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September 16, 2024

Honorable Maura T. Healey, Governor of the Commonwealth
Honorable Maria Mossaides, Child Advocate
Honorable Michael D. Hurley, Senate Clerk
Honorable Steven T. James, House Clerk
Honorable John C. Velis, Senate Chair, Committee on Mental Health, Substance Use and Recovery
Honorable Adrian C. Madaro, House Chair, Committee on Mental Health, Substance Use and Recovery
Honorable Robyn K. Kennedy, Senate Chair, Committee on Children, Families and Persons with Disabilities
Honorable Jay D. Livingstone, House Chair, Committee on Children, Families and Persons with Disabilities
Honorable Cindy F. Friedman, Senate Chair, Committee on Health Care Financing
Honorable John J. Lawn, Jr., House Vice-Chair, Committee on Health Care Financing
Honorable Michael J. Rodrigues, Senate Chair, Committee on Ways and Means
Honorable Aaron Michlewitz, House Chair, Committee on Ways and Means

On behalf of the Children's Behavioral Health Knowledge Center, established under the provisions of Chapter 321 of the Acts of 2008, I am pleased to submit its 2023 Annual Report.

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 Knowledge Center serves as an information hub, through its learning communities, website, workshops, and webinars. The Center's activities facilitate connection among the rich array of children's behavioral health researchers, program developers, providers, practitioners, and parent advocates in Massachusetts.

From its unique vantage point within the mental health authority, the Center is well positioned to further the work of the state's publicly funded behavioral health services across Executive Office of Health and Human Services agencies. As you will see in the enclosed report, the Center has supported a variety of projects that cut-across the various service systems to support the development of practices, programs, and service delivery models that are based on the best available evidence about what works to improve outcomes for young people and their families.

Sincerely,



Brooke Doyle, M.Ed., LMHC
Commissioner

cc: Kate Walsh, Secretary
Executive Office of Health and Human Services

Children's Behavior Health Advisory Council

THE OFFICE OF
GOVERNOR MAURA T. HEALEY

LT. GOVERNOR KIMBERLEY DRISCOLL

Kathleen E. Walsh

SECRETARY OF THE EXECUTIVE OFFICE
OF HEALTH AND HUMAN SERVICES

Brooke Doyle
Commissioner

**Children's Behavioral Health
Knowledge Center
FY 2023 Annual Report**

May 2024

**MASSACHUSETTS DEPARTMENT
OF MENTAL HEALTH**

Overview

Established in Chapter 321 of the Acts of 2008 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 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, serving as an information hub across providers and public and private payers. Through its tools, 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 – FY 2023

- Developing the skills of the behavioral health workforce to support youth and families including those of family members and peer staff
- Supporting the wellbeing of the behavioral health workforce
- Supporting the career development of Black, indigenous, and people of color (BIPOC) behavioral health professionals
- Enhancing supervisor competency and organizational support for high-quality supervision with specific attention to working with diverse populations and addressing supervisee secondary traumatic stress
- Supporting the development, evaluation, and dissemination of innovative behavioral health practices
- Using innovative strategies to assist families with navigating the complexities of the behavioral health system

Key partnerships

Located within the state mental health authority, the Knowledge Center is well positioned to establish partnerships with other Executive Office of Health and Human Services agencies. This includes co-sponsoring of

training and other workforce initiatives, braiding funding for shared projects and activities, and better alignment of workforce priorities and communication across agencies. Collaborations in 2023 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 Children and Families (DCF)** – More than 64% of all referrals made to the LINK-KID trauma therapy referral service located at the UMass Child Trauma Training Center, were made by staff members or foster parents from DCF. Additionally, the Center supported training for DCF contractors who provide services to youth and families on topics such as motivational interviewing, permanency practice, and reflective supervision.
- **Office of the Child Advocate (OCA)** -The Office of the Child Advocate (OCA) provides independent oversight of state services for children to ensure that children receive appropriate, timely and quality services. The OCA also serves as a resource for families who are receiving, or are eligible to receive, services from the Commonwealth.

Center Infrastructure

The Knowledge Center has several dissemination vehicles for this work including its website, trainings, listserv, and webinars. The Center also has established relationships with researchers, skilled trainers in topics such as early childhood mental health, motivational interviewing, and reflective supervision, e-learning designers, and consultants with expertise in implementation science and design thinking. In FY 2023:

- The Center’s website had over 13,000 unique visitors.
- The Center provided training and coaching support using evidence-based teaching approaches to hundreds of 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 design and facilitation, and training curriculum design and development, and design thinking methodologies.

