Next Steps for Implementing Comprehensive School-Based Behavioral Health for Schools in Massachusetts

children's mental health campaign

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REFERENCES AND APPENDICES: To view the full list of references and appendices, please contact Julie Welch at jwelch@mspcc.org

ABOUT THIS REPORT

The Children's Mental Health Campaign (CMHC), with support from the Charles F. and Beatrice D. Adams Charitable Trust, embarked on a multi-year project to examine best practices in school-based behavioral health (SBH) and present policy recommendations for supporting the development and implementation of a Comprehensive School-Based Behavioral Health (CSBH) model for Massachusetts. When the COVID pandemic hit in early 2020, the sudden shut down of in-person education and school-based behavioral health supports deepened the crisis in child behavioral health, making clear the value of CSBH and galvanizing support among policymakers to take immediate steps to expand access to behavioral health promotion, prevention and intervention services. Almost immediately, the work of this project began to be used in real time to inform, develop, and successfully advance legislation, and secure funding through the state budget and COVID relief funds to support implementation and access to CSBH. The resulting initiatives helped to mitigate the crisis and began to create a solid foundation for schools over the long term.

Among stakeholders there is universal agreement that immediate, bold and sustained action is needed to equitably address the behavioral health needs of students in order to end and reverse the current crisis in child behavioral health and get children back on track educationally. To that end, **the CMHC urges the Commonwealth to develop and execute a statewide plan for implementing CSBH through an Multi-Tiered System of Supports (MTSS) framework in all schools within 3 years**. This paper provides an overview of the components of a CSBH system and the use of the Multi-Tiered System of Supports as the framework for CSBH implementation. Utilizing these frameworks, best practices as described in the literature, and input from families and other key stakeholders, we offer recommendations for the next steps needed to achieve the goal of ensuring access to CSBH for every student in Massachusetts.

ACKNOWLEDGEMENTS

The CMHC wishes to specially thank the youth, families, school leaders, community behavioral health providers, academics, and advocates who offered their time and expertise to this effort to improve access to behavioral health in schools. We also want to thank the team at Boston Children's Hospital Neighborhood Partnership Program (BCHNP) for their work to inform and shape this report including conducting and analyzing information from stakeholder interviews and the caregiver survey. Our thanks as well to the dedicated members of our School-Based Behavioral Health Advisory Board who continue to collaborate and lend their expertise to the effort to develop and implement the infrastructure and programmatic components for CSBH in Massachusetts.

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OUR APPROACH

The Children's Mental Health Campaign (CMHC), with support from the Charles F. and Beatrice D. Adams Charitable Trust, embarked on a multi-year project to examine best practices in school-based behavioral health (SBH) and present policy recommendations for supporting the development and implementation of a statewide model. A **Comprehensive School-based Behavioral Health (CSBH)** model is a partnership that works across schools, districts, communities, and families to provide a continuum of evidence-based behavioral health services to support students, families, and the school community, and includes prevention and interventions for substance use and substance use disorders.

In the fall of 2019, the CMHC convened a multidisciplinary School-Based Behavioral Health Advisory Council, consisting of SBH professionals, community-based behavioral health providers, parent and consumer groups, academics, and state agency leaders who have been invaluable in informing an ongoing assessment of the landscape in Massachusetts and advising on the development of immediate and long-term advocacy strategies for improving SBH services. A major goal of the School-Based Behavioral Health Advisory Council is to identify strategies, approaches, and resources to support schools and districts with implementation of an equity-informed, culturally responsive CSBH system. The members of the School-Based Behavioral Health Advisory Council have been key advisors and integral to the development of this brief and recommendations and to the crafting of legislative and state budget priorities that are the result of this work.

