Office of the Child Advocate
Juvenile Justice Policy and Data Board
Community Based Interventions Subcommittee
Monday, March 23, 2026
11:00 AM – 12:30 PM
Meeting held virtually

Subcommittee Members or Designees Present:
Amy Ponte (CAFL)
Alton Jones (CLM)
Brian Blakeslee (CPCS)
David Whitham (EOHHS)
Dolores Thibault-Muñoz (CPCS)
Heidi Gold (EOE)
Juin Liu (DESE)
Kim Lawrence (Juvenile Court)
Latoya Nicholas (Parent)
Laura Miller (MDAA)
Leon Smith (CfJJ)
Rebecca Brink (DCF)
Stacey Lynch (BSAS)
Susan Gill-Hickey (DMH)
Thula Sibanda (DYS)
Rachel Wallack (Juvenile Court)

OCA Staff:
Melissa Threadgill
Kristi Polizzano
Holly Swan
Morgan Byrnes
Kerin Miller
Bessie Pierre

Other Attendees:
Ari Alter (CfJJ)
Carisa Pajak (MassHealth)
Kim Irving (EHS)
Liz Bosworth (MassHealth)

Meeting Commenced: 11:02am

Welcome and Introductions:
Ms. Polizzano welcomed the attendees to the Community Based Interventions (CBI) Subcommittee virtual meeting. She welcomed members to introduce themselves. She introduced Dolores Thibault-Muñoz, a new member of the Subcommittee representing the Committee for Public Counsel Services.

Review and Approval of Minutes from the February Meeting:
Ms. Polizzano held a formal vote on the approval of the previous Community Based Interventions meeting minutes. Laura Miller, Heidi Gold, Rebecca Brink, Alton Jones, Leon Smith, Amy Ponte, Stacey Lynch, Melissa Threadgill, Thula Sibanda, Ari Alter, Susan Gill-Hikcey, David Whitham, and Latoya Nicholas all voted to approve the minutes. Rachel Wallack, Brian Blakeslee, and Kim Lawrence abstained. No one voted to oppose the minutes.

The meeting minutes for February 23, 2026, were approved.

Ms. Polizzano reviewed the meeting agenda, which featured guest presentations from Kim Irving, Director of Complex Case Management at EHHS, of the Interagency Review Team (IRT) and Complex Case Review, as well as a presentation from Liz Bosworth, Clinical Director for Behavior Health, and Carisa Pajak, Senior Behavioral Health Policy Manager, on MassHealth's updates on Community Behavioral Health Centers and Children's Behavioral Health Initiative.

Review of Crossover Youth Emerging Themes
Ms. Polizzano began by providing an overview of six emerging themes from the Subcommittee's Crossover Youth project, highlighting the four following themes that were related to the meeting's presentations:

- Dual system youth are different than single system youth in key ways
- There are gaps in services/early supports to prevent crossover or initial system involvement
- There are child welfare system policies & practices that actively contribute to crossover
- There are juvenile justice system policies & practices that actively contribute to crossover

She noted that the final two themes highlight a need for case collaboration between child welfare and juvenile justice systems.

EOHHS Presentation on the Interagency Review Team and Case Conferencing
Ms. Polizzano introduced the presenters from the Executive Office of Health and Human Services and welcomed Kim Irving (Director of Complex Case Management) to begin presenting.

Ms. Irving began by presenting on the Interagency Review Team (IRT), providing an overview of what an IRT is. She highlighted the following information:

- An IRT is a team that collaborates to review and issue determinations for complex cases for youth under 22 years of age and is comprised of decision makers from: DCF, DMH, DDS, DYS, DPH, MH, EOE, DESE, OCA
- The definition of a complex case, which includes there being a lack of consensus or resolution between state agencies as to an individual's service needs or placement

- The IRT has access to funds to provide necessary interim services until HHS agency resources and services can be identified and employed

Next, Ms. Irving outlined the possible parties who can make an IRT referral, noting that an individual does not need to have preexisting involvement in a state agency to be eligible for a referral. She also outlined the process to make a referral, which includes providing supporting clinical documents and a consent to the release of information by a guardian or youth over the age of 18.

IRT Presentation Questions and Discussion
One member asked for further examples of case types that are eligible for an IRT. Ms. Irving responded that individuals who have a case management plan with identified funding are not eligible for an IRT, though the IRT can provide support in expediting a case. Eligible individuals might be waiting in an emergency department without a plan and not be able to return home, for example, and an IRT can be used to get a clinical evaluation.

Another member asked how many case referrals the IRT sees annually. Ms. Irving responded that referrals are staggered and case volume has increased over time. She added that the team conducts ongoing outreach to broaden program awareness, including connecting with juvenile judges, superintendents, and special education directors.

