

Collaboration Between Community Behavioral Health Providers and Schools

Strategies and Opportunities to
Support Student Access to Behavioral Health Care

November 2024

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Charles F. and Beatrice D. Adams Charitable Trust

Meeting summary prepared by the
Massachusetts Association for Mental Health

**CHARLES F. AND BEATRICE D. ADAMS
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Introduction

The Massachusetts Association for Mental Health (MAMH), in collaboration with the Association for Behavioral Healthcare (ABH), hosted a full-day symposium, *Collaboration Between Community Behavioral Health Providers and Schools: Strategies and Opportunities to Support Student Access to Behavioral Health Care*, on November 21, 2024 in Framingham, Massachusetts. The meeting was supported by a generous grant from the Charles F. and Beatrice D. Adams Charitable Trust, with additional support from Mass General Brigham.

Leaders from state education, mental health, public health, and health care financing agencies joined community mental health providers, educators, advocates, and family members to address the following meeting goals:

- Discuss the importance of partnerships between providers and schools to provide timely, effective behavioral health services for students who may be at risk of crisis
- Share and expand on strategies to strengthen those partnerships
- Collaborate on next steps to build, expand, and sustain those partnerships

More than 100 individuals participated in the full-day symposium. Participants were invited to provide feedback via survey at the end of the day. The meeting agenda and presenter bios are included with this report as Attachment 1. A summary of participant feedback is included as Attachment 2.

Context and Background

Most children and adolescents experience positive mental health, and fluctuations in mood are a normal part of growing up. However, over the last decade, the number of students experiencing mental health concerns or emotional distress has increased significantly. This trend was exacerbated during COVID and, despite some improvements since then, students in grades K-12 continue to experience almost record levels of anxiety and depression.

This trend affects education on multiple levels. On an individual level, unaddressed mental health needs may negatively affect academic achievement and make it harder for students to learn and participate constructively in school activities. This, in turn, may affect the overall school culture and climate, creating challenges for educators who strive to create safe, engaging spaces for all students to learn and grow.

Community behavioral health agencies seek to improve mental health outcomes, including academic and social success, by expanding access to effective services and programs supporting students and their families. Because students spend much of their time in school, collaborations across schools and community-based mental health providers can reduce barriers to accessing mental health services, improve retention in services, and promote the alignment of treatment goals across providers, schools, and families.

Key Themes

Schools and community mental health providers each bring experience, expertise, and resources to support students with emerging mental health needs. Effective collaboration involves leveraging those resources for maximum impact. Meeting participants agreed that the following strategies are critical:

- **Breaking down silos – or “de-siloization” – will help to maximize resources and ensure access to effective, culturally relevant services.** MA Department of Public Health (DPH) Commissioner Robbie Goldstein used this term during an early plenary session, and presenters and participants throughout the day referred back to this concept as essential to effectively meeting the mental health needs of K-12 students. De-siloization includes identifying shared goals, developing a common vocabulary, and supporting creative financing strategies involving resources across education and public health agencies. This is relevant at the systems level, where de-siloization facilitates collaboration across state agencies, and at the community level, where breaking down silos allows schools and mental health providers to leverage their respective expertise and resources to achieve their shared goals for student success.
- **Providing services in schools, especially urgent care and crisis services, will help to avoid unnecessary 911 calls and hospitalizations.** A pilot program to facilitate timely student access to behavioral health urgent care suggests that providing these services in schools can reduce 911 calls and support a less disruptive school environment. Other models of collaboration, including providing outpatient therapy and other longer-term clinical services in school settings, increase retention in services and minimize barriers to accessing care such as transportation.
- **More effectively engaging families is essential to ensuring that students access services and that service goals are reinforced at home.** Many presenters noted that parents and caregivers are sometimes overlooked as critical partners, but behavioral health interventions are most effective if families are engaged and on board. Family support specialists, such as family navigators and family partners, bring a unique ability to foster engagement and build trust through shared lived experiences. They are also in a good position to identify and support families in crisis, including other siblings who may be affected.
- **Initial grant funding provided by private and public foundations can help “seed” larger, sustainable policy and program changes.** Massachusetts has a long history of building and sustaining programs that began as small, grant-funded initiatives supported by forward-thinking philanthropic funders. For example, bryt began at a single high school and received foundation grant funding to expand and evaluate its impact. With growing evidence of effectiveness, bryt now combines grant funding with legislative appropriations, and two-thirds of all Massachusetts public high school students now attend a school that offers bryt.
- **MassHealth and other public payers of mental health services should ensure that rates are adequate to support effective collaboration.** This includes investing in building relationships between providers and schools and supporting ongoing communication to ensure alignment across goals and treatment for individual students. Rates should also be sufficient to support standing capacity to provide urgent care at schools for emerging behavioral health needs.
- **Flexibility to braid funding from multiple sources is essential to sustainability.** Although some services provided by community mental health providers in schools can be billed to

public and private insurance, the most effective models of collaboration also include other sources of support. These additional funding streams can support non-billable activities that are essential to successful collaboration. For example, frequent meetings and communication between staff from schools and provider agencies are needed up front to develop shared goals and vocabularies; understand resources and expertise that each partner brings to the table; clarify workflow; and articulate specific roles for providers, schools, and families. School-Based Health Clinics, which rely on grant funding from DPH and other reimbursements from MassHealth, are an excellent example of braiding funding successfully.

Meeting Summary

Schools have become an essential component of the continuum of settings available for students with mental health needs to receive care. More school-age children and adolescents who use outpatient mental health services receive them at school as compared to any other service setting.¹ Students who receive school-based services are more likely to engage in treatment than those referred elsewhere.²

Making these services available in schools is vital because schools are where youth spend most of their time. This approach normalizes seeking support, reduces stigma, and addresses access challenges caused by barriers such as a lack of transportation and parents' ability to take time off for medical appointments. Students receiving care in schools are also more likely to engage in treatment than those referred elsewhere and have shown reduced absenteeism, higher academic achievement, and fewer disciplinary incidents.

In introductory remarks, **Danna Mauch** (MAMH), **Lydia Conley** (ABH), and **Karen Darcy** (Adams Charitable Trust) emphasized the importance of school-based mental health services to support student access and continuity of care. Community-based mental health providers bring critical resources and expertise, and successful collaboration will ensure that students receive quality, effective care when and where they need it.

Although the goal seems simple, collaboration can be challenging to implement. Ms. Conley noted that complexities related to health insurance and financing, space constraints at schools, limited workforce, and family communication all must be addressed to successfully leverage resources across all partners. Dr. Mauch emphasized that addressing these challenges is essential to helping students avoid unnecessary hospitalization, involvement with juvenile justice systems, and other life disruptions that can be hard to climb out of. Ms. Darcy observed that philanthropic funders, such as the Adams Charitable Trust, have been a key partner in identifying successful strategies to support children's mental health, such as pediatric behavioral health urgent care, and she urged continued partnership between private and public funders to implement what works.

KEYNOTE ADDRESS: THE IMPORTANCE OF PARTNERSHIPS BETWEEN PROVIDERS AND SCHOOLS TO SUPPORT STUDENT SUCCESS

Russell Johnston, Acting Commissioner of the Massachusetts Department of Elementary and Secondary Education (DESE), provided a keynote plenary presentation that emphasized "centering"

¹ Duong, M.T., Bruns, E.J., Lee, K. et al. Rates of Mental Health Service Utilization by Children and Adolescents in Schools and Other Common Service Settings: A Systematic Review and Meta-Analysis. *Adm Policy Ment Health* 48, 420–439 (2021). <https://doi.org/10.1007/s10488-020-01080-9>

² Ibid.

students in implementing a new DESE vision and strategic objectives. **Key take-aways from his presentation included:**

- Students and families are centered at the heart of DESE’s vision and strategic objectives. Meeting the behavioral health needs of students is tied to academic success and must be supported at the state and local levels.
- Because DESE is a relatively small agency (450 employees) serving more than 914,000 K-12 students, it needs to leverage partners and work through families and students to have an impact.
- Schools face many challenges to supporting the behavioral health needs of students, including challenges related to funding, workforce shortages, competing demands and priorities for leadership, training, and special education needs.
- Partnerships between schools and community-based providers are key to improving student behavioral health and academic success. Partnerships are needed to increase the capacity to support students and families; provide earlier intervention; align services for students and families across systems; and expand school access to resources and expertise.

Detailed Session Summary

DESE has 450 employees, supporting school districts serving 914,000 K-12 students across the Commonwealth. Commissioner Johnston observed that being a small agency supporting a large number of students means that leveraging partnerships is critical. Most important, DESE needs to work through students and families to have impact.

Commissioner Johnston acknowledged the challenges facing school districts across the Commonwealth during the COVID pandemic, resulting in significant disruptions to learning, chronic absenteeism,³ and workforce challenges. He noted that DESE’s role during that time was to provide immediate resources and support to school districts.

Coming out of COVID, he said, it is important to ensure that ongoing support provided by DESE is aligned with a consistent vision and strategic objectives so that “we are all rowing in the same direction.” This vision includes ensuring that all students and their families feel engaged and included and have equitable access to resources. In addition, individualized student supports will keep a high bar for academic achievement, instead of lowering it when students are not meeting expectations.

Specifically, DESE’s new strategic objectives include the following:

- Support whole students by fostering joyful, healthy, and supportive learning environments so that all students feel valued, connected, nourished, and ready to learn
- Promote deeper learning so that all students engage in grade-level work that is real-world, relevant, and interactive
- Develop and sustain a workforce that is diverse, culturally responsive, well-prepared, and committed to continuous improvement, so that all students have equitable access to effective educators

³ Chronic absenteeism is defined as missing more than 10 percent of school days. During COVID, chronic absenteeism in Massachusetts doubled, from 14% to 28%. Currently, about 20% of K-12 students are chronically absent.

Commissioner Johnston noted the importance of student mental health to achieving these goals, and he acknowledged growing mental health needs that include high levels of anxiety, depression, and thoughts of suicide. He emphasized that effective partnerships between schools and community-based providers to meet these needs are key to student success. Specifically, these partnerships are needed to:

- Increase capacity to effectively support students and families
- Provide critical opportunities for early intervention
- Allow for alignment of services for students and families
- Provide schools access to services and resources

Commissioner Johnston referred to his own experiences partnering across a school district and community behavioral health provider. In a previous role as school superintendent in Springfield, MA, he initiated a partnership with a community-based mental health agency to provide in-school support to students with behavioral health needs. He noted that the school district was a “kickstarter,” providing an initial investment of up-front funds to develop the partnership.

Commissioner Johnston noted that students today are coming to school with significant behavioral health needs, including anxiety, depression, substance misuse, and thoughts of suicide. He outlined some challenges associated with meeting the behavioral health needs of K-12 students across the Commonwealth. These include:

- Finding funding to build comprehensive mental health systems that are sustainable and scalable.
- Addressing workforce shortages within schools – including school nurses, social workers, psychologists, and adjustment counselors – who can provide services and support collaboration from the school side of the partnership
- Competing demands and priorities for leadership at the district level
- Making space in educators’ schedules to attend professional development opportunities, which is made more difficult by a lack of available substitute teachers
- Ensuring that students have access to the right level of special education interventions

Building and strengthening partnerships across schools and community behavioral health providers may help to address some of these challenges by leveraging expertise and resources from both service systems. Commissioner Johnston identified several steps needed to support these partnerships, including developing a deep understanding of the needs of the community, collecting data to inform interventions, engaging families, and maintaining open communication.