Using a mixed-methods approach, the CMHC, led by the Boston Children's Hospital Neighborhood Partnerships Program (BCHNP), conducted a literature review, developed and disseminated a caregiver survey (see Appendix A) to understand the parent perspective, and conducted key informant interviews with field experts and leaders in SBH (see Appendix B). Researchers reviewed and transcribed 23 key-informant interviews, amounting to 300 pages of transcripts. Interview transcripts were closely examined to identify common themes – topics, ideas, and patterns of meaning. This resulted in nine overarching themes and 25 sub-themes (see Appendix C) that outline the current state of SBH and recommendations for implementing a comprehensive school-based model of care. These themes are incorporated throughout this brief and were used to inform the policy recommendations.

This brief is intended to provide an understanding of the potential of CSBH to improve the overall well-being of children, including supporting positive academic and social outcomes in school. The brief describes the programmatic elements necessary to the implementation of CSBH, provides an overview of recent advancements in Massachusetts, and makes recommendations for immediate next steps to provide equitable access to behavioral health for all students in the Commonwealth

SCHOOL-BASED BEHAVIORAL HEALTH LANDSCAPE

WHAT IS BEHAVIORAL HEALTH?

Key informants identified the need to establish a common and clear understanding of behavioral health language. Currently, behavioral health terminology can have significantly different meanings between and among individuals and professions, and even subtle differences can have great impact on a range of issues, including service quality and access to care.

Throughout this report the term "behavioral health" will be used to refer to the related and overlapping concepts of social and emotional health and well-being, the treatment of mental health conditions, developmental and behavioral challenges, trauma-related health conditions, and substance use. This definition is intended to acknowledge that all students have behavioral health, as it is a part of overall health and well-being and that it is influenced and impacted by the needs of the whole child, including the biological, psychological, social, and environmental factors that youth experience.

When applied to schools, this holistic definition of behavioral health lends itself to understanding the need for promotive, preventive, and early intervention services for young people. It is also intended to address the frequent misuse of "behavioral health" to mean "behavioral concerns," putting the child's needs and the paths to assistance more in the category of special education or discipline, rather than health care.

A more extensive review of the children's behavioral health terminology used throughout this brief, please see the Behavioral Health Integrated Resources for Children (BIRCh) Project's resource: A Dictionary of Massachusetts Children's Behavioral Health Terms.

THE CURRENT STATE OF CHILD AND ADOLESCENT BEHAVIORAL HEALTH

In 2021, the National Alliance on Mental Illness (NAMI) reported that 1 in 6 youth (ages 6 to 17) across the U.S. have a serious mental illness, yet very few receive mental health care.[1] The COVID-19 pandemic has exacerbated this ongoing crisis in children's behavioral health.[2] In 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association declared a National State of Emergency in child and adolescent mental health.[3] This well documented problem led the U.S. Surgeon General to issue an advisory on youth mental health, calling for urgent action to address this public health crisis.[4] Yet, accessing behavioral health care continues to be a challenge for youth and families across the nation, and for youth of color, LGBTQ+ youth, those living in rural communities, and other historically underserved youth, the crisis is even more acute.[5]

Across stakeholder interviews, there was consensus that significant disparities in access, quality, and delivery of SBH services exist throughout the state. Participants discussed how systemic racism and vast inequities are impacting the current distribution of services and quality of care. They noted that many under-resourced schools, where the majority of students are of color, lack access to SBH clinicians, adequate interventions, and resources to provide culturally relevant and appropriate care. This is further supported by the data that suggests there is unequal access to school counselors for students of color and those from low-income households in the Commonwealth.[6]

1 National Alliance on Mental Illness, n.d.
2 Bruno, 2022
3 American Academy of Pediatrics, 2021
4 Office of the Surgeon General, 2021
5 Bowers, 2021
6 Ed Trust, 2019

COMPREHENSIVE SCHOOL-BASED BEHAVIORAL HEALTH AND MULTI-TIERED SYSTEM OF SUPPORTS

There is broad consensus that one of the most promising methods of bridging the gap in services for young people is to meet them where they are by providing behavioral health services and supports within schools.[7] CSBH models promote and support the behavioral health of an entire school population, including students, their families, and school staff. CSBH systems are equipped with the resources to actively foster a positive school climate, facilitate behavioral and emotional health education, identify students' emerging behavioral health needs early, and support and promote mental wellness.[8] At the same time, there is clear evidence that CSBH models can reduce emergency room visits, hospitalizations, special education referrals, and school disciplinary actions, and increase school attendance rates.[9,10] CSBH also supports safe, affirming school cultures and academic success, and reduces the prevalence and severity of mental health conditions.[11,12]

