Health Management Associates

Westford School/Community
Mental Health Needs Assessment

**JOINT TOWN AND SCHOOL
SUBCOMMITTEE MEETING
Meeting #3: December 18, 2019**
3:00-5:00 pm

HMA: Ellen Breslin, Moira Muir

PART ONE. DRAFT REPORT FOR DISCUSSION

ACKNOWLEDGMENTS

HMA is grateful to the Westford community for providing us with this opportunity to support this important work.

We thank everyone who helped to develop the content and to inform the recommendations.

We are impressed by the pro-active nature of the Westford community. We are thankful to the many district and town staff for being invested in this project and for giving us comprehensive information to assess the adequacy of existing behavioral health staff, programs, services, and protocols to meet the needs of the community.

This document was created to generate ongoing conversation and build on the work already being done in the Westford community. It is our hope that the data we have collected will lead to further discussion and action steps to create a healthier community with the skills and resources needed to support the behavioral health wellness of students and the community at large.

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ACKNOWLEDGMENTS

Note: HMA will add names to this list in the final version of this deck.

#	Organization
1	Safety Task Force - Tom Clay
2	Joint Subcommittee Members
3	District Staff
4	Health Department
5	Fire Department
6	J.V. Fletcher Library
7	Senior Center
8	Veterans Department
9	Police Department
10	All Research Participants: District Students, Parents, Teachers, Administrators
11	All Experts
12	Other cities/towns in Massachusetts

HEALTH MANAGEMENT ASSOCIATES

HMA Team

Ellen Breslin, MPP, HMA Boston
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HMA Contributors

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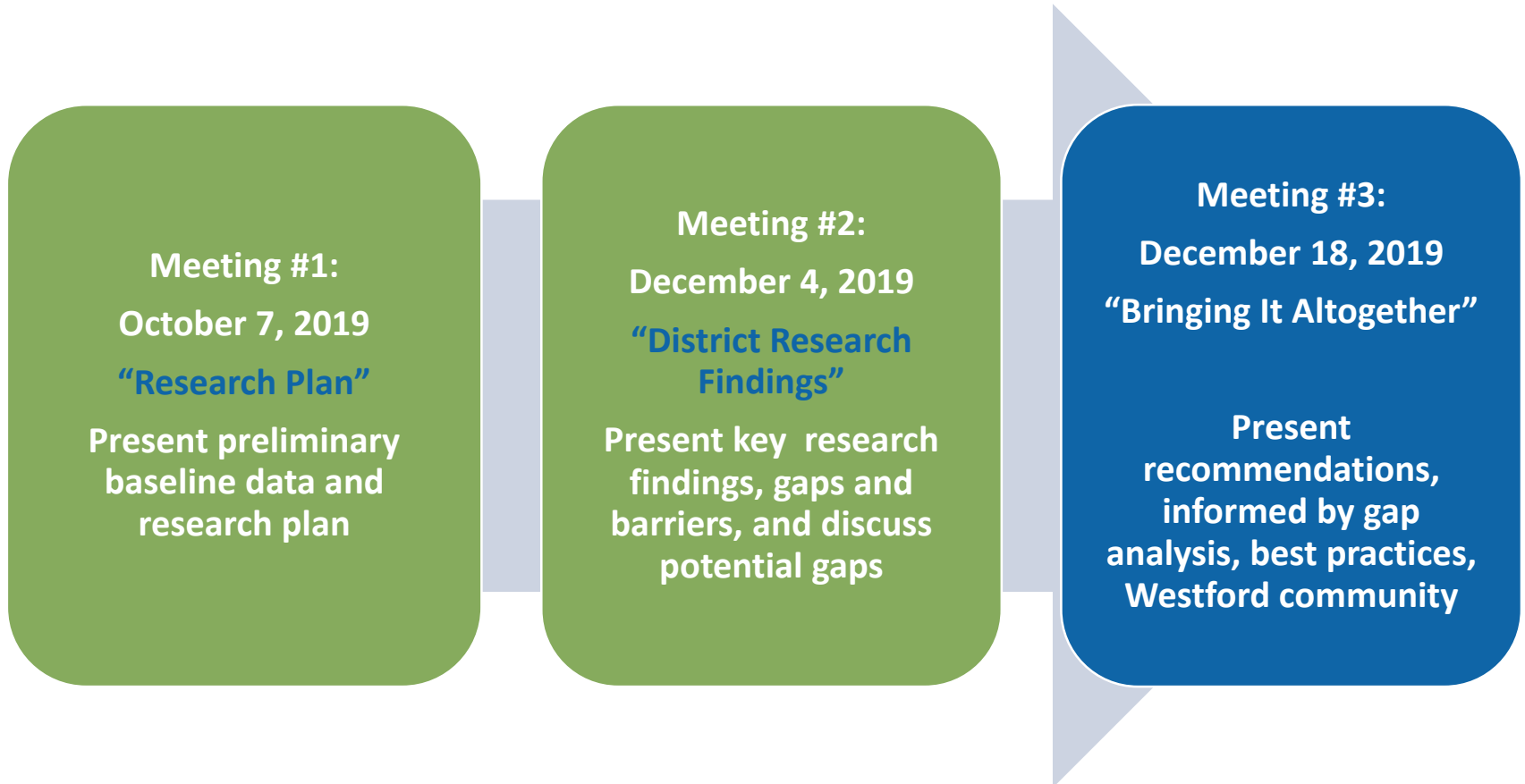Maddy Shea, PhD, HMA Washington DC

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INTRODUCTION

The purpose of this mental health needs assessment is to identify gaps and barriers in our existing town and school practices and to offer specific recommendations to further enhance the safety and behavioral health wellness of Westford students and community.

