and pilot-test the materials with DMH

contracted Community-Based Flexible Support providers selected to participate in the development and early installation of LTP.

Family Talk

Dr. William Beardslee and his team at Children's Hospital provided training, technical assistance and coaching in the Family Talk Preventative Intervention to approximately 20 staff at Becket Family Services who deliver DMH contracted Family Systems Intervention (FSI) services and approximately 50 staff at South Shore Mental Health who provide In-Home Therapy (IHT). Additionally, with support from the Center, the Family Talk team created a free online training module that offers a sustainable source of training in the Family Talk model for community behavioral health providers across the Commonwealth. Family Talk is an evidence-based psycho-educational intervention originally designed to help families identify the effects of parental depression and other parental adversities, share individual experiences with parental depression, build on family strengths, improve family communication, and develop strategies to promote resilience in parents and children.

Promoting Adoption Competency

How the adults in adoption impact the experience of children and themselves

In two surveys of its own clients (first conducted in 2008 and repeated in 2013) DMH found that children who are adopted comprised over 30% of children who are in its residential programs. On April 5th, 2016 the Center hosted a half-day workshop on pre/post adoption issues for behavioral health providers, families, and advocates. This workshop introduced the concept of birth/first family issues at the time of placement or removal and issues that impact, and effect, the extended birth family, the child and the adoptive family. Dr. Joyce Maguire Pavao a nationally recognized expert in the field of adoption, also exposed participants to common issues experienced by adults who place a child for adoption. Additionally issues of grief, loss, depression as a result of infertility or choice to adopt, were reviewed including how these issues might impact parenting a child by adoption. More than 60 people attended the workshop held in Shrewsbury, MA.

Implementation Science

Practice profile development

Guided by the extensive experience of the National Implementation Research Network (NIRN) the Knowledge Center is leading efforts in Massachusetts to improve children's behavioral health care delivery and practice using an implementation science framework. Implementation science is a body of research that suggests that that *how* a program or practice is implemented is just as important as *what* is being implemented. It is often the lack of attention to implementation supports such as high quality training, coaching, supervision, policy development, performance assessment and leadership that contribute to the disappointing results of many promising or evidence-based practices.

Over the last year, the Center used the implementation science framework to support the development of practice profiles for two home and community-based behavioral health services for youth and families: In-Home Therapy (IHT) and the Caring Together Continuum. Both of these services are designed to support youth with very serious behavioral and emotional problems and their families. IHT is a MassHealth service that provides care to more than 7,000 youth in any given month. The Continuum is a service jointly procured by the Departments of Children and Families and Mental Health which can

support approximately 420 youth a month with 12 providers operating 16 Continuum programs across the state.

Implementation science tells us that reliable implementation of a program or practice requires that it be specified with enough detail for a trainer to teach someone how to deliver the service, that it is clear enough that a new practitioner can learn how to provide the service and then reliably implement the service with youth and families. It breaks down large concepts such as "engagement" into discreet skills and activities that can be taught, learned, and observed. While broad outlines for both services existed in procurement documents and MassHealth managed care materials, these documents were not enough to support consistent high-quality service delivery.

Development of the IHT practice profile began in 2015 and was finalized in the fall of 2016. The IHT practice profile now serves as a foundational document that supports continued practice improvement activities. Current work involves using the practice profile to develop a set of performance assessment tools for IHT supervisors. The latest version of the practice profile is located at: http://www.cbhknowledge.center/ihtpp/
The extensive stakeholder process to develop the Continuum practice profile officially kicked-off in October 2016 and will continue through 2017.