Commissioner Johnston outlined some specific DESE initiatives relevant to student mental health. These include:

- Your Presence is Powerful is a campaign open to students, educators, and others to engage them in reducing absenteeism.
- Grants to school districts, Multi-Tiered Systems of Support (MTSS) Academies, and related initiatives promote MTSS implementation across the Commonwealth.
- VOCAL survey provides schools with information on student perceptions of engagement, safety, and the school environment. Combined with Youth Behavioral Risk (YBRS) data, these data offer important student insights into mental health challenges and how schools can more effectively address them.

- A new section of DESE's website focuses on [Mental and Behavioral Health and Wellness Supports](#),⁴ providing resources for educators working to address these needs.
- Free trainings in Youth Mental Health First Aid for school district staff and community members increase the capacity of adults who interact with students ages 6-18 youth to recognize mental health or substance use challenges, provide support, and refer them for mental health services, if needed.
- DESE's updated *Framework for Comprehensive Health and Physical Education* includes 100 Mental and Emotional Health learning standards across all grade spans, encouraging schools to implement educational programming and strategies to enhance wellness and improve student outcomes.

Chronic absenteeism is a growing concern that is highly correlated with student mental health issues. Commissioner Johnston noted that DESE is encouraging schools to listen closely to students and families to better understand the root causes of chronic absenteeism – and DESE, in turn, is learning from schools. For example, he said, last year DESE provided grants to schools that committed to one of three strategies to support attendance. This year, he said DESE is requiring schools to start with a root cause analysis: Is chronic absenteeism a problem with transportation, engagement, mental health, or something else? He emphasized that schools need to adjust practices based on what they learn.

In a discussion session following Commissioner Johnston's presentation, participants encouraged DESE to prioritize behavioral health in its planning and resources. One participant encouraged DESE to expand youth peer-to-peer programming around behavioral health.

PowerPoint slides used by Commissioner Johnston for this presentation are included with this report as Attachment 3.

OPPORTUNITIES AND STRATEGIES TO SUPPORT COLLABORATION BETWEEN PROVIDERS AND SCHOOLS

Danna Mauch moderated a plenary panel discussion that included the following presenters:

- **Robbie Goldstein**, Commissioner of the MA Department of Public Health (DPH)
- **Brooke Doyle**, Commissioner of the MA Department of Mental Health (DMH)
- **Lee Robinson**, Associate Chief for Behavioral Health in the MassHealth Office of Accountable Care & Behavioral Health

Key take-aways from this session included:

- Effectively supporting students and families requires “de-siloization” – that is, centering students and families when developing programs and collaborating across systems to break down agency “silos” that pose barriers to service delivery. School-Based Health Centers are an excellent example of this.
- MassHealth is a critical partner for most collaborations across schools and community-based providers. MassHealth should continue to support collaboration through reimbursement that focuses on the experience of care, rather than specific units of care. Community Behavioral Health Centers (CBHCs) are one example of how this can be accomplished.

⁴ The web page can be accessed at <https://www.doe.mass.edu/sfs/mental-wellness/default.html>.

- School-Based Medicaid can be an effective tool to support school-based behavioral health, and its use should be expanded across the Commonwealth.
- Collaborations across schools and community-based provider agencies must learn to “braid” funding across service systems and across private and public funders. Grant funding alone is not sustainable, and public funding alone is not flexible. Any effective funding strategy must also include private insurers.
- Community behavioral health systems are complex, and providing resources and support to navigate them is critical.
- Peer support is an effective way to engage and empower both families and students in improving student mental health. Family partners, family navigators, and peer-to-peer student groups are examples of how this can be accomplished. Education and awareness programs, such as Mental Health First Aid, also help to meet these goals.

Detailed Session Summary

The state agency leaders kicked off the discussion by talking about the work of their agencies and opportunities for cross-agency collaboration. For example, telehealth provides all agencies with an opportunity to expand access to services in underserved areas, make services more convenient for children and families, and support a more diverse workforce. In addition, the Behavioral Health Help Line (BHHL) helps all Massachusetts residents, including students and families, navigate the complexity of behavioral health services funded and supported by all three agencies.

School-Based Health Centers were highlighted throughout this panel discussion as a “fantastic way to collaborate across state agencies.” (Commissioner Goldstein) School-Based Health Centers receive grant funding from DPH and are reimbursed through MassHealth, and they often leverage community behavioral health resources supported by DMH for students who need treatment or specialized supports. Currently, about 60-80 schools across the Commonwealth have School-Based Health Centers, depending on how they are defined.

Commissioner Goldstein emphasized that School-Based Health Centers connect these critical resources and “normalize” the idea of seeking care. “Just as you would go to see a teacher, you can go to see a provider,” he said. “It really takes away the stigma of seeking care.” Associate Chief Robinson called School-Based Health Centers “incredibly impactful” and noted that the multiple funding streams supporting School-Based Health Centers make this a successful model of braided funding.

Commissioner Goldstein noted that the uncertain political and policy landscape at the federal level requires us to ground ourselves in our values and principles. He emphasized that equity is a central value that must be supported, ensuring that resources are distributed fairly across schools and zip codes.

Funding and reimbursement strategies were important themes for this panel discussion. Dr. Robinson emphasized that School-Based Medicaid is an important and underutilized resource that can help to support student behavioral health services. School districts participating in School-Based Medicaid submit documentation to be reimbursed, based on a formula related to the proportion of students enrolled in MassHealth, for Medicaid-covered services and related administrative costs.

Dr. Robinson noted that MassHealth has a long history of supporting partnerships between schools and local community behavioral health providers. He acknowledged that MassHealth rates and reimbursement rules can sometimes pose a barrier to these partnerships, and he emphasized that

MassHealth is committed to addressing those barriers. “We hear that a lot of what is needed [to support students and families in schools] is not necessarily billable or captured in a code,” he said. “We hear that, and we’re trying to expand how we think about care being provided. Billing for each widget of care instead of the experience of care, or each specific team member rather than the team – these are things we are trying to get away from.” He cited CBHCs as an example of this broader approach, noting that CBHCs are paid not to provide a single unit of care but, rather, a multi-disciplinary 24/7 experience of care.

Meeting participants engaged panelists in a discussion of the role of MassHealth and other state agencies in funding effective programs. Flexibility through grant programs and “braiding” funding from across agencies is great, one participant noted, but it is “catch as catch can” and not consistent across schools. Dr. Robinson noted that payment policy is “an extraordinarily blunt instrument,” which can result in funding programs that, even if they are clearly effective in one school, are not easily replicable or expandable. He recommended identifying core components or functions of these models that are reimbursable under MassHealth and identifying partners to support the non-reimbursable costs.

Commissioner Doyle acknowledged challenges inherent in that approach. “While rates and payment models are blunt instruments, so is watering down what works,” she said, cautioning against reducing programs to their core elements in such a way that they are not effective anymore. She recommended identifying pockets of effective programs and strategies, and then seeing how those examples fit together in ways that can be supported with public funding. She added that this will require adjustments in how we pay for things, who pays for it, and who delivers it. Reimbursement and rates should focus on where we want to go, she said – not just now but five years from now.

Panelists noted that the budget outlook for the coming year is challenging, and they emphasized that this would make “de-siloization” – working across agencies to accomplish a shared goal – especially important. Agencies are being called on to do more with fewer resources, so leveraging what other systems bring to the table will be critical. Again, School-Based Health Centers were cited as an example of a success in this area. Community Health Centers were also mentioned as an important resource that can provide services to students and families in schools and in a broad range of community settings, including family homes.

Commissioner Doyle emphasized the importance of helping children and families navigate complex behavioral health systems. She reflected on her own family and personal experiences with mental health challenges, crediting a school guidance counselor for helping to connect her with an effective system of care. She noted with approval that students today are much more open about their own mental health than in past generations, but “let’s step back to [acknowledge that] many kids don’t know where to start or find what they’re looking for.” There are more resources now but figuring out what is available or how to get them is hard.

Commissioner Doyle noted that a recent report by the U.S. Surgeon General found that many parents feel stressed and overwhelmed, which contributes to student mental health challenges. She noted that for all these challenges, DMH provides services to supplement what is available through health plans, health centers, and other resources.

Although DMH supports direct services to a relatively small number of students, Commissioner Doyle emphasized that DMH’s mission is to support mental health and wellness for all residents of the Commonwealth. She noted that DMH services supporting a few students, such as bryt, can have a much bigger impact. For example, the bryt model is designed to serve students returning to

school after a hospitalization or extended absence, but it has a larger impact by creating a supportive environment for all students. “The more we can create a safe environment, it helps not only that one student but makes it safe for other students, as well,” she said.

Commissioner Doyle highlighted DMH programs designed to engage young adults in peer-supported environments. For example, Young Adult Access Centers serving individuals ages 16-26 have no entrance requirements and are open to anyone who wants to be there to share common experiences. She emphasized that these and other resources, such as the Behavioral Health Help Line, are available directly to students, without the need for parent approval.

Commissioner Doyle and Dr. Mauch focused on crisis services as a critical priority to support students and families. “Crises can be really disruptive in a young person’s life,” Commissioner Doyle said. Mobile crisis programs, Emergency Department (ED) diversion programs, and programs to help students and families when they return from the ED or a hospitalization are especially important to prevent secondary impacts of these disruptions. In some ways, Massachusetts is rich in resources, but families face challenges in knowing and understanding what is available to them. The Behavioral Health Help Line is an important way to help with this.

In a discussion with participants following the presentations, Dr. Robinson addressed limitations of the Children’s Medical Security Plan, which provides coverage for children and adolescents, including some undocumented immigrants, who have no other health insurance. Dr. Robinson said MassHealth is trying to expand coverage under the plan, but this is a “work in progress.” He added that many individuals moving here from other countries are actually “eligible for MassHealth but don’t know it,” so they need to be directed to enrollment centers and other resources.

ROLE OF COMMUNITY PROVIDERS IN HELPING SCHOOLS ACCESS TIMELY, EFFECTIVE SERVICES FOR STUDENTS AT RISK OF CRISIS

Joan Mikula is a former DMH Commissioner and a Senior Consultant to MAMH in connection with its *Facilitating Student Access to Pediatric Behavioral Health Urgent Care* grant program. She provides technical assistance and support to seven CBHC grantees in their partnerships with schools in their respective service areas to facilitate the timely delivery of urgent care to students. Ms. Mikula facilitated a plenary panel discussion that included the following presenters:

- **Keith Asher**, Principal, Washington Elementary School
- **Aisha Barlatier-Bonny**, LCSW, Vice President, Behavioral Health and Outpatient Services, The Home for Little Wanderers
- **Katharine Tyler**, LMHC, Assistant Vice President, Behavioral Health Services Division, Riverside Community Care

Key take-aways from this session included:

- De-siloization is critical to ensure that interventions developed at the state level are successful when implemented on the ground and sustainable over time.
- Partnerships that engage community-based clinicians to provide services in school settings can be effective in reducing 911 calls, providing earlier interventions for students before they are in crisis, and efficiently leveraging resources across service systems.
- Funding is a major challenge. Grant funding supports innovation and students who fall through the cracks. Public funding through MassHealth is essential to provide stable, sustainable support. Private third-party insurers need to be part of the solution.

