

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

**Strengthening Public Access to
Mental Health Services
for Children and Youth
FY24**

June 2025

**MASSACHUSETTS DEPARTMENT OF
MENTAL HEALTH**

I. Introduction

Pursuant to Line Item 5042-5000 of Chapter 28 of the Acts of 2023, the Fiscal Year (FY) 24 Budget, the Department of Mental Health (DMH) shall report to the House and Senate Committees on Ways and Means on the steps taken to strengthen public access to mental health services for children and youth including: (1) the distribution of funds delineated by initiative; (2) the number of individuals served; (3) the outcomes measured; and (4) recommendations for expanding cost-effective and evidence-based early mental health identification and prevention programming for children and adolescents.

The Department of Mental Health (DMH) has three specialized roles in the healthcare delivery system, providing:

- 1) **Supplemental services** for adults and children with the most serious needs,
- 2) **Mental health promotion and prevention services** for the general population and,
- 3) As the **Commonwealth's Mental Health Authority, we set standards** for inpatient psychiatric services and DMH contracted and state-operated services, provide **expert consultation** across state government, and implement **capacity- building initiatives** in the mental health provider sector.

II. Distribution of funds, youth served by initiative, and outcomes measured

A. Supplemental services

For children, youth, or young adults who meet DMH's clinical criteria and determination of need as set forth in 104 CMR 29.04(3)(4), DMH purchases an array of services and supports. DMH also provides lower barrier services to youth and young adults through a limited-service authorization process that does not require clinical or needs review. The categories of services, with brief descriptions, are listed below, with FY24 contracted amounts. Youth served by service for FY24 as of February 27, 2024 and for FY23 are also included.

Service name and description and outcomes measured	FY24 contracted amount	Youth served FY24 (as of February 27, 2024)	Youth served FY23
Case management: provides comprehensive mental health and family assessment as well as individual service planning, coordination of DMH-funded services and linkage to other community supports.	\$5.5M	511 ¹	648

¹ Case management service counts include youth through the age of 18. All other Children Youth and Family (CYF) service counts in the table include youth through the age of 21 as Transitional Age Youth can receive CYF services in addition to adult services as a result of the Reframe the Age regulation change in FY19.

Service name and description and outcomes measured	FY24 contracted amount	Youth served FY24 (as of February 27, 2024)	Youth served FY23
<p>Flexible Support Services: an individualized set of services and supports designed to prevent out-of-home placement, maintain the youth with their family, help the youth function successfully in the community, and assist families in supporting the growth and recovery of their child. Services include home-based family support, individual youth support, and youth support groups.</p> <p><i>In FY23, 89% of youth discharged from Flexible Support Services had a positive disposition outcome. Specifically, 76% met their treatment goals, 6% had their needs met by another DMH service, and 7% had their needs met by a non-DMH behavioral health service at discharge.² On DMH's Annual Family Satisfaction Survey in FY23, 94% of families were satisfied with the sensitivity and flexibility of Flex Team services. 93% were satisfied with the respect they were shown during service delivery, 87% with family involvement in treatment planning, and 91% with the safety perceived during service delivery. 81% reported positively about general outcomes from and satisfaction with Flex Team services.</i></p> <p>DMH provides an emergency department diversion service for youth experiencing a behavioral health crisis via Flexible Support Service contracts with 8 community programs statewide.</p> <p><i>As of January 2024, 81% of youth served by Children Youth and Family (CYF) ED Diversion programs had no emergency department visits while enrolled in the program.</i></p>	\$22.2M	1,973	2,869
<p>Therapeutic day services: provide youth with an array of services including recreational and skill building activities as well as intensive clinical services in a structured program.</p> <p><i>In FY23, 71% of youth discharged from Therapeutic Day Services had a positive disposition outcome. Specifically, 52% met their treatment goals, 7% had their needs met by another DMH service, and 12% had their needs met by a non-DMH behavioral health service at discharge.</i></p>	\$11.5M	366	529
<p>Intensive Community Services (ICS) include a range of in-home and out of home services for youth, young adults, and their families who are involved with DMH. The services are the highest level of service that CYF provides in a community-based setting. ICS provides clinically intensive treatment and outreach support to help build, strengthen, and maintain youths' connections to family, home, and community. ICS services include Intensive Home-Based Therapeutic Care (IHBTC), Therapeutic Group Care (TGC), and Young Adult Therapeutic Care (YATC).</p> <p><i>In FY23, 88% of youth discharged from ICS services had a positive disposition</i></p>	<p>\$27.4M</p> <p>\$1.2M for CYF Other Congregate Care Services</p>	<p>Intensive Community Services: IHBTC: 257 TGC: 56 YATC: 36</p> <p>CYF Other Cong. Care Services: 6</p> <p>CYF Residential Schools: 7</p>	<p>Intensive Community Services: IHBTC: 284 TGC: 72 YATC: 55</p> <p>CYF Other Cong. Care Services: 10</p> <p>CYF Residential Schools: 1</p>

