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# **Children's Behavioral Health Knowledge Center Annual Report 2015-2016**

**April 2016**

Massachusetts Department of Mental Health



## Overview

Established in Chapter 321 of the Acts of 2008: An Act Relative to Children's Mental Health, the mission of the Children's Behavioral Health (CBH) Knowledge Center is to ensure that:

- The workforce of clinicians and direct care staff providing children's behavioral health services are highly skilled and well-trained;
- The services provided to children in the Commonwealth are cost-effective and evidence-based; and
- The Commonwealth continues to develop and evaluate new models of service delivery.

The Children's Behavioral Health Knowledge Center is located at the Department of Mental Health (DMH) in the Child & Adolescent Services Division. As part of the DMH state mental health authority role, the Knowledge Center's purview is the entire children's behavioral health system, across Executive Office of Health and Human Services (EOHHS) agencies and public and private payers.

The Knowledge Center fills a gap in the children's behavioral health system by serving as an information hub through its Annual Symposium, website, workshops, and webinars. Center staff 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, not the production, of research knowledge.

## Major Activities and Accomplishments

### DMH hires first full-time Knowledge Center Director

DMH hired its first full-time director for the Center in January 2015. Kelly English, PhD, LICSW, comes to DMH from the Technical Assistance Collaborative (TAC), a national non-profit human services consulting firm. While there, she served as the project director for two initiatives focused on improving the quality of services delivered as part of the Children's Behavioral Health Initiative. In addition to Dr. English's recent experiences implementing children's behavioral health projects in Massachusetts, her work at TAC included assisting state and local governments design and implement behavioral health reform initiatives, conducting systemic performance evaluations and needs assessments and assisting states in developing services to ensure that vulnerable populations have access to the services they need to be successful at home and in the community.

### Implementation Science Webinars and Workshop

#### *Webinars*

A wide array of evidence-based programs, practices and service delivery innovations are being implemented throughout the Massachusetts health and human services system. To support the success of these initiatives, the Knowledge Center developed a webinar series to build the knowledge and skills for effective development, selection, implementation, and sustainability of innovative and evidence-

based programs. These webinars were made available to providers and policy makers from across the Commonwealth. The first webinar, an *Overview of Active Implementation Frameworks*, occurred on April 3, with approximately 27 people in attendance. The second webinar, *Developing a Useable Intervention*, was held on April 24<sup>th</sup> with more than 70 people in attendance. The webinars were recorded and are available on the Center's website.

Dr. Allison Metz, Co-Director of the National Implementation Research Network (NIRN), led the webinars. Dr. Metz specializes in the effective implementation and scaling-up of evidence-based and evidence-informed programs and strategies in early childhood, early care and education and child welfare settings. She has expertise in the areas of organizational and systems change, implementation science, capacity building, training and technical assistance, and coaching.

#### *Workshop*

On Tuesday, May 5, 2015 the Knowledge Center hosted a workshop by Dr. Allison Metz on *Applying Implementation Frameworks* for approximately six implementation teams from across the state. Moving an innovation or intervention through the stages of implementation requires the work of a team whose members are individually and collectively accountable for its success. This workshop was designed for teams and guided them through a structured assessment of activities based on the stages of implementation. Through this assessment and action planning work, implementation dilemmas were explored and used for full group discussion and reflection on implementation science and principles.

These teams represented a wide array of projects at various stages of implementation. Participating teams included:

- Success for Transition Age Youth (STAY) grant implementation team;
- Children's Behavioral Health Initiative (CBHI) team from EOHHS and MassHealth;
- The Caring Together implementation team;
- The Caring Together Family Partner Initiative;
- The MCPAP SBIRT (Screening, Brief Intervention, and Referral to Treatment); and
- MCPAP for Moms

During the workshop, teams were guided through a structured assessment of activities based on the stages of implementation. Using a structured tool developed by the NIRN, each team planned for and/or assessed the activities needed in specific stages of implementation. Teams also developed action plans for skillfully intervening with the implementation challenges that they identified. Through this assessment and action planning work, implementation dilemmas were surfaced and used for group discussion and reflection on implementation science and principles. Following the workshop, Dr. Metz provided distance coaching for three teams to support their ongoing implementation work.

### **Parents with Mental Illness**

#### *Family Talk*

The Knowledge Center has been working with Dr. William Beardslee and his team at Children's Hospital to adapt the Family Talk model for use by In-Home Therapy (IHT) clinicians working with children whose parents are struggling with depression or other mental health conditions. The Family Talk team

developed free on-line training materials, using modules prepared in collaboration with colleagues at South Shore Mental Health (SSMH). Specifically, two new training modules called Shifting the Focus and IHT, were added to the Family Talk training program on the Families Preventing and Overcoming Depression ([www.famPOD.org](http://www.famPOD.org)) website. These new modules use text, graphics, interactive tasks, and photographs, as well as case examples, to teach ways of adapting the Family Talk intervention for use with clients engaged in IHT services. A notable feature of the new on-line modules includes video clips of a “family” engaged in the Family Talk intervention with their IHT treatment team.

