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Dear friends,

In the midst of a continuing youth behavioral health crisis, Boston Children’s Hospital Neighborhood Partnerships (BCHNP) strives to be part of the solution. We believe that schools are a key place to provide services and support in holistic and innovative ways. We partner with school communities to co-create and sustain flexible, culturally responsive, and evidence-informed behavioral health systems that promote the health and wellbeing of all students, families, and staff. Our approach, research, and advocacy center the unique context of each partnership to provide preventive initiatives, training, consultation, and clinical interventions. BCHNP envisions a future where all students and members of schools are thriving in environments that support their behavioral health and wellbeing. We are pleased to share our accomplishments and Annual Report for the 2022-2023 school year.

The annual report shares the impact of our work and successes across BCHNP initiatives. This past year, our School-Based Program partnered with five Boston Public Schools (BPS) and provided behavioral health services to 1,551 students and 456 hours of training and consultation to BPS school staff. The Training and Access Project (TAP) continued to partner with the BPS Department of Social Work and provided 11 workshops to 340 clinicians. Through TAP’s online free training series for educators about social, emotional and behavioral health, we have increased our national reach to over 11,000 participants to date. The dedication of the BCHNP team has made this all possible.

We are honored to be a long-standing partner with the Boston Public Schools to collaborate in addressing and supporting the behavioral health needs and challenges of the community. We continue to build and advocate for more equitable and accessible systems of behavioral health care for all students, families, and school staff in Boston and beyond. Energized by our commitment to social and racial justice, we work intentionally to create and advocate for change within our program, hospital, partnerships, and community.

We could not do this important work without our community collaborations and philanthropic partners. Thank you for your continued commitment to students, families, and school communities. We are grateful and your support is critical.

We look forward to the year ahead as we continue to build bridges, connections, and networks of care to connect and strengthen school communities for all.

With gratitude,

Shella Dennery, PhD, LICSW
Director, BCHNP

Stacy Drury, MD, PhD
Psychiatrist-in-Chief
Boston Children’s Hospital Neighborhood Partnerships Program (BCHNP) is a school-based behavioral health program in the Department of Psychiatry & Behavioral Sciences at Boston Children’s Hospital.

VISION

BCHNP envisions a future where all students and members of the school community are thriving in a school environment that supports their behavioral health and wellbeing.

MISSION

BCHNP partners with school communities to co-create and sustain flexible, culturally responsive, and evidence-informed behavioral health systems that promote the health and wellbeing of all students, families, and staff. Our approach, research, and advocacy centers on the context of each partnership to provide preventive initiatives, training, consultation, and clinical interventions.

OUR GOALS

1. Equitable Access to Care & Resources
2. Collaborative Practice & Partnerships
3. Behavioral Health Systems Change in Schools

OUR TEAM

- Total BCHNP Staff Members: 16
- Psychologists: 5
- Social Workers: 8
- Collective Years Of Experience Working in Schools: 181

THIS REPORT

This report is created by BCHNP’s Research and Evaluation Team using needs assessment and satisfaction surveys completed by our partners following delivery of services and at the end of the school year.
BCHNP partners with school communities in four primary ways:

**Full Service Schools**
BCHNP clinicians work onsite in partnering schools to provide a range of clinical, early intervention, prevention, and health promotion services to students, as well as professional development, consultation, and capacity building services to each school community. BCHNP’s five partnering schools are Boston Arts Academy, Boston Latin School, Boston International Newcomers Academy, The English High School, and The Patrick Lyndon Pilot School, and together they support a total of 4626 students. [A BCHNP study of three-year outcomes is published in the Journal of School Health.](#)

**Clough Foundation Training and Access Project (TAP)**
The Training and Access Project (TAP) partners with Boston Public Schools (BPS) and focuses on building capacity to address social, emotional, and behavioral health. TAP provides comprehensive professional development for school-based clinicians and educators to support the strengthening and sharing of knowledge, practices, resources, and connections within school communities. [An evaluation of TAP was published in Children and Schools in 2020, and an updated evaluation was published in 2022 in Psychology in the Schools.](#) Expanding opportunities for capacity building beyond Boston, TAP Online offers [free online content](#) for educators, families, students, and school professionals everywhere on topics related to social, emotional, and behavioral health in schools.

**Community Collaborations**
To extend its reach further within and beyond Boston, BCHNP also provides targeted professional development, consultation, and/or capacity building services to schools and other community organizations outside of our current partnerships.

