THE OFFICE OF

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Secretary of the Executive Office of Health and Human Services

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Commissioner

THE CHILDREN'S BEHAVIORAL HEALTH ADVISORY COUNCIL

Annual Report
2024

MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH

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On behalf of the Children's Behavioral Health (BH) Advisory Council (Council), established under the provisions of Chapter 321 of the Acts of 2008, I am pleased to transmit its 2024 Annual Report.

The Council comprises a diverse and interdisciplinary assembly, encompassing members from professional guilds, trade organizations, state agencies, families, young adult leaders, advocates, and other essential stakeholders. ***Appendix A*** of this report provides a comprehensive list of the Council's membership. In its deliberations, the Council consistently integrates children's behavioral health reform within the framework of the Commonwealth's overarching health policy reforms. Moving forward, the Council is committed to advancing the Roadmap for Behavioral Health Reform and upholding children's behavioral health as a core principle.

In FY24, the Council's focus has been on providing recommendations for Infant and Early Childhood Mental Health (IECMH) and Autism Spectrum Disorder (ASD). These areas are critical in shaping the behavioral health landscape for our youngest citizens and ensuring early and effective interventions. The Council has dedicated significant efforts to review current systems, identifying gaps, and proposing strategic initiatives to enhance services and supports for these populations. ***Appendix B*** of this report outlines these efforts and offers recommendations to assist youth and their families.

Collaboration among policymakers, educators, healthcare providers, and communities is essential for creating an environment that prioritizes children's behavioral health and ensures accessible mental health services for all children in need. This collaborative effort aims to empower children to reach their full potential and build a more resilient future together. The Council is committed to these goals and looks forward to continued collaboration in these critical areas.

Sincerely,

Brooke Doyle

Brooke Doyle, M.Ed, LMHC
Commissioner
On behalf of the Children's Behavioral Health Advisory Council

cc: Kiame Mahaniah, Secretary, Executive Office of Health and Human Services

I. Council's Activities

The Children's Behavioral Health Advisory Council continues to be concerned about persistent disparities in access to behavioral health services for children, particularly in underserved communities. This year the Council's focus and recommendations are on two specific areas of high need: children in infancy and early childhood with mental health (IECMH) needs, and children with autism spectrum disorders (ASD). The Council's findings and recommendations are detailed in Appendix B of this report.

The Council identified key themes, including significant service gaps in rural areas exacerbated by behavioral health workforce shortages, fragmented care systems, and poor coordination between providers, particularly affecting youth with complex mental health needs. This highlighted the need for a more integrated and equitable approach to children's behavioral health care across Massachusetts.

These service gaps in Massachusetts are consistent with those identified by other researchers. For[1] found that rural areas are in critical need of more healthcare providers than urban areas while Counts (2023)[2] highlights the significant shortage in the behavioral health workforce and its impact on the delivery of mental health services. In addition, like in Massachusetts, navigating complex service systems, delays and fragmented care were also identified as significant challenges for families, compounded by high costs and insurance coverage complexities (Collins et al., 2018)[3]. Nooteboom et al., (2020).[4] found that families and youth care professionals face many barriers when dealing with fragmented care and interprofessional collaboration, which results in service inefficiencies and reduced quality of care

In October and December 2023, the Council initiated its work by harnessing the experiences and knowledge of council members to develop an inventory list of existing services and systematically identify areas of significant need within the realm of children's behavioral health. Based on this expertise, two specific areas showed persistent disparities, particularly regarding access to specialized therapies and interventions, and were selected as focus areas by the group: children in infancy and early childhood with mental health (IECMH) needs, and children with ASD.

