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SCHOOL-BASED TELEBEHAVIORAL HEALTH

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



Meet the Team



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Agenda



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The Brookline's Center Role

- *Operational Excellence*
- *Training & Technical Assistance*

SBTBH Program Overview

- *SBTBH Models & Approaches*
- *Fostering Key Partnerships*
- *Program Evaluation*

Future Directions

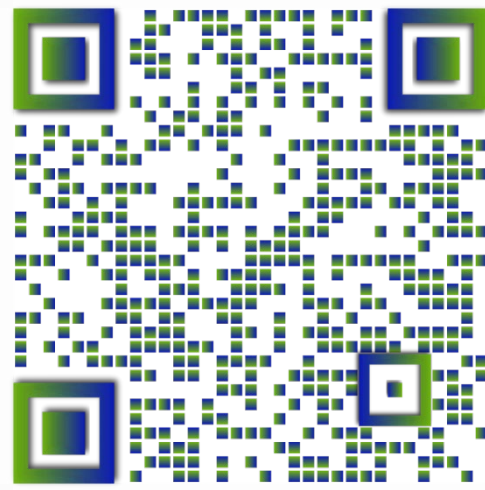
Key Challenges & Lessons Learned

Q&A

Questions & Discussion

Thank you for joining this workshop!

We welcome your questions and insights regarding the SBTBH pilot program and its future.
Please use your phone camera to access the QR code below to submit your inquiries.



Youth Behavioral Health Access Gap



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School Absenteeism*

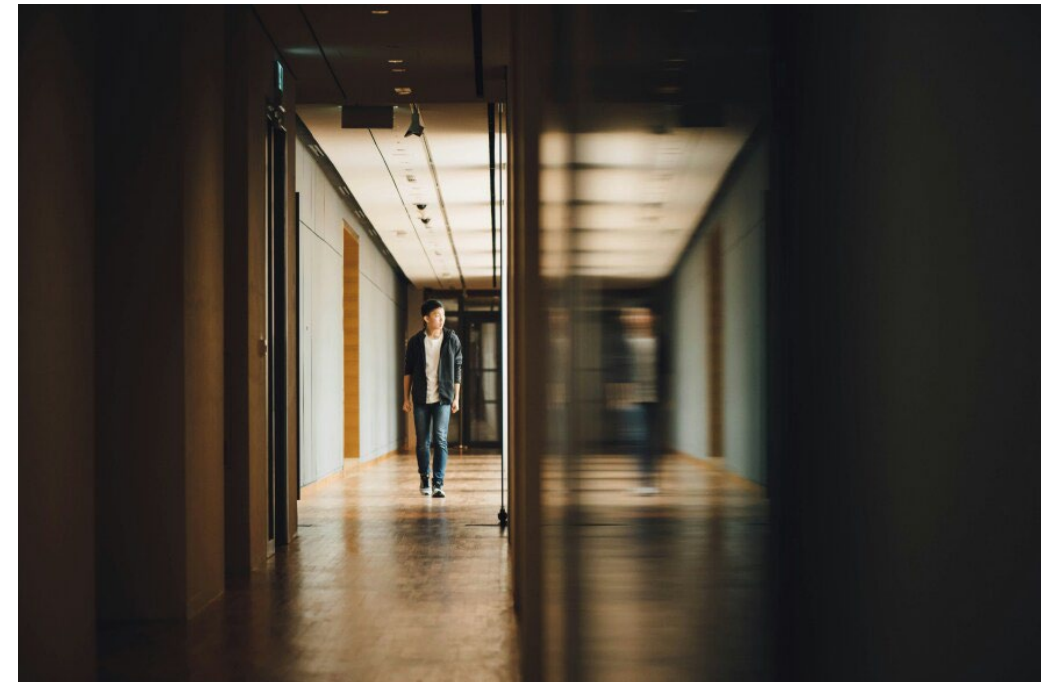
- 24.5 [% of students] in March of 2023, to 19.6 [% of students] just this March 2024
- More work needs to be done to reach pre-pandemic levels of about 13%

Long Wait Lists & BH Workforce Crisis**

- 20.5-week wait for MassHealth enrolled families;
- 26.5-week wait for families with private health insurance; and
- 35% total position vacancy rate across these services.

Epidemic of Social Isolation & Loneliness***

- Up to 20% of children surveyed reported consistently feeling lonely
- Increase in co-occurring concerns for youth



*<https://www.doe.mass.edu/commissioner/>

**https://www.abhmass.org/images/CBHI_Brief/ABH_Brief_Children_Are_Waiting_FINAL_121423_R.pdf

***<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9955087/#:~:text=Loneliness%20is%20not%20new%20a,reported%20feeling%20lonely%20%5B7%5D.>

The Brookline Center's Role

The MA Lead SBTBH Implementation Partner

Provider Recruitment: The Brookline Center works with the school district to identify and assess the capacity of qualified licensed behavioral health providers to ensure a diverse and skilled team capable of meeting the varied needs of students.

- *To optimize program integration, a thorough capacity assessment identifies each school's logistical needs, including equipment, space, and staffing.*

Operational Excellence: A team project coordinator works closely with school district contacts, and the clinical provider to offer operational support. This ensures seamless process flows.

- *This dedicated team member meets regularly with school contacts to share status updates; and ensures proactive and timely implementation of solutions to prevent service disruption.*

Training & Technical Assistance: The Center provides comprehensive training and ongoing technical assistance to providers and school staff, ensuring seamless service delivery and troubleshooting.



Commitment to Cultural Responsiveness

- The Brookline Center for Community Mental Health (“The Center”) was established by the visionary Edna Stein and has a rich history dating back to its founding in 1958.
- The Center has consistently provided high-quality mental health care and community-based services.
- Our commitment to cultural responsiveness is evident through our inclusive approach, honoring diversity, and promoting racial justice and equity.
- The Center’s school-based telebehavioral health (SBTBH) program further exemplifies the Center’s dedication to meeting Students and Caregivers where they are.
- The Center offers a variety of programs in diverse communities. All programs address diverse needs, nurture compassion, transform lives, and foster resilience.





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Program Overview



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Program Overview

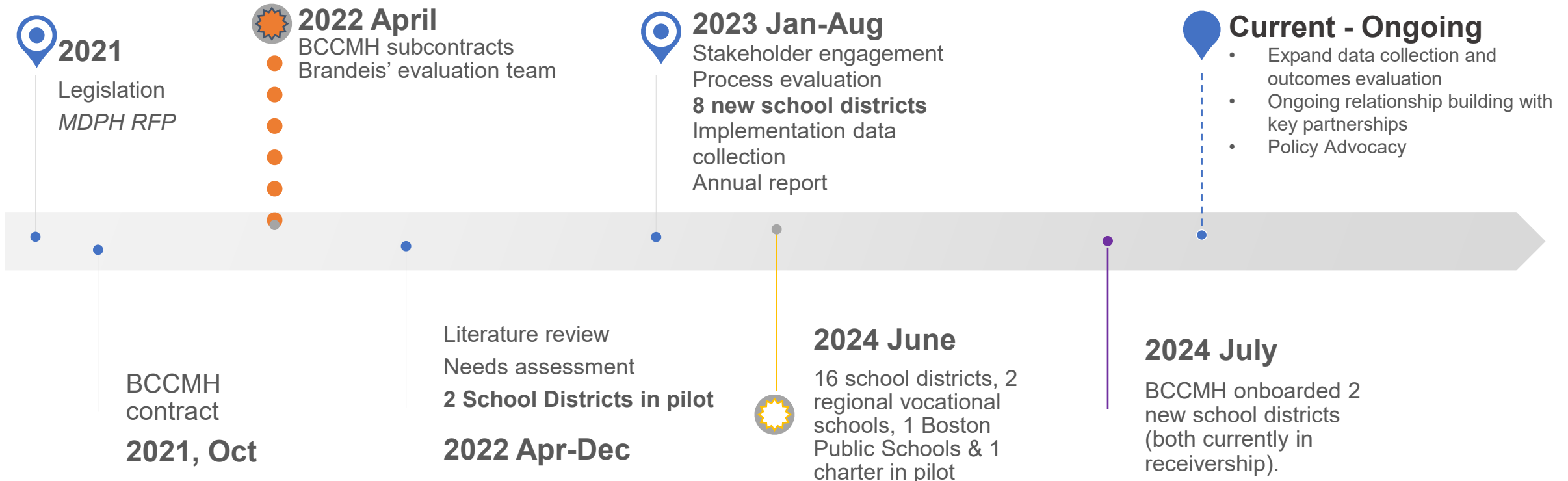
- **Background:** Since Oct 2021, DPH has selected The Brookline Center as the lead implementation partner to design, operationalize, and evaluate SBTBH services across Massachusetts (MA).
- **Addressing Access Barriers:** This Pilot demonstration project directly tackles the significant challenge of limited access to behavioral health care for students in underserved MA communities.
- **Program Goals and Objectives:** The program aims to improve student behavioral health outcomes, reduce stigma, and promote support-seeking behaviors among students.

SBTBH Pilot Timeline



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Project Goals



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Promote Diversity

Strategically ensure diversity among pilot sites by considering geographic variety, student demographics, and the type of educational institutions (municipal, charter, regional, vocational-technical).



Optimize Learning

Maximize learning across sites through proactive stakeholder engagement and comprehensive professional development opportunities.



Evaluate & Sustain

Conduct a rigorous evaluation of the program; ensure the sustainability of service provision; and develop a detailed replication guide for future implementation.