**Research & Evaluation**
Across all of its partnerships, BCHNP utilizes program evaluation and research to guide and enhance services and further advance BCHNP’s mission.
BCHNP supports school communities in building multi-tiered systems of support (MTSS). MTSS follows a best practice model, aligned with the public health stepped care model. It offers a range of student services, becoming more intensive for those with greater needs. The foundation is capacity building, providing knowledge and resources for a thriving school environment. Services are tailored to each school based on a collaborative assessment of each partnering school’s needs and resources. The below figure represents this model with data depicting BCHNP’s reach throughout the 2022-2023 school year.

“Over the last year, we have embraced the opportunity to think creatively across all three tiers as schools build their mental health teams and welcome the support around capacity building and targeted interventions.”

- BCHNP Supervisor

1551 Total Students Reached
"I saw a need to constantly be thinking of us [the school community] as whole people beyond this academic role that each of us has - student or adult - and just reminding them we're real people with needs. That was driving a lot, having a compassionate, holistic, human approach to the day."

- BCHNP Clinician

WHAT DO SCHOOL STAFF MEMBERS SEE AS STUDENT NEEDS THIS YEAR?

**Family and Contextual Stressors**

"Attentional challenges stemming from poverty, violence, family mental illness, etc"

**Student Role**

"We are still transitioning back to consistency and regularity. I won't say that 'back to normal', because the world has changed, and our students and families are struggling. We are continually working with how these changes affect us all and having to adjust because of that."

**Needing More Behavioral Health Support**

"Often school is the only place where social, emotional, and behavioral needs are being met. Although we work to provide our students with as much support as possible, the challenges with supplemental support outside of school puts a significant strain on the system."

**Managing Emotions**

"The amount of students needing emotional support due to their outside of school issues is greater than the amount of support that we can provide."
School staff members said:

“The BCHNP clinician is a great collaborator, source of information and support. She is patient, thoughtful, hardworking and knowledgeable. She is a strong advocate for the needs of our students with teachers, administrators, and outside providers.”

“Having the BCHNP clinician in our school is an essential tool in order to support our students’ social and emotional challenges. The BCHNP clinician is able to provide support not only to our students but to the staff and the families. She is very sensitive to the students’ culture and is able to not only support but also to advocate for the student’s well being.”

When asked about partnership with BCHNP...

100% Of school staff members agreed that the BCHNP clinician understood their school’s culture and the needs of their school community (N=93)

100% Of school staff members agreed that the BCHNP clinician was collaborative and easy to work with (N=93)
In collaboration with teachers, administrators, school staff, caregivers, and other adults in students’ lives, these services aim to support adults’ abilities to address student behavioral health needs through strengthening school-wide systems and building behavioral health knowledge, skills, and self-efficacy.

**CONSULTATION**

- **Consultation Hours:** 456
- **Workshops:** 4
- **Partner School Staff Members:** 111*

*Participants were counted each time they attended a workshop.

**Who do we consult with the most?**

Behavioral Health Providers and Teachers (39% and 32% of all consultation hours respectively)

**What do we do the most?**

Psychoeducation and support (45% of all consultation hours)

**What do we consult about?**

- **Behavioral Health Symptoms and Wellness:** 37.7%
- **Student Programming and Curricula:** 23.3%
- **Behavior Support Plans/Protocols:** 12.4%
- **School Climate:** 9.9%
- **Social/Emotional Development:** 6.5%
- **Team Infrastructures:** 3.3%
- **Other:** 4.1%
- **Crisis Response and Management:** 2.8%

*Participants were counted each time they attended a workshop.*
WHEN ASKED ABOUT CAPACITY BUILDING SERVICES...

100% Of school staff members agreed that the BCHNP clinician helps their school better address behavioral health needs (N=93)

98% Of school staff members agreed that the BCHNP clinician helps their school support their students’ academic success (N=93)

SCHOOL STAFF MEMBERS SAID:

‘Having the BCHNP clinician available to help us address whole school behavioral health challenges and student support team structures/systems has been wonderful. I appreciate her ability to listen and observe and offer insights based on what the school’s needs and goals are.’

‘The BCHNP clinician has been amazing. She has helped actualize a number of interventions that have ‘died on the vine’ previously. She manages meetings well and helps our staff focus and synchronize our perspectives. I can’t say enough about how helpful she has been.’

‘I’ve worked very closely with the BCHNP clinician for the last 3 years and my classroom teaching has improved as a result. She not only provides individual and group support for students, she consults on classroom curriculum and develops lasting programs that supports students behavioral and academic needs. She is knowledgeable, approachable, and cares about the school, our students, and the staff.’
These services involve classroom interventions, community events, and school-wide initiatives with students that teach social-emotional skills, promote healthy social-emotional development, and foster a positive school climate.