Ms. Polizzano asked for further clarification as to when an IRT referral is appropriate, rather than collaboration on the ground. Ms. Irving explained that an IRT aims to ensure that all opportunities to work on the ground have been exhausted, including connecting individuals back to local and regional resources.

MassHealth Presentation on Community Behavioral Health Centers and Children's Behavioral Health Initiative Updates
Ms. Polizzano introduced the presenters from MassHealth and welcomed Carisa Pajak (Senior Behavioral Health Policy Manager) and Liz Bosworth (Behavioral Health Clinical Director) to begin presenting.

Ms. Bosworth began by providing an overview of the presentation. Then, she provided background information on the Community Behavioral Health Centers (CBHCs). She highlighted how statewide listening sessions highlighted difficulties with individuals identifying behavioral health treatment, including a lack of culturally competent care and support for different treatments being spread across multiple locations.

Next, Ms. Bosworth explained how the listening sessions informed the Behavioral Health Roadmap, which includes services under:

- Behavioral Health Help Line
- Behavioral Health Urgent Care
- CBHCs

Ms. Bosworth then provided an in-depth explanation of CBHCs, sharing the following information:
- A CBHC is a community location where a person's needs for mental health and substance use can be assessed, crisis and urgent services provided, and ongoing care is available and/or referred elsewhere as needed
- Adult CBHC core services include Adult Mobile Crisis Intervention and Adult Community Crisis Stabilization
- Youth CBHC core services include Youth Mobile Crisis Intervention and Youth Community Crisis Stabilization

She emphasized that a CBHC is a building where all of these services are available.

Next, Ms. Bosworth reviewed a map of CBHC services statewide. She shared that there are 28 providers covering 31 sites across Massachusetts, highlighting that some sites are pushing beyond requirements while others are still working towards required benchmarks.

Then, Ms. Bosworth provided an overview of other Roadmap resources:
- Behavioral Health Urgent Care – a site for individuals experiencing a situation that requires immediate attention, but is not an absolute emergency and does not require a mobile response
- Massachusetts Behavioral Health Helpline – a helpline run by the Department of Mental Health that can conduct assessments and provide warm handoffs to additional services

She also discussed the Behavioral Health Workforce Clearinghouse, which serves as a training resource for individuals who may working in community behavior health center, physicians, and community mental health centers.

Ms. Pajak then began sharing about updates to the Children's Behavioral Health Initiative (CBHI) and Applied Behavior Analysis (ABA), including the following information:
- MassHealth launched a newly reprocured and expanded network of Community Service Agency (CSA) entities, which provide intensive care coordination, family support & training, and the new Family-based Intensive Treatment (FIT) service for members with higher acuity needs
- CSAs now align with CBHC catchment areas

- MassHealth now allows advanced practice registered nurses and physician assistants to diagnose ASD for the purpose of ABA medical necessity, in addition to physicians and psychologists

Ms. Pajak next provided an updated map of CSAs. She shared that there are 36 CSAs statewide, with one designated to serving Latino populations and another for populations who are deaf/hard of hearing. Ms. Pajak also noted that CSAs hold system of care meetings where they convene providers from the catchment area to better understand the population's needs and inform one another of resources.

Ms. Pajak also described which CBHI services are provided exclusively by CSAs, as well as CBHI services provided through the broader CBHI network.

Finally, Ms. Bosworth presented on next steps for continuing reform of the Behavioral Health Roadmap, highlighting:

- A continued push for clinical culture change, such as that going to an emergency department is not a requirement to access care
- Continued support to the broader behavioral health care ecosystem
- Ongoing learning and development, including improving areas that could use additional support

CBHC and CBHI Presentation Questions and Discussion

One member asked if there is additional data or information available on improved staff retention due to increased compensation and training opportunities, as well as the sustainability of those initiatives. Ms. Bosworth shared that staffing is stable and that MassHealth remains committed to offering competitive rates to staff, even amidst fiscal challenges.

Ms. Threadgill asked for further clarification about the intended population for the FIT program, as well as if there has been any communication with the Department of Children and Families regarding this service. Ms. Pajak explained that FIT is intended for youth who have needs that are too severe for existing services. She added that there are ongoing information sharing efforts to expand FIT awareness. Ms. Pajak shared that youth in foster care are eligible for FIT services, but not residential or group home settings.

Ms. Polizzano shared that she has heard that youth often feel anxious if they have an upcoming court hearing, for example, and what avenue in the behavioral health network might be appropriate for them. Ms. Bosworth says that the overall goal is to prevent emergency department entry and that there is no "wrong door" into services.

Closing Comments

Ms. Polizzano thanked the members for their participation and adjourned the meeting.

Meeting adjourned: 12:20pm