SUBCOMMITTEE MEETINGS

Meeting #1:

October 7, 2019

"Research Plan"

Present preliminary baseline data and research plan

Meeting #2:

December 4, 2019

"District Research Findings"

Present key research findings, gaps and barriers, and discuss potential gaps

Meeting #3:

December 18, 2019

"Bringing It Altogether"

Present recommendations, informed by gap analysis, best practices, Westford community

PROJECT SUMMARY

#	Project Summary
Scope of Work	The Town of Westford hired HMA to conduct a "mental health needs assessment" to identify gaps and barriers in its existing town and school practices; and, to offer specific recommendations to further enhance the safety and behavioral health wellness of the students and community.
Process	HMA held initial conversations and meetings with the project manager between June-September to collect preliminary baseline information and a sense of the community's priorities. HMA prepared a research plan in September and established a Joint Town and School Subcommittee to provide input into the project. HMA held three meetings of the Subcommittee.
Research	HMA conducted research from mid-September to mid-December. HMA worked closely with the community including town and district staff. Information gathering included conducting interviews with experts in the community, other communities and at the state and national levels; focus groups (listening sessions); and, conducting surveys. Several secondary resources were used to collect data on the community and to identify relevant best practices.
Findings and Recommendations	HMA identified both strengths and gaps in the community's behavioral health resources. HMA prepared recommendations to address these gaps. HMA thanks the community of Westford for their full and active engagement.

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MEETING OBJECTIVE AND GOALS FOR DECEMBER 18, 2019

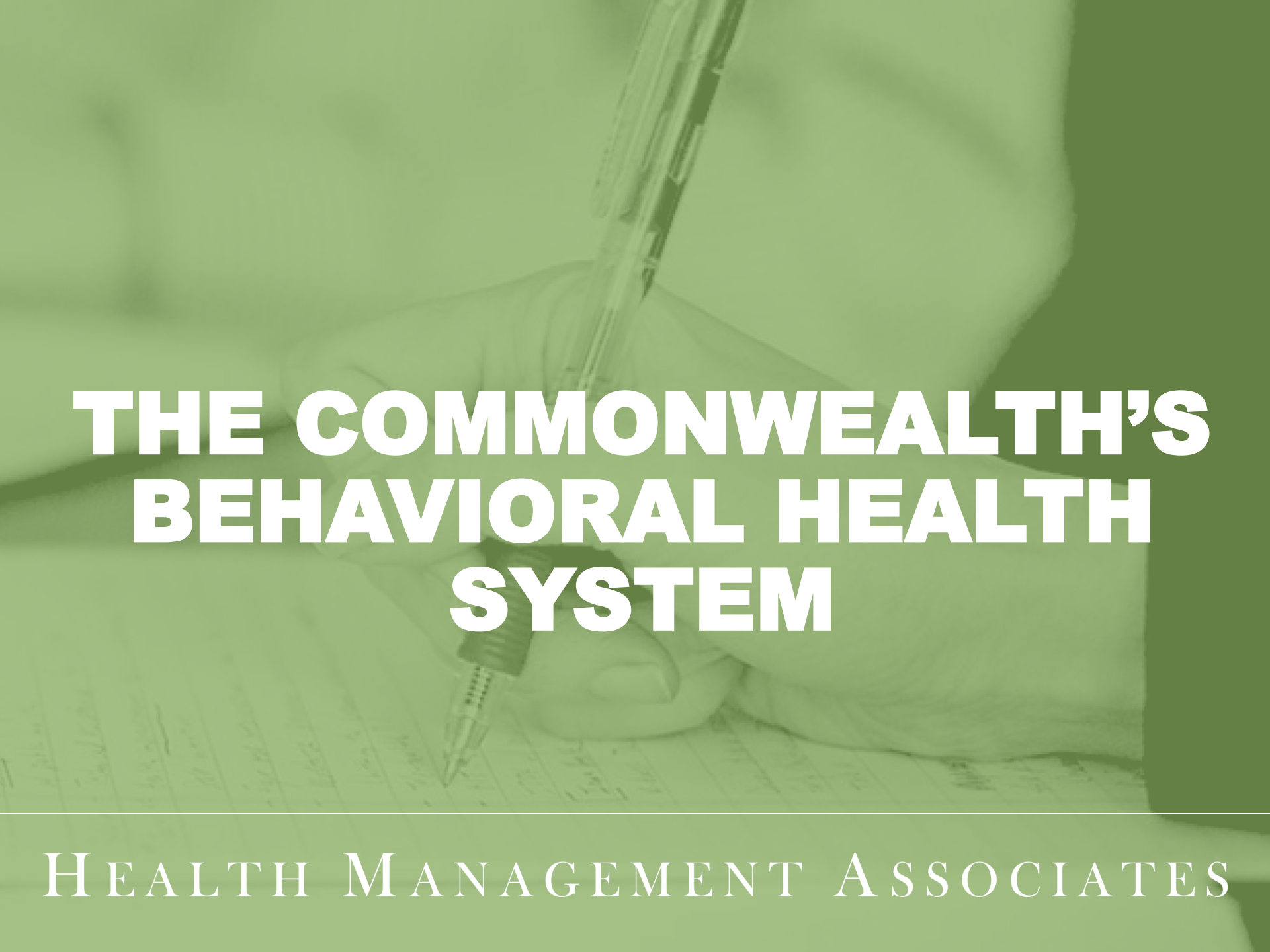+ **To review the state of the Commonwealth's behavioral health system**

