Facilitating Student Access to Behavioral Health Urgent Care:
Key Themes from Interim Findings of a Pilot Grant Program

HISTORY AND BACKGROUND

With funding from Mass General Brigham, the American Endowment Foundation, and the Charles F. and Beatrice D. Adams Charitable Trust, the Massachusetts Association for Mental Health (MAMH) provided grants to seven Community Behavioral Health Centers (CBHCs) to partner with schools in their service areas to provide key components of Pediatric Behavioral Health Urgent Care to K-12 students. This pilot program tests the hypothesis that partnerships between CBHCs and schools will result in earlier identification of students who are experiencing urgent behavioral health needs; expedited access to high quality, comprehensive behavioral health services; and fewer adverse outcomes such as unnecessary emergency department (ED) visits, 911 calls, suspensions, and chronic absenteeism.

GRANTEES AND PARTNERS

Grantees were selected through a competitive bidding process based, in part, on high levels of need and diversity within their partner schools. Grantees are located across the state, partnering with elementary, middle, and high schools. Grantees receive funding for 2.75 years. All grantees use funding to support a clinician who is located some or all of the time in their partner school(s). Four grantees also support one or two family navigators. All grant terms are scheduled to end between June 2025 and June 2026.

Grant-funded staff provide capacity to respond to students with emerging behavioral health needs to prevent crises and ensure access to timely, community-based services with appropriate intensity and support. Grant-funded clinicians provide a consistent presence at the school and provide a range of services and supports for students and their families. Grantees and their school partners include:

- Advocates and Framingham Public Elementary Schools
- Aspire Health Alliance and JFK Elementary and Donovan Elementary (Randolph) and Chapman Middle School (Weymouth)
- Behavioral Health Network and Washington Elementary Street School (Springfield)
- Boston Medical Center and UP Academy Dorchester and Holland (Boston)
- Cambridge Health Alliance and Somerville High School
- Eliot Community Human Services and Lynn Public High Schools
- Riverside Community Care and Stacy Middle School and Milford High School (Milford)

PROGRAM IMPLEMENTATION: LESSONS FROM THE FIELD

In the spring of 2024, an evaluation team led by S.E. Foster & Associates conducted site visits with each grantee, interviewing CBHC staff, grant-funded staff, and school staff about their perceptions of the planning and implementation process. Based on key themes emerging from these interviews, here is what we have learned to date about factors associated with successful CBHC/school system partnerships to implement urgent behavioral health care:

- Before finalizing a partnership, CBHCs and schools should build in sufficient time for discovery and planning. During this stage, CBHCs should learn about the existing social emotional learning (SEL) service structure and capacity in the school. Both CBHCs and schools should learn how existing services and supports can complement each other to avoid duplication.

- CBHCs should educate school leadership and staff as to the roles and expertise of their clinicians and staff. This includes family navigators, who support both families and the collaboration.

- School leadership is critical to supporting alignment between CBHCs and schools of their approaches and goals. A principal or other administrative leader, who understands and supports the collaboration model, can facilitate broader support across the school community. Buy-in from school counseling leaders and staff is essential to day-to-day implementation. School leaders indicated that they supported the urgent care collaboration because they were included in planning and designing the model and because the CBHC clinicians were sensitive to school needs and culture.

- Relationships between schools and CBHC staff are mutually beneficial when:

    - CBHCs and schools understand and accept each other's mission, infrastructure, constraints, and opportunities.
    - CBHC staff reach out to the school, bring new ideas, and work collaboratively to solve problems.
    - The school is welcoming to CBHC staff and helps them to feel they are part of the fabric of the school.
    - CBHC staff are willing to adapt to periodic changes in school staffing and culture.

- Clear communication and supervisory structures are essential. These are supported by frequent CBHC/school meetings, weekly supervision to the clinician, and active participation by CBHC clinicians and family navigators in relevant school meetings.

- The CBHC clinician needs to be the right fit for the school setting. To achieve this:

    - Invite the school into the hiring process if new staff are recruited for the partnership.
    - Relationships are built with each school over time, and the clinician needs to be embedded in the school and its culture.
    - CBHC clinicians need to learn the language and frameworks that guide school SEL and counseling teams and complement them.
    - CBHC clinicians need certain individual traits: reliability, patience, and an understanding of school culture, knowledge, and skills. Ideally, the clinicians will be able to provide culturally responsive services in the languages used by students and their families.

IMPACT

To obtain feedback from families about their experience with the school behavioral health urgent care grant program, MAMH and the evaluation team created a brief survey, disseminated in English, Spanish, and Portuguese. The family survey is designed to be a direct measure of the impact of grant-funded services on the family. Almost all families (95%) completing the survey expressed satisfaction with the services they had received, and the majority of families report that the services provided through the grant have been helpful for their children on several measures, including doing better at school, home, and in social situations. The evaluation team continues to analyze service and outcome data on 911 calls, suspensions, and school absenteeism.