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Current SBTBH Models Approaches

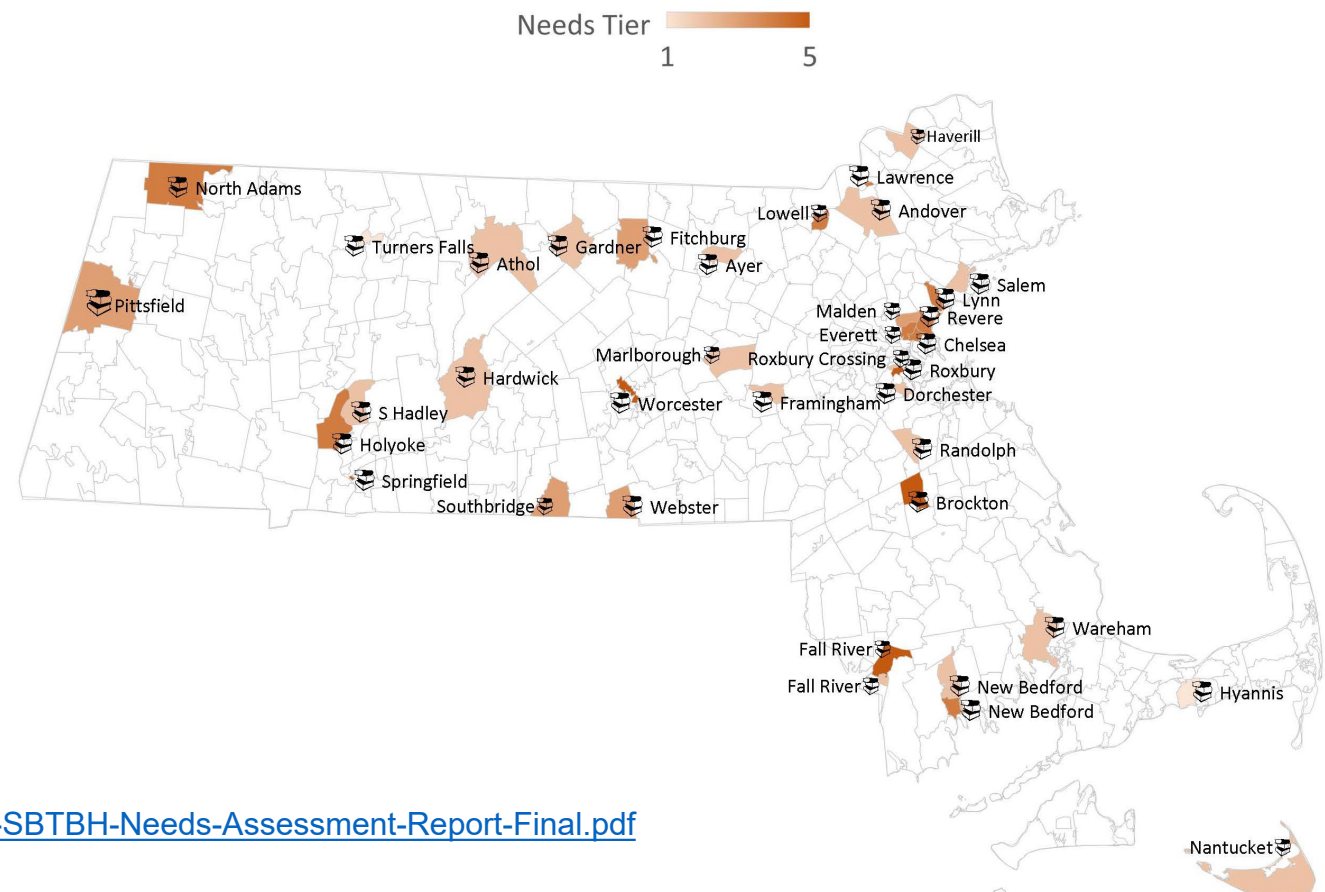
Prioritized Community Needs



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- In 2022, The Center and Brandeis University collaborated to conduct a community needs assessment*.
- 43 school districts were identified as having a demonstrated high need for behavioral health services.
- The districts are prioritized and stratified based on a tiered system ranging from 1-5: *Low- Moderate- High needs.*

Needs Assessment for School-Based TeleBehavioral Health Services



<https://maschoolbasedtelebh.org/wp-content/uploads/2022/10/8.22.22-SBTBH-Needs-Assessment-Report-Final.pdf>

Prioritized Community Needs

| Needs Assessment Tier | School Districts |
|-----------------------|---|
| 5=Highest | Boston, Brockton, Fall River, Springfield, Worcester |
| 4 | Chelsea, Everett, Holyoke, Lawrence, Lowell, Lynn, New Bedford, North Adams ^R , Revere |
| 3 | Fitchburg, Malden, Pittsfield, Southbridge, Webster |
| 2 | Athol-Royalston ^R , Ayer Shirley School District ^R , Framingham, Gardner, Greater Fall River Regional Vocational Technical, Greater Lawrence Regional Vocational Technical, Greater New Bedford Regional Vocational Technical, Haverhill, Marlborough, Nantucket ^R , Northern Berkshire Regional Vocational Technical (North Adams), Randolph, Salem, South Hadley, Ware ^R , Wareham, <i>Global Learning Charter Public, Alma del Mar Charter School, Roxbury Preparatory Charter, Lawrence Family Development Charter, UP Academy Charter School of Dorchester</i> |
| 1=Lowest | Barnstable, Franklin County Regional Vocational Technical, Gill-Montague |

^R Rural area



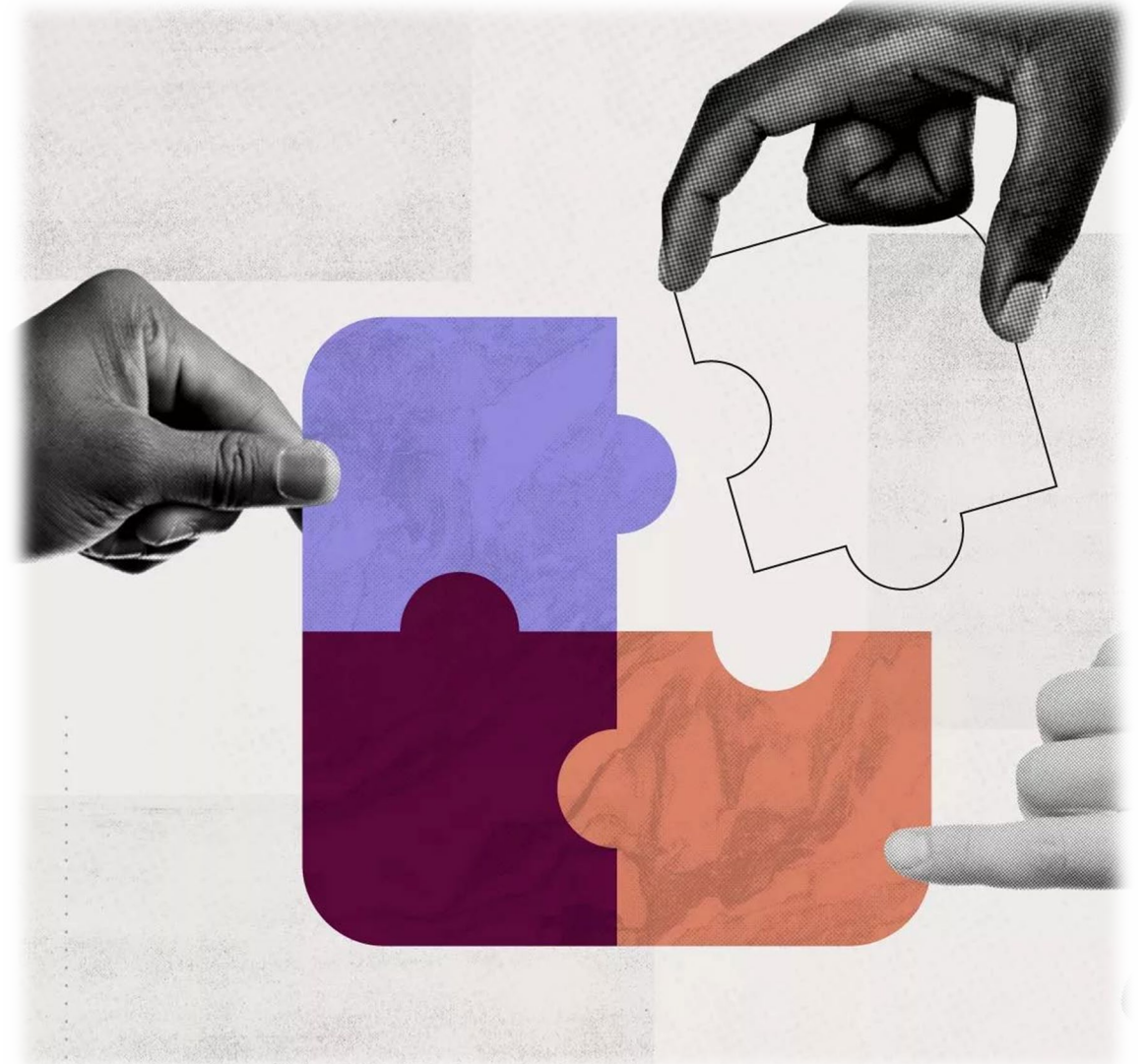
SBTBH Models & Approaches

Service Delivery Models: The program leverages and utilizes clinical services, care coordination, and community resource planning interventions tailored to diverse student needs in school, home, and other preferred community settings.

Technology & Accessibility: Voice and video conferencing technology facilitates remote therapy sessions, ensuring accessibility for students regardless of location (school or home), and overcoming geographical transportation barriers.

Tailored Interventions: Intervention types are adaptable to the unique needs of each student, ranging from individual therapy, parent guidance sessions, and coordination amongst providers to address unmet needs.

Addressing Barriers: The program established an “Equitable Care Fund,” to ensure students who are deemed uninsured or underinsured can access care regardless of insurance status or ability to pay due to their socio-economic status.