In addition to the online training, the Family Talk team held a 2.5 hours in-person coaching session for staff at SSMH that goes in depth into challenging clinical situations and includes role-play practice and feedback. The managers of each of the three IHT teams at SSMH chose six IHT staff from their respective teams who were either new to the agency, or had not had previous exposure to Family Talk. Eighteen IHT staff participated in the pilot training. The Family Talk team is currently providing an additional round of training and coaching to the SSMH IHT team given turn-over of staff since the first round of training and coaching occurred. Similar training and coaching activities to support the use of Family Talk are also taking place at Community Counseling of Bristol County (CCBC) and at Beckett Family Services.

#### *Let’s Talk Recovery for Parents*

The majority of adults in the U.S. who experience mental illness during the course of their lifetime are parents. This includes those who meet criteria for the most serious of mental illnesses, who are likely to be receiving public sector services. Decades of research support the finding that children of parents with mental illness are at increased risk to develop behavioral and emotional issues. The cost of not supporting individuals living with mental illness as parents is significant, both for adults themselves as well as for their offspring. The Knowledge Center has been working with researchers Joanne Nicholson from the Dartmouth Psychiatric Rehabilitation Center and Kate Biebel from the University of Massachusetts to develop a brief interview protocol and discussion guide for adult mental health service providers called Let’s Talk Recovery for Parents (LT-RP), focusing on the impact of parenting and family experiences on the adult/parent living with mental illness. As part of this work, Drs. Nicholson and Biebel have been interviewing key stakeholders across Massachusetts to identify implementation challenges and facilitators of success, using tools and resources from the National Implementation Research Network (NIRN) as guides.

### **Promoting Adoption Competency**

#### *Training*

On November 10<sup>th</sup>, the Center hosted a workshop titled, *Talk About Adoption: Effective Communication and Use of Language in the Clinical Setting* for more than 35 behavioral health professionals by Dr. Joyce Maguire Pavao, an internationally known expert in the field of adoption. The workshop focused on assisting attendees with developing the skills and strategies for working within adoption and complex families, with emphasis on communication that helps and hurts the people in adoption. A follow-up webinar (see webinar description below) was held in January 2015 that focused on helping practitioners understand the various developmental issues faced by youth who have been adopted.

### *Adoption Tip-Sheets and Resources*

In two surveys of its own cases (first conducted in 2008 and repeated in 2013) DMH found that children who are adopted under age 18 comprised over 30% of children who are in its residential programs. The Knowledge Center worked **with** Dr. Pavao to create resources for **professionals** working with children who are adopted and their families. The first is an [Adoption 101](#) tip sheet that describes "do's and don'ts" when working with youth and families, commonly used terms, and identifies some of the core issues in adoption. The second resource describes typical [developmental tasks](#) for youth who have been adopted with associated strategies for supporting youth to master these developmental issues. Finally, a one page tip sheet was created to assist parents and caregivers in [locating an adoption competent behavioral health professional](#) in Massachusetts.

### **Workforce Collaborative Evaluation**

The Knowledge Center contracted with the JSI Training & Research Institute to conduct an evaluation of the CBH Workforce Collaborative's current initiatives. The CBH Workforce Collaborative is a statewide coalition of service providers dedicated to addressing a critical workforce shortage and enhance provider capacity to implement culturally and linguistically competent services. DMH provided funding to the CBH Workforce Collaborative to pilot a free, college-credit certificate program for behavioral health specialists working as Family Partners, and Therapeutic Mentors. This successful pilot has evolved into a foundation for more comprehensive workforce development initiatives, funded by the Commonwealth Corporation, for Community Service Agencies working in urban communities of color. The goals of these initiatives are to:

- Create pathways for career advancement for a multicultural, multilingual workforce, which is disproportionately concentrated in children's behavioral health worker positions.
- Reduce the high cost to employers, associated with recruiting and training entry-level CBH workers.
- Increase culturally relevant, effective clinical care for Black and Latino families.
- Increase access to CBH services for multicultural families by testing models that integrate the new Children's Behavioral Health Services within pediatric primary care and urban public school systems.