- Families are essential partners. Family support specialists, such as family navigators and family partners, can be an important bridge among schools, providers, and the student. Shared lived experiences strengthen these connections.

Detailed Session Summary

Ms. Mikula observed that, compared with many other states, Massachusetts is “rich in resources” but also overwhelmed by demand. Some of this demand is for crisis and emergency services, which are expensive and pull resources from other services that can more effectively support students and families. Ms. Mikula noted that many people in the room helped to create a consensus model for pediatric behavioral health urgent care and build a system of CBHCs and urgent care centers to deliver care before a student is in crisis. However, she noted, the best intentions of all funders, public and private, do not always “translate” to the local level, and the benefits of services do not always support students and families the way we envisioned they would.

Building on the discussion from the previous session, Ms. Mikula noted that “de-siloization sounds hard but it is so important” to provide support that is truly effective for students and families. An important part of that, she said, is finding the intersection between what works on the ground and how those interventions can be funded across service systems. As participants listen to presenters describe successful programs, she said, she challenged them to identify core elements and key players for sustainability. She also encouraged them to think about the role of parents and their potential as part of the “problem-solving community.”

Keith Asher shared the experience of Springfield’s Washington Street School as part of the *Facilitating Student Access to Pediatric Behavioral Health Urgent Care* pilot grant program, funded through MAMH by Mass General Brigham and the Adams Trust. Under this grant program, Behavioral Health Network (BHN) partnered with Washington Street School to provide an on-site clinician and two part-time family partners who support elementary school students who are at risk of a behavioral health crisis. The grant-funded staff provide services at the school and connect students and their families with longer-term care through the CBHC and other community resources, as needed.

Following a 2-year period (March 2020 – August 2022) during which students were not in school full time, many students struggled coming back to school, Mr. Asher said. “We knew we would have some social and emotional needs to address” but were not prepared for the severity of the situation, he said. “We were calling ambulances almost daily for kids who were self-harming,” he said. Mr. Asher noted that the school district was not able to provide the kinds of support needed, so he was grateful for the opportunity to build a response collaboratively with BHN. Since January 2023, he said, “we have not called an ambulance once.”

Mr. Asher noted the long-term impact of the collaboration on students at highest risk. In the four months prior to the grant start, he said, six students were referred to Social, Emotional, and Behavioral Support (SEBS) Program. The SEBS Program is a specialized, separate educational program that provides targeted support for students with social, emotional, and behavioral difficulties. Mr. Asher noted that sending students to this program is not taken lightly and school staff try to exhaust other options before sending students there. Since the start of grant, no students have been referred. Having a clinician on-site to help determine whether a student is genuinely having a crisis and advising on what to do in that moment has been a turning point, he said. He noted that better training and support for school adjustment counselors also are needed to address the significant challenges.

Ms. Mikula noted that the collaboration at Washington Street School involved many players, with strong leadership from the principal and communication with families. She observed that this broad buy-in is essential to successful partnerships, and that strong communication across all partners is critical.

Aisha Barlatier-Bonny agreed that breaking down silos is critical. “I can’t tell you how many times we’ve been at meetings with several state agencies trying to figure out whose kid is this,” she said. “But at some meetings, we ask the right questions: What does this child and family need and how can we help them get it?”

Ms. Barlatier-Bonny provided an overview of the Home for Little Wanderers’ 20+ year partnership with Boston Public Schools to provide early childhood (0-5) services, in-home therapy, therapeutic mentoring and after care, stabilization, and other services, including prevention and risk management services funded by DPH. Through this partnership, the Home for Little Wanderers has served nearly 2,000 children, providing around 45,000 units of service, including more than 1,000 units of telehealth.

Currently, the Home for Little Wanderers has 42 clinicians serving around 44 schools in Massachusetts, offering referral intakes, diagnostic assessments, on-site treatment and monitoring, and transitions to other services when clinically indicated. A flexible, centralized intake department processes referrals and helps to simplify and bring down wait lists. Services are available year-round, and on average, students can begin receiving services within 2 days to 1 week. They are reimbursed primarily through private insurance.

Many of the children receiving services have experienced significant trauma. Many are living in two households, being raised by grandparents or other loved ones who are not parents or living in a family that is going through a divorce. All of these can be barriers to academic success, so the Home for Little Wanderers partners to work with principals and school staff, family liaisons, and family members themselves to determine what the child and family need. “We have an approach,” Ms. Barlatier-Bonny said, “but we understand that every school has its own culture and environment.”

Ms. Barlatier-Bonny observed that an important benefit of this partnership for families is that they can work with a single provider, rather than have to navigate multiple providers in a complex system.

Katherine Tyler described Riverside Community Care’s collaboration with Milford High School under its pilot grant to facilitate student access to behavioral health urgent care. She said that nearly 75 percent of the students served under the grant have no previous history with the behavioral health system. “These are the kids we are missing,” she said. “Families don’t know about the resources or aren’t going to walk into a CBHC. These kids are invisible, and we do good work when we center those kids who are otherwise at the margins.”

Ms. Tyler said that grant funding has been critical to establish the partnership, noting that only about 40 percent of activities under the grant are traditionally billable. “But these activities have value,” she said. “The travel for home visits, the meetings for school professionals that may not be about a specific child but help to build a relationship between the agency and the school – these are what make the collaboration work.” As a result, she said, we are able to collaborate so closely with Milford that we can provide a wraparound care model and do what the PBHUC grant, and the Roadmap for Behavioral Health Reform envisioned: intervene before a crisis happens.

All the panelists talked about the importance of finding a sustainable model of braided funding. Ms. Barlatier-Bonny noted that The Home for Little Wanderers provides services in New York City Schools but, unlike in Massachusetts, it receives funding directly from the schools rather than rely on third-party billing. She did not advocate one model over another, saying that adding third-party billing may help support their work in New York City. But, she said, “we need to think outside the box for creative solutions” to all these partnerships to make them sustainable over the long run.

Ms. Mikula agreed, saying that she was encouraged by MassHealth’s willingness to think about public funding in ways that “go beyond reimbursement for 50-minute sessions.” She echoed Commissioner Doyle’s earlier concerns that anticipated federal and state budget cuts for specific programs and grants highlight the importance of rethinking the ways in which rates are set and services are reimbursed.

Dr. Mauch noted that the School-Based Medicaid Program (SBMP) can help to bridge some of the funding gap. Through the SBMP, a school district may receive federal Medicaid dollars to offset the costs for providing certain Medicaid-covered services in a school setting. Meeting participant Margot Tracy, who leads efforts at MassHealth to promote SBMP participation, noted that at least 314 schools currently participate and receive some reimbursement for administrative activities. About 250 of those schools also claim some level of SBMP funding to support direct services.

“Massachusetts was slow to invite Medicaid into schools,” Dr. Mauch observed, but the good news is that MassHealth is working hard to expand participation. “I hope more schools will have an opportunity to participate,” she said. Meeting participants observed that, under current state law, federal dollars received under SBMP are returned to cities and towns, rather than participating schools. An advocacy effort led by the Children’s Mental Health Campaign would change the law to redirect funding to schools for health services and administration.

Many children who are not eligible for MassHealth, including undocumented immigrants, are eligible to receive some services under the state’s Children’s Medical Security Program. Ms. Barlatier-Bonny noted that treatment limitations under this program are not sufficient for the children served through their partnerships with schools, especially since many immigrant children have histories of trauma and violence. “I don’t know who picked that number,” she said, referring to a 20-visit limitation on outpatient visits, “but it doesn’t work for our kids.”

Panelists and meeting participants agreed that commercial insurers need to be included in any sustainable funding solutions. “With MassHealth we can bill for case consultation and collateral contacts, which are essential to school-based behavioral health. We don’t have that with commercial insurance,” Ms. Tyler said.

Engaging MassHealth and commercial insurers is essential but does not eliminate the need for private and philanthropic support, Ms. Tyler said, referring to her experience with the grant program *Facilitating Student Access to Pediatric Behavioral Health Urgent Care*. “The beauty of grant funding” is that it can fill in gaps in more structured, public reimbursement programs,” she said. “Twenty-five percent of the students we see under our grant are new to this country and under or uninsured.” In addition, others noted, public and private foundation grant programs seed innovation and allow for the testing and evaluation of creative collaborations and interventions. This is the model that was used to develop behavioral health urgent care, which is now provided through CBHCs and urgent care centers across the Commonwealth.

Panelists talked about the critical role of families in supporting students for better outcomes, and they noted that family support specialists, such as family partners and family navigators, can be very effective at bridging families, schools, community providers, and the students themselves. Mr.

Asher said that when schools call parents because a student is in crisis, they usually respond by coming to the school immediately and they are often “a little elevated.”

“Our family liaisons then work with the family, not judging, trying to understand what is going on,” Mr. Asher said. Often, the family support specialists understand the culture and language better, so they form connections more quickly. They often can help determine if other children in the family are affected and might also need support.

Ms. Tyler emphasized the importance of family support specialists sharing the lived experience of having a student with mental health or other special needs. “Our family partners have lived experience of navigating the systems,” she said. “Parents are exhausted from trying to figure this out.” She encouraged schools and providers to build real partnerships with families by integrating this lived experience.

WORKSHOP SESSIONS

Meeting attendees participated in two sessions of concurrent workshops. These sessions are briefly summarized below:

Building Collaborative Behavioral Health Systems in Partnership with School Communities: The Experience of Boston Children’s Hospital Neighborhood Partnerships Program

The Boston Children’s Hospital Neighborhood Partnerships Program is a pioneer in collaborating with school communities, especially Boston Public Schools, and works at both the state and national levels. Presenters discussed workforce development and training opportunities designed and implemented over the last decade, including key challenges, creative solutions, and recommendations to support planning, implementation, and sustainability for the field of school behavioral health.

- Shella Dennery, PhD, LICSW, Director, Boston Children's Neighborhood Partnerships Program
- Sara Whitcomb, PhD, Associate Director of Research and Evaluation, Boston Children's Neighborhood Partnerships Program; Co-Director, Behavioral health Integrated Resources for Children Project (BIRCh Project)

Bridging School and Community Partnerships for Student Well-Being and Success: A Collaboration Between Somerville High School and Cambridge Health Alliance

Somerville High School and Cambridge Health Alliance have a deep collaboration, grounded in a school-based health center and the pilot grant program *Facilitating Student Access to Pediatric Behavioral Health Urgent Care*. Their collaboration includes activities such as group therapy sessions focused on various topics like school avoidance/refusal, healthy relationships, and anxiety. It also includes “The Comeback,” an intervention focused on students who are returning to school after suspension. Presenters talked about these approaches and how they can be adapted to other school and provider contexts.