In February 2024, the Council's expert members compiled a list of promising and best practices in behavioral health interventions, aiming to outline effective strategies that could be scaled

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[1] https://www.hrsa.gov/

[2] Counts, N. (2023, May 18). Understanding the U.S. behavioral health workforce shortage. Commonwealth Fund. Retrieved from https://www.commonwealthfund.org/publications/explainer/2023/may/understanding-us-behavioral-health-workforce-shortage

[3] Counts, N. (2023, May 18). Understanding the U.S. behavioral health workforce shortage. Commonwealth Fund. Retrieved from https://www.commonwealthfund.org/publications/explainer/2023/may/understanding-us-behavioral-health-workforce-shortage

[4] Nooteboom, L. A., Mulder, E. A., Kuiper, C. H. Z., Colins, O. F., & Vermeiren, R. R. J. M. (2021). Towards integrated youth care: A systematic review of facilitators and barriers for professionals. Administration and Policy in Mental Health and Mental Health Services Research, 48(1), 88–105. https://doi.org/10.1007/s10488-020-01049-8

and/or implemented to bridge identified gaps in services to infants and young children, and to children with ASD.

In March and April 2024, the Council prioritized recommendations based on the identified gaps and promising practices. Recommendations were formulated to enhance services, proposing policy changes and programmatic improvements tailored to improve outcomes for children and families. Attention was particularly directed towards addressing disparities in access to ASD and IECMH services, including accessibility, screenings, and comprehensive family support.

During our final meeting in June 2024, Kelly English, PhD, LICSW and Julie Welch, MSW, LCSW presented on the Children's Mental Health Campaign's efforts to address the complexity of ASD and mental health in Massachusetts. In addition, the Council concluded its efforts by finalizing and approving recommendations for inclusion in this FY24 Annual Report. The Council's final report underscored the critical need for targeted interventions and systemic improvements to better support children with ASD and infants/early childhood mental health. These efforts aim to mitigate disparities, promote early intervention, and foster optimal developmental outcomes for all children.

Overall, the work of the Children's Behavioral Health Advisory Council in 2023-2024 reflected a dedicated commitment to addressing complex challenges in children's behavioral health, laying a foundation for impactful change and improved service delivery across identified focus areas. We would like to extend a special note of appreciation to all members of the Council for their invaluable contributions throughout the year. In particular, we formally recognize the members of the summer workgroup, whose dedication and focused efforts were instrumental in the timely completion of this report. Their commitment to advancing the Council's objectives and addressing critical gaps in services for children's behavioral health is especially noteworthy. We extend our deepest thanks to Katherine Engel, Chip Wilder, Margaret Hannah, Carisa Pajak, Amudha Subramaniam, Danna Mauch, Margarita O'Neill-Arana, Andrea Goncalves-Oliveira, Lauren Almeida, Manny Oppong, and Laura Prager for their exceptional work and collaborative spirit. Their contributions were crucial to shaping the recommendations outlined in this report, and their efforts will have a lasting impact on our collective mission to improve access to behavioral health services for children across the Commonwealth.

The ***Summary of the CBHAC Workgroup Recommendations*** can be found in ***Appendix B***.

II. The Year Ahead

Looking ahead to the upcoming year, the Children's Behavioral Health Advisory Council is poised to build upon the foundational work of 2023-2024 with a focused approach on making recommendations for actionable steps toward achieving significant outcomes. Building from our inventory and gap review conducted last year, our next steps will include refining recommendations aimed at addressing critical disparities for youth experiencing complex needs. The Council plans to continue to prioritize 2-4 key focus areas, with the intention of

identifying and recommending promising practices, enhancement of service coordination, expansion of access to specialized services, and improvements in early intervention strategies. Moreover, we are committed to advocating for changes that support equitable access to affordable, high-quality services and developmental screenings, crucial for marginalized communities. By fostering collaboration among stakeholders and driving systemic improvements, we aim to ensure that every child receives the necessary support for optimal behavioral health and developmental outcomes in the year ahead. The Council will convene a summer workgroup to begin planning for another productive and effective year of work ahead in 2025.

