Massachusetts Special Commission on
Access to Behavioral Health Supports for Children and Families
Working Group #3 Meeting Notes for January 14, 2026

The meeting was held on Microsoft Teams from 9:00am to 10:00am

Attending: Lauren Almeida, Lee Robinson, Paul Hyry-Dermith

General Information and Follow up from last meeting:

- This was the second meeting of the working group and was focused on organizing/planning
- The last meeting included members generated the following questions and we reviewed the information we received back from EHS about them: The below is the response from Arianne M. Henry, MPH - Director Policy & Strategy | Executive Office of Health and Human Services
    - Question: Is working group 3 tasked exclusively with charge ee (analysis of the feasibility and effects of creating a single integrated children's behavioral health agency) or also with charge ff (a 3-year strategic plan for the delivery of behavioral health services for children and families that considers all providers and payers)?
        - *Anwser: This is correct that your group is assigned only the charge, ee. We thought this work would most likely include building out a plan to analyze the feasibility of this as part of the 3-year strategic plan as opposed to something the working group could realistically analyze over the next few months. However, we also leave this open to you and the working group in case you would like to approach this charge differently.*
    - Question: If only ee, can you remind us the process for working on charge ff?
        - *Anwser: Our plan for ff was to have our internal supports compiling the report information into a draft slide deck that we will then begin working on as a group. We are also open to discussing this further with the Committee.*
  - *Additional information provided: Share feedback on what additional information or resources your group may want to look into: Legislation has been filed to create a Children's Cabinet (not exclusive to behavioral health)—there are/were several different proposals and to my knowledge, no consensus on the cabinet's focus.*
      - There are a couple of states that organize services and supports for kids differently than Mass including the:
          - NJ Dept of Children and Families-- a cabinet level agency that focuses on serving and supporting at risk children and families, that includes a division of Children's System of Care.
          - CT Dept. of Children and Families responsibilities include providing children's mental health services.
- DCF is working to identify contacts in CT and NJ to obtain any information or reports that provides additional information or guidance relative to how there state structures child services.

- There is a vast array of public information available currently via CT and NJ websites that can be looked at and viewed relative to their system changes and structure for child servicing agencies and behavioral health.
    - CT: System of care Website: https://www.connectingtocarect.org/about-us/system-of-care-development/
    - Connecting to care: https://plan4children.org/
    - Executive summary of plan: https://plan4children.org/wp-content/uploads/2014/10/CBH_PLAN_Exec-Sum-Final.pdf
    - NJ: https://www.nj.gov/dcf/about/divisions/dcsc/
    - https://www.nj.gov/dcf/about/divisions/dcsc/NJYMH-Strategic-Plan-final.pdf
    - https://www.performcarenj.org/
  - Sub-committee discussed outlining questions and/or information we may seek from other states who have combined behavioral health and/or child servicing agencies. Examples:
    - What does front door access mean and how does that state achieve that?
    - To what degree, if any, did you re-structure existing state agencies? If that did occur, why and what did that look like?
    - What input was received and how was that done relative to making changes?
    - What financial shifts and/or implications occurred to make any changes happen?
    - To what degree, if any, did you change or implement existing collaboration or structures between state agencies and community entities?
- Discussion relative to charge ee: Analysis of the feasibility and effects of creating a single integrated children's behavioral health agency.
    - This charge is centered around being a solution to a need(s), concern(s), problem(s) within the existing system. To analyze the feasibility and effects of creating a single integrated behavioral health agency it is imperative for the following to occur first:
      - Map out/have system map of how existing systems work inclusive of community behavioral health services, health insurance funded behavioral health services and state agency services (state agencies that provide behavioral health and/or services to youth).
        - Critical to map out existing pathway ways/systems that exist relative to supporting access to behavioral health regardless of insurance status and other factors. As existing pathways include: Behavioral Health Helpline (BHHL), Family Resource Centers and CBHC's.
      - Identification of what are the primary need(s), concern(s), problem(s) within the existing system that need change? Where are the "pain points" or challenges within the existing systems that require shifts?
      - The identification of above would enable understanding what a "single integrated behavioral health agency" may mean to be able to provide options for feasibility and report on effects.

        - For example: Does a single integrated behavioral health agency include child welfare (DCF) and juvenile justice (DYS)? Just one of those or neither? Or is it focusing more on combination of mental and behavioral health elements inclusive of Autism and Intellectual disabilities (DMH and DDS)?
        - Is the need(s) relative to providing access to specific populations of youth/families or access to a specific resource that is not available or both? Such as: Youth and/or families challenged with co-occurring needs of mental health, autism and/or intellectual disabilities accessing supports? Or Youth and/or families challenged with significant behavioral health behaviors resulting in behaviors from a youth that cannot be managed in community setting/home setting? Or access to a resource that is not available in the community?

- Follow up: Sub-Committee will work on the following as part of the charge:
    - Confirm that sub-committee tasked with charge aa will be mapping out the existing services that youth and families currently access for behavioral health care through health insurance and/or state agencies.
    - Confirm that sub-committee tasked with charge bb will be listing out the need(s), concern(s), problem(s) with the existing system of care for youth behavioral health.
    - Identification and summarization of any available research or resources from other states relative to having or "creating a single integrated children's behavioral health agency."
    - Provide report to meet charge ee - analysis of the feasibility and effects of creating a single integrated children's behavioral health agency.