Reflective Supervision Learning Community

A key aspect of the Center's workforce development strategy is to focus on the competency development and support of supervisors. 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 receive very little support or training in how to be a supervisor. The Knowledge Center worked with Dr. Elizabeth McEnany to implement a Reflective Supervision (RS) learning community for IHT supervisors. A learning community is a short-term (6- to 12-month) professional development approach that brings together teams of providers who are interested in seeking improvement in a focused topic area, in this case increasing the use of RS within contracted IHT provider organizations. 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 is a relationship-based practice that is "characterized by three key elements: reflection, collaboration, and regularity (Fenichel, 1992, p.9)." Shamoon-Shanook and Gilkerson note that benefits of reflective supervision span both organizational and individual professional capacities while also increasing the quality of services to families and young children. RS strengthens the practice of trauma-informed care through its model of collaboration with and support of clinicians and other providers.

Six behavioral health agencies contracted to deliver IHT were selected via a competitive application process to participate in the learning community. The selected agencies identified a team of four supervisors and senior administrative staff to participate in the various learning community activities. Twenty-four **IHT supervisors** were trained in RS practice over the course of the project.

Learning community activities included:

- Eighteen (18) hour training in RS practice for IHT supervisors.[1] The training for IHT supervisors was offered at no cost to the participants or the program. Continuing education credits were also offered to those who completed the full 18 hour supervisor training series.
- Three in-person half-day learning community meetings focused on *the implementation of RS,* to include the participating supervisors and one senior manager.
- Mentoring/coaching through a combination of phone conferences and onsite meetings for six months after initial training.

Training/Coaching for School-based Providers on Crisis Planning, Prevention and Resolution

The Knowledge Center in collaboration with the Department of Public Health's school-based health center (SBHC) program, MassHealth, and the Lynn Community Health Center provided training and coaching on crisis planning, prevention, and resolution for behavioral health staff and educators at five public schools in Lynn. Given that one time trainings are rarely effective in helping providers and practitioners make and sustain necessary changes to their clinical and organizational practices, the Lynn SBHC teams were engaged in a series of training and coaching events convened over several months which were designed to meet the unique needs of the SBHC program. Activities included:

- One three hour **pre-training/coaching meeting** at each of the five SBHC programs to learn about current practices, beliefs, policies and procedures related to crisis planning, prevention, and resolution.
- **Two one-day trainings** for leadership and direct-care staff of the SBHC program.
- **Two three hour on-site coaching sessions** designed to help the SBHC providers apply training content to their specific school context. Content was driven by the specific needs/requests of SBHC staff members.

This project was designed to support school-based health center (SBHC) behavioral health providers in developing skills and competencies in youth/family-centered and resolution-focused crisis planning, prevention, support, and early intervention. The primary objectives of the training and coaching series were to:

1. Increase SBHC team comfort and competence in crisis planning, support and intervention with youth.
2. Increase SBHC team comfort and competence in engaging parents of youth in crisis or who are at risk of future crisis.
3. Identify how the SBHC can look/function at its best in supporting schools and students when there is a mental health crisis?
4. Increase SBHC efficacy in partnering with Mobile Crisis Intervention (MCI) teams and other community providers to support youth in crisis.

Kappy Madenwald, MSW served as the lead trainer/coach for this effort. Kappy is an independent consultant who works with federal, state and local governments, community treatment providers and managed-care entities in building person-centered, competency-rich and multifaceted behavioral health

[1] Including those who supervise TT&S staff.

service systems. Kappy is a Licensed Independent Clinical Social Worker with 27 years of experience in the field of behavioral healthcare. Previously the Director of Clinical Services at Netcare Corporation, the primary provider of mental health, alcohol and other drug crisis and assessment services in Columbus, Ohio, she has direct practice experience in mobile and site-based program design, service delivery, and competency development. Kappy provided consultation to the Commonwealth of Massachusetts, Office of Behavioral Health and the Massachusetts Behavioral Health Partnership (MBHP) in the design and implementation of Mobile Crisis Intervention (MCI) services for youth and their families, and delivered a wide array of training, coaching and technical assistance to the Emergency Service Programs that provide the MCI service.

