



Facilitating Student Access to Pediatric Behavioral Health Urgent Care

Learning Community Presentation

December 12, 2024

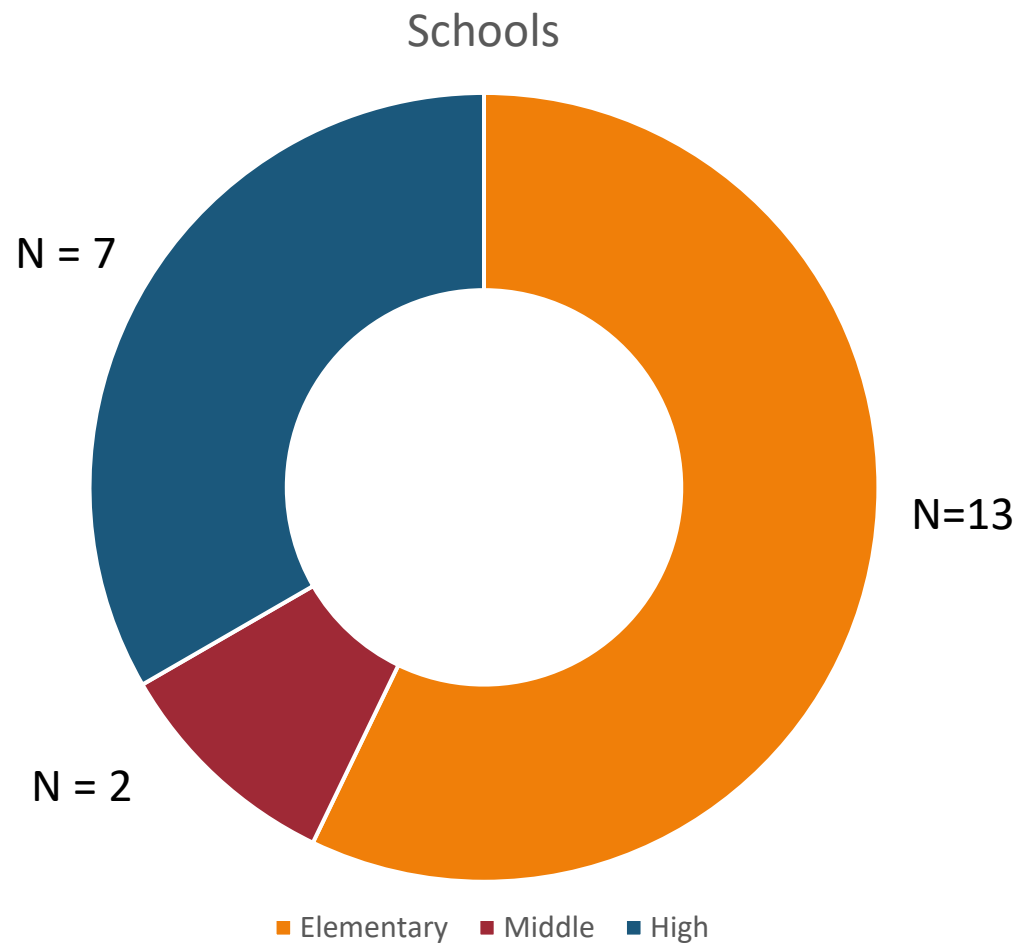


Grantees and Timeline



Grantee and Partner	Funding Period
Advocates and Framingham Public Schools	10/2022 – 6/2025
Aspire health Alliance and Weymouth, Randolph Public Schools	10/2022 – 6/2025
Behavioral Health Network and Springfield Public Schools	10/2022 – 6/2025
Eliot Community Human Services and Lynn Public Schools	10/2022 – 3/2026
Riverside and Milford Public Schools	10/2022 – 12/2025
Cambridge Health Alliance and Somerville Public Schools	1/2023 - 12/2025
Boston Medical Center and Boston Public Schools	10/2023 – 6/2026