A combination of strategies designed to address all levels of provider organizations will be tested at Children's Services of Roxbury and by two regional collaboratives. The Western and Southern MA Collaborative serves Springfield, Holyoke, New Bedford and Taunton, with the Gandara Center as the Lead Agency. The Greater Boston/Merrimack Valley Collaborative, with the Home for Little Wanderers as the lead agency, serves the cities of Boston, Cambridge, Chelsea, Lynn, Lawrence and Somerville. The final evaluation report is expected in the summer of 2016.

### **Dissemination Activities**

By serving as an "information hub" the Knowledge Center has the opportunity to broadly disseminate the exciting work occurring in the field that often is only learned about through "word of mouth" or other informal channels. The goal is to facilitate connections among local providers, researchers, and youth/family members, while raising awareness among policy makers and program funders about those

projects, policies, or practices that could be scaled-up. The Knowledge Center has several dissemination vehicles for this work including its Annual Symposium, website, webinars, and its Children's Behavioral Health Highlights best practices brief series.

#### *CBH Knowledge Center Symposium*

The Children's Behavioral Health Knowledge Center hosted its second annual Symposium and Gailanne Reeh Lecture on May 6th at the Worcester Recovery Center and Hospital. Over 150 people attended the day-long event hosted in celebration of Children's Mental Health Awareness Week.

The morning's keynote speaker, Allison Metz, Ph.D., Co-Director of the National Implementation Research Network, discussed how the production of socially significant outcomes for youth requires not only the selection of interventions known to be effective but deliberate attention to effective implementation strategies and an enabling context.

Following Dr. Metz, panelists discussed the implementation of the Children's Behavioral Health Initiative (CBHI), giving attendees the opportunity to hear how key concepts described by Dr. Metz, played out with the implementation of the CBHI.

After lunch, attendees heard from Alicia Anzaldi, a young adult peer mentor at The Home for Little Wanderers Community Service Agency. Anzaldi told her personal recovery story describing her lived experience and journey to mental wellness and how it has informed her work as a peer mentor. Ms. Anzaldi, also introduced this year's Gailanne Reeh lecturer, Secretary of Health and Human Services, Marylou Sudders. Sudders speech, titled *Imagining the Future of Children's Behavioral Health*, described a future behavioral health system that includes better integration of mental health, substance use, and physical health care services. She also described a future where more dollars are spent on prevention and early identification and treatment of mental illness and substance use in areas such as early childhood mental health, early psychosis identification, screening and treatment for moms with post-partum depression, supporting parents who have a mental illness during pregnancy and substance use prevention programs.

#### *Website*

The Knowledge Center's website: [www.cbhknowledge.center](http://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. Launched in April 2015, the site has had over 2,500 unique visitors to date with more than 9,300 page views.



### *Webinars*

The Knowledge Center partners with the Donahue Institute at the University of Massachusetts to host webinars on a variety of topics related to children’s behavioral health. In addition to the implementation science webinars described above, the Knowledge Center hosted three other webinars.

One held in September 2015 on *Integrating Mindfulness into Care of Children and Adolescents* conducted by Dr. Jefferson Prince and colleagues from North Shore Medical Center. More than 100 people attended this webinar. The second webinar offered attendees the opportunity to learn about the UMass Child Trauma Training Center’s Centralized Referral Line that is not linked to any single provider agency, but includes a network of mental health agencies and providers who have been trained in evidence-based trauma treatments (Trauma-Focused Cognitive-Behavioral Therapy, TF-CBT; Child Parent Psychotherapy, CPP; and the Attachment, Self-Regulation, and Competency, ARC model). The CRS/LINK-KID includes a network of mental health agencies and practitioners who have been trained in evidence-based trauma-focused treatments, with a large database and toll-free number (1-855-LINK-KID), housed and maintained within the University. More than 75 people attended this webinar. Finally, on January 26, 2016 Dr. Joyce Pavao conducted a webinar on developmental issues and challenges in adoption. This webinar offered information about the developmental stages that adopted (and emotionally adopted) children experience in a slightly different way than children raised in the families they were born into. The intent was to create a resource for families, providers, and professionals looking to better understand and serve children in an adoption sensitive and competent manner. Approximately 50 people participated in this webinar. These webinars can be downloaded at the Knowledge Center’s website.

### *Creating a Workforce to Support Youth with Co-Occurring Disorders*

On December 7, 2015 the Knowledge Center hosted a day-long forum and action planning session on building a co-occurring capable behavioral health workforce. While estimates suggest that between 50 to 75 percent of young people with a substance use disorder also experience a co-occurring mental illness, our systems are not organized to seamlessly meet the needs of these youth. Practitioners are usually trained in separate fields, operate under distinct licenses, and know relatively little about each



other's organizational culture and operations. At this day-long event, approximately 75 attendees had the opportunity to:

- Engage in a dialogue with young adults, families, providers, and policy makers about this issue.
- Hear from a national expert about effective workforce strategies in other jurisdictions.
- Begin to formulate specific recommendations for how to better meet the needs of youth with co-occurring mental illness and substance use disorders.