In each site there were multiple facilitated conversations about students or parents that were viewed as very challenging to work with for one reason or another. There were evident verbalized, positive, and even radical shifts in: 1. Team perception of students in crisis or their parents, 2. Renewed sense of self-efficacy and 3. Strategies for engaging the student or parent. In two sites, there was an effective shift in thinking about collaborating with the local MCI team. And in one site, there was new understanding of the school's administrative approach to managing behavioral health crises, which allowed the team to formulate new strategies for partnering.

A survey was administered pre and post-intervention and significant positive changes were noted. For example, on a 5 part scale ranging from *Agree* to *Disagree*, the percent of participants who AGREE they have…

- …clear permission to carry out crisis planning and intervention for students and their families increased from 42% to 70%.
- …the skills, and feel comfortable engaging students in crisis planning increased from 58% to 80%.
- …the skills and feel comfortable involving parents/guardians in crisis planning with students increased from 42% to 80%.

Co-occurring Disorders Learning Community

While estimates suggest that between 50 to 75 percent of young people with a substance use disorder also experience a co-occurring mental illness, our treatment systems are not organized to seamlessly meet the needs of these youth. Further support for this problem in the behavioral health service delivery system came from a 2015 report[2] co-authored by the Parent Professional Advocacy League (PPAL) and the Massachusetts Organization for Addiction Recovery (MOAR) that found that:

- Lack of services to address addiction AND mental health created stress on families and increased their burden of care.

- Families struggle to get youth & young adults into just one treatment center for mental health or addiction services much less being able to get them to two different services.

[2] Parent Professional Advocacy League and Massachusetts Organization for Addiction Recovery (2015). Bridging the Divide: The struggle for youth and young adults with co-occurring disorders in Massachusetts. Retrieved on January 13, 2017 from: http://ppal.net/wp-content/uploads/2011/01/RR-Grant-Paper-FINAL-1.pdf

To help addresses this problem, the Knowledge Center partnered with the Bureau of Substance Abuse Services (BSAS), the AdCare Educational Institute, and the University of Massachusetts Donahue Institute to implement a learning community focused on improving the capacity of organizations to serve youth with co-occurring mental health and substance use disorders.

Using a competitive application process, four (4) providers[3] from the Southeast region of Massachusetts were selected to participate in this initiative. National experts on co-occurring disorders from the Center for Innovative Practices (CIP) at Case Western Reserve University utilized the Dual Diagnosis Capability in Youth Treatment (DDCYT) to evaluate the provider's policies, clinical practices, and workforce (staffing, training) related to co-occurring disorders. Following this consultation, each provider received a customized report with recommendations for how the organization could become more co-occurring capable.

Providers are also participating in a learning community using the NIATx model of process improvement to support them in making organizational changes to improve outcomes for youth with co-occurring disorders. The NIATx model allows providers to make small changes that can have big impact on outcomes. As part of this project, two providers are designing better internal processes for screening youth for substance use risk, while two other providers are implementing projects focused on increasing access to care for youth with a co-occurring disorder. The learning community began officially in December 2016 and will conclude in June 2017. Feedback from providers following the first learning session included:

- *"We appreciate the expertness of the faculty and the opportunity to explore an important gap in our service model that would likely not have been addressed in a meaningful way without this opportunity."*
- *"I LOVE THIS PROJECT."*
- *"This initiative to date is very helpful. It was a plus to have DMH staff join the groups."*
- *"Well organized and many tasks accomplished. We left with a specific goal and associated task."*

Attachment Self-Regulation and Competency Training

More than two thirds of children in the United States report experiencing a traumatic event by the age of 16.[4] To assist providers in delivering state of the art care to youth and their families who are suffering from exposure to a traumatic event, the Knowledge Center partnered with MassHealth, the Justice Resource Institute (JRI), and the Technical Assistance Collaborative to train 20 IHT providers[5,6] in the Attachment, Self-Regulation, and Competency (ARC) home-visiting model known as GROW. The goals of this initiative are to 1) enhance the trauma-informed knowledge of service providers working with parents and 2) teach trauma-informed skills and strategies rooted in evidence-informed techniques to parents of youth who are experiencing distress as a result of exposure to a traumatic event(s).

