New England (HHS Region 1)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Children's Mental Health Initiative

Needs Assessment

SPRING 2020

In 2020, the New England Mental Health Technology Transfer Center (New England MHTTC) engaged stakeholders from across the region in conversations about children's mental health services. The conversations, which included leadership and staff from state child welfare and behavioral health offices, family-run organizations, and service providers, focused on learning about policies, initiatives, progress, and needs in each state.

As the COVID-19 pandemic took hold, these conversations expanded to explore the myriad ways in which the crisis affected community needs, challenged service provision, and altered the priorities of stakeholders in the children's mental health (CMH) service system. To gain further insight into the region's needs and priorities, the New England MHTTC team also reviewed selected documents, including state plans and advisory group progress reports. This report summarizes information gathered through this process.

Overview

States in the New England region have much to gain from collaboration and shared learning. While the six states structure their CMH systems differently,[1] they share many characteristics, including strong university systems and

1 For example, within lifespan mental health agencies in Massachusetts, New Hampshire, and Vermont; and within child and family services departments in Connecticut, Maine, and Rhode Island.

committed practitioners. They experience workforce shortages and stark differences in service access for populations, including rural residents, immigrants and refugees, and Black, Latinx, and Indigenous people. New England states also share priorities, such as implementing the Families First Prevention Services Act and supporting children, families, and communities through the pandemic and beyond.

What Works Well Across States

States throughout New England are engaged in far-reaching efforts to improve services for children and families. Across all six states — Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont — CMH system-wide initiatives focus on:

Here are specific examples:

- Every state is advancing toward the goal of having mobile crisis services available for all children.
- Several states have made good progress in expanding access to services for younger children and for youth experiencing early psychosis.
- Many state agencies are working with local peer support programs to develop and expand family support and education and increase youth peer support. Massachusetts employs youth peer support workers across its CMH programs, including its eight low-to-no-barrier Access Centers.
- In Maine, dedicated state leaders and agency staff are revamping the state's approach to CMH. This revision has already led to greater creativity, funding support, satisfaction with services, and collaboration among state and community agencies.
- Massachusetts continues to build on legislation and systems transformation work guided by the *Rosie D.* Remedial Plan, such as leveraging a robust Children's Behavioral Health Advisory Council and expanding Centers for Medicare & Medicaid Services funding through the Medicaid waiver program.

- New Hampshire's system is expanding its early intervention services, thus reducing wait times for inpatient and emergency department assessments and increasing community mental health supports and peer support options.
- New Hampshire and Vermont each released 10-year mental health plans that include addressing the social determinants of health. Their key priorities are to scale school-based Positive Behavioral Interventions and Support, and Multi-Tiered Systems of Support for Behavioral Health and Wellness.
- Rhode Island has a robust suicide prevention initiative and is intensifying its collaboration with peer- and family-run organizations. The state is working to implement a variety of evidence-based practices (EBPs) and to reduce wait times for children requesting services.
- Vermont's priority is to create a more integrated system of collaboration across CMH services and supports.
- Connecticut continues its work to scale EBPs and advance equity across child-serving systems.

Across the region, states are implementing these and other EBPs:

- Cognitive behavioral therapy
- Dialectical behavioral therapy
- Motivational interviewing
- Parent-child interaction therapy and child-parent psychotherapy
- Familias Unidas
- Functional Family Therapy (FFT)
- Homebuilders
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems
- Multisystemic Therapy (MST)
- Multisystemic Therapy—Problem Sexual Behavior
- SafeCare
- Triple P Positive Parenting Program
- Trauma Systems Therapy
- Parenting with Love and Limits
- Open Dialogue
- Youth Thrive
- Strengthening Families

Current Challenges

New England's states share challenges related to developing the workforce, improving funding for worker training and retention, reducing waitlists, and increasing access to the right services at the right time for children and families, particularly in rural areas.

- **Funding and Reimbursement:** All states described difficulties associated with complex funding mechanisms, outdated reimbursement rates, and statewide budget shortfalls.
- **Scarcity of Appropriate Services:** Among the more rural states—New Hampshire, Vermont, Maine—appropriate and quality services for children in psychiatric crisis or with the most complex or challenging behaviors are limited. These shortfalls often lead to children being hospitalized, boarded in emergency departments, or offered inpatient services out of state and away from their families. Similarly, all states described the need for more complete coverage by children's mobile crisis services, and several states lack residential treatment settings for youth with co-occurring substance use disorders (SUD). Multiple stakeholders also identified challenges in serving children and youth with co-occurring autism or other developmental disabilities.
- **Workforce Recruitment and Retention:** There are widespread challenges in the CMH workforces throughout all states, including:
  - » a lack of training and adequate or competitive pay for frontline staff;
  - » rapid turnover of staff at all levels of care;
  - » lack of expertise in the mental health of children and families (such as co-occurring SUD);
  - » lack of support for supervisors; and
  - » a scarcity of licensed practitioners, child psychiatrists and practitioners, community-based therapists, and clinicians.
- **Cultural Responsiveness:** States struggle to recruit and retain staff who are prepared to support children and families from Spanish-speaking, Nepalese, and Somali communities. The cultural responsiveness of the workforce and services was of profound concern to every person the team interviewed.
- **Social Determinants:** Several stakeholders expressed concern about families who were already struggling to meet basic needs and growing more vulnerable due to job losses and program cuts resulting from the pandemic.
- **Family and Community Education and Engagement:** Several interviewees described the challenges of engaging and educating parents and families about their children's needs, particularly among communities of new Americans, people of color, and other underserved populations. There is a need for peer and community agencies to expand representation of different communities among their staff and leadership, including people from underrepresented communities, people with lived experience, and people with disabilities.
- **COVID-19 Pandemic Response:** Stakeholders described the challenges in identifying and engaging children and families during the COVID-19 pandemic. Many are concerned about the ongoing need for trauma-informed supports in coming months, particularly as students return to school.