² DMH enters a unique disposition outcome code for each youth discharged from a service in our medical record system. Only one code can be selected. The codes "needs met by DMH service" and "needs met by a non-DMH service" indicate that a youth was transitioned into a new service that matched their level of need. This could be a lower or higher level of care.

Service name and description and outcomes measured	FY24 contracted amount	Youth served FY24 (as of February 27, 2024)	Youth served FY23
<p><i>outcome. Specifically, 37% met their treatment goals, 35% had their needs met by another DMH service, and 16% had their needs met by a non-DMH behavioral health service at discharge.</i></p> <p><i>On DMH's Annual Family Satisfaction Survey in FY23, 91% of families were satisfied with the sensitivity and flexibility of ICS services. 88% were satisfied with the respect they were shown during service delivery, 82% with family involvement in treatment planning, and 91% with the safety perceived during service delivery. 74% reported positively about general outcomes from and satisfaction with ICS services.</i></p>			
<p>Program for Assertive Community Treatment for Youth (PACT-Y) is a new, comprehensive DMH service for individuals under the age of 22 with serious emotional disturbance for whom traditional office- and/or community-based services and interventions have not been helpful, and may benefit from intensive, coordinated, and comprehensive services that are provided by one integrated, multi-disciplinary, community-based team - the PACT-Y Team. The service is designed specifically for Youth with the most challenging and persistent mental and behavioral health needs who are living in their communities but for whom other community-based behavioral health services have not resulted in sustained success for them to remain in their communities.</p>	\$8.4M	76	27
<p>Intensive residential treatment programs (IRTP) and Clinically intensive residential treatment program (CIRT): IRTPs (for adolescents ages 13-18) and CIRT (for children ages 6-12) are designed for youth who are unable to live safely at home, in the community, or in a less intensive residential service. Both IRTP and CIRT program models provide 24-hour, clinically intensive treatment. Education is provided on site by the Department of Elementary and Secondary Education. The CIRT service is staff-secure, but not locked. IRTPs are locked. Families have full access to their child while they are receiving treatment, unless prohibited by the court.</p> <p><i>In FY23: 79% of youth were actively engaged in treatment and attaining their treatment goals; 94% of youth had a higher functional assessment at discharge than at admission; 92% of youth remained at a less intensive level of care for at least six months post discharge; 88% of youth remained at a less intensive level of care for at least 12 months; 87% of youth /family/ LAR/school/service providers were successfully engaged by the statewide programs in post discharge/outreach activities; and 97% of next level of care providers received discharge documentation on the day the youth was discharged.</i></p>	\$28.2M	58 IRTP 9 CIRT	76 IRTP 12 CIRT
<p>Continuing Care Inpatient service: the most intensive and restrictive treatment for adolescents ages 13-18 whose behavioral challenges pose a significant risk of harm to themselves or others. This service is located at Worcester Recovery Center and Hospital and includes an onsite school provided by the Department of Elementary and Secondary Education. Youth are referred to this service by acute psychiatric inpatient services when the youth needs exceed acute hospital care, or when the court orders a forensic evaluation (typically for competency to stand trial or criminal responsibility).</p> <p><i>In FY23: 100% of youth were actively engaged in treatment and attaining</i></p>	\$8.4M	16 CCU	36 CCU

