Robert Wood Johnson Foundation

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Program Results
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Connecting With Care in Low-Income Boston Neighborhoods

Building the capacity of local mental health providers to deliver school-based services

SUMMARY

From 2006 through 2011, the Connecting With Care project of the Alliance for Inclusion and Prevention (AIP) brought full-time, mental health clinicians to schools in the low-income Boston neighborhoods of Dorchester and Roxbury.

AIP, based in Boston and founded in 1995, seeks to treat and educate public school children with emotional and behavioral disorders while preventing problems and disruptions for other children in the school.

Key Results

The Alliance for Inclusion and Prevention stated in reports to the Robert Wood Johnson Foundation (RWJF) that Connecting With Care:

- Provided mental health treatment to 486 children in seven schools
- Demonstrated that it was economically feasible to have full-time, mental-health clinicians in schools
- Trained 128 clinicians, teachers, and other school personnel in treating children's trauma and other mental health conditions
- Initiated the first school-based trauma systems therapy (TST) program in the United States. Trauma systems therapy targets children ages 6 to 18 who have difficulty managing their emotions as a result of prior traumatic experiences, which are often violent or even life-threatening. It is also designed to engage families in treatment.

Funding

The Robert Wood Johnson Foundation (RWJF) supported this project from July 2006 to December 2011 with a grant of $513,762 under its program, *Robert Wood Johnson Foundation Local Funding Partnerships*.

CONTEXT

The Dorchester and Roxbury neighborhoods in Boston suffer from high crime rates, substandard living conditions, and a lack of mental health services.

The population is 68 percent African American, 24 percent Latino, 4 percent Asian American, 3 percent White, and 1 percent Native American. More than 80 percent of students come from low-income families. Somalis comprise one of the largest refugee groups living in the area.

Most of the children in the Dorchester and Roxbury public schools have been touched personally by violence or trauma. They also grapple with discrimination, poverty, fear for their safety, and substandard living conditions—all of which can damage their mental health. These communities have high rates of violence, and many of the schools have higher rates of expulsions for weapons and drug possession than those in other Boston neighborhoods.

In 2004 and 2005, social workers at the Lilla G. Frederick Pilot Middle School, located in the Grove Hall area of Dorchester, identified 200 children in need of mental health services but were able to arrange treatment for only 40. The other schools in Dorchester and Roxbury also had limited mental health services, usually a few hours per week from a fee-for-service clinician.

RWJF's Interest in This Area

Connecting With Care received funding under the *Robert Wood Johnson Foundation's Local Funding Partnerships* program, which has funded 360 projects in collaboration with 1,400 local grantmakers from 1988—its inception—through 2012.

Through *RWJF Local Funding Partnerships*, the Foundation has awarded funds to a diverse range of community-driven projects to improve the health of vulnerable populations. Individual grants to improve mental health services in schools have included:

- A project based in Marlborough, Mass., to bring schools, families, and state agencies together to provide mental health care for children who are ineligible for existing programs.[1]
- A project based in Minneapolis examining the mental health needs and evidence-based mental health services in schools for adolescents with serious emotional disturbances.[2]

[1] ID # 66552

[2] ID # 69589

- A grant to the George Washington University School of Public Health for an environmental scan of school-related mental health services and support for school-based health care.[3]

See Program Results for more information on *RWJF Local Funding Partnerships*.

Another RWJF national program, *Caring Across Communities*, supported the mental health needs of immigrant and refugee children in many schools across the country. This included funding for Project SHIFA;[4] a program to meet mental health needs of Somali children in Boston. Partners in that project included AIP, Boston Children's Hospital, and Lilla G. Frederick Pilot Middle School. For more information on the program, see Program Results.

THE PROJECT

With funding from RWJF from 2006 through 2011, the Connecting With Care project of the Alliance for Inclusion and Prevention brought full-time, mental health clinicians to schools in the low-income Boston neighborhoods of Dorchester and Roxbury.

The project staff also developed a sustainable finance model for replicating the project and emphasized the use of trauma systems therapy (TST), an evidence-based model for treating trauma. They added "The Coping Cat," an evidence-based treatment for anxiety in 2011.

The Connecting With Care program director also coordinated with Project SHIFA to serve children at the Lilla G. Frederick Pilot Middle School who are from the Somali community. In partnership with the Boston University School of Social Work, the first two master's level social workers in New England were trained to provide mental health services to Somali children and families, making it possible to sustain culturally competent mental health services via traditional means of mental health service delivery.