SBTBH Service Delivery Models



DEDICATED ELEMENTS ACROSS PROVIDERS

- Licensed Behavioral Health Provider Organization (school choice)
- Care Coordination

Model 1

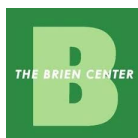
TBH sessions typically occur at the school with onsite CHW support

Model 2

TBH sessions typically occur outside of school/ at home with support of a virtual Care Coordinator

Model 3

TBH sessions occur both inside and outside of school w/ CHW support (virtual and/or in person).



CHW support services



Longer term, more acute care



Shorter- term care



STBH Service Models by District/ School

| | | | Model 1 | Model 2 | Model 3 |
|---|----------------------|------|--|---|---|
| | | | 4 School Districts | 14 School Districts, 2 Voc Tech Schools, 1 Boston Public School | 1 School District |
| School/District | School/District Type | Tier | Services delivered during the school day by a remote clinician with onsite CHW support | Services delivered outside of school with a remote clinician; remote care coordinator support | Services delivered in school or at home with a remote clinician; remote care coordinator and remote CHW support |
| Athol Royalston | District | 2 | ✓ | ✓ | |
| Ayer Shirley | District | 2 | | ✓ | |
| Berkshire Hills Regional | Regional District | - | | ✓ | |
| Boston Arts Academy | Boston School | 5 | | ✓ | |
| Fitchburg | District | 3 | | ✓ | |
| Fall River | District | 5 | | ✓ | |
| Gardner | District | 2 | ✓ | | |
| Greater Lawrence Regional Vocational Technical | Voc Tech School | 2 | | ✓ | |
| Greater New Bedford Regional Vocational Technical | Voc Tech School | 2 | | ✓ | |
| Haverhill | District | 2 | | ✓ | |
| Lawrence | District | 4 | | ✓ | |
| Lawrence Family Development Charter | Charter | 2 | | ✓ | |
| Lowell | District | 4 | | ✓ | |
| Marlborough | District | 2 | | ✓ | |
| Methuen | District | - | | ✓ | |
| Narragansett Regional | Regional District | - | ✓ | | |
| North Adams | District | 4 | | | ✓ |
| Pittsfield | District | 3 | | ✓ | |
| RC Mahar Regional | Regional District | - | ✓ | | |
| Salem | District | 2 | | ✓ | |
| Southbridge | District | 3 | | ✓ | |

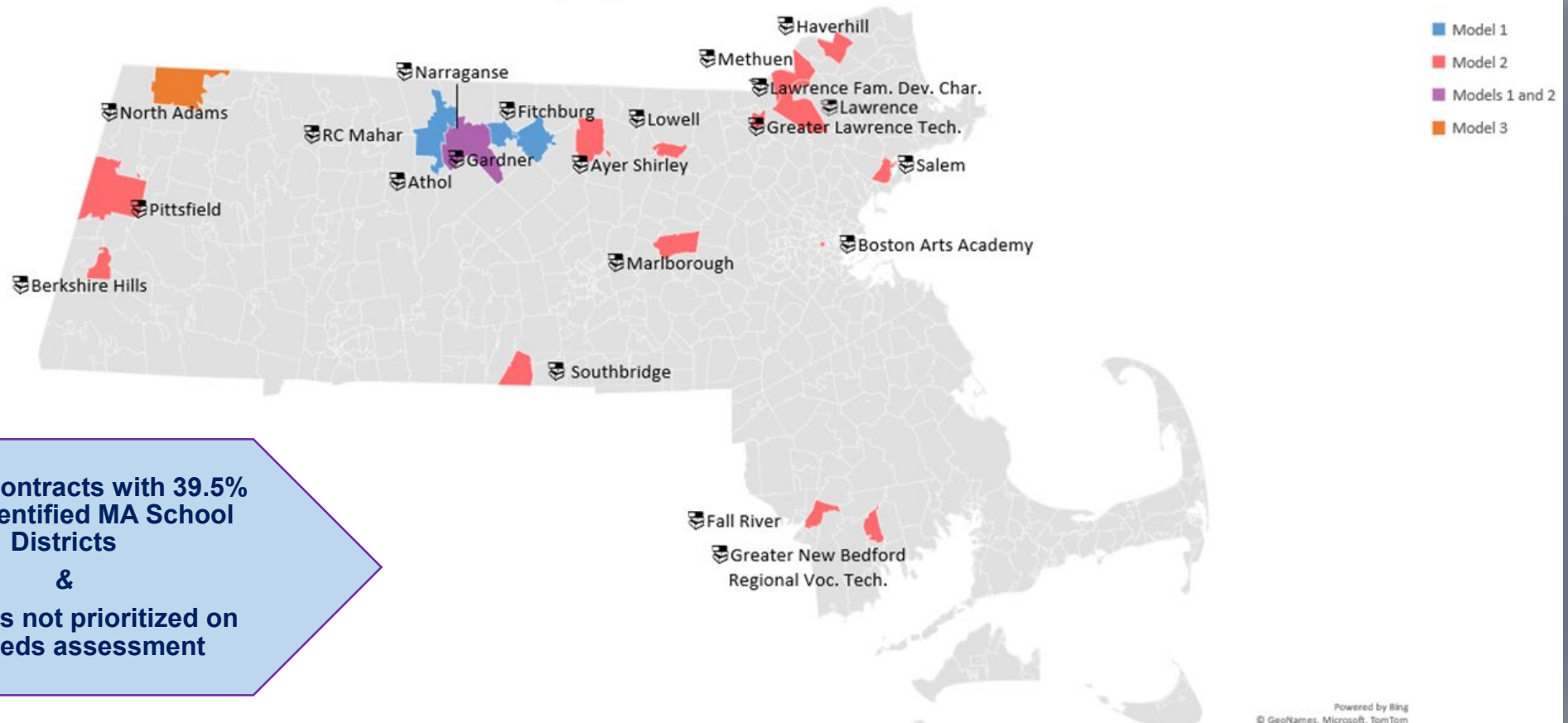
Statewide Pilot Reach



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SBTBH: Participating School District Locations in FY 2025



BCCMH contracts with 39.5%
of the identified MA School
Districts

&

4 districts not prioritized on
the needs assessment



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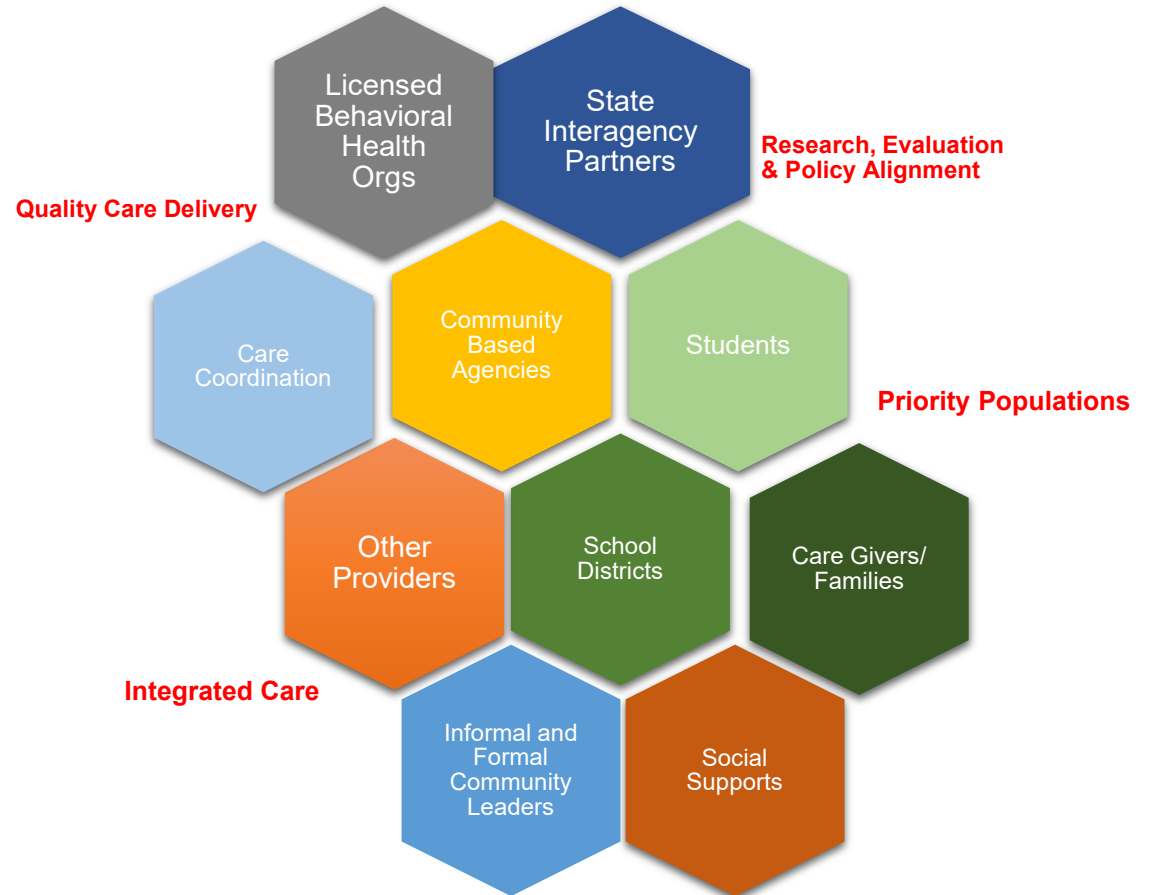
Fostering Key Partnerships

