

New FCC Incubator is helping child care businesses get started

By Laura Perille

For Julia Santo, an experienced early educator, the dream of owning her own early child care business was just that: a dream. As a renter with a landlord who was reluctant to allow a small business to operate out of their property, Santo's hope of ever opening her own business seemed unrealistic, especially when coupled with the need for substantial financial resources to get a business up and running.

Until now.

This summer, Santo and two other entrepreneurs will open their own family child care small businesses. The idea is they will eventually operate the businesses out of their own homes or spaces, but they will get their start at the Nurtury Early Education FCC Incubator in Roxbury – a first-of-its-kind space that aims to help small child care businesses get off the ground and thriving. The same concept that has worked for tech entrepreneurs for decades can now help those in the early childhood care space.

At the height of the pandemic, Nurtury Early Education was forced to close a small center-based location because we simply didn't have the staff to operate it. At the same time, the number of family child care centers that we support began to grow rapidly. All of this was happening within the context of the challenges being experienced by providers across Massachusetts and beyond: growing waitlists, shrinking staff and the intensifying need from families for reliable options. It required us to try something different, with the goal of providing new solutions to some of these old problems. By reducing barriers and creating the conditions for new family child care small businesses to flourish, we increase the supply of high-quality care available to families.

This idea will give three providers, known as "residents" in the incubator, shared start-up space and resources, including small business technical assistance and coaching. This endeavor also represents a significant step forward in early education, providing crucial support for women entrepreneurs to get their start in family child care. FCC Incubator residents will have access to rent-free space and furnishings, training, meal delivery and other resources needed for a child care business to operate successfully. In return, residents will contribute a modest

monthly fee to cover some shared costs, with most expenses underwritten by public and private funders, especially in the startup year. Resident providers will earn full FCC enrollment income, allowing them time to build capital and find permanent locations.

We believe that by empowering people, especially women, to open and grow their own child care businesses, we not only create more opportunities for economic independence but also address the pressing need for accessible, high-quality child care for families in our community. Nurtury hopes this pilot program in Massachusetts will produce lessons for future replication across the state.

Of course, as with anything new, there were questions. From the outset, we were excited by this idea, but we were concerned there may be too many barriers to getting it off the ground, from complex child care licensing requirements to facility expenses. We decided to explore it nonetheless, taking lessons from a similar pilot launching in Connecticut. Fortunately, we found partners here in the Commonwealth who helped Nurtury make this happen. We received support from the state Department of Early Education and Care to the City of Boston's Office of Early Childhood, as well as local funders. Focused on the desires expressed by aspiring child care entrepreneurs, we all came together to create something new.

There are many factors that contribute to someone not being able to open their own family child care business: lack of funds, the challenge of finding residential space that can meet state child care licensing standards, needing the support to learn how to operate the business side of things or a landlord who won't allow you to open a business in your apartment, like Julia Santo. This incubator solves all those issues.

As the early child education and care sector attempts to remove roadblocks that are preventing families from accessing high-quality, affordable options for their children, it is imperative that we think creatively and collectively about solutions that can open up access and, at the same time, create new economic opportunities for providers.

Laura Perille is the president and CEO of Nurtury Early Education.

Collaborative Care Model can help address mental health care gaps

By Ian Lang

As providers, we often face significant challenges in delivering effective mental health care. There is a lack of proper training and support for managing complex cases; crucial tasks like connecting with schools, families and other providers are time-consuming and poorly reimbursed; and we are rarely compensated for care coordination or navigating insurance complexities. These factors contribute to increasing burnout and professionals leaving the field. The current system frustrates both those seeking care and providers, ultimately compromising our ability to deliver the quality care our patients deserve.

These challenges – combined with a national shortage of mental health care providers and a surge in poor mental health among children and adolescents – highlight the pressing need for a more integrated and accessible approach to mental health care. At The Brookline Center for Community Mental Health, we piloted a new approach in partnership with a family care practice and a pediatric practice. It uses the Collaborative Care Model (CoCM) to help meet the growing demand for care by bringing it out of the therapy office and into the community.

For many families, their child's primary care provider is a trusted partner and connector to community resources. Due to the lack of access to mental health providers, more and more families are turning to their primary care physicians to diagnose and manage their child's mental health needs. Pediatricians have long referred families to mental health providers. Still, with a shortage of in-network providers and long wait lists, many families are unable to make progress, leading to delays in treatment and worsening outcomes.

This is where Collaborative Care comes in. CoCM is a team-based, integrated behavioral health approach that embeds specialists within primary care teams, offering holistic care that considers physical and mental health needs. This model provides timely assessments, early interventions and ongoing support, effectively reducing treatment delays and ensuring that mental health concerns are addressed proactively alongside routine sick and preventative visits. CoCM teams develop coordinated treatment plans incorporating medication management, therapy, behavior modification and social support interventions. These

plans are closely monitored for progress using validated scales to measure patient outcomes. Research consistently demonstrates that this approach leads to improved symptom management, reduced hospitalizations and enhanced treatment efficacy.