Service name and description and outcomes measured	FY24 contracted amount	Youth served FY24 (as of February 27, 2024)	Youth served FY23
<i>treatment goals; 100% of youth had a higher functional assessment at discharge than at admission (7/1/22-12/31/22 data available); 86% of youth remained at a less intensive level of care for at least six months post discharge; 82% of youth remained at a less intensive level of care for at least 12 months; 100% of youth/family/LAR/school/service providers were successfully engaged by the statewide programs in post discharge/ outreach activities (7/1/22-12/31/22 data available); and 100% of next level of care providers received discharge documentation on the day the youth was discharged (7/1/22-12/31/22 data available).</i>			
Juvenile Court Clinic services: provide clinical and forensic mental health evaluations and consultation to the Trial Court and Probation Department as well as help to families in accessing community services.	\$8.9M	As of October 2023: 107 Evaluations 69 Other Services	1151 Evaluations 785 Other Services

B. Mental health promotion and prevention services

In its role as the state mental health authority, DMH provides an array of mental health promotion and prevention services for the general population. This includes services such as family support, workforce training, mental health public awareness and stigma reduction campaigns, support for schools, and participation in various inter-agency initiatives and workgroups.

Community and School Therapeutic Supports \$5.1M

DMH funds Family Support Programs in each of its five geographic areas. These programs assist with system navigation, community education and advocacy and provide group support meetings (in multiple languages) and some individual support for caregivers.

Community and School Therapeutic Supports also funds ten Young Adult (YA) Access Centers statewide to increase the ability of YA with mental health conditions, emerging mental health needs or those who are at risk for mental health challenges, to access needed services and supports in a timely and effective manner. YA Access Centers are attuned to the developmental needs of YA and increase the capacity of local communities to effectively support YA with behavioral health needs. The services and supports available through YA Access Centers do not require DMH Service Authorization, are low-barrier, flexible, person-centered, trauma informed, and strength-based. These Centers provide an array of services to support the needs of YA in a community-based setting. YA Access Centers provide opportunities for YA to develop a community of peers and engage in a variety of individual and group supports including; peer support, arts, social activities, and linkages to mental health services, healthcare, housing, employment and education resources. YA Access Centers are welcoming and inclusive spaces that promote an environment that specifically and effectively engages Black, Indigenous, People of Color (BIPOC) and Lesbian, Gay, Bisexual Queer/Questioning (LGBTQ) YA.

Family and Community Empowerment \$425,000

The Department also supports the Parent/Professional Advocacy League (PPAL), a statewide, family-run organization dedicated to improving the mental health and well-being of youth and families through education, advocacy, and partnership. PPAL facilitates statewide support groups for parents and conducts monthly educational events on topics of interest to families. Additionally, within PPAL DMH supports activities of Youth Move, the local chapter of the national organization, which promotes youth development.

DMH is addressing challenges related to school based mental health through three initiatives in FY24. The Behavioral Health Integrated Resources for Children (BIRCh) Project offers professional development to school professionals on the implementation of evidence-based school mental health interventions, social-emotional learning practices, strategies to create and sustain positive school climates, and universal screening for early identification and intervention of student needs. Through a separate but connected contract, DMH is funding the Massachusetts Association of Mental Health to research and compile information on existing mental health literacy curricula and related resources to support schools. MAMH will work closely with the BIRCh Project to ensure that all research and deliverables are consistent with the overall goals of the BIRCh technical assistance center and consistent with DESE standards.