Fostering Key Partnerships



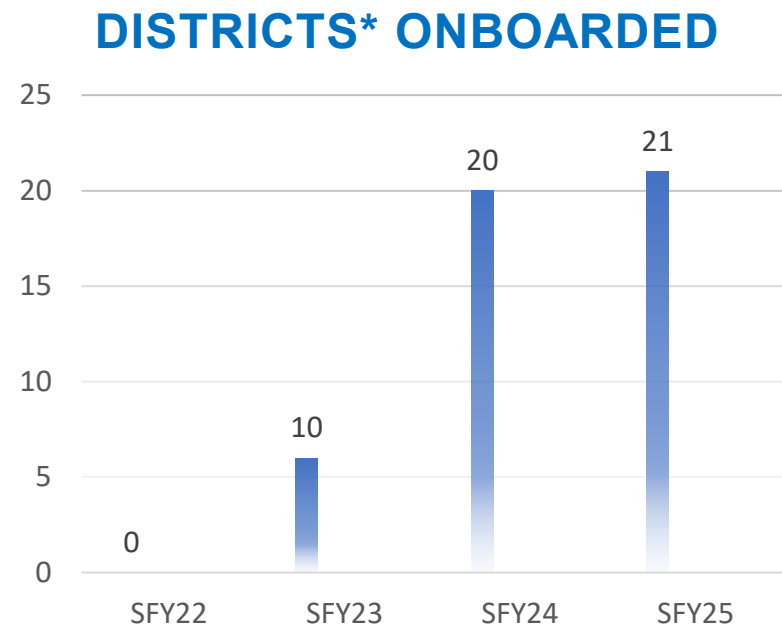
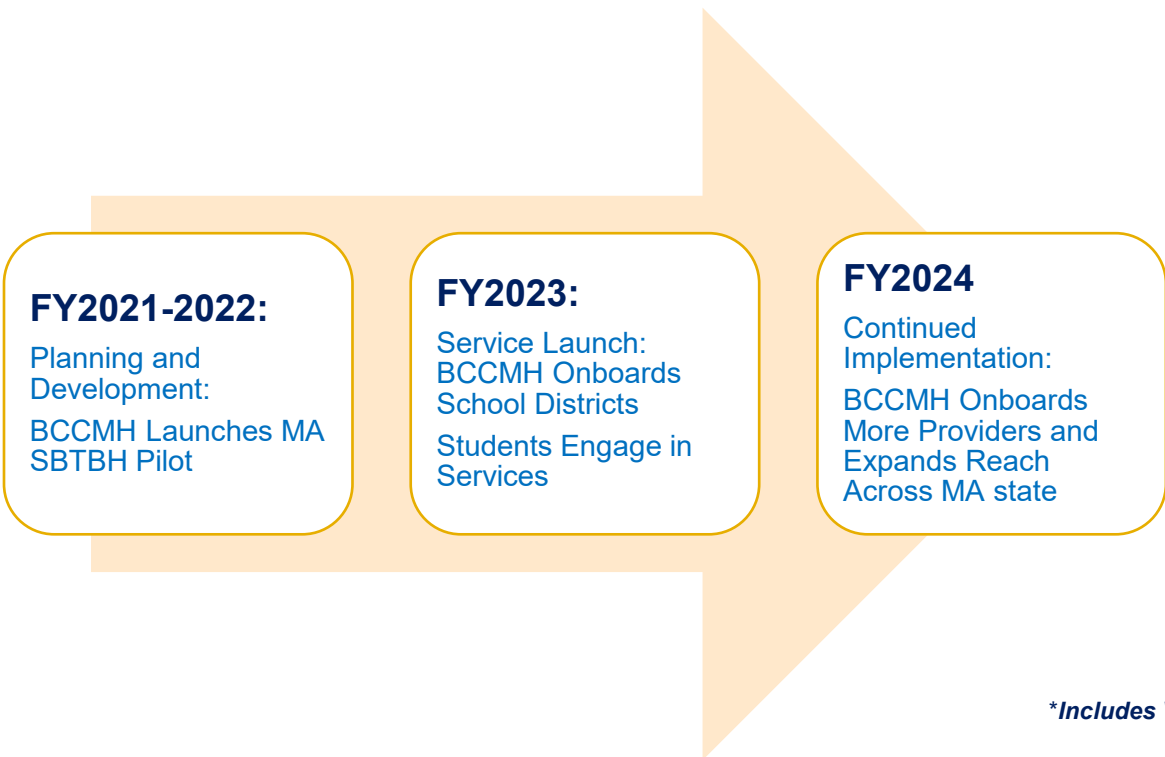
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- **Improved Access:**
 - The SBTBH program increased mental health services, leveraging technology to connect students with care more rapidly than traditional outpatient models.
- **Enhanced Collaboration:**
 - The Brookline Center facilitates strong partnerships between schools, caregivers, youth community members, providers, community-based agencies, social care organizations, and state interagency partners to ensure smooth service delivery, streamlined processes, and policy advocacy.
- **Data-Driven Success:**
 - The SBTBH program evaluation process demonstrates a clinically significant improvement in mental health outcomes among participating students.
 - *Community well-being metrics are also taken into consideration, as well as the impact of social determinants of health.*



Key Partnerships

Pathway to Addressing Youth Behavioral Health Needs in MA State



**Includes Vocational and Technical schools as well as charter schools, but not individual schools within districts*





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Program Evaluation

Program Evaluation



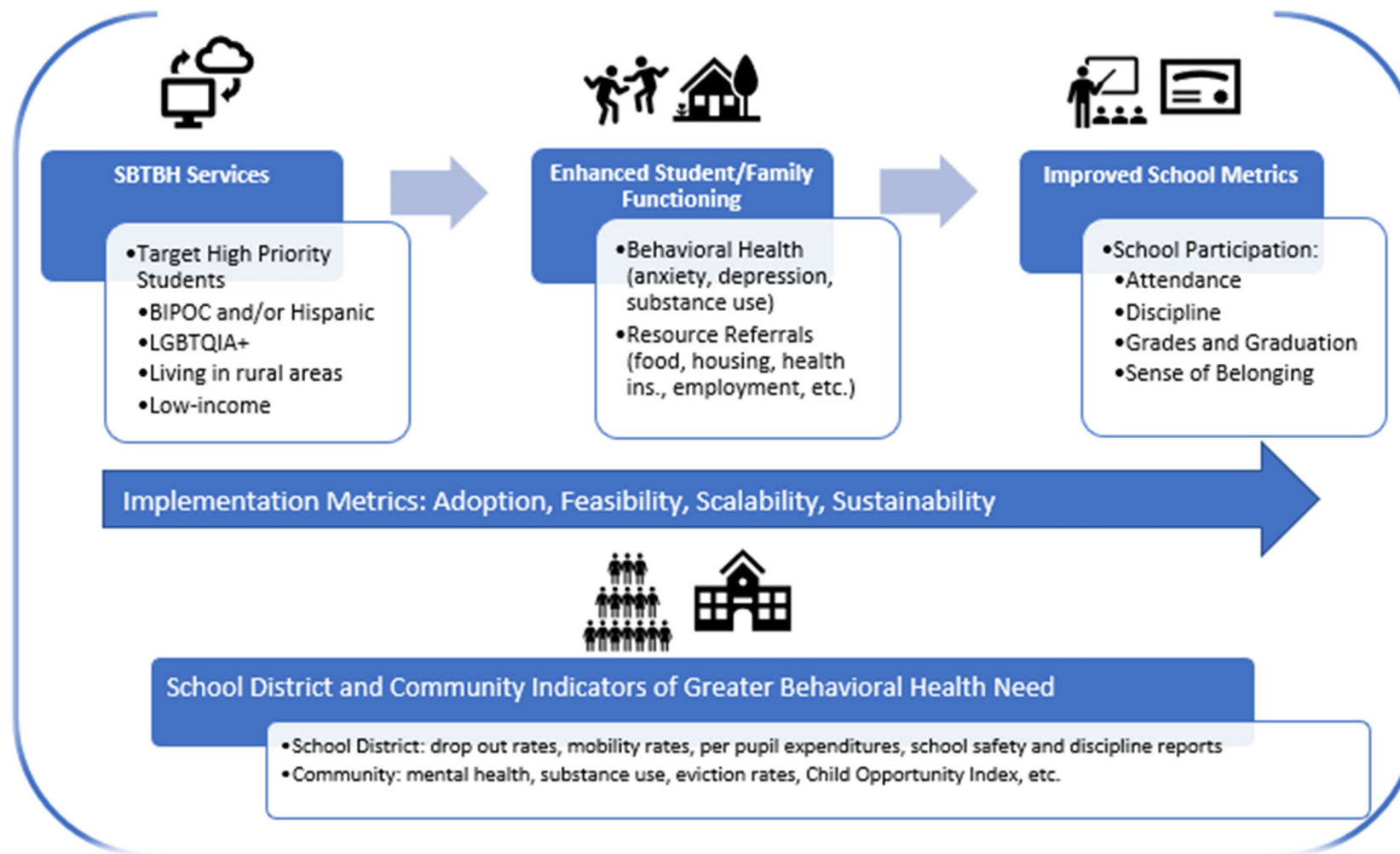
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Measuring Effectiveness of SBTBH

- The Center subcontracts with Brandeis University to evaluate and measure the effectiveness of the SBTBH program.
- The Brookline Center facilitates Brandeis' collaboration with clinical providers, participating school districts, and interagency partners (state and community partners) to measure the feasibility and effectiveness of the project.