+ **To present our "*specific recommendations to further enhance safety and behavioral health wellness of Westford students and community*"**

+ **To support the Westford community in prioritizing the needs of Westford students and community**

+ **To provide the following resources:**

    + **An overview of the community need for behavioral health**
    + **A summary of the existing array of programs and services**
    + **A summary of gaps and barriers in community capacity**

AGENDA FOR DECEMBER 18, 2019

+ **AGENDA (Slides 1-48 are printed)**

    + **The Commonwealth's Behavioral Health System**

    + **Specific Recommendations to Enhance Behavioral Health & Wellness**

    + **District Details**

    + **Final Deliverable**

    + **Your Engagement**

    + **Community Toolkit: Best Practices & Innovations**

+ **RESEARCH (Slides 49-109 are available in electronic form)**

    + Overview of Westford

    + Data on Prevalence

    + Special Segment: Social Media

    + Minority Populations

    + Assessment of Gaps and Barriers

    + Research: Data and Information

+ *Prior material for Subcommittee meetings #1 and #2 are available in electronic form*

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THE COMMONWEALTH'S BEHAVIORAL HEALTH SYSTEM

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THE COMMONWEALTH IS FOCUSED ON HOW TO FIX THE BEHAVIORAL HEALTH SYSTEM

"According to Mental Health in America 2020, Massachusetts is ranked second in the country with regard to "access to mental health care." This measure is based on insurance access, treatment access, quality, insurance cost, access to special education, and workforce availability. Examining the components of this measure is illuminating: although Massachusetts ranks first for "Mental Health Workforce Availability" (at 180:1 consumers to providers) and has the lowest rate of uninsured adults with a mental illness in the country (2.7%), **52% of adults with a mental illness received no treatment**, and **54.5% of youth with depression did not receive any mental health treatment."**

Source: Massachusetts Executive Office of Health and Human Services (EOHHS), November 2019.

The Commonwealth is in the process of understanding how to redesign the state's behavioral health system.

1 out of 2 Adults with a Mental Illness Received No Treatment

Over 1 out of 2 Youth with Depression Did Not Receive Any Mental Health Treatment

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THE BEHAVIORAL HEALTH SYSTEM NEEDS TO BE FIXED

	Challenges in Behavioral Health (State Gaps and Barriers)
1	Obtaining timely access to behavioral health treatment
2	Behavioral health workforce shortage
3	Provider reimbursement by third-party payers is often insufficient
4	Fee-for-service model does not support patient-centered care
5	Improvements are needed in care continuity and integration
6	A true community-based, trauma-informed crisis system is needed
	Communities Can Help to Address Some of the Challenges in Behavioral Health
7	Availability of evidence-based treatments, specifically tailored to an individual's needs, is inconsistent
8	Enhanced coordination among state agencies is needed (when providing services to the same consumers)
9	There is a need for increased public awareness and effort to reduce stigma
10	Peer supports are a vital part of effective behavioral health treatment
11	There is a need for increased cultural competence and language accessibility (specific needs of LGBTQ community and the deaf and hard of hearing community)
12	Needs of certain populations are not widely understood (children and older adults)

Broader state-level reforms are needed to address many of these challenges; however, understanding these overall challenges can help to inform Westford's plan for enhancing the behavioral health of its residents.

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A CLOSER LOOK AT WHAT COMMUNITIES CAN DO

	Challenges in Behavioral Health	Potential Community Contributions
7	+ Address Individual Needs, informed, and feasible, an evidenced base	+ Understand the needs of the population and align resources accordingly
8	+ Need for Coordination	+ Enhance coordination within the town and community by establishing new positions, collaboration and partnerships
9	+ Need to Reduce Stigma	+ Address stigma with a multi-level approach
10	+ Need to Create Peer Supports	+ Develop peer-support programs focused on the intersection of behavioral health needs and unique populations
11	+ Need for Cultural Competence, + Language Accessibility	+ Design and implement cultural competency training, and foster supportive environments
12	+ Better Understand Needs of Certain Populations	+ Understand the needs of the population and expand education and training for police

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"Stigma harms the 1 in 5 Americans affected by mental health conditions."

+ **What is Stigma?**
+ "Stigma is when someone, or even you yourself, views a person in a negative way just because they have a mental health condition. Some people describe stigma as a feeling of shame or judgement from someone else. Stigma can even come from an internal place, confusing *feeling* bad with *being* bad.
+ Navigating life with a mental health condition can be tough, and the isolation, blame and secrecy that is often encouraged by stigma can create huge challenges to reaching out, getting needed support and living well. Learning how to avoid and address stigma are important for all of us, especially when you realize stigma's effects:

+ **Effects of Stigma**
+ People experiencing mental health conditions often face rejection, bullying and discrimination. **This can make their journey to recovery longer and more difficult.**
+ Mental health conditions are the leading cause of disability across the United States.
+ **Even though most people can be successfully treated, less than half of the adults in the U.S. who need services and treatment get the help they need.**
+ The average delay between the onset of symptoms and intervention is 8-10 years.
+ Suicide is the second leading cause of death of youth ages 15-24 and the tenth leading cause of death for all Americans."
+ NAMI. https://www.nami.org/stigmafree