Though Massachusetts does not currently require statewide use of a specified model for implementing CSBH, the Multi-Tiered System of Supports (MTSS) is used nationally, and is listed by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a best practice model for addressing student behavioral health needs.[13] In addition the Massachusetts Department of Elementary and Secondary Education (DESE) has been supporting the implementation of MTSS through development and dissemination tools and guidance and providing grant-funded technical assistance to school districtss.

As defined in the Federal Every Student Succeeds Act, a multi-tiered system of support (MTSS)[14] is "a comprehensive continuum of evidence-based, systemic practices to support a rapid response to students' needs, with regular observation to facilitate data-based instructional decision making.''[15] When used to implement CSBH, MTSS is an innovative, expansive, and inclusive model that supports provision of tiered behavioral health supports in schools based on students' needs. Rather than solely reacting to individual students and their behaviors, MTSS is a child-centered and responsive model that moves away from the more traditional model of a 'one size fits all' approach to SBH by supporting teachers and school leaders in addressing the behavioral health needs of their entire student population through promotion and prevention strategies, and providing more acute interventions and support for the students that need them. Implementation of MTSS is linked to the reduction of suspension rates for students of color and students with IEPs, and also results in enhanced academic success among these students.[16] The stakeholders interviewed underscored the need for the MTSS framework to be used statewide in order to support equitable access to CSBH in every school and district.

The MTSS model consists of three tiers that vary in the severity of need based on the student and the level of intervention utilized (See Appendix D for additional examples of MTSS Supports in each tier).

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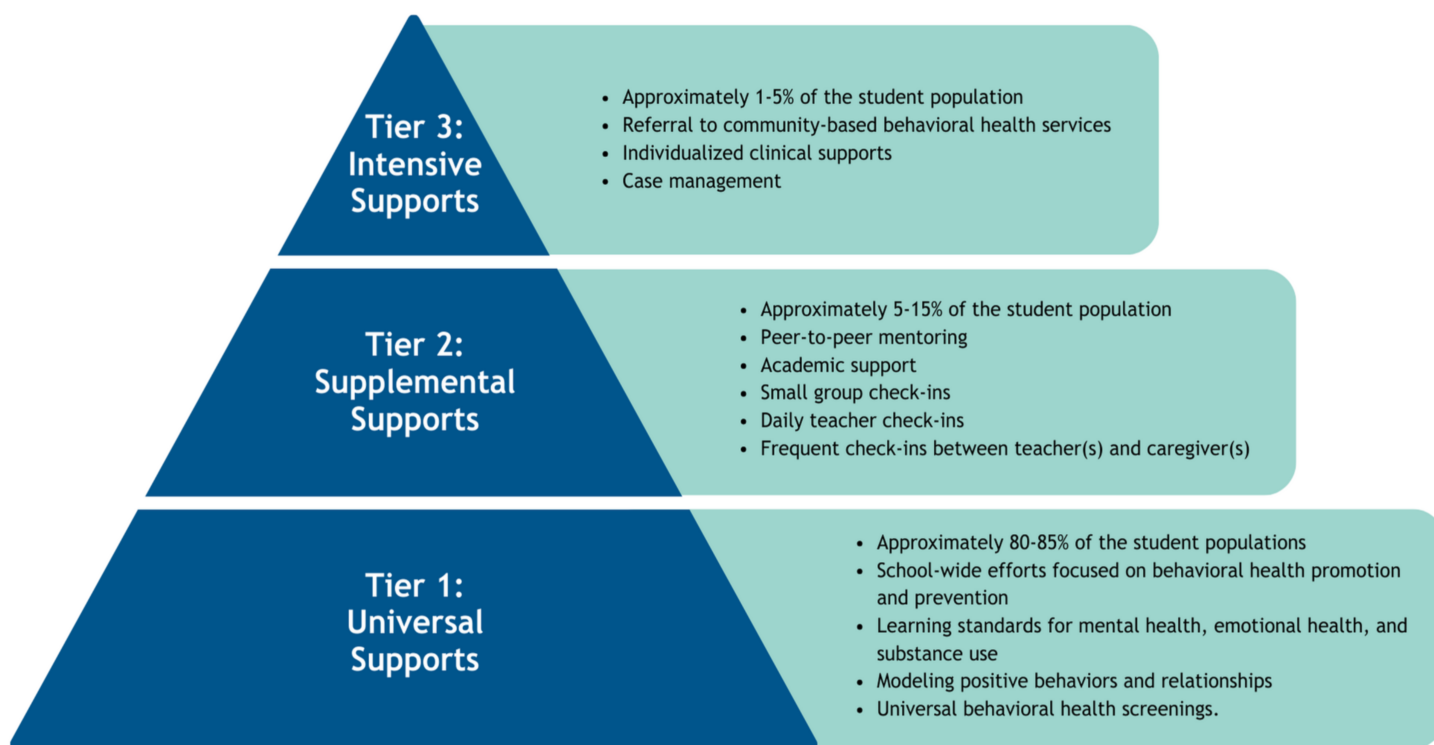
7 U.S. Department of Education, Office of Special Education and Rehabilitative Services. 2021
8 Hoover et al., 2019
9 National Center for School Mental Health and MHTTC Network Coordinating Office, 2019
10 Hoover & Bostic, 2020
11 Hoover & Bostic, 2020
12 National Association of School Psychologists, 2021a
13 McCance-Katz & Lynch, 2019
14 For a more extensive overview of MTSS, please see the 2023 Baker Center Report: Mental Health and Schools: Best Practices to Support Our Students: Implications for Policy, Systems, and Practice
15 Every Student Succeeds Act, Pub. L. No. 114-95 (2015)
16 Swain-Bradway et al., 2019