SBTBH Evaluation Model Overview



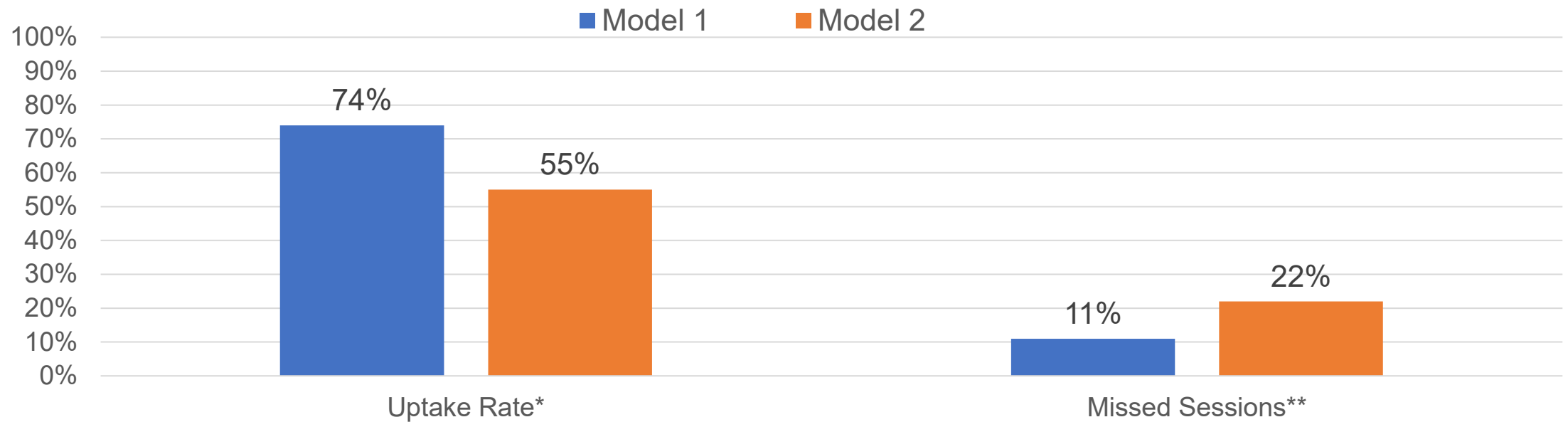
SBTBH Implementation Metrics

| | SFY24 Total | Totals (SFY23+24) |
|---|-------------|----------------------|
| # of Referrals received | 1,684 | 2,181 |
| # of Intakes completed | 942 | 1,224 |
| # of TBH sessions (students) | 11,001 | 15,365 |
| # of Closed with no services | 681 | 806 |
| # of Active caseload (as of June 30 th , 2024) | 550 | --- |

| | Model 1 | Model 2 |
|--------------------------------|---------|---------|
| Average Monthly Caseload SFY24 | 161 | 198 |

Program Evaluation

Differences in Service Delivery Metrics Across SBTBH Models

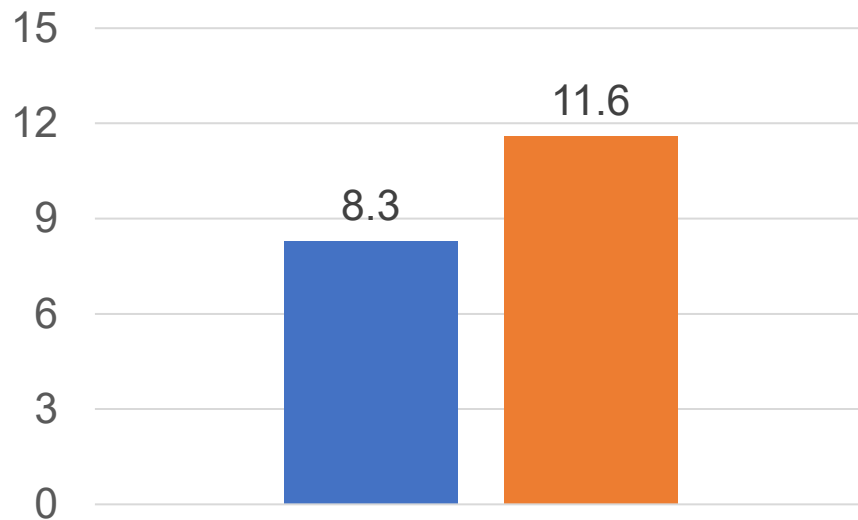


*Model 1 (n=129/175; Model 2 (n=803/1463)

**Model 1 (n=634); Model 2 (n=1641)

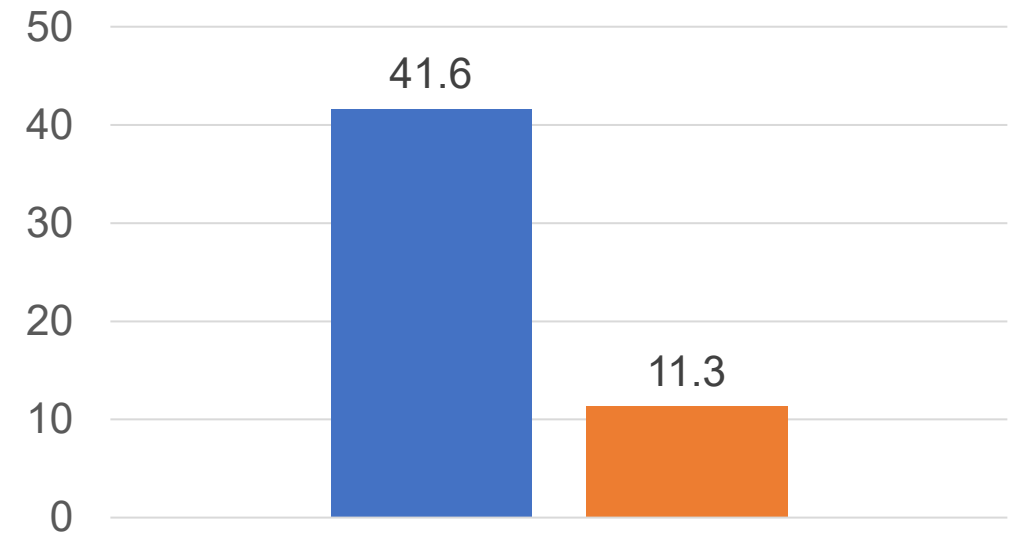
Program Evaluation

Differences in Service Delivery Metrics Across Models



Number of Sessions (Avg.)*

*Model 1 (n=128); Model 2 (n=788)

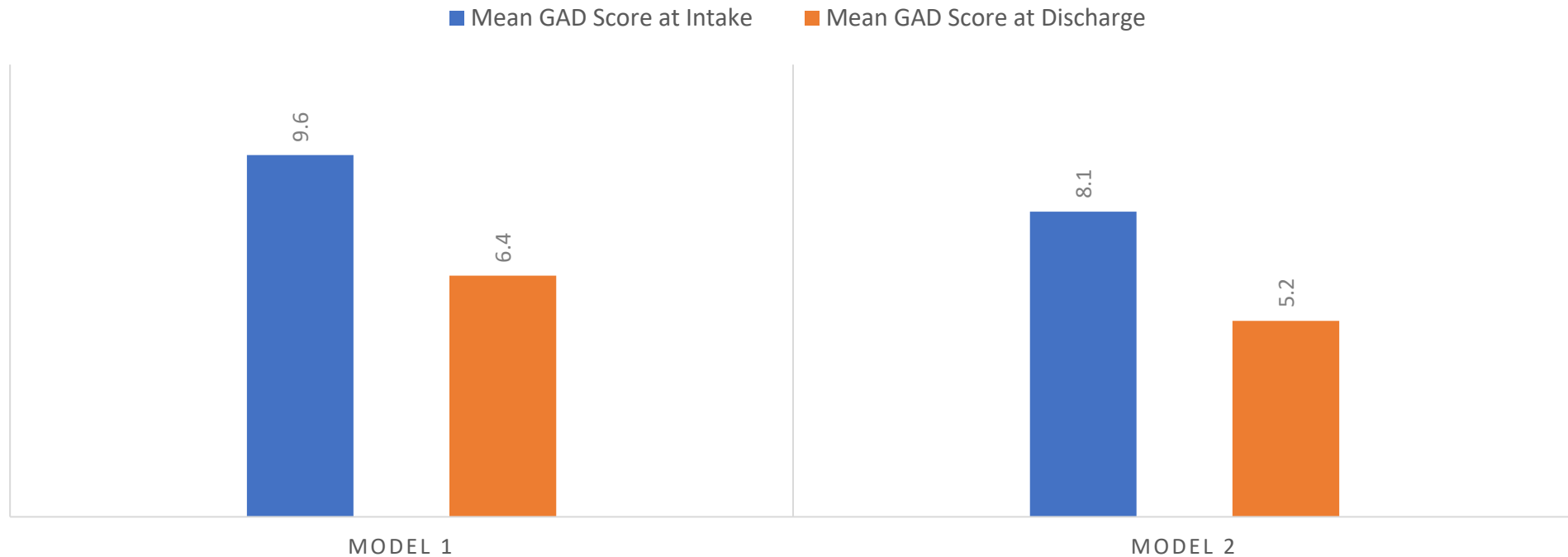


Weeks from Intake to Discharge (Avg.)**

*Model 1 (n=36); Model 2 (n=274)