A COMMUNITY MULTI-LEVEL RESPONSE TO STIGMA


Multi-Level Approach
+ **POLICY LEVEL**
+ Board of Selectmen, Town Manager, Boards, Committees, Town Meeting
+ **COMMUNITY LEVEL**
+ Neighborhood-level programs, e.g., raising awareness/stigma reduction; could involve many organizations, (see below for organizations)
+ **ORGANIZATIONAL LEVEL**
+ Health Department, Council on Aging, Fire Department, EMS, Law Enforcement, social services agencies, schools, libraries, civic organizations, faith-based organizations, health care providers, community-based organizations (e.g., Girl Scouts, Boy Scouts, Healthy Kids Coalition, Rotary Club, VFW, Westford Charitable Foundation, Westford Parent Connection, Westford Women's Club)
+ **INTERPERSONAL LEVEL**
+ Group interventions, classes, support groups; may involve many organizations (see above for organizations)
+ **INDIVIDUAL LEVEL**
+ 1:1 interventions; peers, individual screening and counseling

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SPECIFIC RECOMMENDATIONS

OPPPORTUNITY TO ENHANCE BEHAVIORAL HEALTH & WELLNESS
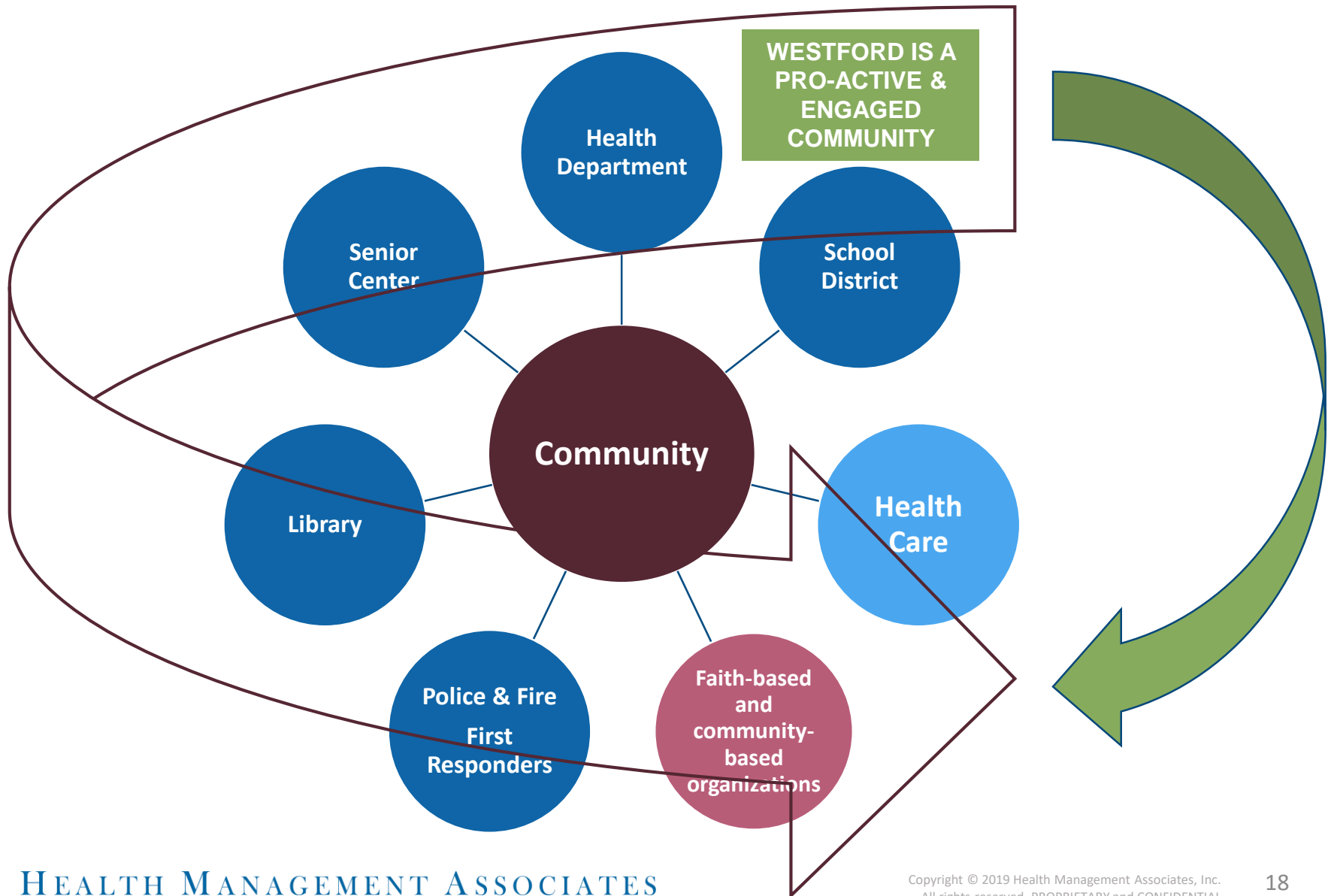
A PORTRAIT OF THE WESTFORD COMMUNITY

Stony Brook

Cameron Senior Center

KEY PRINCIPLES GUIDING OUR RECOMMENDATIONS

Create a welcoming community for everyone, where all stakeholders are invested

Enhance behavioral health wellness through concerted and integrated efforts

Recognize and address stigma as a major barrier to wellness

Leverage the strengths and resources of the community

Advance intergenerational interventions

Optimize the use of evidence-based and best practices

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THE SAFETY TASK FORCE QUESTIONS

+ **What are the primary, emerging risks?**
+ **How should we allocate our resources?**
+ **How can we best enhance the behavioral health and wellness of the community?**

