

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

Joan Mikula
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Children's Behavioral Health Knowledge Center Annual Report 2018-2019

February 2019

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 of research knowledge, not the production of it.

Strategic Vision

Areas of focus

- **Implementation** of effective programs and practices.
- **Enhancing supervisor competency** and organizational support for supervision.
- **Developing and supporting practice** in the areas of co-occurring mental health and substance use, parents with mental illness, intensive in-home treatment, and young adult peer mentoring.

Key partnerships

Located within the State Mental Health Authority, the Knowledge Center is well positioned to establish partnerships with other EOHHS agencies. This includes co-sponsoring of trainings and other workforce initiatives, braiding funding for shared projects and activities, and better alignment of workforce priorities and communication across agencies. Collaborations in 2018 included:

- **MassHealth** - As the largest payer of publicly funded children's behavioral health services in the Commonwealth, the Center works closely with colleagues at MassHealth's Children's Behavioral Health Initiative (CBHI) to support the workforce delivering CBHI services.

- **Department of Public Health, Bureau of Substance Addiction Services** – The Center has worked closely with colleagues at DPH/BSAS to enhance the capacity of the workforce to deliver co-occurring competent care to youth and young adults.
- **Department of Children and Families** – More than 32% of all referrals made to the LINK-KID trauma therapy referral service supported in part by the Center, were made by staff members from the DCF. Additionally, the Center supported efforts to support the implementation of the Continuum, an intensive level of treatment with wraparound supports, for youth and their families involved with DCF and/or DMH.

Center Infrastructure

The Knowledge Center has several dissemination vehicles for this work including its Annual Symposium and the Children’s Behavioral Health Innovation Awards, website, trainings, and webinars. In 2018:

- The Center’s website had **13,755 unique visitors**.
- The Center developed a unique public-private partnership to create the first **Children’s Behavioral Health Innovation Awards** which provided \$10,000 in funding from the Blue Cross Blue Shield of Massachusetts Foundation and the Massachusetts Association for Mental Health to promote innovation in children’s behavioral health.
- More than **150 attendees** from across the Commonwealth attended the fifth annual Children’s Behavioral Health Knowledge Center Symposium.
- The Center provided training and coaching support using evidence-based teaching approaches to more than **250 behavioral health professionals**. The Center does not deliver or support one-time training events as they have little support for their effectiveness in changing behavior or enhancing skills. Rather, the Center’s training initiatives tend to be multi-day trainings that are paired with coaching and organizational consultation to reinforce and support what trainees are learning in the classroom.
- Center staff members provide expert consultation and support to the Commonwealth’s provider organizations, academic institutions, and EOHHS agencies on the use of implementation science, meeting facilitation, and training curriculum design and development.

Major Activities and Accomplishments

Parents with Mental Illness

ParentingWell

This year saw the finalization of the ParentingWell practice profile, a provider- and modality-agnostic approach to working together with adults living with mental health and substance use challenges who are parents. The refined approach, informed by in-person, community engagement vetting activities includes four core elements: engage, explore, plan, and access and advocate; and four foundational practice principles: family-focused, strengths-based, culturally-sensitive and trauma-informed, along with descriptions of core considerations and activities. The 25-page ParentingWell practice profile, including an Executive Summary, is currently in production with the UMass Donahue Institute staff, who are preparing the practice profile for access and dissemination through the Children’s Behavioral Health

Knowledge Center website and in partnership with the Brandeis University National Research Center for Parents with Disabilities and their Families.

An accompanying webinar was created for posting on the Children’s Behavioral Health Knowledge Center website and for use as an introduction to training and implementation of ParentingWell practice. In addition, preliminary materials were drafted for four training sessions, including session outlines, role plays, information sheets and homework assignments. The launch of the materials is in process, along with the establishment of a learning collaborative, using both in-person (e.g., cross-agency and within-agency meeting) and virtual approaches with diverse practitioners across the Commonwealth.

Promoting Adoption Competency

Training in Adoption Competency (TAC)

In two surveys (first conducted in 2008 and repeated in 2013) DMH found that children who are adopted under age 18 comprised over 30% of children who are in its residential programs. Locating mental health clinicians with expertise in the unique issues facing children who are adopted and their families can be extremely difficult.¹ Increasing the number of available practitioners with specialized training in adoption is a priority for DMH’s Division of Child, Youth, and Family Services.

In response to the critical need for adoption-sensitive mental health services, the Center supported scholarships for 12 behavioral health clinicians to participate in the 72-hour [Training for Adoption Competency](#) (TAC) course. The TAC is a post-Master’s curriculum designed by the Center for Adoption Support and Education with the assistance of a National Advisory Board of adoption experts. An evaluation of the course found that students who complete the TAC score an average of 43 points higher on post-tests than control groups of comparably qualified professionals not enrolled in the training. The course began in the fall of 2017 and continued through the summer of 2018.