Program Evaluation

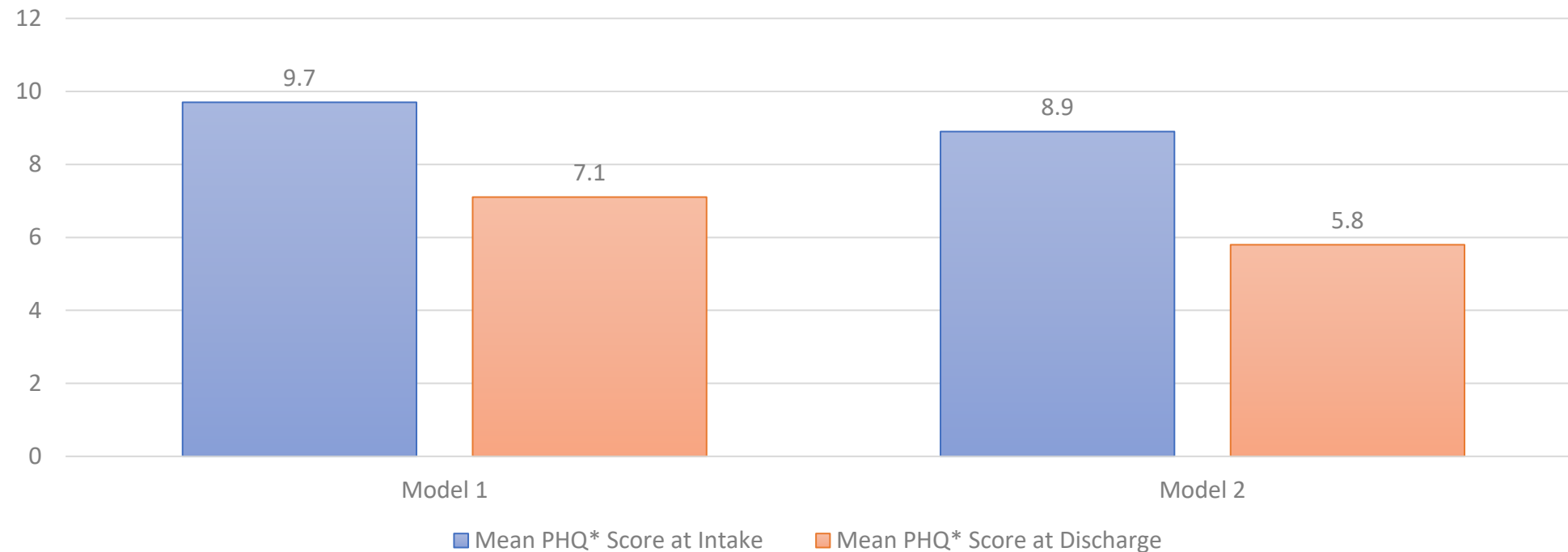
Behavioral Health Indicator: *Generalized Anxiety Disorder (GAD) Scale*



Model 1 scores improved 3.2 points (on average) after services; for Model 2 GAD scores improved (on average) 2.9 points after services.

Program Evaluation

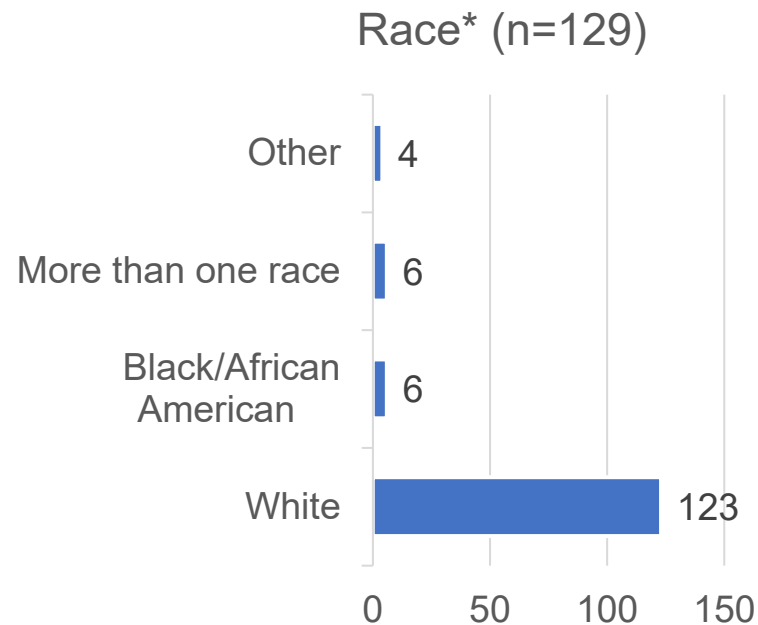
Behavioral Health Indicators: Patient Health Questionnaire (PHQ) *Depression Symptoms*



*For Model 1 Provider (PHQ-9), scores improved 2.6 points (on average); for Model 2 (PHQ-8), scores improved 3.1 points

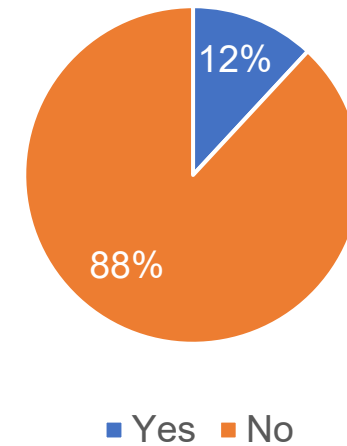
Program Evaluation

Youth Client Demographics: Model 1



*Multiple responses selected for some cases

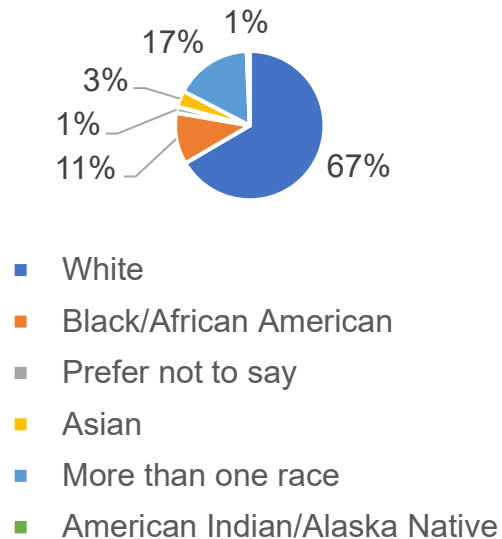
Hispanic/Latino/a/e (n=126)



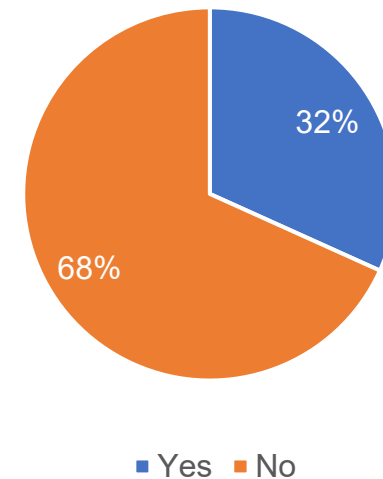
Program Evaluation

Youth Client Demographics: Model 2

Race of Students (n=435)

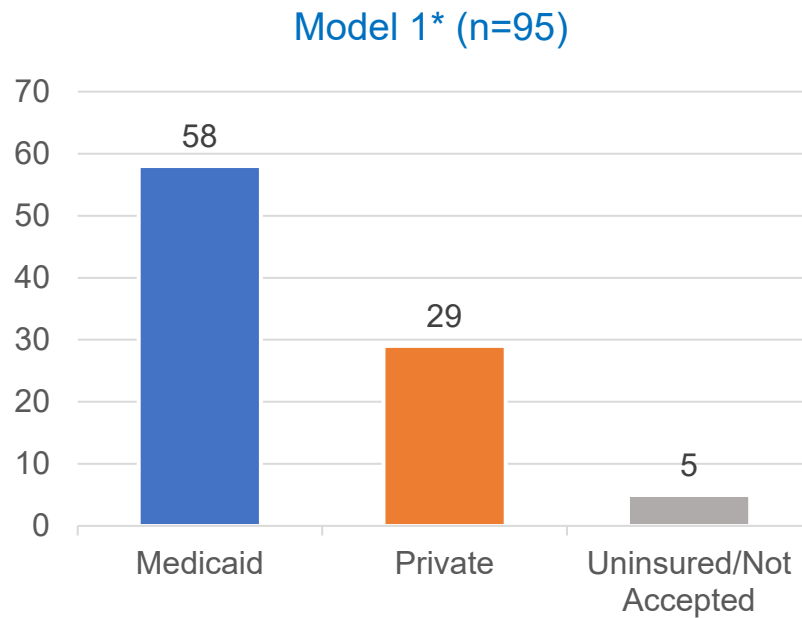


Hispanic/Latino/a/e Students (n=460)



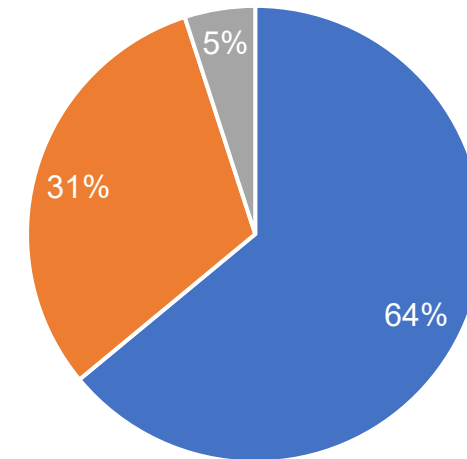
Program Evaluation

Youth Client Demographics: *Health Insurance Coverage Status*



*Multiple responses selected for some cases

Model 2 (n=382)

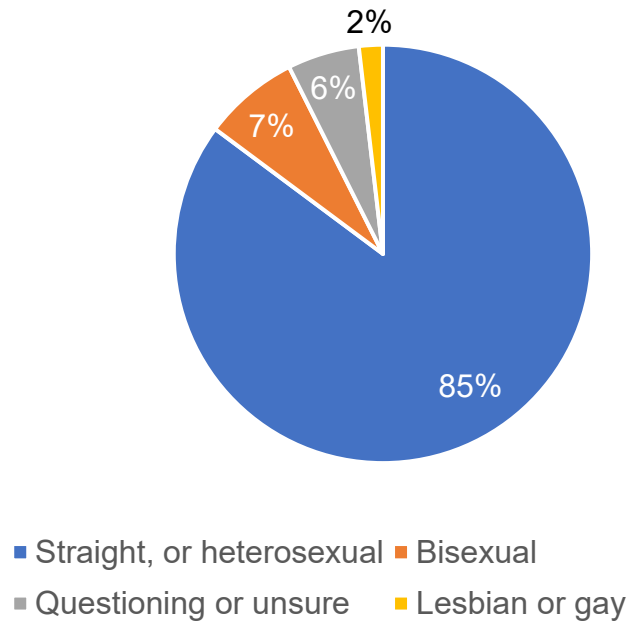


■ Medicaid ■ Private ■ Uninsured

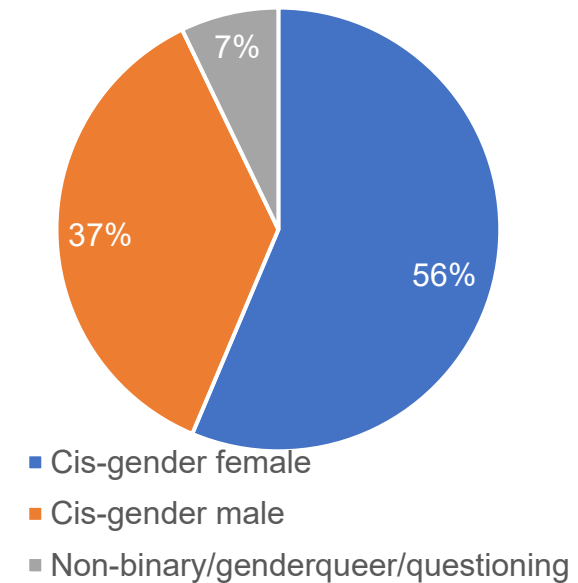
Program Evaluation

Youth Client Demographics: Model 1

Sexual Orientation (n=109)