**CLASSROOM INTERVENTIONS**

Classroom interventions involve promoting students’ social and emotional learning through didactic presentations, collaborative learning activities, and discussions facilitated in classrooms.

**CLASSROOM INTERVENTIONS IN PRACTICE**

BCHNP clinicians developed, adapted, and facilitated innovative classroom interventions to meet the unique needs of their schools. Some examples include...

**BREAK FREE FROM DEPRESSION**

Students learned about symptoms of depression through a culturally responsive lens, and how to access supportive resources.

**CONFLICT RESOLUTION**

Students engaged in activities that taught them how conflict escalates and different ways to respond to conflict.

**PEER MENTORING PROGRAM**

Students built mentoring relationships with their peers while engaging in activities related to mental health, identity development, and social advocacy.

**IMMIGRANT HEALTH & WELLBEING**

Students engaged in initiatives to promote awareness and knowledge of behavioral health and wellbeing as it relates to the migration experience.
“What was fun this year was working more closely with the teacher who was the main facilitator. We adapted the curriculum to meet the needs of the students at our school and to make it more engaging. After facilitating the adapted version, we reflected on how it went and what we’d want to do different in the future. We also had the opportunity to talk more about her curriculum as a whole and the dreams she has for it.”

- BCHNP Clinician

WHEN ASKED ABOUT CLASSROOM INTERVENTIONS...

94% Of students agreed that the intervention helped them understand the topic (N=324)

93% Of teachers agreed that the intervention contributed to their students’ understanding of the topic (N=14)

STUDENTS SAID...

“I thought it was a very good lesson because I listened to different points of view to resolve situations or conflicts.”

“I felt very interest[ed] and into the conversation and feeling all the emotional connection.”

“Something I learn[ed] is to reach out when you are in need of help because people want to help you.”

“During [Peer Mentoring], I learned how to make closer relationships and create trust with people we love and care about.”
For students who are demonstrating early signs of behavioral health concerns, these services involve brief group interventions, referrals for additional supports, and/or care coordination in collaboration with students, caregivers, school staff, and community professionals to promote resilience and reduce the risk of elevated concerns.

**CARE COORDINATION**

“There are moments where I have been a student and family’s introduction to behavioral health, and eventually they say, ‘School is a much better place, I now know how to get through the school day in a way that feels better’ or, ‘Yes, I’m open to more supports outside of school now.’”

- BCHNP Clinician

Referral Sites for Students Referred to Additional Services (N = 163 Referrals for 102 Students)

**A SCHOOL STAFF MEMBER SAID:**

“Both BCHNP clinicians have been extremely helpful with some of my most challenging cases. They have reached out to outside collaterals, this is crucial because there have been times when I can not do this during the day. They always follow up on students and provide me with a plan and the next steps that will be explored so that my students can receive the best support possible.”

**102 Students Reached**
TARGETED GROUPS

Targeted groups are another form of early intervention that involve working with small groups of students together to build social-emotional skills.

TARGETED GROUPS IN PRACTICE

- **DBT Girls Group**
  Students learned mindfulness, emotion regulation, and assertiveness skills to help with their interpersonal relationships.

- **Chill Skills Groups**
  Students learned about and discussed stress, anxiety, and different ways to relax their bodies and minds.

- **Afghan Girls Group**
  The focus of the Afghan Girls Group was to support newly arriving Afghan girls in adjusting to their new community with the goal of decreasing acculturative stress and increasing connection and belonging.
Clinical Intervention

CRISIS INTERVENTION

Some students have immediate, urgent, or clinically significant behavioral health needs. Our clinical intervention services involve providing or referring students for crisis assessment, crisis intervention, and/or ongoing clinical treatment to address these needs.

“Sometimes it was a teacher asking, because my office was right across the hallway, and I was there and available. The teacher would say, ‘Hey, can you provide space for this student to regulate?’ or, ‘Can you talk to this student? Something just happened.’”

- BCHNP Clinician

BCHNP’s presence in the school during a crisis prevented the following adverse outcomes:

- PREVENTED NO SERVICE (61 encounters)
- PREVENTED REFERRAL TO A HIGHER LEVEL OF CARE (7 encounters)
- PREVENTED DISCIPLINARY ACTION (2 encounters)

66 Encounters, With An Average Minute Wait Time 7
INDIVIDUAL THERAPY

Individual therapy involves collaboratively setting and addressing goals through a combination of one-on-one student sessions, consultation with other adults involved in students' lives, and coordinating referrals to additional school and community-based supports.

