**Facilitating Student Access to Pediatric Behavioral Health Urgent Care**

***Evaluation Data Collection Tool Instructions***

***For the reporting period of January 1, 2025 – June 30, 2025***

MAMH has contracted with S.E. Foster Associates to conduct a multi-site evaluation of the grant program *Facilitating Student Access to Pediatric Behavioral Health Urgent Care (PBHUC)*) to help assess its impact. In collaboration with grantees, we have identified the following evaluation domains and questions to be included in the evaluation:

1. **School suspensions** – Does the implementation of the PBHUC model affect in the number of students with long-term, short-term, and in-school suspensions, the frequency of suspensions of all types, and the total number of days of each suspension type at the school partners?
2. **Chronic absenteeism** – Does the implementation of the PBHUC model affect the number of students who are chronic absentees and the number of days associated with chronic absenteeism at the school partners?
3. **911 calls** – Does the implementation of the PBHUC model affect the number of 911 calls placed by the school partners to respond to behavioral health-related events?
4. **Mobile crisis intervention (optional measure)** – Does the implementation of the PBHUC model affect the number of students who receive MCI services, the number of calls made for MCI services, and the number of students who need the emergency department after an MCI call?

We anticipate that this intervention will have an impact not only on students who receive services, but also on the overall student body by promoting prevention and supporting a culture of engagement with students and families before a behavioral health crisis occurs.

**All data requested using these tools should be de-identified.** In most cases, we ask that data be reported by school to provide a more accurate picture of who is receiving services and how they might be affected by the intervention.

**Please note that we will never report data school-by-school in any publications.** All data will be aggregated at the grantee level or higher, and no grantee-level data will be published without the permission of the grantee.

This document will provide instructions on how to fill out the **Evaluation Data Collection Tool**. You will receive separate instructions on how to provide data regarding the Family Satisfaction Survey and how to report project management data (e.g., number of students served, services provided, etc.).

**Grantee Reporting:**

The excel document that has been provided to you is customized for you and your school partner so that we can receive data by school. Each column will automatically total. There is a Grand Total Across All Schools section at the end of each tab for grantees that are partnered with multiple schools – these sections will automatically total as well. If you are working with only one school, you will not see a Grand Total Across All Schools Section as it is not applicable.

**Reporting Period:**

**Data for school suspensions, 911 calls, and MCI services will be collected for twice a year**. For these measures, please provide data for each outcome measure from January 1, 2025 – June 30, 2025 by month.

**Data for chronic absenteeism will be collected once a year**. For this measure, please provide data for the students who were chronically absent as calculated from the beginning of the year to the end of the year.

**Outcome Measures:**

As discussed above, we are looking to collect data on three outcome measures during the designated reporting period.

**School suspensions:**

We will evaluate school suspensions by measuring long-term suspensions, short-term suspensions, and in-school suspensions. The excel reporting tool includes a tab for each of the different types of suspension. The following definitions are consistent with definitions provided by DESE and more information can be found [here](https://www.doe.mass.edu/lawsregs/603cmr53.html).

* **Long-term suspensions** are defined as the removal of a student from the school premises and regular classroom activities for more than 10 consecutive school days, or for more than 10 school days cumulatively for multiple disciplinary offenses in any school year.
* **Short-term suspensions** are defined as the removal of a student from the school premises and regular classroom activities for 10 consecutive school days or fewer.
* **In-school suspensions** are defined as the removal of a student from regular classroom activities, but not from the school premises, for no more than 10 consecutive school days, or no more than 10 school days cumulatively for multiple infractions during the school year.

For each of type of suspension in the designated tab, please enter the number of suspensions, the number of students suspended, and the total days of suspensions from January 1, 2025 – June 30, 2025 by month for each school. For suspensions that last between two months, please track all the data for the month that the suspension began. For example, if a student had a 7-day suspension that began in January and lasted into February, that suspension and all seven of those days should be counted as part of January and not February as to avoid double counting.

As an example of how to enter the data, imagine there were 70 students in School A with in-school suspensions in March 2025 and some students had multiple in-school suspensions – so the total number of in-school suspensions School A was 65. Those 65 suspensions totaled 186 days. In this case, in the tab labeled “In-School Suspension,” find School A and under the March 2025 columns, enter “70” for the number of students suspended, “65” for the number of suspensions, and “186” for the total number of days suspended.

Please enter 0 into a cell if there were no suspensions or students suspended in a given school for a given month.

**Chronic Absences:**

We will measure school absences by measuring chronic absenteeism among students. The following definition is consistent with definitions provided by DESE and more information can be found [here](https://www.doe.mass.edu/sfs/attendance/).

* **Chronic absenteeism** is defined as missing at least 10% of days enrolled (e.g., 18 days absent if enrolled for 180) regardless of whether the absences are considered excused, unexcused, and/or for disciplinary reasons.

Please enter the number of students who were chronically absent, and the number of days missed by these chronic absentees as calculated from the beginning of the school year to the end of the school year by school.

For example, if there were 100 students who were chronically absent in School A and those chronic absentees collectively missed 181 days of school, enter “100” for the number of chronically absent students and “181” for the number of days of school missed.

Please enter 0 into a cell if there were no absences and no absentees in a given school.

**911 Calls:**

We will measure the 911 calls made by a school mental health or staff member at a given school partner. Please enter the number of 911 calls made from January 1, 2025 – June 30, 2025 and the number of students for whom the calls were made.

For example, if there were 12 students in School A for whom 911 calls in May 2025 were made for and those students required a total of 14 911 calls during the designated reporting period, enter “12” for the number of students who needed 911 calls and “14” for the total number of calls for School A in May 2025.

In addition, please provide information about the reason for each call and if the calls were related to a behavioral health reason by using the drop-down menu in the column called “Reason for 911 Call.”

For example, a call may have been made to 911 because a student severely cut their hand, but the student may have cut their hand because they were having a mental health crisis that led to a physical outburst. In this case, select “Student Behavioral Health Emergency” from the drop-down menu.

We have provided four rows for each month for each school, but please feel free to insert additional rows if needed.

Please enter 0 into a cell if there were no 911 calls at given school. You may leave the reason column blank.

**Mobile Crisis Intervention:**

This is an optional measure. We are measuring how often mobile crisis intervention (MCI) services are initiated by the school partner(s) and how many crisis evaluations are provided by the PBHUC clinician at the school(s).

The following definition is consistent with the definition provided by Massachusetts Behavioral Health Partnership and more information can be found [here](https://www.masspartnership.com/pdf/PerfSpec-MCI.pdf).

* **MCI** provides a short-term service that is a mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the youth or others.

Please enter the number of students for whom MCI services were initiated by the school partner(s), the total number of MCI calls, and of those calls, how many resulted in an emergency room or emergency department visit. This information should be entered by school by month.

For example, if there were four students in School A for whom MCI calls were initiated by school partners for in May 2025, please enter “4” in the May 2025 column called “# of student who had MCI called for them.” If among those four students, six calls were made, please enter “6” in the May 2025 column called “# of MCI calls made.” If two of those six calls resulted in an emergency department visit, please enter “2” in the May 2025 column called “# of calls that resulted in an ER visit.”

Additionally, we know that some grant clinicians are cross-trained and can provide crisis evaluations directly at the school(s). If your clinician(s) are trained to do so, please enter the number of crisis evaluations performed by the grant clinician(s) and the number of students who received these evaluations January 1, 2025 – June 30, 2025.

Please enter 0 into a cell if there were no MCI services initiated by given school.