New England states are collaborating with these TA providers:

- Annie E. Casey Foundation
- Boston Children's Hospital
- SAMHSA's National Training and Technical Assistance Center for Child, Youth, and Family Mental Health
- University of New Hampshire's Institute on Disability
- Public Consulting Group

Several stakeholders commented that practitioners struggle to balance making time for training—required and desired—with the need to provide services. One interviewee went as far as to say that "We are being trained to death."

Despite the concern about time demands, stakeholders identified training and technical assistance topics they would like New England MHTTC to address:

- training and ongoing support in adopting state-of-the-art EBPs that expand and improve services among marginalized populations; of particular interest is training and support in Trauma-Focused Cognitive Behavioral Therapy, MST, and FFT
- how to engage and develop supports for people in specific populations, including LGBTQ+ youth; refugee and immigrant populations; rural residents; and children with co-occurring mental illness and autism or other developmental disabilities, co-occurring mental and substance use disorders, and aggressive behaviors
- strategies for workforce development and retention, such as recruiting and retaining clinicians and direct care staff from underrepresented cultures
- how to support mental health of children and families during and beyond the COVID-19 pandemic as they return to work and school
- strategies for exchanging data and integrating electronic health records among agencies and treatment and service providers and practitioners
- more ways to collaborate with counterparts in other states to foster support and exchange strategies that address challenges, barriers, and opportunities
- support for providers and practitioners in improving quality, becoming trauma-informed, and increasing capacity to engage families in services

As New England MHTTC moves to address these needs, it is essential to do so in ways that are efficient, accessible, and mindful of competing demands on workers' time and attention. To that end, the MHTTC will focus its efforts on the above topics and strive to:

- **Facilitate connection and collaboration** by convening a series of virtual conversations;
- **Foster peer-to-peer learning** by periodically convening virtual meetings of affinity group via calls and featuring regional resources in newsletters and on the New England MHTTC website; and
- **Build knowledge and understanding** by curating relevant resources for those engaged in virtual conversations and affinity group discussions; create accessible, engaging resources that synthesize information gleaned from various sources. For example, resources might address topics such as:
  - selecting EBPs for inclusion in an agency's service array;
  - how to engage specific communities in a culturally responsive way;
  - best practices for serving youth with co-occurring conditions; and
  - recruiting and retaining a workforce representative of populations served.

Connect with us on social media

twitter.com/MHTTCNetwork | facebook.com/MHTTCNetwork

References

Children's Behavioral Health Advisory Council. (2019). *The Children's Behavioral Health Advisory Council Annual Report 2019*. Commonwealth of Massachusetts Executive Office of Health and Human Services. **https://www.abhmass.org/publications-reports/children-s-behavioral-health/children-s-behavioral-health-advisory-council-cbhac-annual-reports/2318-cbhac-annual-report-2019.html**

Children's Behavioral Health Plan Implementation Advisory Board & Connecticut Department of Children and Families. (2018). *Connecticut Children's Behavioral Health Plan: Progress Report.* **https://www.plan4children.org/wp-content/uploads/2018/10/2018-Childrens-BH-Plan-Progress-Report-final.pdf**

New Hampshire Department of Health and Human Services. (2019). *New Hampshire 10-Year Mental Health Plan*. **https://www.dhhs.nh.gov/dcbcs/bbh/documents/10-year-mh-plan.pdf**

Public Consulting Group. (2018). *Children's Behavioral Health Services Assessment Final Report*. Maine Department of Health and Human Services, Office of Child and Family Services. **https://www.maine.gov/dhhs/ocfs/cbhs/documents/ME-OCFS-CBHS-Assessment-Final-Report.pdf**

Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. (2019). *2019 Combined Block Grant Application.* **https://bhddh.ri.gov/sections/pdf/2019%20Combined%20BG%20Application.pdf**

Vermont Department of Mental Health. (2020). *Vision 2030: A 10-Year Plan for an Integrated and Holistic System of Care*. **https://mentalhealth.vermont.gov/sites/mhnew/files/documents/AboutUs/Vision_2030_FINAL.pdf**