Partners in the project were Boston Children's Hospital, Lilla G. Frederick Pilot Middle School, and four mental-health agencies that assigned clinicians to the schools: Family Service of Greater Boston, the Massachusetts Society for the Prevention of Cruelty to Children, the Home for Little Wanderers, and North Suffolk Mental Health Association.

Other Funding

Providing additional support for this project were the Blue Cross Blue Shield of Massachusetts Foundation ($300,000), the Amelia Peabody Foundation ($125,000), the

[3] ID # 52530

[4] Acronym for Supporting the Health of Immigrant Families and Adolescents. Shifa is the Somali word for health. The story of Project SHIFA is available online.

Boston Foundation ($50,000), the Cabot Family Charitable Trust ($25,000), and the Massachusetts General Hospital Center for Community Health Improvement ($25,000).

RESULTS

In an interview for this report and reports to RWJF, Robert Kilkenny, EdD, executive director of the Alliance for Inclusion and Prevention and Lisa Baron, EdD, Connecting With Care's director, stated that they:

- **Provided mental health treatment to 486 children in seven schools.** All told, the clinicians provided more than 14,500 hours of service. Baron and Nechama Katz, the planning coordinator, profiled one of the project's clients in an article, "Carla's Connections for Success," on the *Local Funding Partnerships'* website.

  Most of the children were ages 5 to 15 and enrolled in elementary, middle or K-8 schools. The six clinicians were from four local providers and generally carried a caseload of 20 to 25 students.

  The clinicians, all of whom held master's degrees, worked with parents, teachers and school staff and made home visits during school vacations and over the summer. All but one was hired specifically for the project.

- **Demonstrated that it was economically feasible to have full-time mental health clinicians in schools.** Outside mental health agencies billed Medicaid and commercial insurers for the cost of treating children in the schools, which kept their uncovered cost per clinician to less than $1,000.

  The Connecting With Care project calculated that management of the project would cost an additional $7,000 per school if the costs of hiring one coordinator and one data assistant were spread among 16 schools. Project coordination includes management of referrals, collaborating with school and mental health agency staff, training and weekly supervision in evidence-based treatments, and data collection and analysis.

  During the project, AIP used grant funds to subsidize management costs.

  "The schools previously had a part-time drop-in model in which clinicians met with students one to two days per week. The mental health agencies thought putting full-time clinicians in the schools would be cost-prohibitive; that they'd need a $25,000 subsidy for one FTE clinician," said Kilkenny. "We convinced them that, in order to effect public policy, we would closely track the finances, and with proper coordination, we could come in with a much lower number. The ramp-up costs would be amortized so that the deficit would ultimately be quite small. This includes agencies with unionized mental health providers."

- **Implemented the first school-based trauma systems therapy (TST) program in the United States.** TST targets children ages 6 to18 who have difficulty regulating

their emotions as a result of prior traumatic experiences, which are often violent or even life-threatening. It is also designed to engage families in treatment.

Glenn Saxe, MD, formerly affiliated with Boston Children's Hospital and now chairman of the Department of Child and Adolescent Psychiatry at New York University Medical Center, developed the treatment model and helped train clinicians during the project's early years. New York University Medical Center, Saxe's employer, was the first institutional partner of Connecting With Care.

- **Trained 128 clinicians, teachers and other school personnel in treating trauma and other mental health conditions of children.** The clinicians included other community health providers, who were trained in partnership with Boston Children's Hospital.

  Teachers were taught that disruptive behaviors in the classroom could be traced to mental health issues such as trauma and anxiety: "It's not just misbehavior," Kilkenny said.

  Traumatized children can present serious problems in a classroom situation, Baron said, because they react to "seemingly innocuous incidents. It could be the anniversary date of a traumatic event or a teacher shouting. When a teacher understands this, it keeps them from personalizing it."

- **Demonstrated improvement in children's mental health as a result of treatment.** Project staff evaluated a sample of 232 students from 2006 through 2011. Of these, 124 (53.4%) were Black and 85 (36.6%) were Latino. Of the 23 others, 4.7 percent were White, 3.4 percent were Asian, and less than 1 percent were categorized as "other." On average, the children were in treatment for 2.2 years and the majority showed an improvement in overall functioning. Clinical findings included the following:

  — Using the Global Assessment of Functioning, a clinical assessment of the severity of psychiatric illness, researchers found that more than 70 percent of the children showed highly significant improvement. In general, researchers found that the longer the treatment, the more the improvement.