- Tier 1/Universal Supports are school-wide efforts focused on behavioral health promotion and prevention, including learning standards for mental health, emotional health, and substance use, as well as universal screenings.[17] Tier 1 efforts are led by educators and SBH personnel, allowing all students the opportunity to develop skills related to enhanced well-being, prevention, and overall health, while better enabling academic success.
- Tier 2/Supplemental Supports are prevention and early intervention services provided to students whose needs are not adequately met by Tier 1 supports.[18] Interventions in this tier include small groups, therapeutic or peer-to-peer mentoring, and classroom supports (e.g., daily teacher check-in, daily report cards, or a home-school note system).[19]
- Tier 3/Intensive Supports are provided to students with significant social and emotional needs, warranting individualized intervention.[20] Tier 3 supports are provided by SBH personnel, including community-based behavioral health partners, behavioral health clinicians in schools, educators, and classroom aides. These interventions may include individualized clinical supports, crisis response, and case management.[21]



** Please note that within this framework, students at highest tiers of intervention still benefit from universal and intermediate level supports alongside their peers, while also receiving necessary, individualized support for their acute behavioral health needs. **

17 Hoover et al., 2019
18 National Center for School Mental Health, 2020a
19 National Center for School Mental Health, 2020a
20 Hoover et al., 2019
21 National Center for School Mental Health, 2020a

ESSENTIAL COMPONENTS OF IMPLEMENTING CSBH THROUGH MTSS

STATE AND LOCAL LEVEL PLANNING, COORDINATING COUNCIL AND TECHNICAL ASSISTANCE

In order to effectively implement a CSBH System, planning, coordination, and technical support are critical. These tools are particularly important to initiatives focused on addressing disparities and achieving equity.[22] State-level planning efforts should include guidance and support to districts in developing and implementing the CSBH System, as well as clear goals and benchmarks for monitoring and evaluating key elements of implementation. Massachusetts does not currently have a state plan or a Coordinating Council for SBH. However, Chapter 177 of the Acts of 2022 creates an Office of Behavioral Health Promotion that includes a student advisory committee on behavioral health, which could be instrumental in the development of a state plan.