Major Activities and Accomplishments

Workforce Initiatives

Strengthening Supervision

A key aspect of the Center’s workforce development strategy is to focus on the competency development and support of supervisors who oversee service delivery in the publicly funded children’s behavioral system. 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 do not receive specialized training on how to be a supervisor. This year the Knowledge Center supported the following projects designed to support the implementation of high-quality supervision in community behavioral health centers. The number of applications for supervision training was so great that we have offered the training series three times during the 2023 CY and have still not met the demand.

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 strengthens the practice of trauma-informed care through its model of collaboration with and support of clinicians and other providers. The Knowledge Center has offered RS training yearly since 2015. The five 3-hour session training is followed by six monthly coaching sessions where participants receive coaching from the trainers as they apply the skills learned in their work with supervisees.

Addressing Secondary Traumatic Stress in Supervision

In response to the workforce crisis associated with the COVID-19 pandemic and to bolster existing supervision efforts, the Knowledge Center, in collaboration with Dr. Elizabeth McEnany developed a curriculum focused on addressing Secondary Traumatic Stress in Supervision (STS). This comprehensive four-part training series was designed to be facilitated with Reflective Supervision training and delves into supervisory practices at both individual and organizational levels. STS is characterized by the manifestation of PTSD symptoms in people working with trauma survivors resulting from at least one indirect exposure to traumatic content.

Learning objectives include enhancing supervisors' abilities to address their supervisees' responses to secondary stress, with a focus on recognizing and addressing the varying impact based on racial, ethnic, and cultural identities. Supervisors are trained on STS core competencies for trauma informed support and supervision. In addition to this comprehensive training, STS incorporates an extra component wherein an executive sponsor (such as a Senior Leader or HR Manager) is encouraged to attend, fostering actionable strategies throughout all levels of an organization.

In its first year, STS has been offered three times to over 60 participants spanning across 15 agencies. Ninety-four percent (94%) of participants reported that they learned a great deal or a lot in the training. Thirty-eight percent (38%) of participants reported that they would be making many changes in their practice because of attending the training, while fifty-six percent (56%) said they would made some changes in their practice.

Infant and Early Childhood Mental Health (IECMH) Workforce Development Initiatives

“Despite trending conversations about our emotional well-being, the mental health of our youngest citizens is largely ignored or misunderstood. Mental health is formed in our earliest days, even before birth. As a baby

grows through infancy, toddlerhood and the preschool years, each experience—positive or negative—becomes a building block for their future wellness.”¹

There are strong indications that children born during or shortly before the pandemic are experiencing delays in language and motor development and that many are experiencing outbursts, aggression, and separation anxiety.²

An estimated 10 to 16 percent of young kids experience mental health issues; kids living in poverty, at a higher rate of 22%. According to Nancy Kelly, the mental health promotion branch chief at the federal government’s Substance Abuse and Mental Health Services Administration (SAMHSA) when young children do not live in a nurturing and a nurturing setting and lack intervention, the impacts of trauma and stress can be immediate and long-lasting.³

Reflective Supervision Training for Non-Clinical Workforce

Reflective supervision/consultation (RS/C) is widely recognized as best practice in the provision of infant mental health services including but not limited to early education and care, behavioral health, home visiting, pediatrics, etc. The primary goal of RS/C is to promote high quality services and positive outcomes in children and families. And yet, this type of supervision and consultation is not easily available or equitably accessible to the diverse Infant and Early childhood workforce.

The Knowledge Center continued funding a 12 month-Reflective Consultation Training in FY23 open at no-cost to any individuals involved in Infant and Early Childhood Mental Health promotion or prevention work with the goal of diversifying and strengthen the early childhood workforce by creating equitable access to reflective consultation training and practice. Four groups of 8 people each met for 10 months and a total of 30 hours and reported an increase in confidence providing Reflective Supervision to employees at their respective agencies. The offering provides ongoing support to integrate skills learned in training in infant and early childhood mental health, to support the workforce through ongoing coaching; and to build the capacity of Reflective Supervisors in the field to continue this coaching in their settings.