- Vanessa Nason, LCSW, Social Worker, Cambridge Health Alliance
- Ellie Richards, PhD, Psychologist, Cambridge Health Alliance

A Whole Child Approach to Behavioral Health Access: Lessons Learned from a MA School-Based Telebehavioral Health Pilot

Brookline Center School-Based Telebehavioral Health (SBTBH) Pilot, funded by the MA Department of Public Health (DPH), employs a whole child approach to enhance student well-being. Presenters described the project's service delivery models, the role of the Brookline Center in serving as the lead implementation partner, and strategies for fostering connections between schools, community-based organizations, and behavioral health providers. Outcomes, challenges, and solutions also were discussed, along with recommendations for policy and funding gaps that impact sustainability and expansion of the SBTBH pilot.

- Carla Azuakolam, MA, Director of School-Based Telebehavioral Health, The Brookline Center for Community Mental Health
- Bri Dewalt, CAPM, Program Manager, School-Based Telebehavioral Health, The Brookline Center for Community Mental Health
- Melanie Rice, MA, Training and Technical Assistance Specialist, School-Based Telebehavioral Health, The Brookline Center for Community Mental Health

Family Navigators: Connecting Families, Schools, and Services to Support Students with Behavioral Health Needs

Family engagement is critical to helping students access and benefit from support offered by community behavioral health agencies and schools. In the pilot grant program *Facilitating Student Access to Pediatric Behavioral Health Urgent Care*, CBHCs and schools partner to provide urgent care to students at risk of crisis. For four of the seven grantees, family support specialists and family navigators serve as a bridge to provide families with information, resources, and support to participate actively in their students' care. In this session, presenters discussed the importance of engaging families as partners in collaborations between schools and community behavioral health providers, strategies for effective family engagement, and the impact of their work.

- Joan Mikula, MA, Senior Consultant, Massachusetts Association for Mental Health (*moderator*)
- Cheryl Marino-Page, Family Partner, Riverside Community Care
- Jhianina Montes Rivera, Family Navigator, Behavioral Health Network
- Claudia Ortiz, Family Support Specialist, Cambridge Health Alliance

Seeing the Big Picture: The Role of Collaboration within School-Based Health Centers to Support the Whole Person

As discussed throughout the symposium, School-Based Health Centers provide an excellent model of collaboration between schools and community behavioral health agencies to support the whole student. Presenters in this session discussed the history of School-Based Health Centers, the types of health services they provide, and their importance to students and families. Presenters focused on strategies to foster collaboration, using a case study to demonstrate the connection between schools, families, and providers.

- David Bjorklund, LICSW, School Based Behavioral Health Lead, Hilltown Community Health Center
- Jordan G. Hampton, MSN, RN, CPNP-PC, Nurse Practitioner, Program Manager, Student Health Center at Chelsea High School

Implementing, Sustaining, and Scaling: The bryt Story

Bryt is a program model supporting students who experience extended absences from school related to their behavioral health. The bryt Director of District and School Support provided an overview of intensive interventions in a comprehensive school behavioral health system for students with significant behavioral health needs (Multi-Tiered Systems of Support Tier 3), with a focus on the bryt model. The presenter discussed ways in which bryt differs from traditional partnerships by helping schools develop their own capacity to support students, rather than rely on community resources. Based on bryt's successful expansion, the session included a discussion of challenges, effective strategies, and recommendations for expanding and sustaining programs.

- Katherine Houle, LICSW, bryt Director of District and School Support, The Brookline Center for Community Mental Health

What's Next? Opportunities and Challenges

Lydia Conley, Danna Mauch, and Joan Mikula led a discussion among participants to capture key themes and consider next steps to promote, support, and sustain partnerships between community behavioral health agencies and schools. **Key themes emerging from this plenary discussion included:**

- State-level policies and programs should be designed with a more complete understanding of the implications for other systems and the real-world experience of children and families.
- Sustaining effective partnerships will require blending both discretionary funding and more stable funding sources, especially MassHealth and commercial insurers. To do this, we need a more complete understanding of what resources exist and how we can use them effectively together.
- A critical next step is to design and test a braided funding model that supports essential components of successful partnerships, including both clinical and non-clinical activities.
- Private philanthropy will continue to play an essential role in developing and implementing policies to support effective partnerships.

Detailed Session Summary

Ms. Mikula noted that collaboration across systems is a challenge but essential to good stewardship of public dollars. We can fund good programs and policies, she said, "but it doesn't help if we don't look at how it impacts other systems." For example, she recalled a conversation with one school that said it often skipped calling Youth Mobile Crisis Intervention to intervene with students in crisis because "they don't know who will respond or if they will know anything about the school environment." "That wasn't the intent" of YMCI, she said. "How do we fix a system where we've all done things so differently at the systems level and it's left up to the providers and schools to figure out how to actually make these funding streams work?"

Ms. Conley noted that the Roadmap for Behavioral Health Reform was designed to address some of these challenges, but the system still doesn't work as well as it should for children and adolescents. "School by school, district by district, people are figuring it out. But the amount of time, resources, and creativity that is required to make this work is amazing."

Dr. Mauch noted that the real work of navigating these uncoordinated systems falls to children and families who need support, suggesting that these recipients of services are the "common ground" that bridges service systems. When we think about partnerships, she said, we should start with

understanding those real-world needs and figure out how to address them in all services, regardless of who provides them.

Ms. Conley commended Mass Health and Dr. Robinson for their commitment to more flexible approaches to payment, noting that the “CBHC payment structure is intended to support providers to have flexibility for things that aren’t billable for any number of reasons,” although implementation has been complicated.

Dr. Mauch emphasized the importance of engaging all the stakeholders – schools, providers, students, families – to really understand what is needed, and then mapping available resources to know what exists and how we can tap that. For example, at the state level, DMH and DESE have fixed budget items that may or may not renew from year to year. MassHealth is more stable and can expand if more people are eligible. Figuring out how to blend and braid these resources is critical.

Agreeing with this point, one meeting participant noted that funding services through discretionary grants to schools is not stable or sustainable. She advocated for a change in policy regarding School-Based Medicaid to ensure that the federal Medicaid match goes back to the schools.

Ms. Conley emphasized that part of this payment mix must include commercial insurance, as well as MassHealth. She noted that home- and community-based services for children through the MassHealth Children’s Behavioral Health Initiative (CBHI) have a commercial payer counterpart with the Behavioral Health for Children and Adolescents initiative. There is precedent for policies that seek to ensure most children with insurance can access needed care.

Dr. Mauch reminded participants that we have an “admirable tradition in Massachusetts of seeding innovation through private donor generosity.” Private and philanthropic leaders fund pilot projects, we evaluate the work, and then we engage first public and then commercial payers to extend coverage or funding for the program to allow it to grow. “Let’s not forget that cycle,” Dr. Mauch said, citing as an example the pilot grant *Facilitating Student Access to Pediatric Behavioral Health Urgent Care*. This pilot and others provide valuable data to inform the development of policy and effective funding strategies involving all payers.

Attachment 1



CHARLES F. AND BEATRICE D. ADAMS
CHARITABLE TRUST



Collaboration Between Community Behavioral Health Providers and Schools: Strategies and Opportunities to Support Student Access to Behavioral Health Care

Sheraton Framingham
Thursday, November 21, 2024 at 10:00am – 3:30pm

AGENDA

- | | |
|--------------------------|--|
| 9:00am – 10:00am | Registration, Breakfast, and Networking <i>(Ballroom)</i> |
| 10:00am – 10:15am | Welcome <i>(Ballroom)</i> <ul style="list-style-type: none">• Lydia Conley, JD, President and CEO, Association for Behavioral Healthcare (ABH)• Karen Darcy, Philanthropic Advisor, Charles F. and Beatrice D. Adams Charitable Trust• Danna Mauch, PhD, President and CEO, Massachusetts Association for Mental Health (MAMH) |
| 10:15am – 10:45am | Keynote Address: The Importance of Partnerships Between Providers and Schools to Support Student Success <i>(Ballroom)</i> <ul style="list-style-type: none">• Russell D. Johnston, PhD, Acting Commissioner, Massachusetts Department of Elementary and Secondary Education |
| 10:45am – 11:30am | Opportunities and Strategies to Support Collaboration Between Providers and Schools <i>(Ballroom)</i> <ul style="list-style-type: none">• Brooke Doyle, MEd, Commissioner, Massachusetts Department of Mental Health• Robbie Goldstein, MD, PhD, Commissioner, Massachusetts Department of Public Health• Lee Robinson, MD, Associate Chief for Behavioral Health, MassHealth Office of Accountable Care & Behavioral Health• Danna Mauch, PhD, President and CEO, MAMH <i>(moderator)</i> |
| 11:30am – 12:30pm | Role of Community Providers in Helping Schools Access Timely, Effective Services for Students at Risk of Crisis <i>(Ballroom)</i> <ul style="list-style-type: none">• Keith Asher, Principal, Washington Elementary School• Aisha Barlatier-Bonny, LCSW, Vice President, Behavioral Health and Outpatient Services, The Home for Little Wanderers• Katharine Tyler, LMHC, Assistant Vice President, Behavioral Health Services Division, Riverside Community Care• Joan Mikula, Senior Consultant, MAMH <i>(moderator)</i> |

12:30pm – 1:10pm

Lunch (*Ballroom*)

1:10pm – 1:15pm

Transition to Breakout Sessions

1:15pm – 2:00pm

Breakout Sessions #1

- **Building Collaborative Behavioral Health Systems in Partnership with School Communities: The Experience of Boston Children’s Hospital Neighborhood Partnerships Program** (*Ballroom*)
- **Bridging School and Community Partnerships for Student Well-Being and Success: A Collaboration Between Somerville High School and Cambridge Health Alliance** (*Middlesex East*)
- **A Whole Child Approach to Behavioral Health Access: Lessons Learned from a MA School-Based Telebehavioral Health Pilot** (*Middlesex West*)

2:00pm – 2:10pm

Transition to Breakout Session

2:10pm – 2:55pm

Breakout Sessions #2

- **Family Navigators: Connecting Families, Schools, and Services to Support Students with Behavioral Health Needs** (*Ballroom*)
- **Seeing the Big Picture: The Role of Collaboration within School-Based Health Centers to Support the Whole Person** (*Middlesex East*)
- **Implementing, Sustaining, and Scaling: The bryt Story** (*Middlesex West*)

2:55pm – 3:00pm

Transition to Ballroom

3:00pm – 3:30pm

What’s Next? Opportunities and Challenges (*Ballroom*)

- Lydia Conley, JD, President and CEO, ABH
- Danna Mauch, PhD, President and CEO, MAMH
- Joan Mikula, Senior Consultant, MAMH

The symposium is supported by a generous grant from the Charles F. and Beatrice D. Adams Charitable Trust.

The event builds on work supported by Mass General Brigham and other private funders to develop partnerships between Community Behavioral Health Centers and schools to facilitate student access to behavioral health urgent care.