[3] Participating providers are: BAMSI, High Point Treatment Center, Old Colony YMCA, and South Shore Mental Health.
[4] Copeland, W.E., Keeler G., Angold, A., & Costello, E.J. (2007). Traumatic Events and Posttraumatic Stress in Childhood. *Archives of General Psychiatry.* 64(5), 577-584.
[5] It is expected that a third cohort of providers will begin training in March 2016.
[6] Each provider agency could nominate up to seven staff to be trained in the model.

The ARC/GROW home visiting model is a 13 week in-home intervention designed for caregivers of youth who have experienced adversity in early childhood. ARC is a skills-based intervention that provides caregivers with opportunities for experiential learning, practice and in-home application of strategies designed to strengthen attachments, support child/youth regulation and enhance perceived competency in both the caregiver and the child/youth.

Workforce Collaborative Evaluation

The Knowledge Center contracted with the JSI Training & Research Institute to conduct an evaluation of the CBH Workforce Collaborative's current initiatives. The CBH Workforce Collaborative is a statewide coalition of service providers dedicated to addressing a critical workforce shortage and enhance provider capacity to implement culturally and linguistically competent services. The evaluation focused on two major activities that were conducted under the auspices of the CBH Workforce Collaborative:

- Children's Behavioral Health Worker Certificate Program
- Supervising Family Therapy: A Multicultural Perspective

To learn more about the activities of the CBH Workforce Collaborative and to view a copy of the final evaluation report visit: http://www.cbhknowledge.center/workforce-in-ma/

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.[7] 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. Historically, across our state, despite multiple wide-scale dissemination efforts to train up the workforce in evidence-based trauma-focused treatment, children who have experienced trauma have had to sit on waiting lists until services were available, with average waiting times as long as 4 to 6 months for treatment.

The Knowledge Center recently contracted with the University of Massachusetts Child Trauma Training Center's (CTTC) LINK-KID referral service to: 1) Rapidly refer children in need of trauma treatment to 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.

LINK-KID 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 LINK-KID **(1-855-LINK-KID)** to make a referral for services, the individual will be

[7] https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

speaking with a clinically trained Resource and Referral Coordinator (RRC) who will collect the basic demographic information of the child and will also complete 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 that has been obtained 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 a trained practitioner(s)/ agency(ies) that matches 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 will also inform 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 will take no more than 2 business days and the amount of time from initial call to the referral is tracked closely by LINK-KID staff. During the time period between October 1[8] and December 31, 2016, LINK-KID received more than 350 calls and made 290 referrals for evidence-based trauma treatment.

Dissemination Activities

By serving as an "information hub" the Knowledge Center has the opportunity to broadly disseminate the exciting work occurring in the field that often is only learned about through "word of mouth" or other informal channels. The goal is to facilitate connections among local providers, researchers, and youth/family members, while raising awareness among policy makers and program funders about those projects, policies, or practices that could be scaled-up. The Knowledge Center has several dissemination vehicles for this work including its Annual Symposium, website, webinars, and its Children's Behavioral Health Highlights best practices brief series.

CBH Knowledge Center Symposium

The Children's Behavioral Health Knowledge Center hosted its third annual Symposium and Gailanne Reeh Lecture on May 6th at the Worcester Recovery Center and Hospital. Over 150 people attended the day-long event hosted in celebration of Children's Mental Health Awareness Week.

The keynote speaker was Dr. Michael Hoge, Professor and Director of Clinical Training in Psychology within the Department of Psychiatry at the Yale University School of Medicine. He also serves as the Director of Yale Behavioral Health, which delivers a broad array of mental health and addiction services to adolescents and adults. As a founding member of *The Annapolis Coalition on the Behavioral Health Workforce*, he was instrumental in launching a national, inter-professional effort to improve the recruitment, retention, and training of individuals who provide prevention and treatment services for persons with mental health and substance use conditions.