Primary Focus of Supports for Students Engaged in Individual Therapy (N = 24 Students)

- Trauma/Other Stressors: 13
- Depression: 5
- Anxiety: 4
- Attention / Behavioral Challenges: 2

"I love when kids see their own growth and can name and own their growth. That to me is so cool to see. And also, when they try something they never imagined they would or they didn’t think they could and they’re like, ‘Oh, I can do this!’“

- BCHNP Clinician

Parent of a Student Participating in Individual Therapy:

"My child has grown and built confidence under the guidance of the BCHNP clinician. He trusted her and learned how to cope with his emotions."

Student Participating in Individual Therapy:

"I appreciate that the BCHNP clinician listens, gives helpful advice, and always thinks positive. The BCHNP clinician never gives up on me."

Student Participating in Individual Therapy:

"It is nice to know that someone else cares, besides my friends and teachers. We can talk about more private and deeper things - Like my dad dying and everything."

Students Reached, With An Average: 24

Sessions Per Student, And Median: 14

Days Wait Time After Referral: 4
TAP provides professional development and consultation services focused on building the capacity of school communities to address social, emotional, and behavioral health.

**TRAINING SERIES**

During the 2022-23 school year, TAP facilitated a training series for BPS social workers. Trainings were developed based on needs identified by the social workers. They focused on application of skills for social workers in their respective school settings.

**11 Trainings**

with 340 BPS Social Workers from over 88 Schools

**TOPICS FOR TAP’S INTERACTIVE TRAINING SERIES INCLUDED:**

- **Use of Self**
  - Strategies to expand self-awareness and apply it to work in schools

- **Implementing School-Wide Social Emotional Learning & Behavioral Health**
  - Key considerations and strategies for implementing school-wide initiatives

- **Grief & Loss**
  - Ambiguous loss and how to support students impacted by it

- **Building Behavioral Health Crisis Prevention Plans**
  - Important considerations for crisis planning

- **Strengthening Team Processes**
  - Key elements of sustainable teams and strategies for creating them

- **Facilitating Engaging Professional Development**
  - Strategies for facilitating staff workshops at schools

- **Supporting Schools with End of Year Transitions**
  - Important considerations for ending the school year and wrapping up services
WHEN ASKED ABOUT THE TAP TRAINING SERIES...

97% Of participating BPS social workers agreed that they felt confident in their abilities to implement ideas and/or strategies presented during a workshop (N=340)

93% Of participating BPS social workers agreed that they will do at least one thing different in their work as a result of a workshop (N=340)

WHEN ASKED WHAT THEY LIKED MOST ABOUT THE TRAININGS, BPS SOCIAL WORKERS SAID:

“The facilitators did a great job presenting the material through slides, videos, and small group discussions to further our conversations in these topics.”

“I really loved the amount of time given in breakout rooms to talk with colleagues and brainstorm ideas with one another.”

“The strategies provided in order to collaborate with school, families, and community providers.”
Extending TAP’s Reach

To extend its reach in Boston and beyond, the Training and Access Project (TAP) has developed numerous online professional development opportunities for school staff over the years. To date, over 11,200 participants have been reached across all of TAP’s online formats described below.

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<thead>
<tr>
<th>Format</th>
<th>Description</th>
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<th>Views</th>
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<td>A series of seven online trainings focused on social emotional learning and behavioral health for educators</td>
<td>A documentary and resource guide for families coping with anxiety</td>
<td>5382</td>
<td>2712</td>
<td>379</td>
</tr>
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<td>A series about supporting students returning to school amidst the impact of the pandemic</td>
<td>A three-episode podcast series featuring school staff and families sharing their learnings during the pandemic</td>
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<tr>
<td>A webinar featuring an educator roundtable and strategies for educators to support students coping with anxiety</td>
<td></td>
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NEWLY RELEASED IN 2023: STRENGTHENING TEAM PROCESSES IN SCHOOLS

During the 2022-2023 school year, TAP released the 7th video in its self-paced series for educators. It includes key concepts, concrete strategies, and features educators sharing their experiences in building and maintaining teams in schools.

ALL TAP TRAINING FORMATS FOCUS ON SHARING:

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As noted above, TAP offers a series of seven online trainings focused on social emotional learning and behavioral health for educators. Before and after each training, participants rate their knowledge and skills specific to that training’s topic. Below, you will see that participants on average self-reported higher knowledge and skills at post-survey than at pre-survey.