School leaders have a unique understanding of the role that behavioral health plays in learning, and know that equipping schools with the tools to address behavioral health challenges is vital to efforts to address pandemic-related learning loss. This will require developing and implementing a plan to accelerate current efforts and create equitable access to CSBH for all students. A survey conducted by the BIRCh Project at UMass found that 98% of school-based professionals surveyed reported that they would use behavioral health technical assistance.[23] In FY 2021 the BIRCh Project received state funding to develop the Massachusetts School-Based Behavioral Health TA Center (TA Center). The effort has received ongoing state budget support, as well as funding from the American Rescue Plan Act (ARPA). The TA Center was made permanent through a provision of Chapter 177 of the Acts of 2022. The purpose of the TA Center is to work with district level behavioral health leadership teams, in collaboration with community agencies, to implement CSBH and enhance community partnerships. Examples of the work include supporting implementation of services and programs in one or more of the MTSS tiers, developing a structure to provide clinical supervision, and creating sustainable and effective staffing models.[24]

WORKFORCE

Schools need a robust and diverse team of appropriately trained and well supported staff to effectuate the MTSS framework described in the prior section. The team should include administrators and teachers, in addition to behavioral health personnel. With that understanding, it is important to acknowledge the long standing and significant challenges in the provision of school-based behavioral health services, namely the shortage of SBH personnel and limited resources for SBH.

The vast majority of schools and school districts in Massachusetts have never had adequate behavioral health workforce capacity and/or the infrastructure necessary to implement SBH effectively.[25] This is particularly true in high need and low-income areas of the state. A school behavioral health resource mapping project conducted by the UMass BIRCh Project found that 26 high economic need districts, that collectively enroll nearly 25% of students in the Commonwealth, have limited behavioral health resources.[26,27] Primary among the causes of these challenges are funding and a limited workforce pipeline.

This behavioral health workforce shortage, including school-based professionals, is echoed throughout Massachusetts and across the nation. In recent years, Massachusetts has seen a 17% increase in school-based social workers, school counselors, and school psychologists, yet the Professional Support Personnel

22 Begeman & Snow, n.d.
23 Birch Project, 2021
24 Birch Project, 2021
25 BIRCh Project, 2020
26 Pearrow et al., 2020; More information can be found in the BIRCh Project's "Map of Massachusetts public schools with high economic need and limited access to school-based support."
27 Massachusetts Department of Elementary and Secondary Education, n.d.

to student ratios continue to fall well below the recommended ratios published by major professional associations, such as the National Association of Social Workers, American School Counselor Association, National Association of School Psychologists, and National School Nurse Association.[28] Massachusetts does not have required student to SBH staff ratios, however they are vital to achieving equitable access to SBH services and supports. The minimum standards and ratios set by the professional associations should serve as a baseline for districts, however, they will need to be evaluated and enhanced depending on the demographics and needs of the students and school community.

At the root of the shortages are insufficient compensation, and high levels of stress due to the acuity of student needs and historically insufficient staffing levels that are leading to high rates of turnover and deterring students from entering the field. Currently, there is a critically low number of students in the pipeline. Nationally, during the 2018–2019 academic year, 2,816 students graduated from school psychology programs, of which, 2,226 entered employment in the school setting. Assuming no changes in student enrollment, no attrition from the workforce, and no changes in availability of graduate education, it will take 28 years to ensure adequate access to school psychologists in the United States.[29] These severe workforce challenges also exist in many other health and behavioral health professions.[30]

Effective pipeline solutions must include creation of a clear and rewarding SBH career track, supported by affordable and subsidized degree programs, enhanced compensation, and recruitment of diverse candidates. Concurrently, there needs to be a focus on employee satisfaction and retention of the existing workforce to include setting clear and achievable expectations with clearly defined roles, fair and appropriate compensation, clinical supervision and professional development support from strong, stable community partnerships.