[8] Services began under this contract on October 1, 2016.

To address the current behavioral health workforce crisis, Dr. Hoge spoke about the need to expand workforce roles for clients, families, and community groups. He stressed that it is often friends, family, and neighbors that people turn to for help; yet they receive little training or support in how to assist their loved one with a behavioral health issue. He also noted that behavioral health providers and policy makers need to attend to the issue of leadership and supervisor development as a key strategy for better supporting the workforce. Supervisors tend to be a more stable (i.e. experience less turn-over) and have considerable influence over their supervisee's practice. Therefore, making critical investments to support supervisors through professional development opportunities, low caseloads, and adequate compensation should be a high priority for the behavioral health system. Dr. Hoge also reviewed a number of paradoxes with respect to the behavioral health workforce such as: 1) graduate schools tend to prepare students for a world that no longer exists 2) those who spend the least time with clients receive the most training and 3) the diversity of the workforce does not match the diversity of the client population.

Following Dr. Hoge's presentation, panelists Dr. Nick Covino, President of William James College, Carla Saccone, LICSW, President and CEO Children's Friend and Family Services, Jessica Griffin, PhD, from the University of Massachusetts Child Trauma Training Center, and Ken Coleman, a young adult peer mentor from Community Healthlink discussed their perspectives on workforce needs and opportunities in Massachusetts. Ms. Saccone articulated the challenges faced by community behavioral health providers with respect to recruitment and retention of qualified staff. She mentioned that there are simply not enough people to do the work and that behavioral health agencies are in tight competition with state agencies such as DCF for staff members. Noting that better compensation for this workforce is an important recruitment and retention strategy, better compensation alone will not solve the issues facing the workforce. She also offered that many talented individuals have retired recently and suggested they could be a good group to tap to provide supervision. Picking up on a theme of Dr. Hoge's presentation, Mr. Coleman spoke about the critical role of young adult peer mentors, and the unique perspective they bring to the table. He described how his lived experience served as his education and is as valuable as a degree. He mentioned the need for the development of career ladders for the peer workforce including the creation of supervisor roles for peers. Dr. Griffin spoke about the recent position statement released by the National Child Traumatic Stress Network on the prerequisite clinical competencies necessary for individuals delivering evidence-based trauma treatments. She expressed that evidence-based treatments while necessary, cannot replace good clinical judgement and skill. Finally, Dr. Covino echoed the issue raised by Dr. Hoge with respect to the need for greater diversity among the behavioral health workforce. He also pointed to the fact that the cost of higher education is a barrier for many, particularly economically disadvantaged individuals. He went on to advocate for the need for loan forgiveness, graduate student loan restructuring, and greater reimbursement for behavioral health professionals.

After lunch, four mini-presentations were delivered focused on different aspects of the behavioral health workforce. A team from the Boston College Graduate School of Social Work spoke about a Health Resources and Services Administration (HRSA) grant which provided the opportunity for MSW students to receive a "deep-dive" in behavioral health with youth. The twenty-two HRSA fellows were provided with a stipend to off-set expenses, received funds to attend a conference of their choosing, and

participated in a seminar series that exposed them to a wide range of topics in the children's mental health field.

The second presentation by Dr. Natalie Cort from William James College focused on the urgent need for racial and ethnic diversity in psychology graduate training programs. She noted that 90% of mental health professionals are non-Hispanic white while racial and ethnic minorities represent 30% of the population. Provider biases whether conscious or unconscious can lead to misdiagnoses of racial/ethnic minorities which can have tragic consequences. Dr. Cort offered that more "pipeline" programs focused on the early identification of talented black individuals interested in pursuing a graduate degree in psychology should be developed to create a more diverse behavioral health workforce.