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 Council is as follows:

Brooke Doyle, Chair Commissioner & Charlene Zuffante, Deputy Commissioner Department of Mental Health	David Matteodo Massachusetts Association of Behavioral Health Systems Representative
Lauren Almeida Department of Children and Families	Lydia Conley Association for Behavioral Healthcare
Beth Doyle Department of Developmental Services	Rachel Gwaltney Children's League of Mass Representative
Rebecca Butler MassHealth Office of Behavioral Health	Laura Prager New England Council of Child and Adolescent Psychiatry Representative
Vacant Department of Early Education and Care	Barry Sarvet, M.D. Massachusetts Psychiatric Society Representative
Kevin Beagan Division of Insurance	Marybeth Miotto, M.D., M.P.H. Mass Chapter of the American Academy of Pediatrics Representative
Chris Pond Department of Elementary and Secondary Education	Eugene D'Angelo, Ph.D. Massachusetts Psychological Association Representative
Lisa Belmarsh Department of Youth Services	Rebekah L. Gewirtz National Association of Social Workers – Massachusetts Chapter Representative
Cassandra Harding Department of Public Health	Dalene Basden

	Parent/Professional Advocacy League Representative
Maria Mossaides/ Melissa Threadgill The Child Advocate Office of the Child Advocate	Pam Sager Parent/Professional Advocacy League Representative
Danna Mauch Massachusetts Association for Mental Health Representative	Nancy Allen Scannell /Courtney Chelo Massachusetts Society for the Prevention of Cruelty to Children Representative
William R. Beardslee, M.D. Massachusetts Hospital Association Representative	Paul Jones Blue Cross Blue Shield of Massachusetts Representative
Sarah Gordon Chiaramida Massachusetts Association of Health Plans Representative	John Straus, M.D. Massachusetts Behavioral Health Partnership Representative
Mairin Schreiber NFI Massachusetts	Jonelle Sullivan Carelon Behavioral Health
Amy Carafoli-Pires Boston Medical Center HealthNet Plan	

APPENDIX B

Summary of the CBHAC Workgroup Recommendations:

Autism Spectrum Disorder (ASD)

Workgroup Co-Chairs & Lead Facilitators: Katherine Engel (Boston Children's) and Omar Irizarry (DMH)

An overarching challenge that caregivers of youth with ASD face is that there isn't a specific state agency that manages services for this population across the lifespan. Furthermore, many individuals with ASD present complex needs in medical, developmental, educational, mental health, language, and behavioral realms that, in Massachusetts, are managed by various state agencies such as: DDS, DESE, DPH, DMH, EEC, MRC. Not having one designated entity responsible for assisting individuals who carry an ASD diagnosis, makes the process of accessing services exceedingly difficult and lengthy.

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition characterized by challenges in social communication and interaction, alongside repetitive behaviors, or intense interests. As outlined in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.), the spectrum encompasses a wide range of symptoms and severity levels, necessitating tailored approaches to support affected individuals. The developmental stages of early childhood, school age, and transition into adulthood present distinct challenges and gaps in service delivery for individuals with ASD as follows.

- **Early Childhood (0-5 years old):** Navigating the evaluation and diagnosis process for ASD remains a formidable challenge for families. Issues include delays in accessing evaluations and disparities in insurance coverage, which hinder timely interventions crucial for developmental support. There is a recognized need for improved training among pediatricians and providers on documenting and assessing the needs of young children with ASD. Moreover, gaps persist in coordinating early intervention services effectively, exacerbating the disconnect between assessment and service provision. All these challenges are compounded for children and families for whom English is not their primary language.
- **School Age Children (Pre-K through High School):** Ensuring inclusive evaluation processes that accommodate ASD alongside behavioral health needs is paramount. Collaboration with the Department of Elementary and Secondary Education (DESE) to enhance resources within educational settings is essential. Improved coordination among schools, community providers, and families is critical to bridge gaps in services and support structures for school-aged children with ASD. This collaboration seeks to align educational initiatives with comprehensive care strategies that meet the diverse needs of students with ASD.