CHARLES F. AND BEATRICE D. ADAMS
CHARITABLE TRUST



Collaboration Between Community Behavioral Health Providers and Schools: Strategies and Opportunities to Support Student Access to Behavioral Health Care

Sheraton Framingham
Thursday, November 21, 2024 at 10:00am – 3:30pm

PRESENTER BIOS

Keith Asher is Principal at Washington Elementary School in Springfield, Massachusetts, a position he has held since 2017. From 2005 to 2017, he was Assistant Principal at Washington Street Elementary School, and he taught middle school Social Studies at Springfield Public Schools beginning in 1997. He attended Springfield Public Schools and served in the Marine Corps from 1992 to 1996.

Carla Azuakolam, MA, is a healthcare leader with 25+ years of experience, specializing in clinical quality improvement, regulatory systems, health equity, social determinants of health, integrated care management, and policy alignment. In her current role as Director of School-Based Telebehavioral Health at the Brookline Center, Carla leads the strategic expansion of the program. Her focus is characterized by a commitment to excellence and a nuanced understanding of healthcare payor, provider, and population health dynamics.

Harnessing her equity-driven healthcare subject matter expertise, Carla plays a crucial role in empowering communities through the facilitation of key partnerships and impactful conversations that drive meaningful change. Her educational background includes master's degrees in Expressive Therapy (art, music, and dance) and Clinical Mental Health Counseling. Outside of her professional pursuits, Carla values quality time with her family, teaching mindfulness meditation, and studying human design.

Aisha Barlatier-Bonny, LCSW, is a seasoned clinician and passionate advocate for children's mental health with over 26 years of experience in behavioral health. She has dedicated much of her career to providing direct services to children and families across Connecticut, New Jersey, and Massachusetts. Her expertise in nonprofit leadership, community-based mental health, and school-based services enables her to develop a broad yet targeted vision for supporting mental health partnerships and fostering stronger alliances between parents, educators, and community providers. Aisha's commitment to school-based mental health is driven by her belief in the power of collaboration to improve outcomes for kids and families.

As Vice President for Behavioral Health and Outpatient Services at The Home for Little Wanderers, Aisha works alongside colleagues to build impactful partnerships with administrators and educators at Boston Public Schools, charter schools, and private schools, ensuring that every student and family has access to youth- and family-driven clinical and supportive services. She recognizes that successful partnerships between schools and community-based providers are essential to helping students thrive academically. Aisha holds a bachelor's degree in social work from Sacred Heart University and a master's degree in social work from Bridgewater State University. Outside of work, she enjoys spending time with her family.

in Brockton, where she lives with her husband, three children, and their dog, Louie. In her free time, Aisha loves exploring diverse music genres, Haitian compa dancing, and traveling.

David Bjorklund, LICSW, is the School-Based Behavioral Health Lead at Hilltown Community Health Center (HCHC). HCHC is a Federally Qualified Health Center nestled in the rural foothills, or “hilltowns,” of the Berkshire Mountains. Prior to his clinical work, David worked as Camp Director at YMCA Camp Hi-Rock, where he worked with children, families, and groups to support their growth through experiential education in a wilderness setting. David entered the MSW program at Westfield State University (WSU) and was accepted into the Interdisciplinary Behavioral Health Collaboration (IBHC) Fellowship. Through this fellowship, David learned more about Integrated Health Care and was introduced to the concept of school-based health centers. This was a transformative moment in his education, and he decided then that he would work in school-based health care. In 2019 David began working at Hilltown Community Health Center where he focused on school-based health, health equity, and transgender youth health.

David has clinical interests in healthcare workers' vicarious trauma and preventing burnout. He is an adjunct faculty member at Westfield State University's Master of Social Work program, where he received his MSW in 2018. David has continued working with WSU, conducting research on the experience of MSW students in integrated field placements with the intention of improving their educational experience.

Lydia Conley, JD, became President/CEO for the Association for Behavioral Healthcare (ABH) on July 1, 2019. As President/CEO, Lydia is responsible for setting the strategic direction of ABH in consultation with the Board of Directors. Lydia oversees the daily operations of ABH while also serving as ABH's primary representative to state agencies, the legislature, and regulatory bodies. In this role, Lydia works closely with ABH member organizations to accomplish ABH's mission in promoting and advocating for community-based mental health and addiction treatment services.

Lydia served as ABH's Vice President for Mental Health from 2014 - 2019 prior to becoming President/CEO, holding primary responsibility at ABH for oversight of managed care issues. Lydia led ABH's work in relation to MassHealth's implementation of its Delivery System Reform Incentive Program (DSRIP) during this period. Lydia also was ABH's point person working with the Department of Mental Health as it designed and implemented the Adult Community Clinical Services (ACCS) program.

Prior to joining ABH, Lydia served in a number of leadership roles at the Massachusetts Department of Transitional Assistance, most recently as Assistant Commissioner for Policy, Programs, and External Relations. In this role, she engaged in public program and policy development on a range of issues affecting low-income individuals and families. Earlier in her career, she worked at ABH's predecessor organization from 2000 - 2008 first as a Program Specialist and eventually as Vice President for Public Policy, providing support on legislative, billing, and children's issues. She also worked in the Massachusetts Legislature for three years as a legislative aide to the House Vice-Chair of the Health Care Committee. Lydia holds a juris doctor degree from New England School of Law and is a member of the Massachusetts bar.

Karen Darcy is currently the Massachusetts Philanthropic Advisor for the Charles F. and Beatrice D. Adams Charitable Trust. The Adams Trust's focus in Massachusetts is Child and Adolescent Behavioral Health. The Adams Trust has a long history of funding innovations targeting the mental health and well being of children and youth. School behavioral health, support for children in foster care, systems reforms, and arts therapy are among their priorities.

Prior to her role with the Adams Trust, Karen was the Director of Child and Adolescent Behavioral Health Policy in the Office of Government Relations at Boston Children's Hospital. Karen was one of the founding leaders of the Children's Mental Health Campaign in 2006. Under her leadership, the team had early and key legislative successes providing legal protections and supports for children and youth with behavioral health challenges.

Shella Dennerly, PhD, LICSW, is the Director of the Boston Children's Hospital Neighborhood Partnerships Program (BCHNP), a school-based behavioral health program in the Department of Psychiatry & Behavioral Sciences at Boston Children's Hospital. Dr. Dennerly directs a comprehensive program in partnership with the Boston Public Schools. The program provides equitable and culturally responsive behavioral health services and supports to students and families in their educational home. The program also provides professional development and consultation locally and nationally to educators, school staff, behavioral health professionals, and administrators focused on social and emotional wellness, and behavioral health.

Dr. Dennerly has spent her career working in the field of school-based behavioral health and teaching and consulting on behavioral health-related topics in community settings. She partners with the Children's Mental Health Campaign to advocate for increased access to care and systemic change in behavioral healthcare for students across Massachusetts. Dr. Dennerly is adjunct faculty in Social Work at Boston College and is a Lecturer of Psychiatry at Harvard Medical School.

Bri Dewalt, CAPM, is the Program Manager for the MA School-Based Telebehavioral Health Program at The Brookline Center for Community Mental Health. Bri started as a Project Coordinator in January 2022, filling in the project management function of the team. Bri became a Certified Associate Project Manager through the Project Management Institute in August 2023. In July 2024, she was promoted to Program Manager taking over the day-to-day management of the program and the team. They graduated with a Bachelor of Arts in English (with a minor in gender studies) from Suffolk University in 2016 and completed the William James Behavioral Health Service Corps program in 2023. She has experience in data analysis (2017-2019) and production coordination in international education (2019-2021). As a member of the queer community, they hope to highlight the needs of this at-risk group of youth while serving the MA School-Based Telebehavioral Health Program.

Brooke Doyle, MEd, was appointed Commissioner for the Massachusetts Department of Mental Health (DMH) in October 2020. A Licensed Mental Health Counselor (LMHC), Commissioner Doyle has both clinical and management experience. She is a long-time champion for mental health parity and improving access to mental health treatment, and she is committed to addressing healthcare equity. Commissioner Doyle's previous experience in the fields of homelessness and substance use conditions is critical in ongoing efforts to reduce barriers to service access.

Previously, Commissioner Doyle served as Deputy Commissioner for Mental Health Services, where she oversaw DMH's adult service delivery system, led inter-agency planning and projects, and provided administrative and clinical leadership for all aspects of DMH statewide service compliance monitoring. Commissioner Doyle is an alumna of the University of Massachusetts.

Robbie Goldstein, MD, PhD, was appointed Commissioner of the Massachusetts Department of Public Health (DPH) by Governor Maura Healey in April 2023. A physician specializing in infectious diseases, Dr. Goldstein oversees a workforce of more than 3,200 individuals committed to health equity and dedicated to promoting the health and well-being of people across the state, preventing illness and

injury, and maintaining strong and vibrant communities. This work is carried out through a network of bureaus and offices responsible for priorities that include maternal and child health, nutrition, infectious diseases, injury prevention, climate and environmental health, substance use conditions, emergency preparedness and response, and problem gambling. DPH also licenses health professionals and health care facilities and operates the state public health laboratory and four public health hospitals.

Dr. Goldstein previously served as Senior Policy Advisor at the Centers for Disease Control and Prevention, where he focused on public health emergency response, infectious diseases, and strategic policy initiatives. Prior to his work at CDC, he founded and was Medical Director of the Massachusetts General Hospital Transgender Health Program, a clinical resource offering a safe and affirming environment for the transgender and nonbinary community. His clinical interest involved caring for those living with and at risk for HIV, an experience that continues to drive his passion to identify and eliminate barriers to equitable access to care. Dr. Goldstein is a graduate of Tufts University, where he also earned his MD and PhD.

Jordan G. Hampton, MSN, RN, CPNP-PC, Nurse Practitioner, was born on Long Island, NY. After spending several years in London and Paris as a child, she returned to Long Island where she attended high school in Port Washington. Always interested in other cultures, Jordan majored in French and Spanish at Williams College, spending summers working and traveling abroad. Her first job after college was teaching French at TASIS, an American boarding school in Switzerland. From there, she taught for 7 years at Harvard-Westlake School in Los Angeles. She taught French and Spanish, but quickly realized that what she loved about working with teens was talking to them about their lives outside of academics. Jordan wrote the curriculum for and taught most sections of the 10th grade health classes, started a peer counseling program, and was named Assistant Dean of the Senior Class. While teaching, Jordan attended evening classes and received a master's degree in education with a concentration in Counseling and Guidance from California Lutheran University.

When Jordan heard about School-Based Health Centers, she knew that would be the perfect setting for her to use her skills to help young people. She attended Yale School of Nursing to become a Pediatric Nurse Practitioner (PNP) and received a master's degree in nursing in 1998. Her first job as a PNP was running a school-based health center at Hillhouse High School in New Haven, CT. In March of 2000, she began working for MGH Chelsea, running the School-Based Health Center (SBHC) at Chelsea High School (CHS). In that role, Jordan provides comprehensive primary care for CHS students, focusing in the areas of sexual health, behavioral health, and substance use to support students in maximizing their education and achieving their potential.