Two presentations followed, focused on developing the skills of supervisors. The first presentation by Dr. Lizzie McEnany and Rachel Thomas from Child and Family Services of New Bedford, described the work of a year-long learning collaborative focused on reflective supervision practices in early childhood mental health. Ms. Thomas noted that she could "never go back" to her old way of supervising after learning the skills of reflective supervision. Deborah Fauntleroy, Lisa Garcia, and Matthew Peiken shared their experience as part of a year-long course conducted by Dr. Ken Hardy on multicultural supervisory practice. The presenters spoke about the significant impact of the course not only on their supervisory practice but also on their relationships with significant others, friends, and colleagues. While they noted that discussions during the class were emotionally charged and difficult at times, they fostered a much needed dialogue about race, power, class, culture, oppression, and privilege and the need to appropriately attend to these issues within the context of therapeutic and supervisory relationships.

Intensive Care Coordination Video

Intensive Care Coordination (ICC) is a MassHealth service for youth with serious behavioral health challenges. Created as part of the Children's Behavioral Health Initiative, ICC serves nearly 3,000 MassHealth enrolled families a month[9], yet MassHealth believed that more families could potentially benefit from this service. Thus MassHealth partnered with the Knowledge Center to produce a short explanatory video about ICC. The video was created as a tool for outpatient providers and other referrers to use as a conversation starter on ICC. For example, during a routine office visit, a provider could show the video to a family as they discuss service options. Or in advance of an initial appointment with a new family, an ICC provider could send out the link to the family to give them a sense of what to expect. Other referral sources, such as DCF workers, teachers, school-based counselors, staff from after school programs and community centers, etc. can use the video to educate themselves and families about the service. Families may also come across the video independently and self-refer to a CSA. The hope is that through this video, providers and families will have a common reference point to both describe and understand ICC. To view the video, click here or visit the MassHealth YouTube channel. The video was released in June 2016 and to date the video has been viewed more than 1,050 times and was recently translated into Spanish.

Website

[9] This is the approximate number of youth receiving services in any given month.

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. Launched in April 2015, the site has had over 4,200 unique visitors to date with close to 13,000 page views.

Webinars

The Knowledge Center partners with the Donahue Institute at the University of Massachusetts to host webinars on a variety of topics related to children's behavioral health. Webinars were hosted on the following topics this year:

Transition planning: Empowering families of transition age youth

This webinar conducted by Beth Pond and Anne Silver from the Parent/Professional Advocacy League provided critical information to families with children receiving mental health services as they transition into adulthood. Although the role of the family changes as youth become legal adults, the family plays a crucial role in advocacy and support during this period. In this light, it is essential that parents and family members understand both the developmental and legal dynamics that overlay this period of transition to support their children in laying the groundwork for success as young adults. More than 75 people participated who learned about:

- The nature and importance of the transition process;
- How to plan for post-secondary goals;
- Parents' role during transition; and
- Legal considerations for youth turning 18.

Horizontal needs in vertical systems: Addressing the challenges faced by youth with co-occurring disorders

Significant substance use in youth and young adults does not occur in a vacuum, nor can it be written off as merely "adolescent experimentation". It is estimated that 50 to 75 percent of clients entering treatment for a substance use disorder (SUD) also have a co-occurring psychiatric disorder (Center for Substance Abuse Treatment, 2005). In the criminal justice arena, a study of over 1800 youth in

detention facilities found that nearly 50 percent had a substance use disorder, with poly substance use being the rule rather than the exception (McClelland et al., 2004). Finally, research has found young adults to be the segment of the population most vulnerable to co-occurring disorders (Chan, Dennis, and Funk, 2008).

In this webinar James Hiatt, MSW, Acting Director, Office of Youth and Young Adult Services, DPH-Bureau of Substance Abuse Services (BSAS), and Jennifer Rifkin, LICSW, Director of Youth and Young Adult Services, Institute for Health and Recovery, described the BSAS continuum of care for youth and young adults, how the levels of care operate, and some of the challenges faced by youth and young adults receiving treatment for substance use disorders. The presenters also described progress in helping serve clients with co-occurring disorders but also pointed out areas where more training and capacity building is needed. Finally, the presenters provided two case studies where successful cross-system collaboration helped adolescents get the services they needed. Approximately 60 people participated in this webinar.