The keynote speaker for this event was Richard Shepler, Ph.D, PCC-S, the Director of the [Center for Innovative Practices](#) (CIP) at the Begun Center for Violence Prevention Research and Education at Case Western Reserve University. Dr. Shepler is also the co-developer of the Integrated Co-Occurring Treatment (ICT) model, one of the first treatment models designed specifically for youth with the co-occurring disorders of substance abuse and mental illness.

#### *Children's Behavioral Health Highlights*

In August 2015 the Knowledge Center released its first issue of Children's Behavioral Health Highlights. Highlights, is a best practice brief series which showcases innovative and promising practices in children's behavioral health in Massachusetts. The [first issue](#) described the steps a Massachusetts Community Service Agency took to foster teamwork between family partner and care coordinator teams, the results of their efforts, and lessons learned for other organizations interested in improving communication and collaboration between individuals working as a team to support youth and families.

The [second issue](#) released in September 2015, focused on the efforts of one program to significantly change their approach to supervision. Since most newly learned behavior is fragile, supervision and ongoing coaching activities provided by a skilled practitioner are a critical aspect of a coherent workforce development program. Yet, not all supervision is created equal. The traditional model of office-based supervision—in which staff meet individually to review and discuss their work—has been insufficient to adequately assess whether staff are progressing appropriately with necessary skill acquisition. While this brief focuses on a field based supervision strategy within a Community Service Agency, the approach and lessons learned have applicability to a range of human service contexts.

The [third issue](#) released in October 2015, described how leaders from seven Community Service Agencies (CSAs) from across the Commonwealth created youth and caregiver Transition Indicator assessment tools (see attached). The assessment tools include a series of questions in which caregivers and youth evaluate their skills in several key areas thought to indicate their readiness for transition from Wraparound.

#### *IHT Practice Profile Development*

In partnership with MassHealth, the Knowledge Center at the Massachusetts Department of Mental Health recently began an extensive effort to develop a practice profile for In-Home Therapy (IHT). A practice profile as defined by the National Implementation Research Network (NIRN),<sup>1</sup> is a tool for operationalizing the core components of a program or practice. It breaks down large concepts such as

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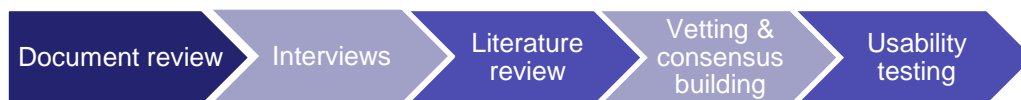
<sup>1</sup> National Implementation Research Network (NIRN), (2015). *Practice Profiles: A tool for developing usable interventions*.



“engagement” into discreet skills and activities that can be taught, learned, and observed. IHT is a critically important service used by many thousands of youth and families. Yet case reviews with the Massachusetts Practice Review (MPR) have indicated extensive opportunity for improvement in IHT. MassHealth and the Knowledge Center believe that IHT services could be improved if guided by a well specified, fully operationalized Practice Profile.

In November 2015, the CBH Knowledge Center convened a kick-off meeting with a group of stakeholders from across the state to orient them to the work of developing a practice profile. A series of ten additional workshops attended by IHT practice leaders from across the state were convened and facilitated by the Knowledge Center to develop and refine the profile. A draft of the full profile is expected by spring 2016. The practice profile is expected to be a foundational document that will support future practice improvement activities.

Figure 1: Practice Profile Methodology



#### *Caring Together Training and Coaching*

During the fall of 2015 and early winter of 2016 the Knowledge Center supported a training and coaching series for Caring Together Continuum providers on youth/family-centered and resolution-focused crisis planning, prevention, support, and early intervention. The Knowledge Center convened this training and coaching series to support Continuum provider’s efforts in helping youth and families develop the necessary skills to function effectively in their community and achieve greater permanency in the home. Working with a national expert in crisis planning, prevention, and resolution, participants learned effective strategies for family-centered crisis planning, supporting youth and families in crisis and reducing avoidable use of hospital emergency departments, inpatient hospitals, Community Based Acute Treatment (CBAT) settings, or other out-of-home placements. While in certain instances a youth may require treatment in an emergency department or an out-of-home setting, it can be disruptive to a child’s education, existing behavioral health treatment, and peer and family relationships. The training emphasizes the building of internal and external partnerships as means of developing a “crisis system of care” knowing that providers across the service system can and do play an important role in helping youth and families navigate crisis situations.