Finally, DMH is funding the BRYT program at Brookline Mental Health Center to provide technical assistance to 33 schools statewide in implementing the Bryt model. The BRYT Program is a school-based intervention that focuses on providing support for youth who have missed a significant amount of school or who are returning after several absences due to hospitalization, out of home placement, etc. The implementation of this statewide technical assistance initiative will focus on schools in communities with traditionally marginalized racial, ethnic, and cultural populations where schools have high proportions of students with SED/SMI or at high risk of dropping out.

Massachusetts Child Psychiatric Access Program and MCPAP for Moms

\$4.3M

Massachusetts Child Psychiatric Access Program (MCPAP) provides specialized psychiatric consultation to pediatricians and other primary care providers (PCPs) who serve children. The goal is to increase access to behavioral health treatment by making child psychiatry services available to PCPs across the Commonwealth. MCPAP is currently funded by DMH and through assessments on state regulated health insurance plans in Massachusetts. MCPAP for Moms provides specialized psychiatric consultation to OB-GYN physicians and other providers who care for women during the perinatal period.

Insurance Resource Center for Autism and Behavioral Health

\$105,000

Funding supports access to information, technical assistance, training, and other resources related to navigating insurance coverage for autism and behavioral health services for children and adolescents.

Restraint and seclusion initiative

\$144,980

DMH organized and implemented a statewide restraint and seclusion prevention initiative more than 20 years ago that was initially DMH-focused but soon became an Interagency effort with six other agencies participating (DCF, Department of Youth Services, Department of Developmental Services, Department of Elementary and Secondary Education, Early Education and Care and, Office of the Child Advocate) in a collaborative effort to address conflict, violence and the situations that lead to restraint/seclusion of youth (and adults) in community/residential/school/hospital/detention settings.

Training and technical assistance

\$352,780

Through its Children's Behavioral Health Knowledge Center (CBHKC), the DMH CYF Division helps ensure that the workforce who provides services to youth and families are highly skilled and well-trained. The Center supports a range of training, workforce development and technical assistance opportunities focused on developing competencies of the children's behavioral health workforce including a focus on early childhood mental health diagnosis and assessment, transitional age youth peer mentor workforce, and family therapy interventions for intensive home-based settings. The

Center supports capacity building of behavioral health supervisors who can further train and influence their supervisees' practice by offering training in reflective supervision, secondary stress and supervising peer mentors. All of the CBHHC's work integrates attention to racial and cultural difference, and relevant practices.

DMH's Coordinator of Infant and Early Childhood Mental Health (IECMH) convenes and staffs an interagency IECMH workgroup whose members include the Department of Public Health (DPH), Department of Transitional Assistance (DTA), Department of Early Education and Care (DEEC), and Department of Elementary and Secondary Education (DESE). This group also works closely with external stakeholders to support the growth and development of IECMH promotion, prevention, and treatment. To increase knowledge around IECMH assessment and diagnosis, DMH funded 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 provide training in [Theraplay](#) and in [Facilitating Attuned Interactions](#) (FAN).

The DMH CYF Division, the Knowledge Center, in collaboration with 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. 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. This project is the result of cross-agency collaboration and alignment of training approaches across systems.

III. Recommendations

Crucial collaborations are underway in communities with a wide array of stakeholders to promote an understanding of and how to access the new behavioral health system, including but not limited to the Behavioral Health Helpline and CBHCs to assist individuals and families to access the right behavioral health services at the time they are needed. DMH will continue to provide additional recommendations for investment in mental health promotion and prevention, intervention and treatment, workforce capacity, and promoting collaboration across the systems that serve youth and families in the Commonwealth. Some key recommendations in these areas are described in more detail below.

A. Invest in Mental Health Promotion and Prevention

Intervention and Care Services

It is important to continue to enhance public awareness of the Behavioral Health Roadmap initiatives through marketing and social media campaigns with a focus on preventive care. A successful public awareness campaign efforts will take into consideration cultural preferences and target communities who historically have encountered barriers with access to care. A comprehensive and integrated approach will promote caregiver mental health and services in relation to children and families.