COMMUNITY PARTNERSHIPS

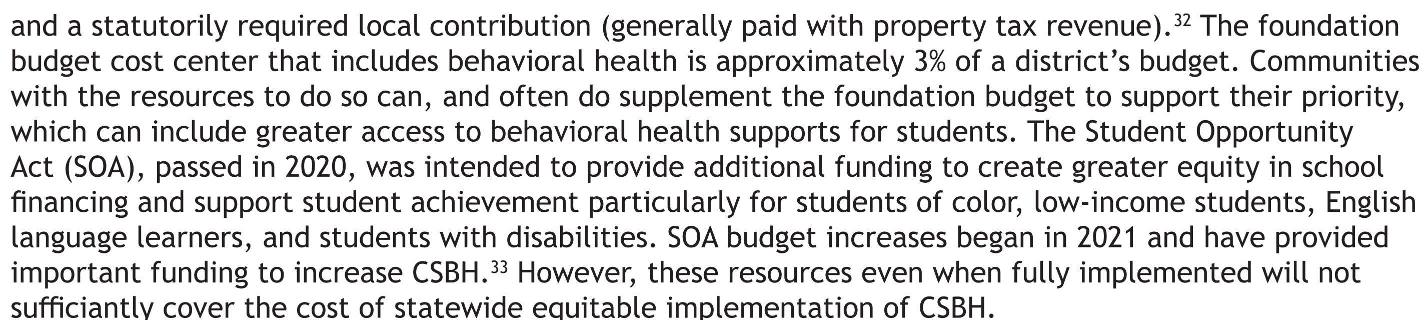
Schools cannot do this work alone. Coordinated and collaborative partnerships are necessary to meet the needs of students. It is essential that schools have bridges and effective relationships with health care and non-profit agencies to ensure students and families have access to care both inside and outside of school. An effective, sustainable CSBH relies on partnerships between school-based behavioral health staff and community-based behavioral health organizations. School- and community-based behavioral health providers should work collaboratively to ensure that students have access to a full spectrum of culturally responsive supports and services across all MTSS tiers. The roles and responsibilities of partners will differ based on the unique needs of each student, school, and community.[31]

FUNDING

In school behavioral health staffing and school and community partnerships are essential to meet the needs of students. However, there has historically been an underinvestment in these resources. Today, financing of CSBH is a complex patchwork of funding mechanisms that rely heavily on local champions, philanthropic partners and state agencies to make investments in staffing, programs, partnerships and infrastructure.

The “foundation budget,” for school districts is supported by a combination of state funding (Chapter 70 aid)

28 BIRCH Project, 2022
29 National Association of School Psychologists, 2021c
30 Massachusetts Health Policy Commission, 2023
31 National Association of School Psychologists, 2021b



and a statutorily required local contribution (generally paid with property tax revenue).[32] The foundation budget cost center that includes behavioral health is approximately 3% of a district's budget. Communities with the resources to do so can, and often do supplement the foundation budget to support their priority, which can include greater access to behavioral health supports for students. The Student Opportunity Act (SOA), passed in 2020, was intended to provide additional funding to create greater equity in school financing and support student achievement particularly for students of color, low-income students, English language learners, and students with disabilities. SOA budget increases began in 2021 and have provided important funding to increase CSBH.[33] However, these resources even when fully implemented will not sufficiantly cover the cost of statewide equitable implementation of CSBH.

Approximately two-thirds of Massachusetts school districts participate in the School-Based Medicaid Program. This is an important source of sustainable funding for health services delivered in schools, including behavioral health and the associated administrative expenses. Yet participation is not mandatory and the resulting revenue is returned to the general fund of the municipality. Mandating participation and directing that the revenue be used to support school health and behavioral health initiatives, is one way that districts with a high percentage of students with MassHealth, could hire more staff to provide behavioral health services to students in schools. While the state provides technical assistance to districts on how to claim for these services, it is a highly complex and sometimes burdensome process that has in part suppressed greater participation by municipalities.