- **Transition Age Youth - Early Adulthood (16-26 years old):** Transitioning into adulthood poses significant challenges for youth with ASD, particularly in coordinating care between pediatric and adult service providers. There is a pressing need to integrate services and supports across systems to ensure continuity of care and address gaps in adult-focused interventions. Expanding the scope of wrap-around services, such as those provided by the Department of Developmental Services (DDS) and Department of Mental Health (DMH), is crucial to supporting young adults with ASD through community-based initiatives.

The CBHAC used the framework that emerged out of the COVID Impact on Children's Behavioral Health Study Report (2022) to focus on the following four specific areas when looking at behavioral health needs for youth with ASD.

CBH Advisory Council Focus Areas:

1. **Promotion & Prevention**
2. **Intervention & Treatment**
3. **Collaboration Across Sector Providers**
4. **Workforce Development:**

CBH Advisory Council ASD Recommendations:

The CBHAC acknowledges that there are already established groups in the Commonwealth working on addressing the needs of individuals with ASD, such as the Autism Commission, charged with making recommendations on policies impacting individuals with autism spectrum disorders (ASD). The following recommendations do not suggest the need to establish yet another group to address those needs but rather to elevate the Council's collective observations and share them with those in positions to implement them.

Three overarching recommendations for all focus areas are:

Prioritize Linguistic and Cultural Competence: Build linguistic capacity and cultural best practices to better serve diverse communities.

Address Equity Challenges: Recognize and mitigate equity issues that exacerbate family stress and impact child outcomes. Prioritize recommendations made by, led by, and driven by families and youth to ensure inclusivity and relevance.

Include Individuals with Lived Experience and Cultural Brokers: Incorporate individuals with lived experience, and cultural brokers in policy discussions, program development, decision-making processes, and service provision to foster informed and culturally responsive initiatives.

Other specific recommendations are as follows:

1. **Engage ASD Experts for Guidance in the Development of Policies and Services:**
    - Provide resources to implement the recommendations of the Autism Commission and other groups such as the Children's Mental Health Campaign for development of ASD training and skill building opportunities for child serving providers, inclusive of primary care. [5]

2. **Support family advocacy and community services**:
    - Provide resources for family advocacy and other community programs to increase socialization and support networks. This includes expanding and implementing Universal Precautions for ASD.

3. **Increase access to early ASD screening and assessment**:

    Early identification and treatment of ASD greatly improves the efficacy of interventions with youth with ASD. Currently only physicians and psychologists can make an ASD diagnoses necessary to be eligible for some treatment services. The relative scarcity of professionals available to make those diagnoses has resulted in long waiting lists for assessments, which delays treatment, sometimes for well over a year.

    - The CBHAC strongly recommends revising those regulations to allow other qualified/trained health, mental health and educational professionals to perform those assessments and make those diagnoses.

4. **Expand Access to a wider range of Behavioral Health Interventions:**

    - Acknowledging the importance of Applied Behavior Analysis (ABA), as an evidence-based model, increase awareness and access to complementary community-level approaches, such as relationship-based models that integrate caregiver-child relational supports with dyadic play, sensory-based work, and other supportive therapies. These options are particularly crucial for families facing long waitlists and barriers to accessing evaluations.

    - Train staff in best practices to treat individuals with ASD.

5. **Increase ASD Expertise in Children's Human Service Organizations:**

    Knowledge regarding the specific needs, available services and best practices for individuals with ASD is sorely lacking in the majority of the current array of human services in the State, due in part to the minimal training on ASD in most education and

human service academic programs. This gap often results in inadequate responsiveness and effectiveness in meeting the complex needs of these youth and families. Therefore, we recommend:

- Increasing staff with specialized ASD knowledge and expertise, and/or supporting the development of this expertise within existing staff at child-serving organizations, including primary care.
- Hiring individuals with lived experience with ASD or caregivers of youth with ASD, and cultural brokers[6] in to improve effectiveness and cultural responsiveness in programs.