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 *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 programs or practices.

The Center used the implementation science framework to support the development of practice profiles for three home and community-based behavioral health services for youth and families: In-Home Therapy (IHT), the Caring Together Continuum, and Young Adult Peer Mentoring. These services are all 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 that can

¹ <http://adoptionssupport.org/adoption-competency-initiatives/training-for-adoption-competency-tac/about/>

support approximately 420 youth a month with 12 providers operating 16 Continuum programs across the state. Young Adult Peer Mentors work in a number of behavioral health settings across the state including within DMH's Intensive Residential Treatment Programs, Caring Together Continuum programs, and MassHealth's Therapeutic Mentoring services. Peer Mentors are young adults with lived experience of mental health challenges and/or system involvement, who provide purposeful and culturally appropriate one-to-one support to assist transition age youth and young adults in achieving their goals.

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.

Practice profile activities this year included:

- Pilot testing of a quality improvement approach in the Caring Together Continuum using the practice profile which was designed to:
 - Engage front-line staff, supervisors and program directors, DMH and DCF, and families in achieving high quality Continuum practice, as described in the practice profile.
 - To collaboratively assess program practice strengths and areas needing improvement.
 - To develop a practice improvement plan that incorporates activities for individual practitioners, Continuum programs, provider organizations, and state agencies.
- Creation of an [online/on demand resource](#) about practice profiles to be used to help orient provider staff and other stakeholders to what a practice profile is and how to use it.
- Provision of intensive technical assistance with 20 IHT providers across two cohorts focused on implementation of the [toolkit for IHT supervisors](#) based on the IHT Practice Profile.

Strengthening Supervision

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. This year the Knowledge Center supported two projects designed to enhance the skills of behavioral health supervisors.

Reflective supervision training and coaching

The Knowledge Center worked with Dr. Elizabeth McEnany to train and coach supervisors in Reflective Supervision (RS). 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).” Shamoan-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.

Learning community activities included:

- Twelve (12) hour training in RS practice for direct care supervisors and middle managers. The training was offered at no cost to the participants or the program. Continuing education credits were also offered to those who completed the full 12 hour supervisor training series.
- Three in-person learning community meetings focused on *the implementation of RS*, for change teams comprised of senior leaders, supervisors, and other staff from the organization.
- Mentoring/coaching through a combination of phone conferences and onsite meetings for six months after initial training.

Approximately 75 supervisors and middle managers at four behavioral health provider agencies received training and coaching between September 2017 and June 2018. A second cohort of 40 supervisors across three large behavioral health providers began in September 2018 and will continue through June 2019. This initiative has been extremely popular with more than 70% of participants indicating that it is “extremely likely” they would recommend participation in reflective supervision to a colleague. Important successes of this project included:

- Supervisors reporting spending **more time** focused on clinical issues and support of staff during supervision time rather than administrative (e.g. paperwork) issues.
- Supervisors **cancelling fewer** supervision sessions with their supervisees – thus having more consistent supervision.
- Supervisors having **more consistent/predictable supervision sessions** (e.g. regular scheduled time rather than “ad-hoc.”)

Select comments from participants regarding their one “take-away” from the course:

- *How to shift the focus intentionally away from admin tasks and use skills to allow clinicians their own insight and growth.*
- *How to be more present with my supervisees, listen to their 'story' and wonder about their experience more, less judgment and having an answer and more consideration for the process of not knowing*
- *How to ask reflective questions which increase staff self-awareness and my attunement to them and their cases.*

Strengthening Supervision

The Knowledge Center and MassHealth jointly supported the opportunity for child and family serving agencies to participate in the Strengthening Supervision Initiative, a training and consultation program delivered by the Yale Program on Supervision (<http://supervision.yale.edu>). Four provider agencies, two from the eastern section of Massachusetts and two from the central part of the state participated in the

initiative. Scott Migdole, LCSW, ACSW, Assistant Clinical Professor in the Department of Psychiatry at the Yale School of Medicine served as the lead consultant and trainer for this initiative. He is the Chief Operating Officer of Yale Behavioral Health and the Yale Program on Supervision.

Yale used a two-pronged approach to assist agencies. This involved: (1) the provision of consultation on strengthening agency standards, policies, and procedures related to supervision, and (2) training of frontline supervisors and mid-level managers on best practices in supervision. Providers sent nearly 120 staff members from across their programs for intensive three day training in the Yale approach to supervision. The project period ran for six months, from January through June of 2018.