Some school leaders embed staff from community-based organizations in their school to provide behavioral health services to students. These staff then bill the student's public or private insurance for the medically necessary treatment service. This type of arrangement is complex however, requiring a high level of coordination, collaboration and trust between treatment providers and local school leaders. It is also fraught with administrative and technical challenges that have limited its utility as a scalable solution to CSBH. There are also a number of organizations partnering with schools using funds that they have secured through philanthropic and blended funding models to create and deliver innovative and creative solutions and programs to address student needs.

Discretionary grants from the state or philanthropic foundations make up a relatively small portion of funding. Though vital for spurring innovation, testing new service delivery approaches, and building capacity for CSBH, these funding mechanisms are functionally inequitable and are not sustainable funding sources. Pursuing these types of grants are also time and labor intensive on the part of school leadership who are often overwhelmed with the day to day management of district operations. These grants are most often time limited and small, which makes sustainability of initiative and programs difficult over time.

Even with all of the above resources, a substantial infusion of new funding is required to support the cost of full CSBH implementation statewide. To ensure that those funds create equitable access, the allocation mechanism must account for varying resources and needs across districts. Utilizing formula grants is an approach for providing resources to all schools based upon criteria that are designed to identify and address disparities and reduce administrative burden on school districts. Implementation will require a much needed enhancement of cross-system coordination to identify existing funding sources and gaps which will help ensure that access to CSBH continues to be equitable over time.

32 Massachusetts Department of Elementary and Secondary Education, 2022a
33 Massachusetts Department of Elementary and Secondary Education, 2021

CALL TO ACTION

The Children's Mental Health Campaign urges the Commonwealth to commit to a three-year plan for rapidly implementing equitable access to Comprehensive School-Based Behavioral Health for all students.

Despite the challenges, the school setting provides an unparalleled opportunity to support the development and well-being of all children. As a result, school leaders, behavioral health leaders, advocates and policy makers have championed increasing overall access to a full range of behavioral health services in schools with a particular focus on mitigating inequities. Recent progress, fueled by COVID recovery resources, has been substantial and impactful to those communities that have been reached.

Implementing a Comprehensive School Behavioral Health model for every district in the Commonwealth is an important step toward mitigating the crisis in child and adolescent behavioral health and promoting healthy development and well-being. Massachusetts has much to build on; we are home to many highly respected SBH leaders, have invested in effective model programs and community collaborations, and have begun to develop a statewide infrastructure (for a more thorough review of the recent advancements in CSBH in Massachusetts, see Appendix E). Concentrated efforts, intentional collaboration, and thoughtfully allocating resources to districts with the highest needs will allow for equitable and sustainable access to CSBH for all students across the Commonwealth.

In order to support equitable access to Comprehensive School-Based Behavioral Health for all students across the Commonwealth, **the CMHC believes the following actions are necessary**:

1. **Set and Implement Clear Actionable Plans Supported by State-Level Policy**
   a. Develop a statewide plan for implementing CSBH through an MTSS framework in all schools within three years. The plan should set clear goals and benchmarks for key elements of CSBH implementation including increasing the workforce, access to training and professional development, use of evidence-based, equitable, and culturally responsive practices, and evaluation and outcome data specifications. The plan should also promote cross-sector engagement and identify strategies for leveraging and coordinating funding and resources across agencies and sectors.
   b. Establish and support a School Behavioral Health Coordinating Council led by DMH, and DESE, in collaboration with the School-Based Behavioral Health Technical Assistance Center, to provide state level tools and guidance for developing, implementing, and evaluating the state plan, including monitoring progress and challenges including emerging gaps or disparities in services. The plan should be periodically updated to ensure equitable access to CSBH across school districts.