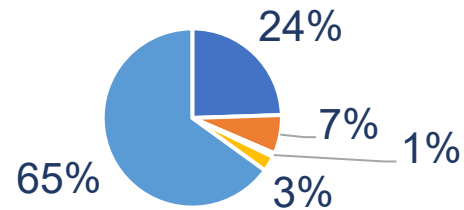
Gender Identity (n=126)



SBTBH Workforce Demographics

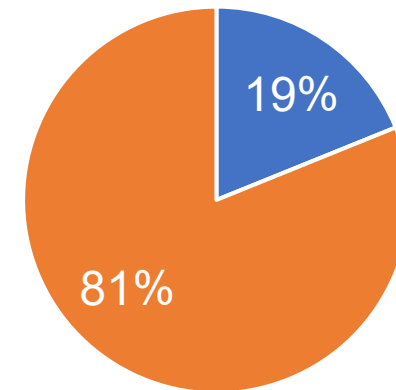
The SBTBH Workforce for Model 1 is white (100%) and not Hispanic/Latino/a/e (100%)

Model 2 Clinician Race (n=143)



- Black/African American
- Asian
- Native Hawaiian/Pacific Islander

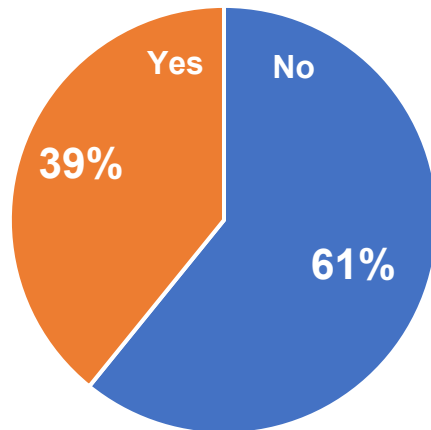
Model 2 Clinician Ethnicity (n=143)



- Hispanic/Latino/a/e
- Not Hispanic/Latino/a/e

SBTBH Workforce Demographics: Model 2

Model 2: Clinicians with Language Capacity Other than English



Languages Spoken by Cartwheel Clinicians:

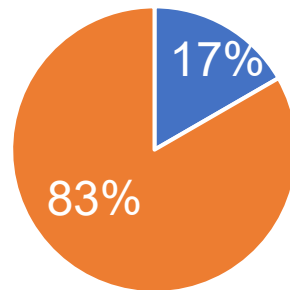
| | |
|----------------|------------|
| Spanish | 23.8% (34) |
| Portuguese | 7.0% (10) |
| Haitian Creole | 4.2% (6) |
| Other | 9.1% (13) |

Model 1 clinicians did not have language capacity aside from English, but interpreter services are available

Program Evaluation

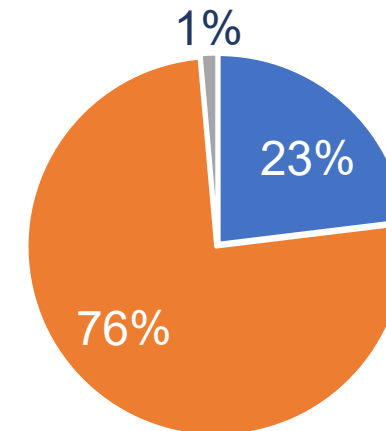
SBTBH Workforce Demographics: *Sexual Orientation*

Model 1 SBTBH Workforce
(n=18)



- Identify as LGBTQ+
- Do Not Identify as LGBTQ+

Model 2 Clinicians (n=143)

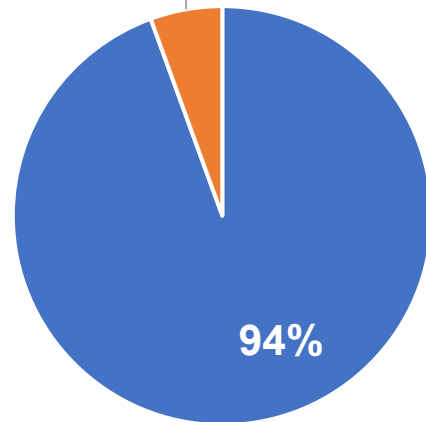


- Identify as LGBTQ+
- Do Not Identify as LBTQ+

Program Evaluation

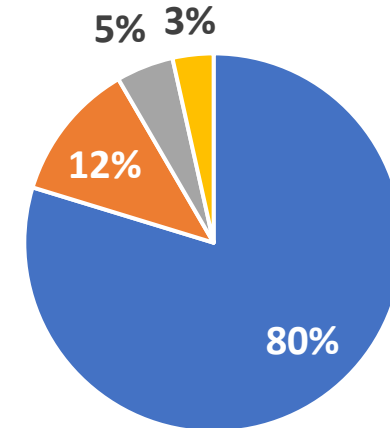
SBTBH Workforce Demographics: Gender Identity

Model 1 SBTBH Workforce (n=18)



■ Cis-gender woman ■ Cis-gender man

Model 2 Clinicians (n=143)



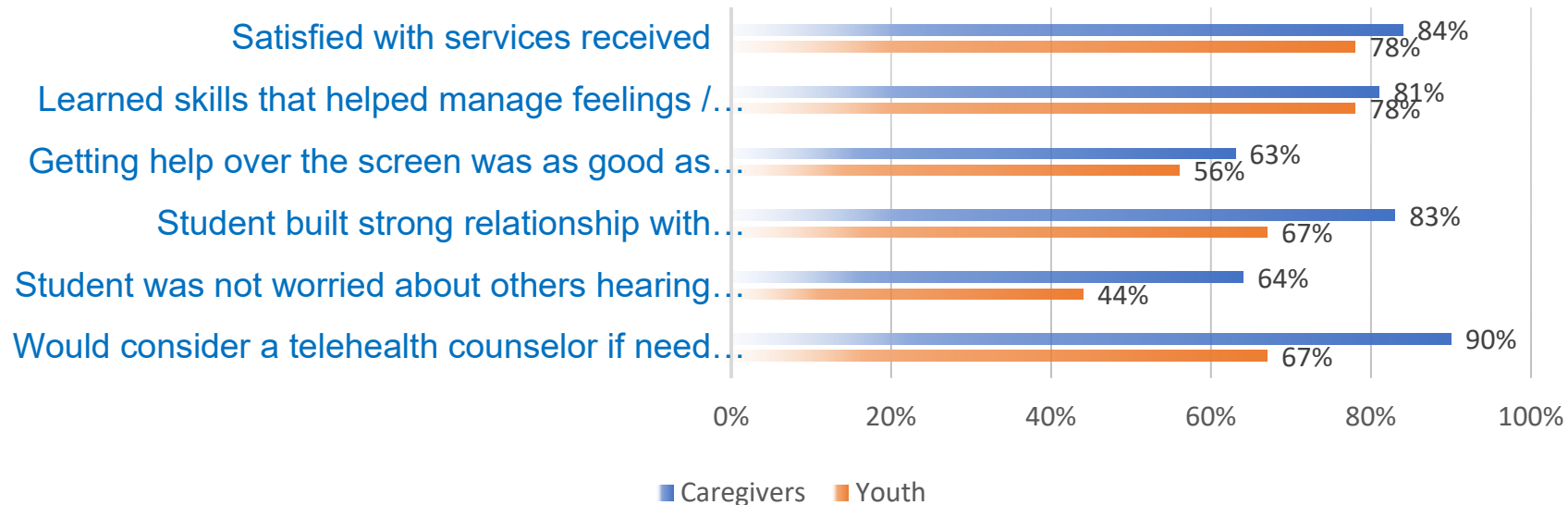
■ Cisgender woman ■ Cisgender man
■ Non-binary ■ Prefer not to say

Program Evaluation



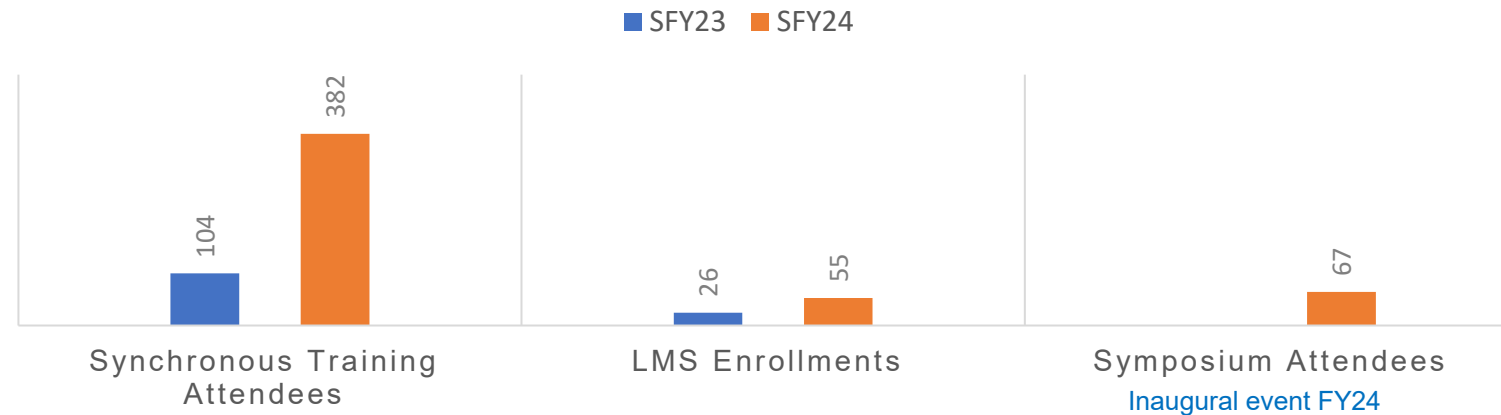
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SBTBH Youth and Family Survey: *Students (n=9) and Parents/Guardians (n=42)*



Program Evaluation

Workforce Training Participation: SFY23 vs SFY24



“(This training) helped to expand my lens and hear another’s perspective of how the system does and does not work for people of Color.”