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5™)

The Center has continued training the workforce on the DC: 0-5™. This diagnostic classification approach recommends a comprehensive, multi-session diagnostic assessment and can provide a deeper understanding of

¹ (2022). *Infant and Early Childhood Mental Health*. Zerotothree.org. <https://www.zerotothree.org/issue-areas/infant-and-early-childhood-mental-health/>

² Wong, A. (2022, June 9). Pandemic babies are behind after years of stress, isolation affected brain development. *USA Today*. <https://www.usatoday.com/in-depth/news/education/2022/06/09/pandemic-babies-now-toddlers-delayed-development-heres-why/9660318002/>

³ Sullivan, E. T. (2023, February 28). *Who’s Looking Out for the Mental Health of Infants and Toddlers?* EDSURGE. Retrieved December 23, 2023, from <https://www.edsurge.com/news/2023-02-28-who-s-looking-out-for-the-mental-health-of-infants-and-toddlers>

the infant/young child's psychological, emotional, and relational development and experience, all within the context of family, community, and culture. During FY23 DMH supported three DC: 0-5 Virtual Clinical Trainings where 68 professionals were trained, as well as six Reflective Consultation Sessions and three Community of Practice sessions that were open to all DC: 0-5 trained professionals statewide. On average, 45% of participants reported working for a Children's Behavioral Health Initiative program and 72% for a Community Behavioral Health Center.

Early Relational Health Fellowship

With American Rescue Plan Act (ARPA) funding we were able to fund ten slots (from FY23 through FY26) in the Early Relational Health Fellowship at UMass Chan Medical School for Black, Indigenous, and People of Color (BIPOC) clinical professionals, looking to gain in-depth knowledge in Infant and Early Childhood Mental Health and become leaders in the field, hence supporting the dissemination of this much-needed specialty service. This program is a comprehensive, part-time, hybrid, 18-month training program in early relational health research, theory, assessment, and relationship-based interventions.

Preview of Investments for FY24

With EOHHS awarding a workforce development grant for FY24 and FY25 that included, among other things, support for the trainings mentioned above, DMH has focused on other training needs such as training in intervention modalities with younger children, as well as support of the entire workforce (not just clinical) on family engagement, observation, and child development, as well as reflective capacity and access to reflective supervision. To address these needs, we will be providing a 4-day training in [Theraplay](#) in April 2024, open to 30 participants, as well as two trainings in [Facilitating Attuned Interactions](#) (FAN) in March and May 2024.

Family Therapy Intensive

The DMH CYF Division, the Knowledge Center, and MassHealth's Children's Behavioral Health Initiative supported scholarships for 28 clinicians working in the publicly funded mental health system to attend the Intensive Certificate Program in Family Systems Therapy provided by Therapy Training Boston. Our publicly funded treatment systems work to ensure full family engagement in treatment and seek to prepare families to support their children successfully at home. This course supports beginning and intermediate level clinicians to become more skilled, self-aware, and confident family-centered clinicians and supervisors. It teaches family systems ideas and practices, addressing complex family and individual needs through approaches that are practical, empowering and collaborative for both families and providers. The course provides 81 hours of training, including approximately one full day of training a month and one two-day-long retreat. Over the past five years, the program has trained 112 clinicians. Another cohort of 28 clinicians began in July 2023 and is expected to complete the course in June 2024. The program offers a second year of coaching to anyone who has taken the training to help clinicians deepen their practice. This project is the result of cross-agency collaboration and alignment of training approaches across systems.

In-Home Team-Based Practice Profile

In 2017, the Knowledge Center developed a practice profile for the joint DMH/DCF Caring Together Continuum service. A practice profile is a tool that breaks down large concepts such as "engagement" into discreet skills and activities that can be taught, learned, and observed. Based on implementation science, practice profiles are developed through a rigorous stakeholder engagement process and are further informed by the research literature. The completed profile can be used to develop a range of implementation supports and activities,

including: staff training and supervision activities, brochures and other educational materials about the service, and/or quality improvement activities.

In 2021, the Caring Together system was re-procured separately by DCF and DMH which resulted in the end of the Continuum service. DMH replaced the Continuum with a very similar service called Intensive Home-Based Therapeutic Care (IHBTC), which together with other home-based treatment services that would benefit from the use of the practice profile. In total, these services supported over 1100 youth and their families in FY23. The Knowledge Center brought together a stakeholder group to review and update the Continuum Practice Profile for use in any of DMH's home based treatment programs. In Fall 2023 the new [In-Home Team-Based Practice Profile](#) was re-launched with a training in each of DMH's 5 Areas. The training was attended by 300 providers across the state.

Young Adult Peer Mentoring Workforce Training

Young Adult Peer Mentors (YAPM) play an emerging and an increasingly vital role in the Commonwealth's behavioral healthcare delivery system. YAPMs are professionals who share their personal experience of living with and overcoming a behavioral health challenge(s) to provide hope and support to youth facing similar challenges. Additionally, YAPMs serve as guides to other young adults by offering their invaluable experience with navigating the behavioral healthcare system. [Research](#) on the use of peers has found they help promote engagement in care, reduce utilization of restrictive and costly services such as inpatient hospitals and emergency departments, and improve quality of life.