Schools in the Analysis

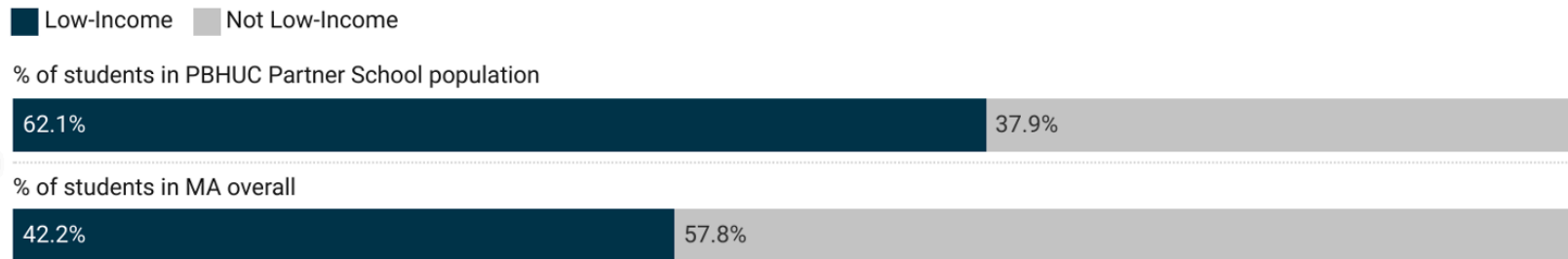


Income, Race and Ethnicity

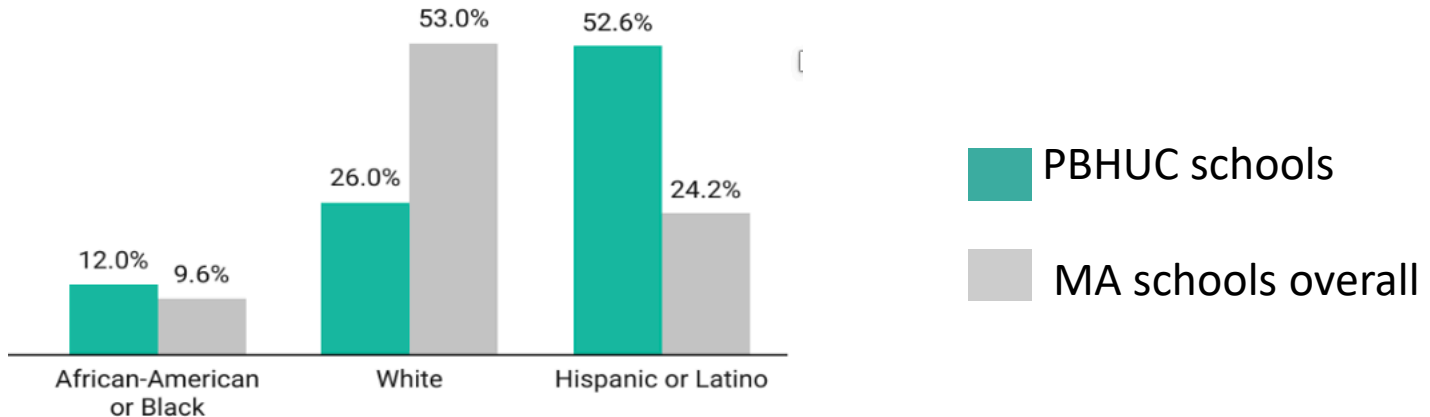


Income Status

Population of students in PBHUC School Partner schools for 2023 - 2024 versus Population of students in Massachusetts for 2023 - 2024



