

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

Brooke Doyle
Commissioner

Strengthening Public Access to Mental Health Services for Children and Youth FY22

April 2022



I. Introduction

Pursuant to Line Item 5042-5000 of Chapter 24 of the Acts of 2021, the Fiscal Year (FY) 22 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, standard-setting** for inpatient psychiatric services and DMH purchased or provided community-based services, **expert consultation** across state government and **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. The categories of services, with brief descriptions, are listed below, with FY22 contracted amounts. Youth served by service for FY21 are also included.

Service name and description and outcomes measured	FY22 contracted amount	Youth served FY22 (as of February 18, 2022)	Youth served FY21
<p>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.</p> <p><i>In FY21, 92% of families were satisfied with the sensitivity and flexibility of DMH case management services. 90% were satisfied with the respect they were shown during service delivery, 78% with family involvement in treatment planning, and 86% with the safety perceived during service delivery. 67% reported positively about general outcomes and satisfaction with case management services.</i></p>	\$3.8M	574 ¹	681
<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>	\$18.5M	2,242	2,615

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	FY22 contracted amount	Youth served FY22 (as of February 18, 2022)	Youth served FY21
<p><i>In FY21, 76% of youth discharged from Flexible Support Services had a positive disposition outcome. Specifically, 51% met their treatment goals, 13% had their needs met by another DMH service, and 12% had their needs met by a non-DMH behavioral health service.²</i></p> <p>DMH’s emergency department diversion services for youth experiencing a behavioral health crisis are provided through its flexible support contracts. <i>In FY22, 83% of youth served by Children Youth and Family (CYF) ED Diversion programs had no emergency department visits while in the program. (as of January 2022)</i></p>		111 (ED Diversion program youth)	
<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 FY21, 62% of youth discharged from Therapeutic Day Services had a positive disposition outcome. Specifically, 47% met their treatment goals, 8% had their needs met by another DMH service, and 7% had their needs met by a non-DMH behavioral health service.</i></p>	\$10M	464	537
<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. Services are provided in a manner that is strengths based, family-driven, youth guided and culturally relevant. ICS services are Intensive Home-Based Therapeutic Care (IHBTC), Therapeutic Group Care (TGC) and Young Adult Therapeutic Care (YATC). Detailed descriptions of ICS services are in the Appendix. This procurement replaced Caring Together services that were formerly jointly procured with the Department of Children and Families and DMH. ICS is solely a DMH procurement. ICS Service contracts began July 1, 2021 (FY22).</p> <p><i>In FY21, 69% of youth discharged from Caring Together services had a positive disposition outcome. Specifically, 21% met their treatment goals, 42% had their needs met by another DMH service, and 6% had their needs met by a non-DMH behavioral health service.</i></p> <p><i>In FY21, 89% of families were satisfied with the sensitivity and flexibility of Caring Together services. 88% were satisfied with the respect they were shown during service delivery, 81% with family involvement in treatment planning, and 88% with the safety perceived during service delivery. 68% reported positively about general outcomes from and satisfaction with Caring Together services.</i></p>	\$25.7M ³	<p>Intensive Community Services: IHBTC: 238 TGC: 69 YATC: 44</p> <p>Caring Together: Continuum: 56 Res School: 20 All Other CT: 44</p>	<p>Caring Together: Continuum:360 Res School: 33 All Other CT: 88</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.

³ This includes some costs for Caring Together services that were in place to support appropriate clinical transition for certain youth.

Service name and description and outcomes measured	FY22 contracted amount	Youth served FY22 (as of February 18, 2022)	Youth served FY21
<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>For IRTP and CIRT:</i></p> <p><i>In FY21: 93% of youth are actively engaged in treatment and attaining their treatment goals; 96% of youth had a higher functional assessment at discharge than at admission; 90% of youth remained at a less intensive level of care for at least six months post discharge; 90% of youth remained at a less intensive level of care for at least 12 months; 93% of youth /family/ LAR/school/service providers were successfully engaged by the statewide programs in post discharge/outreach activities; and 91% of next level of care providers received discharge documentation on the day the youth was discharged.</i></p>	\$19.73M	95 IRTP	120 IRTP
		10 CIRT	13 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 FY21, 100% of youth were actively engaged in treatment and attaining treatment goals; 100% of youth had a higher functional assessment at discharge than at admission; 88% 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; 100% of youth/family/LAR/school/service providers were successfully engaged by the statewide programs in post discharge/outreach activities; and 100% of next level of care providers received discharge documentation on the day the youth was discharged.</i></p>	\$12.03M	40 CCU	69 CCU
<p>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.</p>	\$7.4M	As of Dec.2021: 264 Evaluations	501 Evaluations
		521 Other services	800 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

\$ 7.6M

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 include Young Adult Access Centers in Framingham, Lawrence, Everett, Braintree, Springfield, Worcester, Gloucester, and Lowell⁴. Two new Centers are opening in New Bedford in Chelsea, with funding from a discretionary Substance Abuse and Mental Health Services Administration (SAMHSA) grant. Young Adult Access Centers provide a unique opportunity for young adults to receive trauma-informed, developmentally appropriate services that are young adult driven with an emphasis on peer support.