Core Elements of Young Adult Peer Mentoring Training

In 2023, the Knowledge Center sponsored two virtual Core Elements of Young Adult Peer Mentoring trainings. The content of this training is based on the [YAPM Practice Profile](#) that was released in 2017. COVID-19 required the Core Element trainers and the Center to host the training virtually. The training was conducted over the course of three days, two Core Elements for each section. In 2023, 34 YAPMs completed the Core Elements training hosted by the Center. In addition, the Center sponsored Core Elements Coaching Days in 2023. Coaching days are typically 4–5-hour sessions in which Core Elements Training graduates can build on their existing knowledge base of YAPM practice through discussion and guided activities, typically surrounding a predetermined theme. In 2023 the YAPM Practice Profile received 2,071 views.

Young Adult Peer Mentoring Organizational Self-Assessment & Capacity Building Toolkit

In 2021, the Knowledge Center released an easy-to-use, practical [organizational self-assessment and capacity building toolkit](#) for agencies and organizations to improve their implementation of YAPMs. Created with the National Implementation Research Network's implementation stages and drivers in mind, this toolkit enables organizations at all stages – whether they are looking to implement YAPMs or looking to expand or enhance existing YAPM services – to assess their YAPM implementation needs and to connect to free, accessible resources to address them. The toolkit had over 322 views in 2023.

In 2023, The Center also supported training for supervisors of Young Adult Peer Mentors. Twenty-five supervisors participated in a full-day training session in April where they focused on a strength-based supervision model that is attuned to the specific needs of young adult peers.

Best Practice Psychiatric Care in Group and Residential Treatment for Youth and Families Learning Collaborative

In the context of facilitating and supporting best practice psychiatric care in group and residential treatment settings for youth in the Commonwealth, since 2018 DMH has sponsored a yearly educational symposium/webinar series for group and residential treatment providers and other stakeholders focusing on clinical issues related to psychiatric care in group and residential settings. Starting in the Fall of 2022 the Center began to develop the “community of practice” model for group and residential based psychiatric care providers and colleagues through a Learning Collaborative in which participants would have a more active role in the professional learning. The Learning Collaborative has adopted the Project ECHO format that was developed at the University of New Mexico Medical School as an established method of collaborative medical education for community-based providers. The Learning Collaborative was launched in January 2023 and occurs monthly for 90-minute meetings. The Learning Collaborative is organized and conducted by two child psychiatrists, Joel Goldstein, MD (DMH) and Kerry Ann Williams, MD (Medical Director, Justice Resource Institute). Participants are child psychiatric care providers (psychiatrists, advanced practice nurses and developmental pediatricians) practicing at residential and congregate care program sites throughout Massachusetts. Identified topics have included issues related to systems of care, quality improvement, psychopharmacology, early onset psychosis, racial biases in treatment and neuropsychological assessment. Approximately, two thirds of the sessions include an outside expert consultant. Other sessions have focused on de-identified case consultation, opportunities for clinical quality improvement and discussion of practice patterns. Future topics for discussion are identified by the Learning Collaborative participants. Some of the sessions offer the opportunity for participants to earn continuing medical education credits toward state licensure. The Learning Collaborative also maintains a listserv of participants to allow communication between meetings.

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.⁴ 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.

The Knowledge Center contracts with the University of Massachusetts Child Trauma Training Center’s (CTTC) Lifeline4Kids (formerly 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.

Lifeline4Kids 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 Lifeline4Kids (**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 collects the basic demographic information of the child and completes a full trauma screen with the referral source and/or the caregiver, including collecting a

⁴ <https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

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 gathered 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 also informs 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 FY 2023, LINK-KID received 1149 referrals for youth in need of evidence-based trauma treatment. Approximately 62% of all referrals were involved with the Department of Children and Families. MassHealth was the insurance type of the majority of children referred.

As the Behavioral Health Helpline (BHHL) launched in 2023 as the conduit to the full range of treatment services for mental health and substance use offered in Massachusetts, including outpatient, urgent, and immediate crisis care, the Knowledge Center's contract with Lifeline4Kids concluded at the end of FY'23. Meantime, the staff of Lifeline4Kids developed an operational linkage between the two (i.e., if someone calls Lifeline and needs crisis or other services the BHHL can connect them with) and for both sides to learn about what each other delivers. The LINK-KID Team developed a plan as to how to support referrals to their Team given the simultaneous launch of the Behavioral Health Helpline. As they expected a transition period for providers, families, and the BHHL staff themselves, LINK-KID wanted to ensure that families did not fall through the cracks and were able to access timely referrals for trauma-focused treatment. LINK-KID supported the BHHL launch through training and consultation until June 30, LINK-KID supported the BHHL launch through consultation via email and virtual platforms. Additionally, they provided an online training for supervisors on trauma screening at intake for BHHL supervisors and managers so that referrals are not misidentified or triaged due to a lack of information (e.g., referring for medication or behavioral supports when a trauma-focused treatment may be warranted or a more appropriate course of treatment).