#1	#2	#3	#4
Advance a Community Effort to Integrate the Behavioral Health System	**Focus on Youth and Families and Alleviate the Pressure on the Schools**	**Enhance Culturally Competent Programs for Asian Americans, African Americans, LGBTQIA**	**Address Needs of Aging Population**

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RECOMMENDATIONS

#1	**+ Establish Westford as a Leader in Behavioral Health Wellness** + Create a Community Council, which is overseen by the Board of Health and provide Community Council with an annual budget that can be used to capture grants for the community for community-defined interventions and carry out key activities. + Community Council activities may include: + Review, design, and support evaluation of programs + Provide opportunities for community engagement + Lead an anti-stigma campaign + Enhance cross-town and cross-sector coordination + Improve coordination and integration across all players with health care including health plans and providers and town personnel including first responders + Enhance community's peer programs to include a resilience-based training component to support all populations including youth, families, adults + Improve identification of behavioral health needs, which will improve the likelihood that individuals will seek needed treatment + Improve identification of needs and strategies to meet the needs of all population groups including minority populations including LGBTQIA youth, and Asian American, African American and Black population groups + Facilitate partnerships with multicultural groups and community-based and faith-based organizations and potentially behavioral health providers and health plans

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RECOMMENDATIONS (continued)

| #2 | **+ Increase the Role of the Board of Health and Expand Resources**

+ Add new position: "Resource Coordinator"
+ Add new resources to support the recommendations of the Community Council
+ Bring NAMI to the table to expand supports for adults and families in the community
+ Launch vaping program; and consider expanding to tobacco use too
+ Ensure that the town is addressing substance use prevention programming and education around risks of opioid use
+ Improve information and communication for all populations including youth, families, seniors
+ Provide support to the district on cultural competence around minority population groups, e.g. LGBTQIA, Asian American, Black and African American population groups
+ Define and prepare a comprehensive community resource directory in collaboration with district, Westford Parent Connection, police/fire, senior center, and providers and plans |

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RECOMMENDATIONS (continued)

#3

+ **Increase District Resources to Improve Support for Students, Parents, Teachers, and Administrators**

+ Add new staff to ensure adequate access to counseling services: 3 adjustment counselors, Social Emotional Learning (SEL) coordinator
+ Consider feasibility of adding Teaching Assistants (TAs)
+ Implement SHAPE findings including universal screening and impact/evaluation
+ Ensure adequate and appropriate clinical staffing to support BRIDGE program by designating counselors to the program whenever it is utilized by student(s)
+ Expand professional development for all staff, including K-5
+ Collaborate with other town departments to address the needs of cultural minorities
+ Engage technical assistance from organizations run by and for minority populations including African-Americans, Asian Americans, and LGBTQIA
+ Enhance current peer support programs to address needs of minority students and to support behavioral health needs based on emerging best practice peer models to develop resiliency

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KEY RECOMMENDATIONS FOR CONSIDERATION (4 of 4 slides)

RECOMMENDATIONS (continued)

#4   + **Expand Programming at the Senior Center for Seniors**
 	
   + Expand multi-generational response to support older adults/seniors
   + Strengthen partnerships and programs with faith-based and community-based organizations for minority populations

#5   + **Expand Training for Police to Improve Response to Behavioral Health Needs of All Populations**   + Pursue Crisis Intervention Training (CIT) collaborative, currently under development

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DISTRICT DETAILS

RECOMMENDATIONS INFORMED BY SHAPE FOCUS GROUP

+ Inadequate staffing levels at all disciplines

    + Work style is reactive (as opposed to proactive)

    + Guidance and adjustment counselors are consumed by Tier 3 needs

    + Loss of Teaching Assistants (Tas) has resulted in increase work for guidance & adjustment counselors

+ Heightened concerns that Tier 2 students are not getting needed support and will become Tier 3

+ Marked increase in student's behavioral health needs and lack of coping skills

+ Stress and anxiety is an increasing issue for grades 3-5

+ Staff feel ill-equipped to manage the behavioral health needs of their students

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RECOMMENDATIONS FOR THE DISTRICT

Recommendations

+ Hire 3 additional adjustment counselors for the 6 elementary schools (District notes that implementation would not be School Year FY2021)

+ Consider re-instating Teaching Assistants (TAs)

+ Expand professional development to K-5, (modeled after Challenge Success model and in age appropriate practical application)

+ Expand SEAL to both middle schools (currently only offered at Blanchard)

+ Provide professional development to all staff and teachers

    + Skill development in emotional and behavioral health

Staff Key to Comprehensive System

"A comprehensive school mental health system is built on the foundation of a full complement of school and district professionals, including specialized instructional support personnel who are well-trained to support the mental health needs of students in the school setting."

"Administrators and educators are often on the front lines of promoting student mental health and addressing mental health concerns and must be adequately trained and supported to do so. Equipping educators with social and emotional skills and mental health literacy will prepare them to best support student mental health and create a healthier workforce."

Source:
http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Bainum/Advancing-CSMHS_September-2019.pdf

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PRIORITY AREAS FOR IMPROVEMENT

Screening

Screening is the assessment of students to determine whether they may be at risk for a mental health concern.

Area for improvement:

Mental Health Screening for grades K-2, 3-6

IMPACT

Quality Measurement & Improvement Process

Documenting and reporting the impact of your social and emotional learning programming. Evidence of changes that occur (outcomes) as a result of the programs, practices and/or policies implemented within your school system.