Youth and families do not need DMH service authorization to access these supports and are open to all youth and families in the Commonwealth.

Family and Community Empowerment

\$908,321

Express Yourself is a success-oriented, community-based multi-disciplinary creative arts service for youth ages 6-18 years of age who reside in treatment programs or live at home and struggle with serious emotional disturbance/mental illness. The service immerses youth in a high-quality creative arts experience utilizing music, movement, theatre, and visual arts in a safe and supportive environment.

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.

This year DMH expanded its popular HandholdMA website to reach parents of young children and parents of teens and young adults. The family friendly website helps parents evaluate how much they should worry about their child's mental health, offers an easily searchable catalogue of local and national resources on topics such as LGBTQ+, anxiety, ADHD, grief, and trauma, and helps parents identify both clinical and non-clinical sources of support. More than 67,000 unique visitors have visited HandholdMA since it launched in October 2020. A social media campaign held in the fall of 2021 with ads in both English and Spanish reached more than 236,000 people. A new brochure created this year has been translated into Spanish, Haitian Creole, Portuguese, Vietnamese, and Simplified Chinese.

⁴ The Access Centers in Springfield and Lowell have been funded with support from a SAMHSA discretionary grant and ARPA funds from SAMHSA through DMH's Mental Health Block Grant through 2025. The Centers in Gloucester and Lowell are currently funded by a Healthy Transitions discretionary grant from SAMHSA.

DMH continues its anti-stigma campaign, through continued promotion of Isaac’s Story. Isaac’s Story is a book and video aimed at elementary age children and their families to explore “A Different Kind of Hurt” and the role understanding and friendship play in healing this hurt. Launched in the Spring of 2019, over 53,049 copies of the book in English and Spanish, Haitian and Cape Verdean Creole as well as teaching materials, have been distributed at large events and to schools, day camps, recreational programs, and treatment programs.

Massachusetts Child Psychiatric Access Program and MCPAP for Moms \$4.6M

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.

Mental Health Needs of Infants and Young Children \$89,760

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.

DMH also coordinated a series of IECMH training for staff at 50 DHCD Family Shelters. This included a foundational training on IECMH and subsequent Reflective Consultation Training to increase reflective supervision capacity in non-clinical providers.

LINK-KID \$200,000

LINK-KID is a resource and referral hotline operated by the Child Trauma Training Center at the University of Massachusetts Medical School and funded in part by DMH. It was designed to assist families, providers, and professionals looking to refer children to evidence-based trauma treatment throughout Massachusetts.

Insurance Resource Center for Autism and Behavioral Health \$95,000

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

\$308,579

Through its Children’s Behavioral Health Knowledge Center, 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 including trainings focused on developing competency in early childhood mental health diagnosis and assessment.

III. Recommendations

Critical enhancements are underway to the service delivery system through the Roadmap for Behavioral Health Reform. These enhancements will help youth and their families more easily navigate the treatment system and access the range of comprehensive services offered in the Commonwealth. Recommendations for cost-effective and evidence-based early mental health identification and prevention programming for children and adolescents include:

A. Help families recognize the early signs of a mental health condition

Investments in public awareness campaigns and training on how to recognize the early signs of a mental health condition for families, first responders, early education and care providers, teachers, and other trusted community-brokers, can support families to take action before problems become more difficult and costly to treat.

DMH will continue promote [Handhold MA](#) an interactive, family-friendly website that seeks to provide parents and caretakers with highly accessible answers to assist families in recognizing the early signs of a behavioral health issue in their child. The online format is an efficient way to reach many parents.

B. Support youth and families in navigating the treatment system

A critical aspect of the Roadmap is the new Behavioral Health Help Line that will help families connect with a provider for crisis, routine or urgent help in their community. The Help Line will assist anyone in Massachusetts seeking Clinical Assessment and Intake, Information, Resources, and Referrals to substance use or mental health services regardless of type of insurance or ability to pay.

For youth and young adults, DMH’s network of Young Adult Access Centers are another critical way to help vulnerable young people who may not otherwise be engaged through more traditional pathways to treatment, access developmentally appropriate services that are young adult driven with an emphasis on peer support.

C. Increase access to trauma sensitive treatment

The prolonged exposure to toxic stress related to the pandemic has had a profound impact on the Commonwealth’s youngest citizens; particularly for those in communities that have been underserved and marginalized. The Commonwealth’s new network of Community Behavioral Health Centers will provide improved access to several evidence-based trauma treatments. Continued investments in high quality training and coaching in evidence-based practices will be necessary to support the workforce in

delivering trauma sensitive treatment in the new Community Behavioral Health Centers (CBHC), schools, hospitals, and community-based settings.

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

Residential School is a treatment service for youth that is out of home in a shared living environment, often it is campus-based with a therapeutic school on campus. It provides support to children during the school day and intensive services in residential housing (milieu) where a child received ongoing therapeutic support and treatment. Staff will work with the family to develop and support the plan for the youth to return home. At times, DMH may support the local educational authority (LEA) in securing treatment in a residential school setting.

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.