The supervision initiative was predicated on helping to ensure that core supervision standards were implemented across each of the participating agencies. Within this context, each of the agencies implemented the following: (1) a change management team, (2) an informed consent process for supervision, (3) a supervision session agenda, (4) a policy regarding the frequency and duration of supervision, (5) process to document the frequency and duration of supervision, and (6) group supervision. During the on-site consultative process, agencies also actively addressed issues related to chain of command, clarity around required supervisor qualifications *prior* to agency promotion, the development of training curriculum for new supervisors, and a triage system for direct care staff and how/when they access their supervisors.

Changes at the *organizational* level reported by senior administrators included:

- *Implementing the Informed Supervision agreement and plans to implement the Supervisory Agenda.*
- *Identifying the exact supervisor for all 239 employees in programs to make sure that is very clear.*
- *Focus of the 2 day consults was on a specific line of business. This focus resulted in significant changes: hiring, supervision and training.*
- *Strategic plan developed around a specific area of concern.*

At an *individual* level, supervisors were helped to balance their own supervisory authority with staff support and accountability. Practical strategies were provided to help supervisors better manage staff conflicts and complete more accurate performance evaluations. The implementation of group supervision was also an area of focus as supervisors were assisted in refining their facilitation skills and in assisting their staff in applying theory and case conceptualization into clinical practice. This use of groups is very important as it will likely help agencies to develop greater staff continuity, support and critical thought over time. Finally, supervisors benefitted from a discussion regarding professional development and linking quality of care to staff development plans.

Select comments from training participants about what they found helpful about the course:

- *Concepts discussed helped to alter my supervisory approach to be more direct and effective.*

- *The training was engaging and covered a variety of relevant topics. It was helpful to have audience participation; this became a helpful tool over the three days. The handouts and concrete take-home ideas/tools were really helpful when thinking about implementation.*
- *This training was amazing. The trainer was fully engaged with all of us and was excited to train us. He had a lot of knowledge and used the class to help train each other.*

Co-occurring Mental Illness and Substance Use Disorders

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. A 2015 report² co-authored by the Parent Professional Advocacy League (PPAL) and the Massachusetts Organization for Addiction Recovery (MOAR) offered further evidence of this problem. Through focus groups conducted around the Commonwealth they 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 and young adults into just one treatment center for mental health or addiction services much less being able to get them to two different services.

To support practitioners and providers in building their capacity to provide services to youth and young adults with co-occurring disorders the Knowledge Center supported two projects this year which are described below.

Virtual community of practice

During fiscal year 2017-2018 the Children's Behavioral Health Knowledge Center piloted a very successful Co-occurring Disorders Virtual Community of Practice (VCOP) course designed to provide a cohort of 25 staff working in clinical mental health settings with the knowledge, skills development, and community discussion to better equip them to address co-occurring mental health and substance use disorders.

Six VCOP sessions were convened over the course of the pilot. Each session ran for 75 minutes and included a brief introduction to the session (5 minutes), a content presentation on a topic specific to working with youth and young adults and their families struggling with co-occurring issues (15 minutes), a clinical case presentation illustrating how to work with a youth or young adult struggling with that specific issue which included concrete suggestions (15 minutes), a discussion (25 minutes) and wrap up and evaluation (5 minutes).

The six sessions were:

- Session 1 (October 18, 2017): General Concepts of Co-Occurring Disorders, providing an overview of definitions, prevalence, best practices for working with youth and young adults struggling with both a mental health and a substance use disorder, statewide resources;

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>

- Session 2 (November 15, 2017): Marijuana and Mental Health, focusing on clarifying misconceptions about the substance, reviewing changes to the Massachusetts law regarding marijuana, and how to address marijuana with youth and young adults at a time when youth report a decrease in perception of harm of using the substance;
- Session 3 (December 20, 2017): Working with Teens and Young Adults part 1, looking specifically at trauma and its prevalence among adolescents with co-occurring disorders, including suggestions for best practices and concrete tips for working with young people who have experienced trauma;
- Session 4 (January 10, 2018): Working with Teens and Young Adults part 2, shifting to young adults and the growing role played by peers and significant others, which included a brief refresher of this specific development stage and tips for adapting clinical work accordingly;
- Session 5 (March 21, 2018): Working with Families part 1, focusing on working with the family of a young person who is using substances and how to improve the overall functioning of the family system;
- Session 6 (May 16, 2018): Working with Families part 2, shifting the lens to working with an adolescent who lives in a family in which parents or other relatives struggle with a substance use disorder.

Every participant rated the overall VCOP as very good or good, with 45% reporting that they learned a great deal and 27% an above average amount.

Every single respondent reported the overall course objective was met, to provide healthcare providers with evidence-based information on the prevalence of co-occurring mental health and substance use disorders among adolescents and young adults, introduce developmentally appropriate screening and assessment tools, and provide opportunities for peer sharing of best practices.