Area for improvement:

Protocol to monitor, measurement outcomes of SEL services and programs

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UNIVERSAL SCREENING IS A BEST PRACTICE

School Behavioral Health programs are most beneficial when appropriately tailored to meet a school's needs using comprehensive data on the functioning of the **entire** student body (Dowdy et al., 2010).

A key component of a multitiered Comprehensive School Behavioral Health System model is to systematically evaluate all students in an identified group (e.g., within a school or district) on behavioral and emotional criteria using a universal screening procedure (Glover & Albers, 2007).

Because all students are assessed, fewer students with unmet mental health needs are overlooked. In addition to individual-level data, universal screening provides comprehensive information about school-level functioning that allows a more data-driven approach to the delivery of SBH at all tiers (Humphrey & Wigelsworth, 2016).

School-based suicide prevention programs focus primarily on reducing individual-level risk factors by increasing identification and referral for treatment of students at high risk for suicide. One major strategy is direct screening of school populations for mood, substance abuse, or suicide problems. (Gould, Marrocco, Kleinman, Thomas, Mostkoff & Cote, 2005)

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+ **Implement universal screenings for Grades K-2, 3-6**

+ *Some examples include:*

+ The Spence Children's Anxiety Scale (SCAS) assesses the severity of anxiety symptoms, broadly and across six dimensions of anxiety, as proposed by the DSM-IV. School-aged versions are available for caregivers/parents (e.g., ages 7-9, ages 10-13) and students (e.g., ages 8-11, ages 12-15).

+ The Preschool Anxiety Scale (PAS) is available for children ages 3 through 6 years old (Parent PAS, Teacher PAS).

+ The Revised Child Anxiety and Depression Scale (RCADS) assesses SM-defined anxiety and depression for students in grades 3-12.

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+ Quality measurement & improvement processes & protocols to evaluate the effectiveness of SEL programs and services

+ Effects or evidence of changes that occur as a result of the programs, practices & policies.

+ Data driven decision making

+ A diverse Mental Health Advisory Council

+ Integrate families and youth in partnership to provide leadership and feedback loops
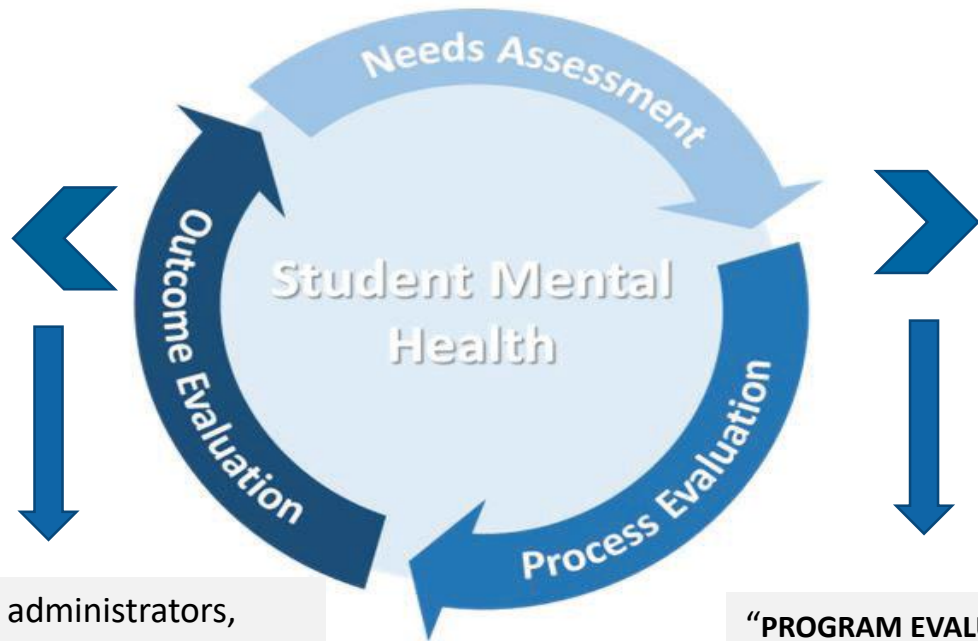
"staff, administrators, community partners, providers, students and families must be committed to working together to address the interconnected academic, social, emotional and behavioral needs of all students."

"**PROGRAM EVALUATION CYCLE**

"should be relied upon as a standard practice for effectively leveraging resources to achieve maximum impact on valued student outcomes"

RECOMMENDATIONS TO MEASURE IMPACT AND EVALUATE

+ Hire a full time Social Emotional Learning (SEL) coordinator

+ Establish an SEL School Task Force charged with the oversight, monitoring, and outcome measurement of SEL programs

> + SEL Task force to review outcomes of current SEL programming and assess to what degree they are being implemented with fidelity and achieving desired outcomes
>
> + Evaluate staffing capacity, including staff training requirements and qualifications and staff time, needed for current SEL programs as well as newly implemented services and supports

> + Create a diverse Mental Health Advisory Council for the school system (e.g., school staff, community behavioral health partners, students, parents).

>> + Provides an opportunity for parents and students to have a voice regarding the mental health initiatives
>>
>> + Students and families can provide insight on school strengths and areas of need, program selection, implementation considerations, and on-going quality assessment and progress monitoring

FINAL DELIVERABLE

PROPOSED DRAFT AND FINAL REPORT

HMA will prepare a concise presentation addressed to the Westford Safety Task Force.

Audience: Safety Task Force

Purpose: To report on the assessment, needs and emerging risks, gaps and barriers, specific recommendations for allocating resources to address these needs and risks.