Education and Support Services

Due to the current workforce challenges, sustaining and enhancing current peer-based promotion and prevention for youth and families is beneficial to the service system. This may include investing in evidenced-based prevention programs that could be offered in non-clinical community settings.

B. Enhance and Expand Access to Intervention and Treatment

Services/ Stabilization/ Supports

The Community Behavioral Health Center's Mobile Crisis Intervention (MCI) teams and community crisis stabilization and home and community-based services for youth help prevent the need for out of home treatment and should continue to be supported.

C. Invest in the Workforce

System Capacity and Building Improvement

To enhance support of the behavioral health workforce loan forgiveness, scholarships, paid internships, access to reflective supervision, and investigating and investing in alternative interventions that are less staff intensive should continued to be explored. Specific focus should target BIPOC, bilingual, peer-based workforce, as well as other diverse and specialized populations.

D. Promote Collaboration Among Children's Mental Health Service Provider Sectors

The Department of Mental Health should continue strengthening collaboration and communication among existing interagency and cross-sector groups focused on children's behavioral health. This includes building on existing DMH partnerships with other state agencies such as DESE, DCF, DPH, MassHealth, among others. Special attention should be given to ensure policies and practices are consistent with the mission of increasing access and relevancy of services to BIPOC and other diverse communities.

Appendix

Intensive Community Services (ICS) Descriptions

Intensive Home-Based Therapeutic Care (formerly known as the Continuum) is a treatment service provided for youth and families in their home and community. The service prevents, reduces or helps to shorten the need for out of home treatment. Treatment is provided by a core team consisting of a clinician and an outreach worker. In addition to these roles, the team consists of an occupational therapist (OT), Young Adult Peer Mentor (YAPM), Family Partner (FP) and psychiatrist. Participation by those roles in the assessment and treatment varies for each youth and family, as clinically indicated. Treatment is individualized to each family's needs with the goal of keeping the youth successfully at home. If an out of home treatment intervention occurs, the core team will continue to work with the family, collaborate and coordinate treatment with the out of home treatment provider and assist in the safe transition of the youth back home after an out of home treatment intervention.

Therapeutic Group Care is an out of home treatment service for youth who have mental health needs such that their behaviors put them and/or others at such risk that they require therapeutic interventions that can be safely delivered only in a 24-hour staffed therapeutic milieu. The service provides flexible individualized assessment and treatment with the goal of reintegrating youth with their families and communities. Staff work with the family to develop and support a plan for the youth to return home. Family engagement and participation is crucial to supporting the youth in returning to their home and community. This service also provides short term, planned respite, included in the capacity of the program. There is one direct care staff for every three youth. Youth attend a community-based school, community-based treatment, vocational training, or a job. If a youth is also enrolled in Intensive Home-Based Therapeutic Care, the Therapeutic Group Care staff work with Intensive Home-Based Therapeutic Care staff who take the lead collaborating and coordinating treatment for the youth and family

Young Adult Therapeutic Care is for young adults, 18 through 25 years of age. This service provides placement intervention and services designed to promote health, wellness, and recovery through person-centered services and supports that enable individuals to live, work, attend school and participate in their communities. This model facilitates transitioning through different levels of service according to the young adult's developmental and treatment needs by providing different types of placement intervention with supportive services. Participation in work, school, or a job training program during weekday daytime hours is required. Levels of supportive intervention are individualized so young adults may transition through the levels as needed or use just one. This program is a combined array of intensity that includes the following types of out of home treatment:

- Staffed Apartments: group living with onsite staff support for up to 6 young adults (including beds for respite).
- Supported Apartments: individual apartments with intermittent on-site staff support, but 24/7 access.
- Outreach: some programs also have community team-based support for young adults living at home with family or in their own apartments. This is determined by the terms of the applicable contract.