Race and Ethnicity

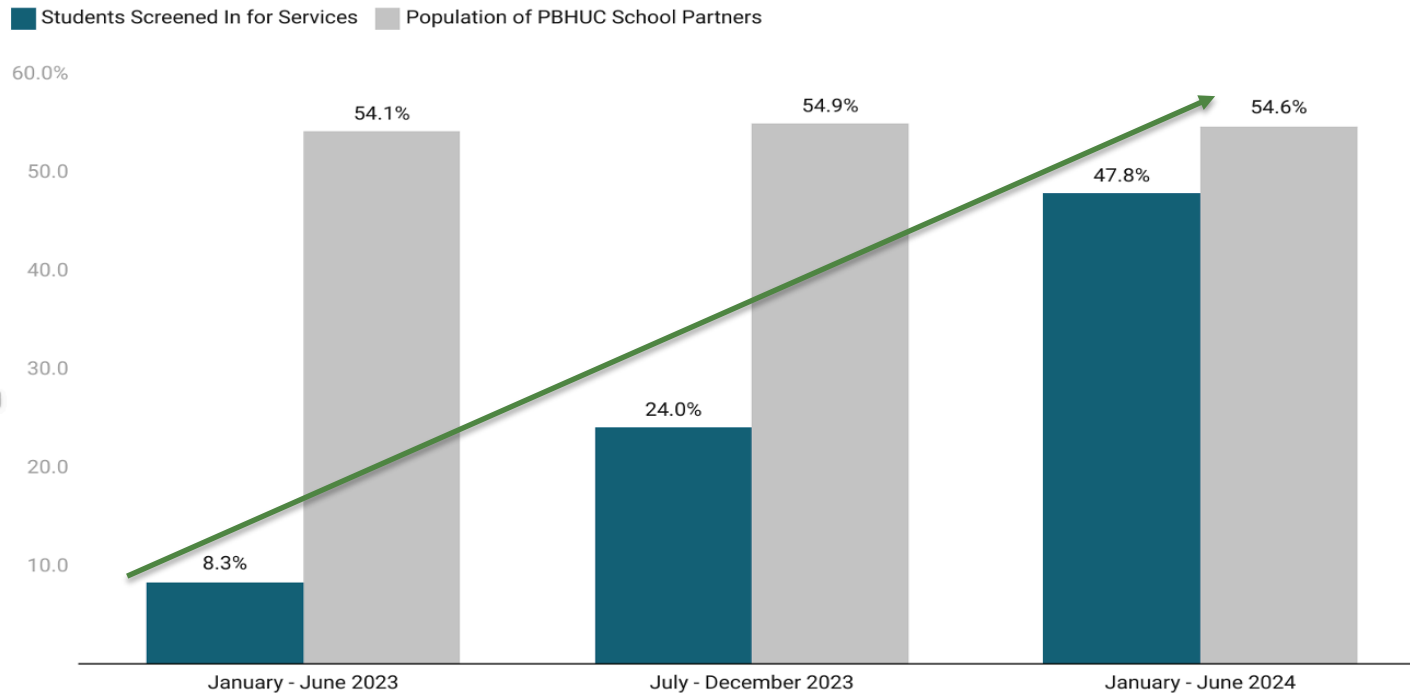


Language



First language not English: 54% of students in school partner schools vs. 26% in MA overall

Percentage of Students Whose First Language Was Not English, January 2023 - June 2024





MH Issues among Students Served

- Anxiety with various root causes (school safety, self-image, school performance, parental pressure, new school, etc.)
- Depression
- Trauma/PTSD
- Grief and loss
- Non-suicidal self-injury
- SED
- School refusal

Source: Survey in Learning Community meeting

”It has been a relief knowing that my grandson is being watched over at school and he is learning how to deal with the death of his mother.”

Grandparent describing her experience with the program

Common Services Provided



Clinicians

- Outreach and engagement
- Assessment
- Crisis intervention
- Individual counseling
- Groups
- Training, psychoeducation, consultation to school staff
- Bridge counseling pending outpatient therapy placement
- Collaboration with SE teams

Family Navigators

- Outreach and engagement
- Home and community visits
- Treatment and service navigation
- Family education around MH services
- Supports, referrals for siblings, family
- Liaison between families and school administrators
- Support for special education assessments/meetings

Family Experiences



Most families agreed or strongly agreed that their student was:

- Doing better at school (81%)
- Getting along better with the family (83%)
- Doing better in social situations (76%)
- Better able to deal with a crisis (76%)
- Dealing more effectively with daily problems (76%)

95% of families expressed satisfaction with services:

"I am truly in debt to these two women for all they have done for my entire family...the only way I can express my gratitude is to pay it forward and help educate our school systems to better support children that fight anxiety every day."

Outcomes: 911, MCI

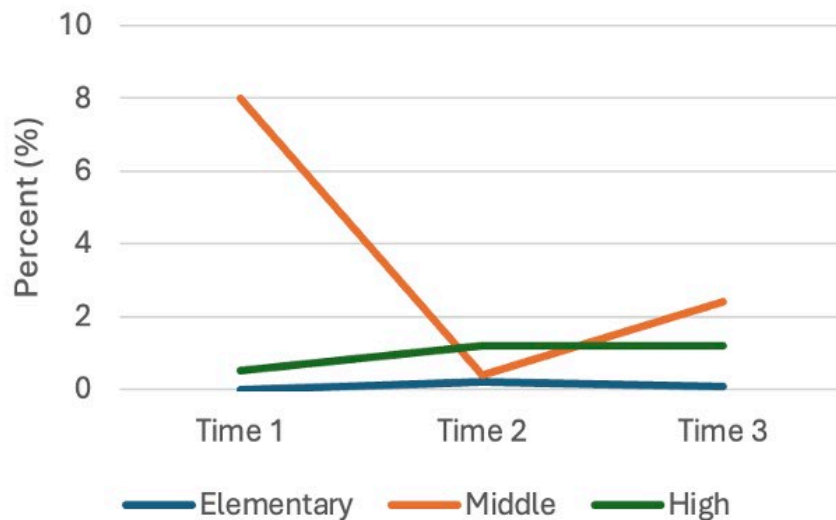


Outcome Measure	Findings	Notes
911 calls	3 out of 4 that reported saw decreases in BH-related calls.	Site visit interviews: having a clinician is an effective alternative to 911
MCI calls	# MCI calls decreased (4 reported)	Grantees/schools report that having a clinician (several x-trained in crisis intervention) has minimized need to call MCI