6. **Incorporate BCBA and In-Home Behavioral Clinicians into service programs:**
    - Support treatment models that include Board-Certified Behavior Analysts (BCBAs) and In-Home Behavioral Clinicians in future procurements for service delivery for youth with ASD. BCBAs bring specialized expertise complementary to ABA treatment, offering valuable insights into behavioral interventions and support strategies. In-Home Behavioral Clinicians provide essential, tailored support within the home environment that addresses the unique needs of youth with ASD.
    - Support the inclusion of Occupational Therapists (OTs), Behavioral Health (BH) clinicians, and other specialists to create a comprehensive support system. Together, these roles can significantly bridge the gaps in services and enrich our understanding of approaches to best support individuals with ASD across various care settings.

7. **Support Families During School Transitions:**

    Transitions from Early Intervention to Special Education mark significant changes for families of children with ASD. These transitions often represent a move toward integrated and inclusive support within the school system, which can constitute a large portion of a child's ASD services. While we recognize that the Department of Elementary and Secondary Education (DESE) may already have some measures in place, we believe it is important to emphasize the need for comprehensive, family-centered transition support to promote continuity of care and inclusive educational environments.9

    - Expand support for families as they navigate these transitions to ensure they have the resources and guidance needed for successful integration into the school system.

[6] Cultural brokering is the act of bridging, linking, or mediating between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change (Jezewski, 1990).

These recommendations are based on the experience and knowledge of our Council Members and aim to address systemic barriers and enhance support structures for individuals with ASD, emphasizing cultural competence, family-led initiatives, and the integration of diverse expertise in care delivery.

It is also critically important for us to collaborate with established subject matter experts and existing councils and workgroups, such as the Autism Commission. In addition, it is our understanding that the Children's Mental Health Campaign is also completing a high-level service landscape and journey map to identify feasible policy and practice solutions to better serve youth with ASD. By aligning with these groups, their expertise, objectives, and shared vision can be leveraged to create a more effective and coordinated system of care for youth with ASD.

In conclusion, the year ahead for the Children's Behavioral Health Advisory Council focuses on disseminating and promoting these recommendations to address systemic barriers and enhance support structures for individuals with ASD across their lifespan. By supporting legislative reforms, fostering interagency collaboration, and prioritizing workforce development, the Council aims to promote and support the development of comprehensive and equitable care for all individuals affected by ASD in Massachusetts.

Infant and Early Childhood Mental Health (IECMH)

Workgroup Co-Chairs & Lead Facilitators: Margarita O'Neill-Arana and Andrea Goncalves Oliveira (DMH)

Infant and Early Childhood Mental Health (IECMH) is the developing capacity of the child from birth to 5 years-old to form close and secure adult and peer relationships; experience, express and manage a full range of emotions; and explore the environment and learn all in the context of family, community, and culture. The ranges of IECMH services can and should begin in the prenatal stage and can encompass promotion, prevention, and intervention relationship-based services. Although Autism Spectrum Disorder is being presented separately in this report, it is a crucial part of IECMH and should not be seen as separate. Children first show symptoms in the early childhood years and initial screening, assessment and intervention should occur during those years, as early as possible, in order to provide the best outcomes for children and families.

Infant and Early Childhood Mental Health (IECMH) must happen through a Diversity, Equity, and Inclusion lens emphasizing the need for culturally sensitive and equitable practices. It recognizes the impact of racial trauma and systemic oppression on access to care and diagnoses, particularly for BIPOC children. It advocates for early intervention and prevention through promoting relational health over behavioral health, and stresses the importance of a diverse, and culturally and linguistic competent workforce. The approach advocates for a holistic view of child development, involving families and communities and empowering family voice, not only in service delivery but in program design and implementation. Centering the work on the

Diversity-Informed Tenets[1] helps stride towards these goals and emphasizes the need for self-awareness and reflective capacity to combat bias and racism.

Furthermore, working with existing subject-matter experts and collaborating with existing workgroups that have been focusing exclusively on IECMH since 2019, is imperative in moving this work forward with common goals, objectives, shared language and vision. DMH has convened the IECMH Policy Workgroup and IECMH Integration into Primary Care Workgroup and MSPCC/Children's Mental Health Campaign have facilitated an IECMH Advocacy Workgroup since 2019. A new IECMH Strategic Plan from these groups is currently in the process of being developed and should be taken in to account, alongside these recommendations.