Knowledge Dissemination Activities

Insurance Resource Center for Autism and Behavioral Health

Understanding insurance coverage and accessing treatments continues to be a significant challenge for families seeking behavioral health services. Despite strong laws mandating coverage, the complexities of navigating insurance, affording coverage, as well as systemic barriers, remain high and continue to prevent some families from accessing needed care.

The Center continues its partnership with the Insurance Resource Center for Autism and Behavioral Health (IRC), a program of the Eunice Kennedy Shriver Center at UMass Chan Medical School to assist state agency staff, families, and providers with navigating behavioral health commercial insurance benefits for children and adolescents. The Center provides a range of resources including:

- Information and technical assistance by phone/e-mail
- Assistance with issues related to navigating insurance
- Access to documents including legislation, FAQ's, agency bulletins, etc.
- Trainings and webinars for families and providers
- Fact Sheet Library on topics relevant to Behavioral Health. These are available as accessible pdf documents, with translated versions in Spanish, Brazilian Portuguese, Simplified Chinese, and Vietnamese.

This year the Insurance Resource Center expanded its infrastructure, which includes staff who have in-depth knowledge of the MassHealth systems, as well as a Spanish speaking Certified Application Counselor, have enabled the Center to maximize its impact and effectiveness. This has been especially helpful during the last quarter when the federal Public Health Emergency (PHE) relating to COVID-19 ended, and MassHealth commenced redeterminations and renewals.

During FY 23, the IRC received approximately 3,437 inquiries, an increase of 25% from the prior year. For many of these cases, there are multiple follow-ups with additional questions, updates, etc. During that period, 3,017 individuals attended one or more of the 59 presentations, workshops, and seminars offered by the IRC, an increase of 30% from the prior year. For more information visit: <https://massairc.org/>

The IRC participated in seven outreach events (conferences, resource fairs, community events). These took place throughout the state, at various schools and community venues. Additionally, there were specific presentations and outreach events for cultural and linguistically diverse communities, and underserved communities. Spanish translation continues to be offered for all the IRC's Lunch and Learn presentations.

Website and listserv

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 for individuals working in the children's behavioral health field. In FY 2023, the site had over 13,000 unique visitors.

Conclusion

The Children's Behavioral Health (CBH) Knowledge Center contributes to the advancement of many of the aims of the Roadmap for Behavioral Health Reform to: 1) ease the burden of families in accessing behavioral health services through programs such the Insurance Resource Center for Autism and Behavioral Health; 2) develop more options to treatment by supporting the development of innovative easily accessible options that can be delivered by non-clinical staff such as [Living in Families with Our Emotions \(LIFE\) Project](#); 3) increase the competency of the behavioral health workforce by offering training programs like the Core Elements of Young Adult Peer Mentors, Family Therapy, Reflective Supervision; 4) addressing the traumatic secondary stress of the behavioral health workforce by offering the Addressing Secondary Traumatic Stress in Supervision training for supervisors; and 4) increase collaboration among state agencies and provider organizations.

Consistent with its legislative authorization, and in response to the behavioral health workforce shortage, the Center continues to promote capacity building and career development of the workforce, particularly BIPOC behavioral health providers. The Center was instrumental in directing a DMH investment of 8.2 M dollars of COVID and ARPA funding toward providing 2-year grants (September 2023 to August 2025) to four universities around the state: Westfield State University, Salem State University, Bridgewater State University and Boston College to provide payment for BIPOC and other marginalized students completing degree required internships, which are typically unpaid. Also with ARPA funding, DMH supported 10 fellowships in Early Relations to BIPOC individuals. Starting in the Fall of 2023, the Center began facilitating a BIPOC Early Career Learning Community to support and mentor a cohort of new BIPOC behavioral health professionals in public sector behavioral health.

The Center will continue to serve as a resource for supporting innovative changes in care delivery that are flexible, adaptable, and accessible to children, youth, and families in need at any point of entry into services. Just as importantly, the Center will continue to develop programs to address the shortage of the behavioral health workforce by collaborating with others in developing a pipeline of potential behavioral health workers; to support the well-being of the current workforce by addressing secondary stress, and to support the career development of BIPOC professionals in the behavioral health workforce.