Due Date: Draft and Final document by January 15, 2020

Length: Brief summary, Power Point style with references to materials presented to Subcommittee in Meetings 1, 2, and 3

Final PPT to include:

+ Introduction
+ Project Purpose
+ Research Methodology
+ The Community's Behavioral Health Needs
+ Existing Capacity
+ Gaps and Barriers
+ Specific Recommendations
+ Summary Conclusions

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YOUR ENGAGEMENT AND BEST PRACTICES AHEAD

COMMUNITY TOOLKIT BEST PRACTICES & INNOVATIONS

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#	PROJECT TOOLKIT FOR COMMUNITY OF WESTFORD
1	**NAME: SHAPE** Purpose: To assess quality and comprehensiveness of the school's mental health programming and multi-tiered system Source: https://www.theshapesystem.com/ Status: Westford does not currently use SHAPE
2	**NAME: BRYTE** Purpose: To support students returning from hospitalization/extended absence in consultation with a team that includes school counselors Source: Westford District; https://www.brooklinecenter.org/services/school-based-support/bryt-program/ Status: Westford currently has a BRIDGE program at the high school, but this is not adequately funded
3	**NAME: CHALLENGE SUCCESS** Purpose: To support student well-being and engagement in learning Source: http://www.challengesuccess.org/ Status: Westford has this program but does not currently participate in this program as a paying participant
4	**NAME: PEER-TO-PEER (P2P) PROGRAM** Purpose: To educate high school students about depression and teach them effective methods to convey this knowledge to peers in order to reduce stigma, raise awareness and encourage help seeking (Program has been evaluated) Designed by the University of Michigan's Comprehensive Depression Center, in partnership with public school systems; programs are for middle school and high school Source: https://www.depressioncenter.org/p2pStatus: Westford does not currently have this program, although it has other types of peer programs

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Best Practices & Innovations

#	PROJECT TOOLKIT FOR COMMUNITY OF WESTFORD
5	**NAME: CULTURALLY-COMPETENT PEER-LED PROGRAMS** Purpose: To create culturally-competent peer-led programs Source: See page 39 for a list of resources Status: Westford does not have this program
6	**NAME: SOURCES OF STRENGTH** Purpose: To use Peer Leaders to enhance protective factors associated with reducing suicide at the school population level Source: https://sourcesofstrength.org/ Status: Westford does not have this program
7	**NAME: UCLA WELLNESS AND RESILIENCY** Purpose: To improve wellness and resilience on the college campus Source: https://www.ucop.edu/student-mental-health-resources/ Status: Westford is a defined community and could consider practices used by colleges
8	**NAME: HOPKINTON MULTI-TIERED PROGRAM (VAPING, RECOGNIZED BY MA DPH)** Purpose: To reduce vaping Source: Hopkinton Health Department Status: Westford does not currently have a best practice vaping program

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#	PROJECT TOOLKIT FOR COMMUNITY OF WESTFORD
9	**NAME: MY LIFE, MY QUIT (VAPING)** Purpose: The My Life, My Quit program is a free and confidential service for teens who want help quitting all forms of tobacco including vaping. Our coaches receive extensive training as tobacco treatment specialists through our CTTTP-accredited program, with additional training on adolescent cognitive and psychosocial development from a psychologist and professor at Stanford University who specializes in adolescent tobacco prevention Source: http://mylifemyquit.com/resources-community.html Status: Westford does not currently have a best practice vaping program
10	**NAME: NAMI'S SHARING HOPE** Purpose: To increase mental health awareness in African American communities Application: Sharing Hope is an hour-long program to increase mental health awareness in African American communities by sharing the presenters' journeys to recovery and exploring signs and symptoms of mental health conditions. The program also highlights how and where to find help Source: https://www.nami.org/find-support/diverse-communities/african-americans
11	**NAME: MEMORY CAFÉ** Purpose: To provide an antidote to social isolation. Memory cafes, a concept some credit to psychiatrist Bere Miesen in the Netherlands — others say the first memory cafe was in Santa Fe, N.M., in 2008 — have spread across the nation. Memory cafes are not a form of respite care. Instead, they offer a place where both caregiver and care recipient can socialize together and connect with others in similar situations Source: https://www.aarp.org/caregiving/basics/info-2019/memory-cafe.html Status: Westford does not have a memory café

#	PROJECT TOOLKIT FOR COMMUNITY OF WESTFORD
12	**NAME: TREVOR PROJECT** Purpose: To save young LGBT lives Source: https://www.thetrevorproject.org/ Status: Westford lists this resources on its website
13	**NAME: BURIED TREASURES PROGRAM** Purpose: This program helps seniors with hoarding. It costs $4,400/year. Fire and police refer seniors to public health nurse Source: Senior Center. Status: Westford has this program
14	**NAME: FAITH-BASED PARTNERSHIPS FOR SENIORS** Purpose: To expand programming to Asian American communities through faith-based promotion initiatives, which can provide access to people who disproportionately experience poor health outcomes and are not reached by mainstream or traditional health care channels Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5645289/ Status: Westford Senior Center would like to strengthen its partnerships
15	**NAME: CLUB BAMBOO FOR SENIORS** Purpose: To address social isolation, to support seniors, particularly immigrants—especially if you can't find someone else who speaks the same language Source: http://nwasianweekly.com/2017/02/new-club-bamboo-director-at-acrs/ Source: https://www.aplaceformom.com/blog/02-11-13-club-bamboo-seattle-senior-living/ Status: Westford Senior Center could review this

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Research and best practices to enhance access for Asian American populations.

