

**Topic:** BRYT Model Discussion

**Date:** December 1, 2022

**Grantee and Partner Participants:**

- Advocates: Ann Pruszynski
- Aspire: Kristen Woodbury and Abby Foley & Kimberly Duane from Randolph and Kelsie Bromberg from Weymouth Schools
- BHN: Dawn King and Jennifer Maccarini and Keith Asher
- Eliot: Elizabeth Linewaver
- Riverside: Marcel Descheneax & Bill Chaplin and Lisa Kingkade from Milford MS
- MAMH: Joan Mikula, Jenifer Urff, Lina Stolyar

**Agenda:**

- Welcome and Housekeeping
- Presentation from Paul Hyry-Dermith
- Logistics

**Welcome and Housekeeping**

- Next steps for evaluation
  - o As we mentioned at our last meeting, our lead evaluator at NRI (NASMHPD Research Institute) has accepted a position with another organization. We're excited to announce that we've engaged Bill Fisher as our new evaluator.
    - Bill taught for decades at the University of Massachusetts Medical School.
    - He has been the principal investigator on many grants from NIMH (National Institute of Mental Health), National Institute on Drug Abuse, SAMHSA (Substance Abuse and Mental Health Services Administration), and the Robert Wood Johnson Foundation
    - He has authored or co-authored over 100 peer reviewed journal articles.
    - He chaired the Mental Health Section of the American Public Health Association.
  - o Bill will work as a consultant with NRI. Bill or Lance Washington will reach out by email to schedule time to talk with your teams about the evaluation. We realize that we're getting close to the end of the school semester and the holidays, so we will be looking at dates in January.

**Presentation from Paul Hyry-Dermith**

- **Framing context:**
  - o The RFR for this grant identified Key Components of the grant model, including support for students returning to school after an extended health-related absence. We mentioned BRYT as one model to do this
  - o One of our grant goals is to reduce hospitalizations but we know that, despite the supports we put in place, some students may still need this level of care. Supporting their transition back to school is essential to supporting long-term outcomes and reducing the need for future hospitalizations.
- **Background on Paul:**

- Paul Hyry-Dermith, Ed.D is Director of the Brookline Center for Community Mental Health's BRYT (Bridge for Resilient Youth in Transition) program. BRYT helps schools develop programs providing comprehensive academic, therapeutic, family, and care coordination supports to young people who have missed extensive amounts of learning due to serious mental health and other medical challenges. Paul is a former school principal and assistant superintendent in Holyoke, Massachusetts. Prior to working in PreK-12 education he was a teacher and program leader in Adult Basic Education, worked in public health and community organizing, and taught philosophy at the college level.
- **What is BRYT:**
  - Kids get penalized for having mental health challenges because our schools are not structured well to support those with MH challenges. But what would it be like if schools were well organized so that MH was not a burden for schools?
  - Schools are incredibly complex environments and we need to understand that complex system. BRYT tries to figure out how to integrate the systems to help work for children.
  - BRYT is designed to be at the highest tier (Tier III) that when it is working well, it is helping students be successful for Tier II and Tier I interventions.
  - BRYT has the 4 S's: staffing, student selection, space, support plan.
    - Student selection: the biggest single challenge for the work you will do for schools is not to become a catch all.
      - Priority population for high schools is usually students returning from extended mental health-related absences or are in schools but are having a hard time functioning in schools.
    - Space: important to have dedicated space.
    - Support Plan: each student has an individualized plan for supports which include care coordination, academic support, clinical support, family support.
    - Staffing and Roles: will include clinical coordinator and academic coordinator from BRYT staff and counselors and teachers from wider school staff
  - **Impact of BRYT:**
    - Schools with well-developed BRYT programs see the following changes: attendance improves, graduation rates, saves money, and more.
    - Mostly in MA with 175+ schools and in 8 states total.
  - **Discussion and Q+A:**
    - Question: What does BRYT at the elementary level look like?
      - Much less common for a child to be hospitalized and return to school. More likely to see kids not available for learning due to being dysregulated or disruptive.
      - BRYT will usually make it a small intervention which 3 – 5 kids.
      - It will be a longer program. For example, for HS it is 8 – 12 weeks but at elementary level, it can take 20 weeks.
      - It is also much less about academic coordination since it is one key teacher, but as we learn what helps a child regulate, we need to translate that into the classroom. This looks like a teacher collaboration

component, not an academic coordination. The goal is to learn what helps the child in BRYT space and try to replicate that in the classroom.

- Again, for BRYT, a space is a critical part of the intervention. Dedicated space that functions and is structured in a certain way.
- Joan: BRYT started in Brookline HS and grew from there. It was a laboratory. This is true for our five grantees as well. Something will emerge thematically for us as well.
  - It is important to understand the school on its own terms. The work we are doing involves understanding the school and discovering what is happening. Otherwise, it is easy to be redundant or to be not be as effective.
- **For consideration:**
  - Our job is to understand the school on its own terms and adapt our support and interventions to the school context
  - Essential to define the priority populations and how are they identified and what are the supports and interventions and how do kids get them
  - Most schools have Tier I and Tier II supports and fewer schools have Tier III supports.
  - There is room for BRYT and urgent care work to coexist.
  - Family communicate and support are essential.
- Schools then discuss what reintegration processes they have in place now.
  - There was a discussion from one school that during COVID, the selection criteria turned into a catch all. CBOs were bogged down too. There were plenty of clinicians that do OP therapy but that is just one slice of what the students need. Parents need services too.
    - Paul discussed that it was really important to have unconditional positive regard for parents.
- Paul also discussed that it was incredibly important to write down the operational plan and have consensus on that between school and CBHC. Plan may need to be changed overtime but hard to follow a plan if it is not written down.

### Logistics and Next Meetings

- Thursday, December 15<sup>th</sup>
  - We will use this meeting to discuss any implementation challenges you are facing as the implementation date approaches.