The course was structured to provide participants with opportunities to be better equipped to help their clients, either through an increase in knowledge or practical skills.

Co-occurring disorders learning community

The Knowledge Center in collaboration with the Bureau of Substance Addiction Services at the Massachusetts Department of Public Health and the Massachusetts Screening Brief Intervention and Referral to Treatment (MASBIRT) Training and Technical Assistance Center at Boston Medical Center co-sponsored a learning community for mental health providers focused on building their capacity to work with youth people with co-occurring mental health and substance use challenges.

The primary aims for this community are:

1. Increasing retention in treatment for youth with co-occurring disorders.
2. Improving the identification of youth at risk for a substance use disorder or harm related to substance use through the implementation of the [CRAFT II](#), a standardized substance use screening tool for adolescents and young adults.

3. Increasing the number of staff members who are trained in the use of motivational interviewing (MI) techniques to have effective conversations with youth about their use of alcohol and other drugs.

Five providers who deliver a range of behavioral health and social services were selected to participate in this community which began in October 2018 and will continue through April 2019 and includes the following activities:

- Four learning community meetings (two in person and two virtual) that will take place between October 2018 and April 2019 focused on the implementation of the CRAFFT II and MI.
- Three days of training and virtual coaching for staff members in the use of the CRAFFT II and MI techniques.
- A site visit focused on supporting the implementation of the project with leadership of each participating organization.

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.³ 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 contracts 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 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).

³ <https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

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 takes no more than two business days and the amount of time from the initial call to the referral is tracked closely by LINK-KID staff. During the time period between January 1 and December 31, 2018, LINK-KID made 651 referrals for evidence-based trauma treatment. Thirty-two percent of all referrals were made by the Department of Children and Families. MassHealth was the insurance type of the vast majority of children at 559 or 86% of all referrals.

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, and webinars.

CBH Knowledge Center Symposium and Children’s Behavioral Health Innovation Award

Over 150 people attended the 5th Annual Children’s Behavioral Health Knowledge Center Symposium on June 1 at the Worcester Recovery Center and Hospital. Christina Gunther Murphy, an Executive Director at the Institute for Healthcare Improvement (IHI) delivered this year's Gailanne Reeh Lecture, titled, "Breaking the Rules for Better Care." Her lecture shared IHI’s international work with health care organizations to engage clients and staff members in identifying “rules” that should be broken to promote a better care or work experience. Attendees then undertook an activity to design a “breaking the rules” week at their own organizations.

The afternoon featured the first Massachusetts Children’s Behavioral Health Innovation Award, co-sponsored by the Blue Cross Blue Shield of Massachusetts Foundation and the Massachusetts Association for Mental Health (MAMH). The award is a one-time grant of \$10,000 awarded to a non-profit children’s behavioral health or social service organization in recognition of its efforts to:

- Fill an unmet need or gap in the children’s behavioral health care delivery system; or
- Respond to a “wicked” problem facing the children’s behavioral health field through creation of an innovative program or practice.

Following a competitive application process, three finalists were selected to present their innovation at the Symposium. The three finalists were:

- Behavioral Health Network
- Boston GLASS at Justice Resource Institute
- Team 14 at Lahey Health Behavioral Services

Symposium attendees evaluated each presentation based on criteria that included:

- Innovativeness
- The potential for scale-up or spread
- The perceived benefit to youth, families, and the community

Using an online voting tool, attendees then voted for their choice to win the \$10,000 award. Team Fourteen (T14) at Lahey Health Behavioral Services was selected by the audience as the winner of this year's award. T14 is a substance use counseling program for adolescents and families that provides outreach services in Essex County. In early 2017, T14 launched "Reinforcers", a therapeutic adolescent substance use group blending two evidence-based models, the Adolescent Community Reinforcement Approach (A-CRA) and Adventure Based Counseling. Reinforcers' innovative and creative structure ensures engagement of youth participants with diverse learning styles and levels of commitment to change, and limits the need for group participants to self-disclose.

It has been energizing and incredibly validating to receive this recognition. Please know that the expansion enabled by this award has empowered a group of very passionate clinicians with an effective and engaging set of therapeutic skills..." – Lea Forrester, Project Director, Team 14

To download a copy of the Symposium agenda or to view the presentation slides visit the Center's website at: <http://www.cbhknowledge.center/2018-symposium>

Website

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. In 2018, the site had over 13,755 unique visitors.



Young Adult Peer Mentoring: Core elements video series

Young Adult Peer Mentoring is a specialty expertise based on sharing one's lived experience of mental health challenges with purpose and intent to inspire hope and motivation in a young adult who is struggling with similar concerns. DMH produced a series of multi-purpose videos designed to help educate the community about this emerging workforce as well as for use in training of new young adult peers.