Katherine Houle, LICSW, is Director of District and School Support at bryt, where she has worked for the last nineteen years. bryt is a program of The Brookline Center for Community Mental Health and provides tools and resources, professional learning opportunities, and technical support to schools implementing the bryt Tier 3 intervention. Katherine spent the first six years of her time with bryt as the clinical coordinator of the Brookline High School bryt intervention. In this role, she worked directly with students and families to provide them with intensive support during a period of critical need and in close collaboration with the wider school staff.

For the last thirteen years, Katherine has been supporting schools across Massachusetts and beyond in developing and continuously improving bryt-model interventions and has seen the bryt network grow to 280 schools. Katherine appreciates the opportunity to learn from each school that she works with and

has a deep commitment to helping schools increase their capacity to support the mental health needs of their students and, in particular, their most vulnerable populations.

Russell D. Johnston, PhD, became Acting Commissioner of Massachusetts Department of Elementary and Secondary Education on March 16, 2024. He was previously a Deputy Commissioner, a role in which he oversaw special education, instructional support, and a variety of initiatives to identify interventions and monitor improvement. Since joining the Department of Elementary and Secondary Education (DESE) in 2014, Acting Commissioner Johnston's work has included leading the team that provides direct support to the Lawrence, Holyoke, and Southbridge schools; working closely with school districts on a variety of COVID-19 mitigation measures that helped keep students in school; meeting regularly with special education stakeholders to improve services to students with disabilities before, during, and after the pandemic; helping to pass policies that led to a reduction in the use of restraints and increased public reporting of their use; collaborating on improvements to the Individualized Education Program process for students with disabilities; and providing leadership to the instructional support staff who work to strengthen teaching and learning for all students.

Acting Commissioner Johnston's previous positions include serving as Superintendent of the West Springfield Public Schools, Special Education Director for West Springfield, and head of the Elementary Special Education Department for the Wellesley Public Schools. Acting Commissioner Johnston lives in Melrose with his family and holds a bachelor's degree in education from DePaul University in Chicago, a master's degree in education from Boston College, and a doctorate in philosophy and education, also from Boston College.

Cheryl Marino-Page has been supporting families, parents, and caregivers since 2007, when she became one of the Commonwealth's first Care Partners in a UMass Medical School pilot program providing "wraparound" services for families of children with behavioral health needs who entered the juvenile court system. Since then, she has continued delivering the wraparound method of care as a Family Partner and supervisor with the Children's Behavioral Health Initiative (CBHI). She serves as a family trainer on issues ranging from navigating the juvenile justice system to self-care, and as a critical member of a mobile crisis team. In all these roles, Cheryl has drawn on her own lived experience as the parent of three daughters and former guardian of a grandchild, using her story to guide and educate caregivers who are accessing support from state agencies, special education, and the behavioral health systems, empowering them to advocate effectively for themselves and their children.

In her current role as a Family Partner at Riverside Community Care, Cheryl supports families whose children receive school-based services under a pilot grant program designed to facilitate timely behavioral health urgent care for students. She focuses on family strengths and their cultures when coaching and modeling for caregivers to find and use their voices when navigating school and behavioral health services. Cheryl's own journey inspired her to pursue work that allowed her to offer hope and support to other families traveling a similar road. Cheryl holds an associate's degree from Newbury College and a bachelor's degree from Framingham State University. She has also worked as a social worker, Community Health Worker, and paralegal.

Danna Mauch, PhD, is President and CEO of the Massachusetts Association for Mental Health (MAMH). Dr. Mauch brings to this position organizational leadership, operations management, evaluation research and strategic consulting experience gained in private and public sector enterprises. Her prior service in the private sector includes ten years as Senior Fellow/Principal Associate at Abt Associates, Inc. She worked on behalf of foundations and governments and provided policy, evaluation, and implementation

assistance addressing insurance, service delivery, and financing reforms targeted to individuals with complex health risks and disabling health conditions. Skilled in linking large data sets to advance accountability, clinical, and cost improvements, Dr. Mauch contributed to designing system solutions for government clients' compliance with legal and regulatory reforms. Prior to joining Abt, Dr. Mauch was Chief Administrative Officer for Comprehensive NeuroScience, Inc., Founding President and Chief Executive Officer for Magellan Public Solutions, Inc., and Founder and President of Integrated Health Strategies, Inc.

Dr. Mauch has a long career in public service. She serves as Court Monitor for the U.S. District Court of Western Washington, addressing forensic services reforms at the junction of the health, disability, and justice systems. Her prior service includes Special Master for the U.S. District Court of the District of Columbia; Executive Director of the Rhode Island Department of Mental Health, Retardation and Hospitals; and Assistant Commissioner of the Massachusetts Department of Mental Health, overseeing the Divisions of Mental Health, Substance Abuse, and Forensic Medicine. Her population-focused work addresses a broad range of at-risk and vulnerable groups of children, adults, and older adults, including persons with autism spectrum disorders, behavioral health conditions, HIV/AIDS, multiple chronic conditions, criminal justice involvement, military and veteran status, and homelessness. She is a published author of government and foundation reports, book chapters, and journal articles on the organization, financing, and delivery of care to vulnerable populations. She has served as a volunteer officer of several governing boards, including a regional healthcare conversion foundation, a national youth development and prevention organization, an urban elementary and middle school, and state healthcare reform initiatives. Dr. Mauch holds a PhD in Social Policy from the Heller School at Brandeis University.

Joan Mikula serves as a Senior Consultant to the Massachusetts Association for Mental Health (MAMH), providing consultation regarding the effective delivery of youth mental health services and leading technical support for grantees providing behavioral health urgent care through partnerships between Community Behavioral Health Centers and schools. Joan's creativity, passion, and tireless advocacy for those who are often marginalized shaped her philosophy and a career marked by innovation and achievement. Early on she taught children with special needs, counseled young adults with co-occurring substance use conditions and mental health challenges, led efforts to provide opportunities for youth in the criminal justice system to thrive in communities, and assumed leadership roles in not-for-profit agencies in both Philadelphia and in Massachusetts.

Joan joined the Massachusetts Department of Mental Health (DMH), where she spent 30 years as Deputy Commissioner for Child/Youth and Family Services before serving as DMH Commissioner for five years. Through each of her varied roles, her belief in the power of individuals to grow and change never wavered and was a driving force during her 35 years at DMH. Since her retirement in 2020, Joan is an active and engaged volunteer in her community working on a range of issues.

Jhianina Montes Rivera is originally from Puerto Rico and serves the Hispanic community, helping families overcome cultural and language barriers to services and connecting them with resources, information, and tools to avoid isolation that these barriers can cause. She has been a crucial part of Behavioral Health Network (BHN) since 2017, when she provided administrative assistance while also accessing services for her daughter. In June 2018, she became a Family Partner, using her own experience and knowledge to guide, educate, model, and coach families on how to explore the diversity of raising a child with special needs.

Currently, Jhianina works both as a Family Partner with the wraparound process and as a School Family Support Navigator in the school system. In her role as School Family Support Navigator, Jhianina helps families feel supported and not judged while their children are facing difficult times in school related to behavioral concerns. Jhianina provides parents with emotional support, self-care, and educational resources, and she helps walk them to a better understanding on school systems. Jhianina's own experiences as a parent of a special need child led her to become knowledgeable in resources available in the community and motivates her to share her expertise with others. Jhianina has an associate's degree in theater and respiratory therapy.

Vanessa Nason, LCSW, is a clinical social worker at Cambridge Health Alliance (CHA). In addition to providing individual and group therapy in a school-based health center, Vanessa has helped implement innovative interventions at Somerville High School through her role with the Pediatric Behavioral Health Urgent Care grant, which aims to provide early intervention for emerging mental health concerns, ultimately reducing suspensions, expulsions, and class avoidance, as well as bridge communication between school staff and CHA to provide continuity of care. Vanessa also provides crisis assessments at CHA's behavioral health urgent care center. Vanessa received her MSW from Simmons University, where she completed internships with the Boston Emergency Services Team and Dearborn STEP, a 45-day therapeutic educational program.

Claudia Ortiz is a dedicated family support specialist at Cambridge Health Alliance (CHA) and primarily works on the Pediatric Behavioral Health Urgent Care team at Somerville High School. Claudia began her career after earning her certification as a medical assistant from the Bryman Institute. For over 23 years, she served as both a certified medical assistant and receptionist at three of CHA's school-based health centers. Her years there provided extensive hands-on experience and deep community connections that continue to inform her work today. Motivated by a desire to make a broader impact, Claudia transitioned into her role as a family support specialist, where she is passionate about assisting families with behavioral health needs, helping them to access resources, navigate the different systems, and advocate for their children.

Melanie Rice, MA, joined the MA School-Based Telebehavioral Health team at The Brookline Center for Community Mental Health as the training and technical assistance specialist in May 2022. She holds a MA in Psychology with a concentration in Clinical Mental Health Counseling from Antioch University Seattle and a BA in Psychology from Clark University. Her past work includes research and event coordination, grant management, user experience design/user interface design (UX/UI), and education. She is passionate about increasing youth access to mental health support, social-emotional learning programs, and prioritizing communities' needs.

Ellie Richards, PhD, is a child and adolescent psychologist and serves as the team lead for school-based mental health at Cambridge Health Alliance (CHA). Dr. Richards specializes in providing care to high-risk adolescents, particularly those who are multi-system involved. She provides consultation and professional development to several school districts, has helped to launch an urgent care service at Somerville High School, and co-leads a NIMH-funded research project on stress and coping among high school students. Dr. Richards is also an active member of the Cambridge Police Department's Safety Net Collaborative, a community partnership to prevent and reduce juvenile delinquent behaviors through case consultation, collaboration, and connection to services and supports.

Dr. Richards is a graduate of Boston University and trained at CHA, where she completed both her internship in school-based mental health and pediatric primary care as well as her postdoctoral

fellowship in adolescent risk assessment and violence prevention. She received her bachelor's degree from University of Virginia and her master's in counseling from Loyola University Maryland.

Lee Robinson, MD, is a passionate and committed leader in public sector behavioral health. Dr. Robinson is a trained and practicing child and adult psychiatrist who held clinical, academic, and administrative leadership roles before joining MassHealth in January of 2022. In his current role as Associate Chief for Behavioral Health, Dr. Robinson oversees behavioral health policy development and implementation for MassHealth. Dr. Robinson graduated with a BA from Washington University in St. Louis and received his MD from the University of Cincinnati College of Medicine. Dr. Robinson completed training in general psychiatry at Columbia University-New York Presbyterian Hospital in New York, NY and completed his child and adolescent psychiatry fellowship training at Cambridge Health Alliance in Cambridge, MA.

Katharine Tyler, LMHC, is an Assistant Vice President in the Behavioral Health Services (BHS) Division at Riverside Community Care. Katie has been in non-profit leadership for over ten years. She has experience expanding adult programs in the areas of substance use, domestic violence, and human trafficking, and she enjoys finding creative solutions to increase impact. At Riverside, Katie works to identify gaps in programming, enhance quality, and improve systems of care throughout the BHS division. Outside of work, she loves to debate the quality of the latest book club read and cheer on her kids at their soccer and gymnastics events.