2. **Increase and Retain a Diverse, Well Trained and Supported SBH Workforce**
   a. Establish benchmarks for achieving foundational levels of behavioral health staffing in each school. Foundational levels should, at minimum, be set in alignment with the ratios set forth by the professional associations for each discipline. Ratios must take into consideration the unique needs of each district to incorporate equity considerations and student, family, and community needs.
   b. Supporting opportunities for districts to offer clinical supervision and professional development and support for behavioral health staff.
   c. Continue loan repayment incentives and scholarship programs.
   d. Increase the number and diversity of candidates for SBH degree programs
   e. Provide incentives for higher education institutions to grow their SBH preparation programs with updated curricula and a focus on enhanced recruitment of diverse faculty, students, and staff.

3. **Formalize and Strengthen School and Community Partnerships**
    a. Build stronger referral networks, connections, and official partnerships with local health and behavioral health organizations to increase seamless and wraparound care for students and families.
    b. Extend the use of clinical services and behavioral health consultation to school staff, including the use of tele-behavioral health, ready access to behavioral health urgent care, and other programs to provide immediate access to behavioral health supports to assist students and their families.
    c. Provide schools and districts with technical assistance and guidance specific to formalizing and evaluating strong and sustainable community partnerships.

4. **Ensure Access to Equitable & Sustainable Funding to Support a Full Continuum of Care**
    a. Establish a formula grant program designed to address inequities in funding so that districts can hire necessary staff, develop community partnerships, and support dedicated time for administrators and other school leaders to support CSBH implementation in every school district.
    b. Establish multi-year grants for community organizations to develop embedded and sustainable partnerships with schools to collectively meet the needs of students.
    c. Continue to provide technical assistance to schools to support participation in the school-based Medicaid program.
    d. Assist community partners to utilize allowable medicaid reimbursements for school based services.
    e. Establish a collaborative effort between MassHealth and the Division of Insurance to address administrative barriers to increased commercial insurance reimbursement of medically necessary.

CONCLUSION

The unremitting crisis in child and adolescent mental health continues to threaten the immediate and long-term well-being of students, families and school communities. Expedited and intentional investments are necessary to support equitable statewide access to behavioral health care every school. This investment is vital to supporting the educational success of students and their lifelong health and well-being. This is a critical moment for our children and it is our hope that these recommendations, when implemented, will help us move them past the current crisis and forward to the bright futures they deserve.

Children’s Mental Health Campaign

The Children’s Mental Health Campaign (CMHC) is a large statewide network that advocates for policy, systems, and practice solutions to ensure all children in Massachusetts have access to resources to prevent, diagnose, and treat mental and behavioral health issues in a timely, effective, and compassionate way. This will only happen through a shared responsibility among government and health care institutions working together to improve behavioral health care and access for children and youth. The CMHC Executive Committee consists of six highly reputable partner organizations: Boston Children’s Hospital, The Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), the Parent/Professional Advocacy League, Health Care For All, Health Law Advocates, and the Massachusetts Association for Mental Health. The CMHC network includes more than 200 organizations across Massachusetts.

Boston Children’s Hospital Neighborhood Partnerships Program

The Boston Children’s Hospital Neighborhood Partnerships Program (BCHNP) is a school-based behavioral health program in the Department of Psychiatry and Behavioral Sciences at Boston Children’s Hospital. BCHNP partners with schools to promote the social, emotional, and behavioral health and well-being of students, caregivers, and staff. We collaborate with community members and organizations to provide clinical care, consultation, professional development, research, and advocacy. BCHNP has partnered with the Boston Public Schools for 22 years. BCHNP also has developed online training resources for school communities nationwide.

Massachusetts Society for the Prevention of Cruelty to Children

The Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) is a private, non-profit society dedicated to leadership in protecting and promoting the rights and well-being of children and families, and is a founding member and the coordinating agency of the Children’s Mental Health Campaign. Since 1878, MSPCC has been on the forefront of innovative services and passionate advocacy to protect and promote the rights and well-being of children and families. To prevent child abuse, MSPCC focuses on the needs of both the child and the parent. MSPCC understands that the best way to keep children safe and healthy is to promote nurturing, stable environments for children, prevent adverse childhood experiences, and intervene when trauma occurs. MSPCC targets its children’s mental health public policy goals to support proven efforts, improving capacity for early identification and treatment, and reforming practices that inhibit school success.