#	Best Practice	Source Link
1	Culturally competent peer-led mental health programs for children, youth, families, funded by SAMHSA	https://acrs.org/services/child-youth-development/
2	Same as above	
3	Same as above	
4	Accredited cultural competency training specifically for behavioral health professionals, sponsored by the Office of Minority Health, U.S. Department of Health and Human Services	https://thinkculturalhealth.hhs.gov/education/behavioral-health
5	Resources on culturally competency and mental health from the American Psychological Association	https://www.apa.org/pi/oema/resources/ethnicity-health/asian-american https://www.apa.org/pi/health-disparities/resources
6	Facts and research on Asian American mental health issues from the Asian American Psychological Association	https://aapaonline.org/publications/fact-sheets/
7	Family engagement in child and adolescent mental health	http://www.yftipa.org/files/file/ClosingTheGap_FamilyDrivenCare.pdf
8	Positive Behavioral Inteventions and Supports - blended with mental health supports in Interconnected Systems Framework (ISF)	https://www.pbis.org/topics/equity https://www.pbis.org/resource/pbis-cultural-responsiveness-field-guide-resources-for-trainers-and-coaches
9	Recommendations for school-based mental health for Asian American immigrant youth based on study results	https://psycnet.apa.org/record/2018-64895-001
10	Develop awareness of mental health issues among students and parents	https://mhanational.org/minority-mental-health

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Best Practices & Innovations

Research and best practices to enhance access for all populations.

Best Practice	General Population	Asian American Community	LGBTQUIA Community
Training	✓	✓	✓
Peer Support	✓	✓	✓
Family-Driven Engagement	✓	✓	✓

HEALTH MANAGEMENT ASSOCIATES

+ **Hopkinton Health Department**

+ **Shaun McAuliffe smcauliffe@hopkintonma.gov**

+ Collaboration with the school system

+ Funded by the Metrowest Foundation grant

+ 3-tier system of care utilizing a combination of the standard medical and Massachusetts Multi-Tiered System of Support

+ Developed a diversion program, in lieu of suspension

+ Program requires an SBIRT-type intake, parental notification and three class sessions, instructed by a licensed substance use counselor

+ Students have 12 monthly follow-up sessions after completing the diversion program

+ Student handbook reflects this write up

+ **Education**

+ Enhanced and improved educational outreach to students, teachers, and counselors

+ Created student groups where health and wellness professionals facilitate vaping and cessation awareness

+ **In-House Cessation Counseling**

+ Counseling for students that need assistance

+ Sessions are held during their guidance/lunch periods and are administered by an outside counselor

+ Students can opt for group or individual sessions

+ Genesis counseling services

+ **Off-site counseling**

+ Referring both students and parents to individual, intensive, off-site counseling where warranted

+ Services are third-party billed and provided by our counseling partner

+ **Outcomes**

+ Decline in student suspensions

+ By Jan 2020: 600 students educated

Health Management Associates

#	Westford Academy Resources for Social and Emotional Support
A	+ *Disclaimer: This site includes a list of possible health and safety resources. Please be aware that this list does not include all of the local and national resources available. In an event of a true emergency, always call 911 or go to your nearest emergency room.*
B	+ **List of resources includes information and contacts for the following:** + Suicide Prevention + Substance Abuse (Note: Should be modified to "use") + Substance Abuse and Mental Health Services Administration (SAMHSA) + Mental Health + Eating Disorders + LGBTQ (Note: should be extended to include "LGBTQIA"), mentions the Trevor Project Helpline + Find a Therapist + Grief + Sexual Assault
C	+ *Key gaps in this resource list:* + *Cultural competence to address needs of cultural minorities including Asian Americans and African American, and information about peer support programs*
D	+ https://www.westfordk12.us/sites/westfordmaps/files/uploads/mental_health_resources_for_website_1.pdf

THE BRIDGE PROGRAM

"One in every five U.S. adolescents has a serious mental health condition and 10 percent will experience extended absences from school. For these students, school re-entry can be overwhelming, fraught with problems including depression, anxiety, and fear of social rejection"[1]

+ **The Bridge Program is modeled after Bridge for Resilient Youth in Transition (BRYT)**

  + Provide short-term intervention, improve student outcomes, get students back to their regular academic schedule, and reduce dropout rates

+ **Three building blocks of BRYT/Bridge**

  + Space - a dedicated classroom within a school, a room that is both comfortable and work-oriented, open throughout the school day to support students in the program.

  + Staffing - fully staffed at all times, so that students can always reach a caring, skilled adult. Each program has a program leader/clinician, who may be a social worker, counselor, or psychologist, and an academic coordinator, who may be a teacher.

  + Services - combines clinical support, academic support, family support, and care coordination.

Source: https://www.brooklinecenter.org/services/school-based-support/bryt-program/bryt-network

+ **Core Components of CIT Programs**

  + Community Collaboration

  + A Vibrant and Accessible Crisis System

  + Training for law enforcement and other first responders
    (40-hour training curriculum)

  + Behavioral Health Staff Training

  + Family/Consumer/Advocate Participation

+ **Benefits of CIT Programs**

  + Positive community relationships

  + Improved crisis response system

  + Trained response to behavioral health crisis calls

  + Reduced unnecessary arrests or use of force

  + Reduced officer/citizen injuries

  + Increased officer confidence in skills

  + Reduced liability

  + More efficient use of criminal justice resources, including increased jail diversion

THANK YOU

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