Sara Whitcomb, PhD, is Associate Director of Research and Evaluation of the Boston Children's Neighborhood Partnerships Program. In this role, she leads research and evaluation efforts conducted in partnership schools, with a focus on school-based behavioral health. Prior to this role, Dr. Whitcomb was a Professor at the University of Massachusetts Amherst, Department of Student Development, College of Education. Her research and clinical interests were in mental health promotion and positive behavioral support systems in schools, social-emotional learning, and behavioral and instructional consultation. Dr. Whitcomb was the program director and taught courses in social-emotional and behavioral assessment and consultation. In addition, Dr. Whitcomb coordinated and supervised the third- and fourth-year practicum. Dr. Whitcomb received her doctoral degree from the University of Oregon's APA-accredited program in school psychology in 2009. She completed her predoctoral APA/APPIC accredited internship at the May Institute and her postdoctoral fellowship at UMass' Psychological Services Center.

Attachment 2

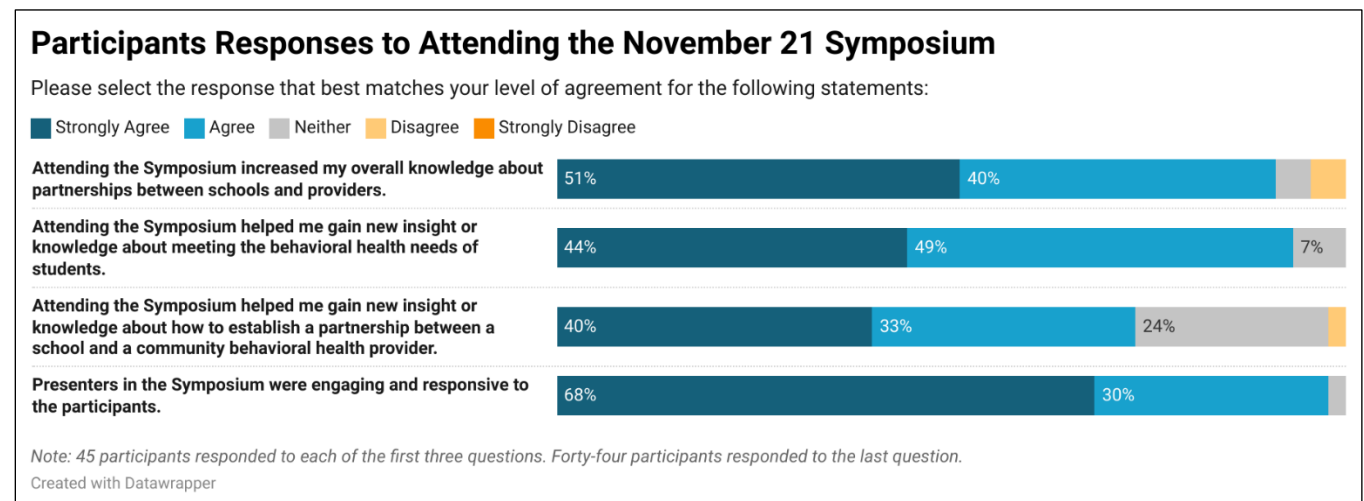
Summary of Results from the Post November 21 Symposium Survey

A total of 100 participants attended the Symposium *Collaboration Between Community Behavioral Health Providers and Schools: Strategies and Opportunities to Support Student Access to Behavioral Health Care* on Thursday, November 21, 2024.

After the Symposium, we asked participants to fill out a survey about their experience. Participants could fill out a paper copy or an online version. We received 45 responses total though response rates per question varied. The overall survey response rate is 45%.

To start, we asked respondents how strongly they agreed with each statement:

- Over 90% (91%) said they strongly agreed or agreed with the statement, “attending the Symposium increased my overall knowledge about partnerships between schools and providers.”
- Over 90% (93%) said they strongly agreed or agreed with the statement, “attending the Symposium helped me gain new insight or knowledge about meeting the behavioral health needs of students.”
- Over 70% (73%) said they strongly agreed or agreed with the statement, “attending the Symposium helped me gain new insight or knowledge about how to establish a partnership between a school and a community behavioral health provider.”
- Almost all (98%) said they strongly agreed or agreed with the statement, “presenters in the Symposium were engaging and responsive to the participants.”



After our morning panel sessions, participants could attend breakout sessions. There were three sessions offered during the first breakout time slot and three different sessions offered during the second breakout time slot.

For the first breakout session, of the 45 respondents:

- 19 attended “Bridging School and Community Partnerships for Student Well-Being and Success: A Collaboration Between Somerville High School and Cambridge Health Alliance” (Middlesex East)

- 14 attended “Building Collaborative Behavioral Health Systems in Partnership with School Communities: The Experience of Boston Children’s Hospital Neighborhood Partnerships Program” (Ballroom)
- 12 attended “A Whole Child Approach to Behavioral Health Access: Lessons Learned from a MA School-Based Telebehavioral Health Pilot” (Middlesex West)

We asked respondents if the information presented at their breakout session was helpful for their work. Around 85% (84%) of respondents said that these sessions presented information that was helpful for their work. If you add in those who responded that it was “somewhat” helpful to their work, 95% of respondents found it helpful for their work.

There was also an option to leave open feedback about the sessions. Select feedback includes:

- *This was an excellent balance of discussing schools meet mental health partners. A great example of true partnership over a service user model* (regarding “Building Collaborative Behavioral Health Systems in Partnership with School Communities: The Experience of Boston Children’s Hospital Neighborhood Partnerships Program”).
- *This was incredible! I would love to continue this conversation in the future* (regarding “Building Collaborative Behavioral Health Systems in Partnership with School Communities: The Experience of Boston Children’s Hospital Neighborhood Partnerships Program”).
- *Hoping to collaborate and replicate!* (regarding “Bridging School and Community Partnerships for Student Well-Being and Success: A Collaboration Between Somerville High School and Cambridge Health Alliance”).
- *Presentation discussed intentional, school-based services that are responsive to student needs* (regarding “Bridging School and Community Partnerships for Student Well-Being and Success: A Collaboration Between Somerville High School and Cambridge Health Alliance”).

A few respondents also noted that they wished that the breakout sessions were longer (one hour instead of 45 minutes), so that there could have been more time for discussion.

For the second breakout session, of the 44 respondents:

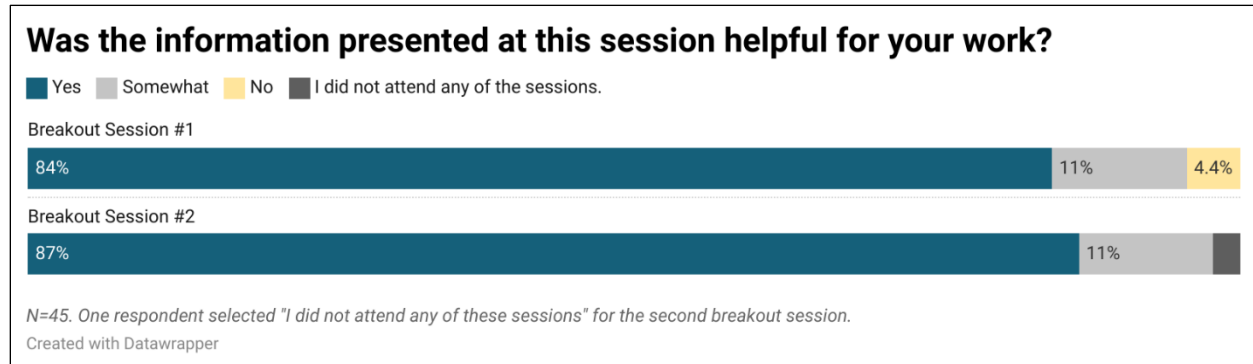
- 31 attended “Family Navigators: Connecting Families, Schools, and Services to Support Students with Behavioral Health Needs” (Ballroom)
- 8 attended “Seeing the Big Picture: The Role of Collaboration within School-Based Health Centers to Support the Whole Person” (Middlesex East)
- 5 attended “Implementing, Sustaining, and Scaling: The bryt Story” (Middlesex West)

Around 85% (87%) of respondents said that these sessions presented information that was helpful for their work. If you add in those who responded that it was “somewhat” helpful to their work, everyone who attended these breakout sessions said it was helpful for their work.

Select feedback includes:

- *Great presentation - wonderful examples of grassroots clinical work and great examples of two very solid school based mental health centers* (regarding “Seeing the Big Picture: The Role of Collaboration within School-Based Health Centers to Support the Whole Person”).

- *This was incredible! I love the work that family partners do!* (regarding “Family Navigators: Connecting Families, Schools, and Services to Support Students with Behavioral Health Needs”).
- *What a great model! I hope they continue to expand and engage more schools* (regarding “Implementing, Sustaining, and Scaling: The bryt Story”).



We then asked participants to share their thoughts on questions related to challenges and opportunities to support collaborations between schools and community behavioral health providers.

For the question, **“What do you think are the greatest challenges to effective collaboration between schools and community behavioral health providers?”** we received 17 responses. Select responses include:

- Funding and transparency from MassHealth on what is actually covered, then approach others (DPH, DMH, DESE) on what their dollars can cover.
- Funding and needs/resources of communities. Needs are complex for providing school-based services beyond the standard 50-minute therapy sessions.
- Competing priorities -- schools are expected to pick up so many needs. How to cover costs.
- Lack of knowledge about what is available.
- Schools are presented as whole systems, while they are comprised of individual people who care deeply for children and their families.

It should be noted that of the 17 responses to this question, funding came up eight times.

We then asked, **“What do you think are our most important opportunities to support collaboration between schools and community behavioral health providers?”** We received 16 responses. Select responses include:

- The providers on the ground mobilizing across disciplines: clinical, research, lived experience, education to drive equitable change.
- Schools and community providers are forced to be siloed by communities, agencies, and payers. The system needs collaboration and agreement on needs being addressed and how best to address these needs.
- Creating and promoting peer ambassadors between schools and communities.
- Develop alternative funding sources to cover both clinical services and "non-billable" tasks. Increase education and collaboration.
- Inviting all parties to the table and making sure they know why it's important.

- Identify clear pathways and procedures to bring people from schools and community agencies to work together to make priorities.
- Helping to provide individual therapy during school hours and helping youth with mental health issues reintegrate back into the school setting after being out for a period of time or due to anxiety/social anxieties.