–Workforce Training Participant

“The awareness that students with trauma can have difficulty regulating in the classroom is so important.”

–Workforce Training Participant



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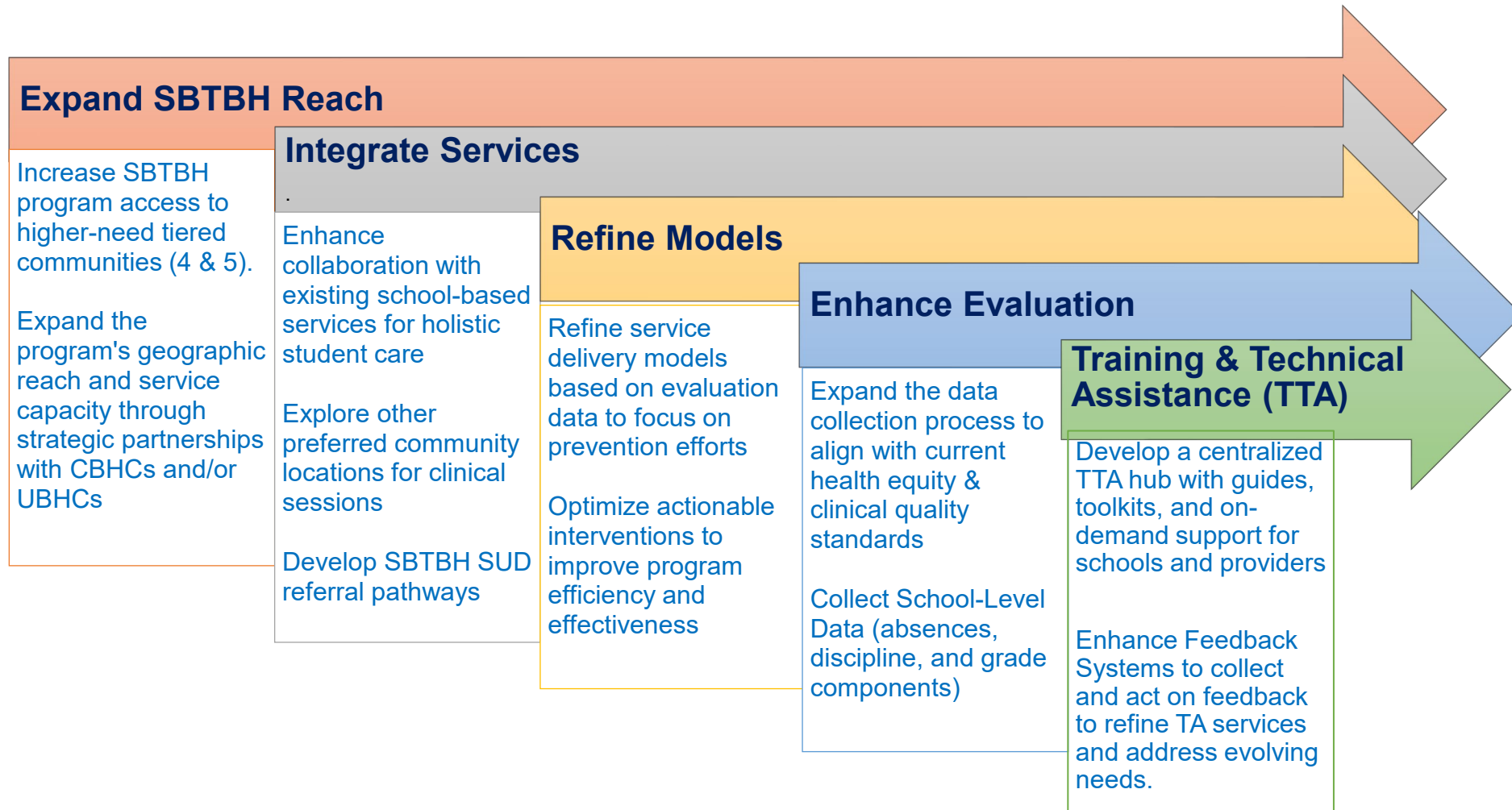
Future Directions

Future Directions



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Key Challenges, and Lessons Learned

Gaps, Challenges & Lessons Learned



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- **Limited Budget:** impacts sustainability efforts, making it challenging for expansion reach to prioritized higher-need communities, which typically have a higher total student enrollment and more access to care barriers
- **Caregiver Engagement:** Referral and intake process (may be due to difference in Models) may be delayed for hard-to-reach caregivers/ parents
- **Provider Training:** School staff's ability to join trainings is impacted by the workforce shortage.
- **Workforce Resource Constraints:** School contact availability is often limited, especially for the team members that work onsite, which impacts communication and scheduling.
 - Lack of multilingual and multicultural representation across models.
 - Connecting to appropriate school district contacts that can support program monitoring
- **Limited Space** in most districts prevents SBTBH to be delivered onsite during the school day.
- **Technical Assistance:** Varied interventions can become challenging to track which may impact outcomes data. Varying business processes and procedures can conflict with TA solutions



Recommendations

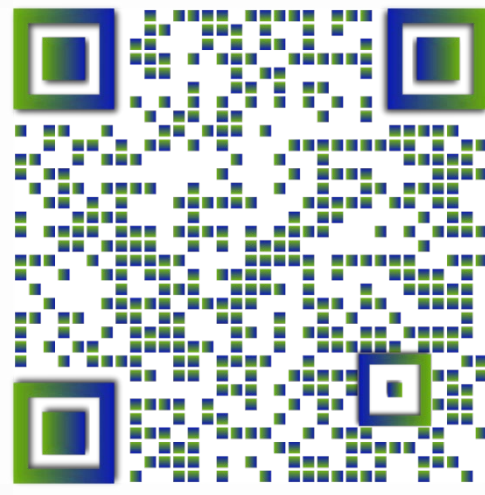
Addressing Administrative, Financial, and Policy Gaps

- **Administrative:** Barriers continue to persist regarding maximization of 3rd Party Payor Reimbursement, including inadequate reimbursement rates for CHW and certain care coordination efforts create financial unsustainability, jeopardizing program expansion and long-term viability for providers.
 - Need for Provider billing and coding training in collaboration with payors.
- **Policy Recommendations:** Advocate for telebehavioral health parity laws to ensure equitable reimbursement rates for SBTBH services, promoting provider participation and program sustainability.
- **Funding Strategies:** BCCMH is exploring diverse funding models, such as public-private partnerships and philanthropic initiatives, to secure long-term financial stability for the SBTBH program.
- **Inter-Agency, Community and Provider Collaboration:** Further enhance cross functional collaboration among state agencies, school districts, and healthcare providers to streamline service delivery and reduce administrative burdens.
 - Clarify and understand roles to reduce duplicative work and commit to learning more about how SBTBH intersects with other programs/ services.
 - Leverage subject matter expertise to support cross training and more meaningful collaborations
 - Enhance effective communication channels to strengthening knowledge of available programs/ resources
 - Integrate youth and voices of persons with lived experience in the feedback loop to ensure services are comprehensive, nurturing and address the needs of the populations served.

Questions & Discussion

Thank you for joining this workshop!

We welcome your questions and insights regarding the SBTBH pilot program and its future.
Please use your phone camera to access the QR code below to submit your inquiries.



Districts Served



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Athol-Royalston

Ayer Shirley

Berkshire Hills

Boston Arts Academy (Boston Public Schools)

Fall River

Fitchburg

Gardner

Greater Lawrence Vocational Technical

Greater New Bedford Vocational Technical

Haverhill

Lawrence

Lawrence Family Development Charter

Lowell

Marlborough

Methuen

Narragansett

North Adams

Pittsfield

RC Mahar

Salem

Southbridge

SBTBH Resources



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| Topic | Link |
|--------------------------------|---|
| SBTBH Website | https://maschoolbasedtelebh.org/ |
| 2022 Needs Assessment | https://maschoolbasedtelebh.org/wp-content/uploads/2022/10/8.22.22-SBTBH-Needs-Assessment-Report-Final.pdf |
| SBTBH Learning Collaborative | https://lms.maschoolbasedtelebh.org/login/index.php |
| Fiscal Year 2024 Annual Report | |

Contact Us



| Name | Role | Support Area | Contact Info |
|-----------------|-----------------|--------------------------------------|------------------------------------|
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| Melanie Rice | Specialist | Training & Technical Assistance | MelanieRice@@BrooklineCenter.org |
| Eddie Barbosa | Specialist | Operations | EddieBarbosa@@BrooklineCenter.org |