  — Using the Child and Adolescent Needs and Strengths assessment, which is required for all Massachusetts Medicaid clients under age 21 who began individual therapy in November 2008 or later, researchers found that in the "Behavioral/Emotional" domain—the area most relevant to overall mental health functioning—95 children, or almost 65 percent of the sample, improved. The greatest improvement occurred when treatment lasted from nine to 14 months.

  — The Child and Adolescent Functional Assessment Scale—designed to assess the level of functioning in children and adolescents with emotional, behavioral, or substance use symptoms or disorders—showed that some 60 percent of the 72 children in the sample in treatment for at least 15 months improved.

- **Attracted attention from other entities that wanted to replicate Connecting With Care.** Examples included:
  - The Dorchester FAMILY and School Initiative, a collaboration serving three public schools in the Codman Square neighborhood, implemented elements of the Connecting With Care treatment model.
  - The city of Boston's Circle of Promise initiative worked with AIP to increase mental health resources in the city's underperforming schools.
  - The Boston Public Health Commission worked with Connecting With Care to develop a model to provide mental health services to schools in East Boston, an isolated and underserved section of the city.
  - AIP, at the request of Saxe, consulted with the New York Center for Children, a free mental health clinic, about strategies for implementation of trauma systems therapy in New York City schools.

Communications Results

Project staff:

- Created a section of AIP's website devoted to the Connecting With Care project
- Published an article—"Leveraging Mental Health Dollars Into Your District"—in *School Business Affairs*[5]
- Made presentations or held consultation meetings with local, state, and national governmental and nonprofit groups. Examples included:
  - The Children's Aid Society's conference, "Every School A Community School: Driving System Change," in October 2007 in New York
  - The National Center for Mental Health Promotion and Youth Violence Prevention's annual technical assistance conference for grantees in the Safe Schools/Healthy Students program, in November 2008 in Minneapolis[6]
  - The Coalition for Community Schools' national forums in May 2008 in Portland, Ore., and in April 2010 in Philadelphia
  - The Agency for Healthcare Research and Quality's Innovations Exchange exhibit in July 2009 at the University of Texas Health Science Center in San Antonio, Texas

[5] Kilkenny R, Katz N and Baron L. "Leveraging Mental Health Dollars Into Your District." *School Business Affairs,* 75(7): 11–15, July/August 2009. Available online.

[6] The Safe Schools/Healthy Students program is jointly funded by three federal-government departments: Education, Justice, and Health and Human Services.

SIGNIFICANCE OF THE PROJECT

Connecting With Care has been featured as an innovative practice for the past four years, beginning in 2008, on the website of the U.S. Agency for Healthcare Research and Quality (AHRQ). It was one of 65 innovations across the United States profiled in the category of "Mental Health Care and Vulnerable Populations." During the same period, AHRQ also upgraded its rating of Connecting With Care from "suggestive" to "moderate" ("strong" is the highest of three rating categories). The rating is based on an evaluation of the clinical outcomes that the project produced.

LESSONS LEARNED

1. **Secure a strong buy-in from all levels of the school district and participating mental-health agencies.** This includes the school district's central office, the principal at each school, teachers, social workers, psychologists, and others. It also applies to all levels of management at the participating mental-health agencies. (Project Director/Baron and Final Narrative Report)

2. **Address the stigma of seeking mental health services.** AIP and its partners sought to make Connecting With Care simply one of many school-based services. The project director matched the racial, ethnic, and linguistic composition of the clinicians and students whenever possible.

   This was particularly important in addressing the needs of the Somali community, Kilkenny said, where "walking through the portal that says 'mental health' is a big step. There is a gigantic stigma." Working with Project SHIFA, staff developed a collaborative training model that produced New England's first two Somali social workers.

3. **Establish an ongoing infrastructure of support inside the school.** Ideally, this would be a referral coordinator, fully supported by the principal, to handle issues such as obtaining parental consent, identifying referrals for the clinicians, and collaborating with school staff. (Final Narrative Report to RWJF)

4. **Ensure intensive coordination between the school and the provider agency.** In addition to naming the referral coordinator, this should include:

   — Regular meetings between the coordinator and the clinician, usually weekly at the start of the year, to troubleshoot insufficient or inappropriate referrals

   — Student support meetings to discuss students' cases that include the clinician, teachers, school social worker, guidance counselor, nurse, and sometimes the principal and assistant principal.