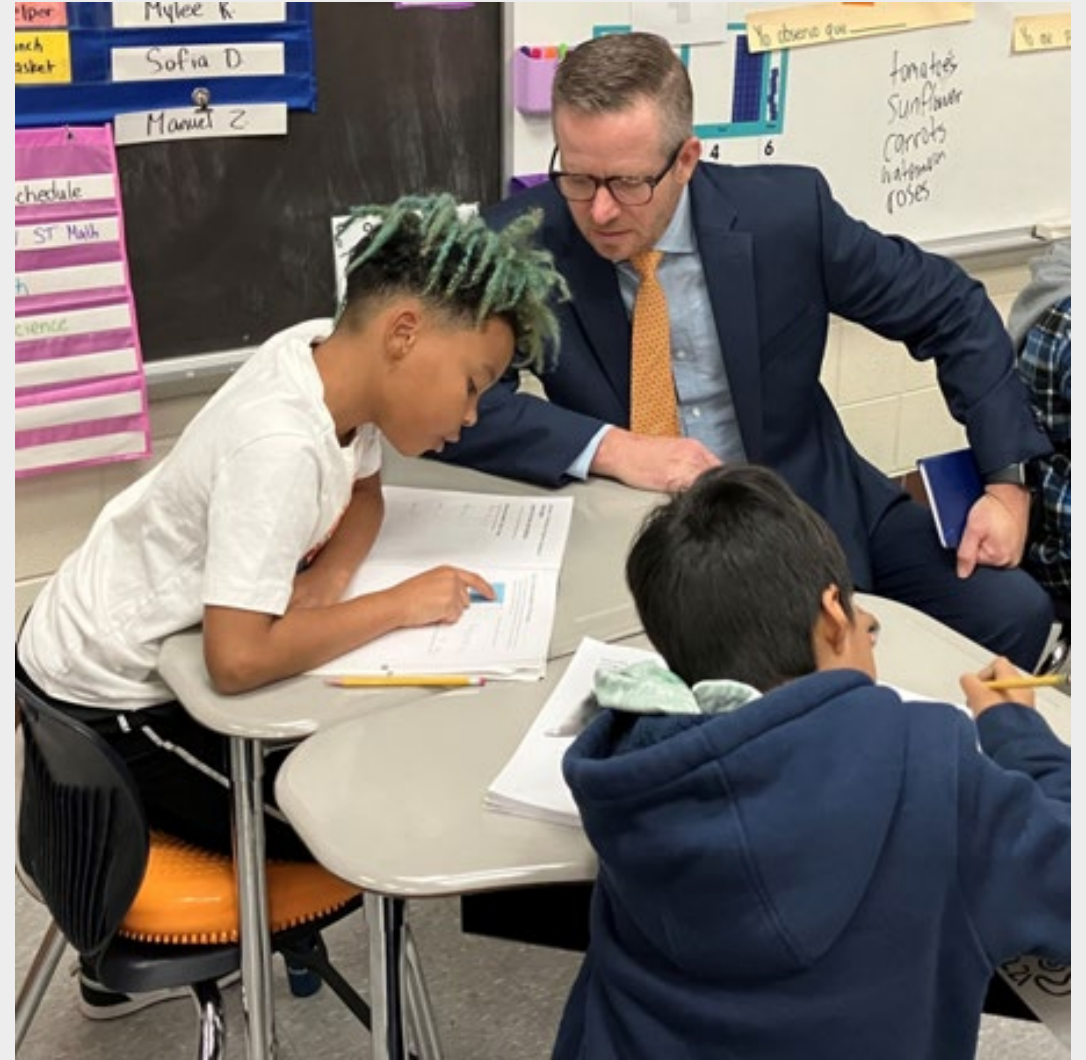
As a final question, we asked participants to provide any additional feedback on the symposium. We received 17 responses. Respondents said they appreciated being able to attend and really liked the speakers. Others were happy about the opportunity to network and share space with other like-minded people which could lead to fewer siloes in their work.

One respondent said that they would have liked to hear from students or previous students on a panel while another noted that they had hoped to see more school representation on the panels and at the symposium. While CBHCs and other community mental health providers were our primary audience and therefore the primary focus of our agenda, we did do some targeted outreach to schools to attend. However, there are future opportunities to include additional school staff and administrators in future conversations.

Attachment 3

The Importance of Partnerships Between Providers and Schools to Support Student Success

Acting Commissioner Russell D. Johnston
Thursday, November 21, 2024



Agenda

20 Minutes

1. Educational Vision
2. Value of Partnerships
3. DESE's Role

10 Minutes

4. Questions

Educational Vision

Educational Vision



All students

- Are known and valued

Learning experiences

- Are relevant, real-world and interactive

Individualized supports

- Enable students to excel at grade level and beyond

Strategic Objectives

Strategic Objective 1 - "Whole Student"

- Cultivate systems to support the **whole student** and foster **joyful, healthy, and supportive** learning environments so that all students feel **valued, connected, nourished, and ready to learn**.

Strategic Objective 2 - "Deeper Learning"

- Promote **deeper learning** so that **all** students engage in **grade-level work** that is **real-world, relevant, and interactive**.

Strategic Objective 3 - "Diverse and Effective Workforce"

- Develop and sustain a workforce that is **diverse, culturally responsive, well-prepared**, and committed to **continuous improvement**, so that all students have equitable access to **effective educators**.

Core Functions



Setting expectations including crafting regulations and guidance to implement and explain education laws; specifying what students should know and be able to do by the end of each school year; defining effective teaching and administrative practices; and, where appropriate, establishing criteria for program review and approval



Promoting and measuring quality and compliance including data collection and reporting; assessment; accountability; monitoring programs and their adherence to state and federal laws and regulations; complaint resolution; research and evaluation; fiscal auditing; and recognizing excellence.



Supporting implementation and catalyzing innovation through grants, aid, and other funding mechanisms; professional learning opportunities; technical and targeted assistance; partnerships and networks; resources, materials, tools, and technology; seeding innovative school and program models; direct service provision; and creating economies of scale.



Communicating and partnering with stakeholders including communications and information sharing; coordination with other state agencies; and engaging with statewide stakeholders.

Catalog of Aligned Supports

DESE's Educational Vision
&
Catalog of Aligned Supports

Russell D. Johnston
Acting Commissioner

June 2024



https://www.doe.mass.edu/sfs/attendance/



*Most
Requested:*

[Licensure](#)

[Learning
Standards](#)

[MCAS](#)

[Educator
Evaluation](#)



**YOUR
PRESENCE IS
POWERFUL.**

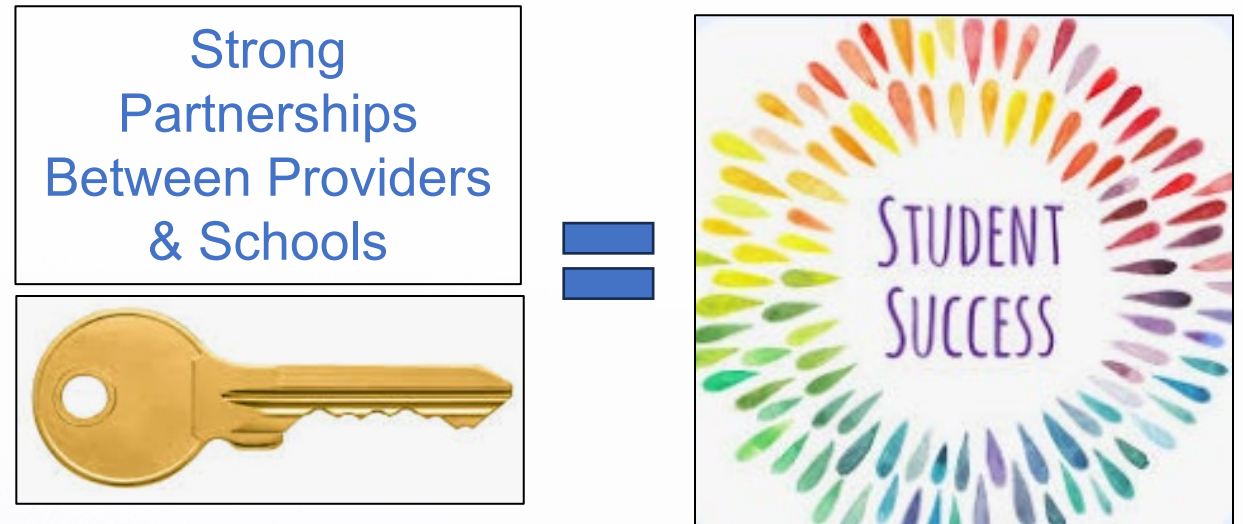
Share why you attend.



Value of Partnerships

Strong Partnerships

- Increase the capacity to effectively support students and families
- Provide critical opportunities for early intervention
- Allow for alignment of services for students and families
- Provide schools access to services and resources



Views of Climate and Learning (VOCAL) Survey

- Designed to provide schools with information on student perceptions of 3 dimensions of school climate
 1. Engagement
 2. Safety
 3. Environment
- [Views of Climate and Learning \(VOCAL\) Survey – STATE RESULTS](#)
- [2024 Executive Summary](#)
- [VOCAL Guidance Materials](#) (FAQ, Webinars, Trainings)

What We Know: Challenges Facing Students

Mental Health Challenges Include:

- Anxiety
- Depression
- Suicide and Suicidal Ideation
- Substance Misuse

What We Know: Challenges Facing Schools

- Workforce Shortages
- Building Comprehensive Mental Health Systems
 - Sustainability
 - Scalability
 - Data collection

Birth-Higher Ed Mental & Behavioral Health Framework



Governor's Budget
FY2025 RECOMMENDATION

1596-2436

Mental Health Supports and Wraparounds

For the development of a statewide birth through higher education framework for mental and behavioral health which may include, but shall not be limited to: (i) guiding principles and strategies related to providing social emotional supports; (ii) mental and behavioral health supports; (iii) suicide prevention; and (iv) relevant professional development in educational settings; provided, that the framework shall be developed in collaboration with the executive office of health and human services and the department of mental health, experts in childhood mental health, educators including those from early education and care programs, elementary and secondary public schools, and public institutions of higher education, students, families, and other stakeholders as appropriate; and provided further, that funds may be expended to implement the framework and relevant mental and behavioral health supports for students

DESE's Role

DESE's Role

Mental & Behavioral Health / Social & Emotional Learning:

- Grants
- Professional Development Opportunities
- Technical Assistance
- Coaching

Examples of DESE's Supports Include

- [Mental & Behavioral Health and Wellness Supports Page](#)
- [Multi-Tiered System of Support \(MTSS\)](#)
- [Multi-Tiered Systems of Support \(MTSS\) Academies](#)
- E.g., SEL/Mental Health, Systemic Student Support (S3), and Culturally Responsive Teaching
- Youth Mental Health First Aid training

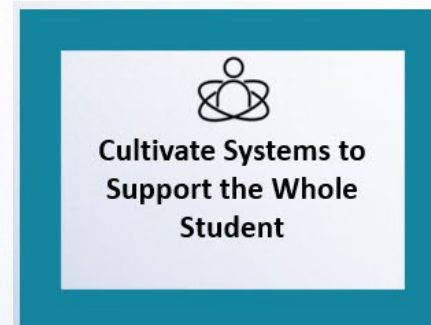
Moving Forward: Building and Sustaining Collaborations

Continue to:

- Support students and educators
- Engage families
- Understand the needs of the community
- Collect data to inform interventions
- Develop sustainable and scalable strategies
- Maintain open communication

Moving Forward: Shared Vision & Shared Work

Partnerships Between Providers & Schools



Questions

спасибо
danke 謝謝
ngiyabonga
teşekkür ederim
dank je
gracias
tapadh leat
mochchakkeram
go raibh maith agat
arigatō
takk
dakujem
merci
ευχαριστώ
감사합니다
terima kasih
sukriya
kop khun krap
grazie
sagolun
dziękuję
hvala
mauruuru
bedankt
obrigado