CBH Advisory Council Focus Areas:

1. **Promotion & Prevention:** Increase awareness and education about the importance of infant and early childhood mental health and early relational health starting prenatally and explore and collaborate with the Office of Behavioral Health Promotion and Prevention on these goals.
2. **Intervention & Treatment:** Address issues with cost, access and long waitlists, when looking for providers who specialize in serving this age-range. Increase awareness and destigmatization of mental health needs in young children (10-14% of children meet criteria for diagnosis in 3-5 age range) and train-up the workforce in developmental, relational, 2-generational (caregiver-child), and culturally responsive screening, assessment, and intervention models.
3. **Collaboration Across Sector Providers:** Stride towards a common language and shared understanding when talking about IECMH for all systems that work with families and young children. Incentivize best practices that include warm handoffs and closed-loop referrals between healthcare, education, and social service sectors.
4. **Workforce Development:** Enhance the whole workforce by providing training on IECMH competencies across diverse roles and professions and incorporate IECMH into core training curricula for all professionals touching the lives of young children and families.

CBH Advisory Council IECMH Recommendations:

Support and enhance a Diverse Workforce: Ensure that all recommendations prioritize building a diverse, linguistic, and culturally competent workforce, capable of serving families in their native languages, reducing reliance on interpreter services. In order to prevent burnout and losing the workforce, we need to provide reflective spaces, realistic caseloads, and adequate pay. We need to revise licensing requirements and find pathways for bilingual, bicultural providers with degrees from other countries, to be able to get licensed and practice in the Massachusetts.

Address Equity Challenges: We strive to recognize the impact of racial trauma and systemic oppression on access to care, over and mis diagnosis of BIPOC children and center on the

Diversity-Informed Tenets and family voice. Focus on policies that create safe communities that are more supportive and uplifting for families, as system and community changes can greatly impact the health and well-being of its individuals. Understand the trauma related to foster care and invest in prevention and promotion programs that offer more stable and long-term placements, preferably with family members, frequent visitations with biological family that do not burden the caregiver with cost and transportation and provides resources and parenting support to biological and foster families alike (see Infant-Toddler Court Programs).

Include Lived Experience and Cultural Brokers: Incorporate individuals with lived experience and cultural brokers in policy discussions and decision-making processes to foster informed and culturally responsive initiatives. Another area of opportunity is to look more into practice-based evidence vs evidenced-based practice, as these tend to be standardized without a diverse representation of the population and cultures.

The early years are crucial for a healthy development and life trajectory. In order for a child to grow into their full potential, they need to be held in safe, supportive, and empowering relationships, not only by their caregivers, but also by their educators, service providers and communities. Investing in early childhood is investing in the children of today, but also in the adults of tomorrow, who in turn, will also become the caregivers of the future. With this mind, these are some of the recommendations from the CBHAC members:

1. **Policy and Systematic Changes**
    - Find pathways for sustainable funding streams for IECMH initiatives to be created and expanded, particularly those that are typically not reimbursable or are sustained by federal grants and explore strategies that would facilitate braided funding and expand promotion and preventive service billing.
    - Investments in addressing social determinants of (mental) health can produce better outcomes and decrease spending in more intensive services downstream.
    - Expand on existing efforts so there is access to more widespread prevention and promotion services. For example, expand the Medicaid Prevention and Promotion Memo to allow individual services to be provided in schools and in the community, not just in primary care and allow promotion services to be provided without a positive screening tool.
    - Encourage private insurance to cover prevention and promotion services, particularly in prenatal and early childhood services.
    - Ensure consistency on how social-emotional needs qualify children for IEP or 504 plans, especially when transitioning from Early Intervention into the Public School System, so supportive services are not lost at this crucial developmental stage.
    - Reevaluate payment structures, exploring ways to compensate a highly specialized workforce, for time spent in specialized training, for time spent providing/receiving reflective supervision, and for time consulting with care team and providing high-quality care coordination.