Moreover, the collaborative nature of care promotes patient engagement and empowerment, as families feel more supported and involved in decision-making regarding their treatment goals and preferences. It also empowers healthcare providers by fostering a culture of learning and professional growth. Interdisciplinary teams encourage knowledge sharing, skill development and a deeper understanding of each team member's role in patient care. This collaborative environment promotes innovation in treatment approaches and encourages evidence-based practices, ultimately raising the standard of care delivery.

From a healthcare system perspective, CoCM offers substantial cost savings by optimizing resource utilization and reducing unnecessary healthcare expenditures. By preventing avoidable emergency room visits, hospitalizations and complications associated with untreated mental health conditions, healthcare organizations can allocate resources more efficiently while improving population health outcomes. This proactive approach not only benefits patients but it also contributes to the sustainability of healthcare systems burdened by rising costs and increasing demand for mental health services.

The evidence for CoCM is compelling. In our pilot program, nearly 80% of youth patients report positive outcomes. Additionally providers express high satisfaction and we have seen early signs of financial sustainability. Massachusetts has taken steps toward integrating behavioral health into primary care, but there is still work to be done. While Collaborative Care is not a panacea for all the state's challenges, it is a crucial tool in addressing the substantial unmet need for care.

By working with providers, nonprofits, funders, insurance companies and government agencies, we can create an integrated healthcare system. This comprehensive approach represents an important step forward in improving access to and quality of mental health care across the Commonwealth.

Ian Lang is the CEO of The Brookline Center for Community Mental Health.

Young adult peer mentors show struggling youth that they aren't alone

By Amie Sica

WIBUR published a story in May highlighting the work of Jake Look, a young adult peer mentor (YAPM) at the Riverside Community Behavioral Health Center in South County. The idea for the story came about from one simple image: a sidewalk chalk drawing Look created during a session with a teenager he supports. That image was circulated and got people talking about the work being done by our lived experience staff. We are grateful the story gave us a platform to highlight the transformative work of peer supports at Riverside – people who have navigated their recovery journeys or who have supported the recovery of a loved one.

We first hired young adult peer mentors close to a decade ago for our Life Skills and Caring Together Continuum contracts and recently expanded within the CBHCs. While the

programs may differ, the role remains the same. Youth are often told how to act, speak and behave, but they strive to have agency over their journeys. YAPMs can connect with them on a level playing field, bonding over sidewalk chalk drawings or co-facilitating groups where youth can create forts for safety while talking about life's stressors and how to navigate them. More importantly, youth can see that they are not alone. YAPMs are that beacon of hope.

Riverside's peer workforce exists in numerous capacities across the organization. The children and family services division started integrating family partners in 2009. These roles can serve as anchors for parents and guardians as they navigate systems of care, advocate for their children and manage their self-care in the process. Family partners recognize the barriers and challenges that can come with such a journey and provide guidance, sup-

port and validation by utilizing their own personal and professional lived experiences. Systems and society as a whole have recognized that developmental and behavioral health challenges do not just impact one person, they can impact the entire family. Understanding the critical need for this role, Riverside now has family partners embedded in its services across various contracts and divisions.

Adult clinical community support contracts brought more seats to the proverbial table, integrating certified peer specialists, recovery coaches and family partners into clinical teams for DMH clients. With appropriate training and supervision, team members with lived experience develop the framework for collaboration across roles while creating space to amplify the most important voice of all – the voice of the individuals we support. Riverside could see in practice

how transformative this work could be, and the introduction of CBHCs in 2023 provided organizations with opportunities to expand these integrated teams.

Riverside's community-based recovery coach program, Connect2Recovery, has shown remarkable growth since its inception at the onset of the COVID-19 pandemic. Starting with just two team members, it has now expanded to 20. The program's community-based approach allows it to meet individuals where they are in their substance use recovery journey, both in terms of their recovery progress and their geographical location. The team works closely with individuals, supporting them along their unique paths. Thanks to MassHealth reimbursement, the program has recently added certified peer specialists to the team, further expanding its substance use and mental health support.

While Riverside prides itself on its continuous growth with our lived experience workforce, there was one area of growth that we didn't quite expect. With our peer team openly sharing their experiences with mental health and substance use challenges with purpose and intent, it provided the framework for our workforce to embrace this shift. A culture was created and fostered where intentional self-disclosure across all roles is not only accepted but celebrated. Burnout and compassion fatigue are significant concerns as providers face continuous staffing shortages while needing to continue to meet the needs of those we support. Peers have continued to push the narrative that mental health is health. For that, we are incredibly grateful.

Amie Sica is the vice president of recovery and peer services at Riverside Community Care.