   — Close monitoring of productivity, referral streams, level of parental engagement and profit/loss for the agencies that provide the clinicians. (Project Director/Baron and Final Narrative Report to RWJF)

5. **Implement the program gradually.** This was a complex process that involved recruiting multiple provider agencies and coordinating their activities. The project was implemented in stages, building capacity gradually. (Final Narrative Report to RWJF)

6. **Time the onset of services carefully.** It is often best to start a new clinician in a school three or four weeks after the school year begins to give a school's principal and teachers time to establish a daily routine and control over the students.

   This delay may not be necessary once a clinician is established in a school. Since the most productive months for clinicians are from December to April, new clinicians should be placed in schools no later than February. (Final Narrative Report to RWJF)

7. **Recognize that parents may want to meet with clinicians in familiar surroundings.** Project staff originally tried running an evening clinic two nights per week at Lilla G. Frederick Pilot Middle School, but attendance was low.

   "We found that people didn't want to leave the neighborhood to come to a school they weren't familiar with. They wanted a familiar setting," Kilkenny said. Attempts to boost attendance with gift cards to a local grocery chain and the provision of transportation and childcare were unsuccessful. Families preferred to meet with clinicians at their child's school during the school day.

   Clinicians also experienced some resistance from parents about participating in their children's treatment. In the project's early stages, clinicians' spent about 10 percent of their billable hours with parents, or half of the 20-percent level stipulated in Medicaid's treatment guidelines.

   But in 2010, project staff provided clinicians with 16 hours of training in family therapy and coached them on how to engage parents in their children's treatment. By June 2010, parent engagement rates had increased by 40 percent and some clinicians were exceeding the Medicaid target of 20 percent. By the end of the grant period, parent engagement rates had increased by 80 percent, with an average of 18 percent family engagement. (Project Director/Kilkenny and Final Narrative Report to RWJF)

8. **Consider development of a shared-risk model between the sponsor of the project and the agencies that provide clinicians.** To encourage providers to join the project, AIP helped subsidize their startup costs. (Final Narrative Report to RWJF)

AFTERWARD

With funding from Massachusetts General Hospital, Connecting With Care added an additional school since RWJF funding ended and planned to add two more in 2012. Staff hoped to have 16 schools engaged by the end of the 2014–2015 school year.

Beginning in March 2012, clinicians from a separate in-home therapy program for Medicaid recipients through a partner agency began to work with students' families,

mainly on nontherapeutic issues such as parent/family conflict, building parenting skills, or accessing appropriate housing or other community resources. The Massachusetts Children's Behavioral Health Initiative funds this service.

This in-home therapy service was offered in one school in the spring of 2012, and has been initiated at a second school through another partner agency in the fall of 2012. It may be expanded to three schools through three partner agencies by the end of the 2012–2013 school year.

In addition to its training in trauma systems therapy and anxiety disorders, project staff planned to add training in the fall of 2012 in disruptive disorders to help clinicians and teachers use evidence-based approaches to manage disruptive behaviors in the classroom.

The project staff also was working with Saxe, who developed trauma systems therapy, on a journal article about the clinical results of children treated with it in school settings.

In addition, RWJF made a $40,000 grant[7] to AIP in response to economic hard times that allowed the agency to maintain its evidence-based multisystemic therapy program (MST), one of only two such programs in Massachusetts. In a report to RWJF, AIP staff wrote, "The MST program provides adolescents at risk of residential or juvenile justice placements with the family supports needed to get them back on track and keep them in their own communities."

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[7] Grant ID # 67336 was made under a $10 million January 2009 authorization, Response to Economic Hard Times. Through it, RWJF was able to make funding available to community-based nonprofits that were struggling to continue their missions of serving vulnerable individuals and families. These are organizations that saw dramatic increases in the demand for their services, even as their resources were decreasing due to cutbacks in state and local funding and reductions in grant funds.

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Communications or Promotions

Coverage

Connecting With Care was featured in the 2008 Annual Report of the Blue Cross Blue Shield of Massachusetts Foundation: *Care Beyond Coverage: The Next Generation of Health Reform.* Boston: Blue Cross and Blue Shield of Massachusetts and Blue Cross and Blue Shield of Massachusetts HMO Blue, 2009. Available online.

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