2. **Increase Public Awareness**
    - Invest in public awareness campaigns that promote the important of early relationships starting at the prenatal stage, both in the medical and community settings, and destigmatize mental health needs of young children.
    - Increase early screening practices both for the caregivers (starting prenatally) and the baby/child.
    - Educate caregivers and professionals about the importance of early identification and intervention and promoting awareness of available resources.
    - Expand and create universal approaches and 2- generation model, in which both children and caregivers are screened for social-emotional needs while provided with in-home supports around parenting, child development, and relational health.
    - Ensure sustainability, funding and reimbursement for prevention and promotion services.

3. **Increase Access to Services**[7]
    - Expand integration of IECMH practices within primary care, pediatric settings, Ob-Gyn offices, as well as at the community mental health level, to ensure early identification and a 2-generation model of support. This includes increasing the number of SUD recovery programs that allow children to be with their parents, while providing a 2-generational approach to care.
    - Incentivize co-located maternal and child health care models and flexibility of times and locations of services to meet families where they are.
    - Develop strategies that offer Occupational Therapy, Physical Therapy and Speech and Language Therapy services within a Behavioral Health model, offering more opportunity for coordination and a continuum of services delivered.
    - Ensure IECMH expertise in existing referral, family support, clinical and crisis support services for babies, toddlers, and their families and infuse IECMH principles in adult services when they are also caregivers to young children.
    - Promote the utilization of the DC: 0-5 assessment, crosswalk and billing codes when working with children under the age of 6, which is already recommended as a best practice by MassHealth.
    - Create efficient communication and engagement with professionals to ensure awareness of changes, opportunities and resources, like the Medicaid Prevention and Promotion Memo that could be used to expand access for infants and young children.
    - Foster community involvement and family voice in planning and implementing IECMH services to ensure they meet local needs and cultural contexts.

[7] MSPCC is currently engaged in an IECMH systems mapping.

4. **Well-Trained and Diverse Workforce**
    - Commit to a diverse and well-trained and supported workforce by creating sustainable funding for ongoing professional development and training opportunities, as well as ongoing communities of practice that can support IECMH professionals.
    - Train the entire workforce that delivers services to young children and their families in culturally responsive, developmentally appropriate, trauma-informed and relationship-based principles and competencies and models. This applies to home visitors, peer professionals, shelter staff, educators, etc., not only clinicians.
    - Sustainable funding and resources to have systems integrate the internationally recognized Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health® competencies needed for credentialing, that equip professionals with the skills needed to deliver IECMH services across various fields (e.g., healthcare, education, social services, home-visiting, etc.). In MA, MassAIMH Endorsement® credential has been implemented since 2019.
    - Develop and support access to training, billing and use of reflective practice and/or supervision.
    - Collaborate with Higher Education to infuse IECMH into social work and mental health programs, so students graduate ready to work with younger children.

5. **Centralized Coordination Hubs**
    - Revisit the possibility of establishing IECMH regional central hubs or centers of excellence for coordinating services across sectors involved in early childhood, that can facilitate seamless transitions and referrals through standardized protocols and shared information systems, while providing individualized and supportive care coordination and create a continuum of care for IECMH services.
    - Explore the possibility of expanding current services, like Family Resource Centers, that address the entire family and social determinants of health but are isolated from other systems, not specialized in early childhood needs or have the capacity for individualized high-quality and supportive care coordination.

By adopting a DEI lens and focusing on early relational health, the recommendations aim to enhance the accessibility, quality, and equity of IECMH services. These actions can mitigate the overdiagnosis and misdiagnosis of BIPOC children, improve early intervention outcomes, and build a more diverse and culturally sensitive workforce capable of addressing the needs of families. Through coordinated efforts and shared commitment, Massachusetts can lead the way in promoting mental health from infancy through early childhood, ensuring that every child and family receives the support they need to thrive. At the same time, it is essential to recognize and fairly compensate the professionals who work with young children and families every day.