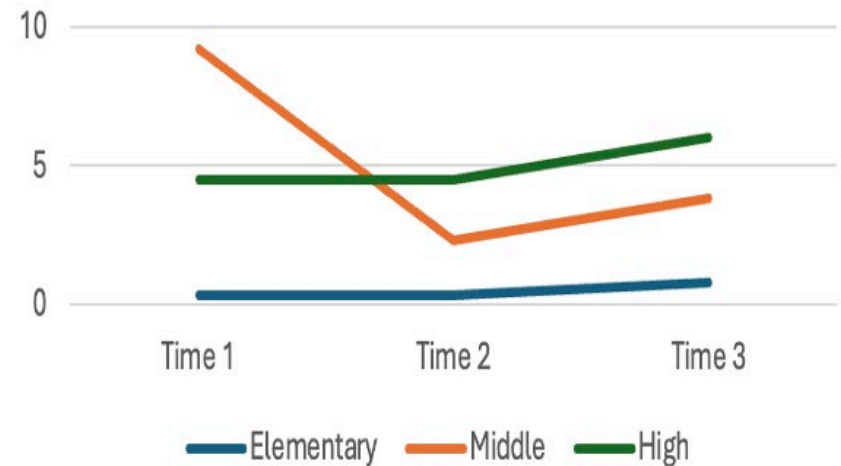
Outcomes: Suspensions



Percent In School Suspensions Across 3 Reporting Periods



Percent Out of School Suspensions Across 3 Reporting Periods



Outcomes: Chronic Absenteeism



Number and Percent of Students Experiencing Chronic Absenteeism

Chronic Absenteeism*	#/(%) Students who are chronically absent		
	Time 1	Time 2	Time 3
School level			
Elementary	1175 (20%)	n/a**	1214 (21%)
Middle	206 (9%)	n/a	292 (14%)
High	430 (17%)	n/a	724 (27%)

*Definition: missing at least 10% of enrolled days.

**Note that these data are collected annually by DESE. Our data are reported every 6 months, which is why there are no Time 2 data.

Program Implementation: Lessons from the Field



Build in time for planning and learning: learn about existing SEL services and capacity; learn how CBHC and school services can complement each other



CBHCs: educate schools about roles and expertise of their clinicians and family navigators



Factors associated with mutually beneficial partnerships:

Understanding and accepting each other's mission, constraints, and opportunities

CBHC staff brings new ideas, works collaboratively to solve problems

School is welcoming and helps grantee staff feel like they belong

Program Implementation: Lessons from the Field



Develop clear communication and supervisory structures



The clinician is the right fit when:

The school participates in hiring

Clinician learns the language and frameworks that guide SEL/counseling teams

Is flexible, reliable, patient, and understanding of school culture

Able to provide culturally responsive care

Sustainability



- **Reimbursement:** Many services that are valued are not billable (either by insurance or in the school setting):
 - Groups held in schools
 - Outreach and engagement
 - Psychoeducation (staff, faculty, families)
 - Services to immigrants and refugees on MA Health Limited
- **Reimbursement mechanisms:** It is challenging for school systems to apply to the MA School-Based Medicaid program; reimbursement goes to the municipality, not the school system. Commercial insurance as barrier to outpatient therapy
- **Potentially billable services:** crisis intervention

What is Needed for Replication



Urgent care components:

- De-escalation and assessment in real time
- Connection to community-based services/BH
- Follow-through on crisis referrals
- Family navigation
- Trauma-informed approach
- Therapeutic interventions to help students stay in school
- Trauma-informed approach to discipline that incorporates root causes
- Access for people with limited insurance, especially migrant families and students
- Clinician embedded in the school for a significant amount of time

Infrastructure components:

- Cross-system collaboration to engage schools that are not tied into community resources
- Systems and practices that are tailored to the community
- Integration of the urgent care team into school counseling/SE team

Next Steps and Discussion



- **Next steps:** visit grantees ending in 6/25 this spring; visit others as they come to the end of their grant funding. Continue to collect demographic, service, and outcome data
- **Questions for discussion:**
 - What questions do these findings raise for you?
 - What questions should we ask you going forward?
 - What is most important for us to tell funders about this program?