Family Talk

On May 24, 2016, William Beardslee, MD, Jacqueline Martin, PhD, and Abigail Ross, PhD from Children's Hospital Boston, conducted a webinar titled, *Conversations About Parental Mental Illness: Learning About the Family Talk Preventive Intervention*. Family Talk is an evidence-based, strengths-focused intervention that helps families to cope with parental mental health problems that are having a negative impact on the family and children's functioning. Family Talk has been used with myriad populations in the US and internationally. Webinar participants learned about the Family Talk intervention, how it has been successfully adapted for use in IHT, and the collaborative approach used to train community-partners, with particular attention to flexibility and sustainability. More than 50 people participated in this webinar.

Understanding parental substance use and its impact on young children

On June 15, 2016 Sue O'Donnell, from the Institute for Health and Recovery and Debra Berkowitz from the Massachusetts Department of Public Health presented a webinar to more than 60 people on parental substance abuse and its effects on young children. The presenters noted that more and more children today are living with a parent who is dependent on or abuses alcohol or other drugs. A parent's substance use disorder may affect his or her ability to function effectively in a parental role. In this webinar participants learned about the impact of addiction on the parent-child relationship and offered suggestions for what behavioral health providers can do to meet the complex needs of the parents and the children. Numerous national and local resources to help support families where substance use is a concern were made available at the conclusion of the webinar.

How much do you know about suicide and its effect on youth in our state?

In Massachusetts approximately 75 young people under the age of 24 die by suicide each year. In recognition of suicide prevention month, the Knowledge Center partnered with the Massachusetts Department of Public Health's Suicide Prevention Program on a webinar on what individuals can do to help a youth who may be suicidal. The webinar offered a brief overview of what to look out for and

reviewed a number of resources available in our state to help young people who may be thinking of suicide. Nearly 125 people participated in the webinar.

An overview of family homelessness

This webinar highlighted current data, trends, and initiatives relative to the state's family shelter system; as well as offered an overview of eligibility for Emergency Assistance and information about housing and prevention programs. Libby Hayes, the Executive Director of Homes for Families, served as the lead presenter for this event. She serves on the state's advisory boards to the Interagency Council on Housing and Homelessness, the Integration Task Force on Homelessness, Domestic Violence and Sexual Assault; and the Department of Transitional Assistance's Boston Offices and the City of Boston's Leadership Council for the Regional Network to End Homelessness. Approximately 75 people attended the webinar.

Coordinating care for youth in outpatient therapy

This webinar was developed specifically for outpatient providers (individual practitioners, groups and facilities) providing diagnostic evaluations, individual counseling, group counseling, or couples/family counseling to children and youth under 21 who are enrolled in a MassHealth MCE (NHP, BMCHP, HNE, Fallon, MBHP, & Tufts). MassHealth and MCE representatives discussed the critically important role of care coordination within the context of outpatient treatment for youth and families. They further discussed how outpatient clinicians can take advantage of recent changes to billable activities that better support care coordination work in outpatient care. More than 150 people attended this webinar.

Building effective partnerships with psychiatric prescribers

The purpose of this webinar was to introduce collaborative techniques for working with psychiatric prescribers and with families who have children that are on or are candidates for psychotropic medication. Good communication and collaboration between families and prescribers can improve diagnostic accuracy, promote more effective treatment, and ultimately improve mental health outcomes. This webinar offered tips on how to support families in building partnerships with these providers for the purpose of improving the efficacy of treatment. The webinar also offered an overview of communication strategies, coaching tips for working with families, tips on developing and maintaining tracking systems to improve quality of care, and facts and resources related to psychiatric medication use in youth. More than 75 people attended this webinar.