Changes in Knowledge, Skills, and Self-Efficacy From Pre- to Post-Training (N=1506 Matched Participants Across 7 Trainings)

Participants in TAP’s Online Trainings Said:

“This is by far one of the best, most relevant and comprehensive trainings I have participated in my entire career. I am a veteran school adjustment counselor and you covered everything you need to know about how to handle these incidents in the school setting. I am going to be recommending this training as a review for the district and/or a training for new staff.”

“I appreciate the ability to stop and start the training when I need to, as I am often pulled into urgent situations as part of my role in the school.”

“Teachers are often forgot about and I like that the training emphasized the importance of their self-care as well.”
With enthusiasm and dedication, BCHNP enters the 2023-2024 school year marking twenty-two years of partnership with Boston Public Schools. We are beginning conversations with Franciscan’s Hospital and their Children’s Wellness Initiative about how we can collectively and collaboratively work towards creating robust systems of care for students and their families in schools.

We continue to partner with five BPS schools to provide a comprehensive range of services consistent with MTSS. We are striving to build internal capacity by providing systems and classroom consultation within schools. Our clinicians are reviewing and refining our school-based approach to identify preventive services such as whole-school initiatives, social-emotional programming, targeted groups, and professional development. As a partner, we are collaborating to meet the unique needs of each school we support and are sharing about different interventions across sites to better understand what is working and what could be replicated to ensure students are able to access and participate in behavioral health services.

Through TAP, we are pleased to continue a webinar series for behavioral health clinicians including social workers, school counselors, and school psychologists. This year, TAP will expand the series to also offer webinars for educators and school staff. In addition, TAP will be hosting community roundtables featuring conversations with local non-profits and school staff. Our roundtable discussions will center important topics facing schools today, specifically community violence, substance use and abuse, resources for LGBTQ youth, and managing crises. TAP is developing a series of short videos, which will be available nationwide in our growing library of online courses and resources. These videos will provide foundational information and resources for school communities looking to build capacity and grow knowledge for social-emotional learning and behavioral health programming in their schools.

Advocating for better systems of care for students and school communities across Massachusetts remains a critical goal for BCHNP in the coming year. BCHNP is partnering with the Children’s Mental Health Campaign to host the first school-based policy and advocacy summit for Massachusetts in December 2023.

Across all BCHNP initiatives, we are committed to adapting and evolving our research and program evaluation efforts. BCHNP is honored to be a leading partner with BPS supporting students, families, educators, and school staff. We anticipate a productive year ahead filled with collaborative partnerships and initiatives in Boston and beyond.
ACKNOWLEDGMENTS

BCHNP is grateful for our partnerships and collaborations in the community, with schools, and at Boston Children’s Hospital. We are honored to be a long-standing partner with the Boston Public Schools. We appreciate the school leaders, teachers, staff, students and families that we partner with in BPS.

We wish to acknowledge and thank the following individuals and teams at Boston Children’s Hospital for their contributions and support:

We thank Kevin Churchwell, MD, President and Chief Executive Officer of Boston Children’s Hospital for his steadfast support and advocacy. The Office of Community Health and Shari Nethersole, MD, VP, Community Health and Engagement have been instrumental in supporting our efforts in the Boston community. We thank the Government Relations team and Joshua Greenberg, Esq., Vice President of Government Relations in our joint efforts to improve behavioral health care in the Commonwealth and across the nation. The efforts of Lynn Susman, President, Boston Children’s Hospital Trust, and the staff at the Trust have been critical in supporting and sustaining BCHNP. We thank the Marketing and Communications Department for continued support. Additionally, we give special thanks to the Boston Children’s Hospital Board Committee for Community Service and the Community Advisory Board for their dedication and investment in the health and wellness of our community.

We thank the BCHNP team for their inspiring efforts to support school communities in Boston and beyond. We appreciate the thoughtfulness, dedication, and commitment shown in their work each and every day.

We are enormously grateful to the foundations and philanthropic donors of BCHNP. We would not exist if not for your generous support and contributions to this important work in improving the behavioral health care system in schools and beyond:

- Aetna Foundation
- Bank of America
- Bronner Charitable Foundation
- Boston Children's Hospital
- Boston Public Schools
- C.F. Adams Charitable Trust
- Digital Federal Credit Union
- Gloria L. and Charles I. Clough Foundation
- Joseph and Louise Crane Foundation
- Fidelity Charitable Patriots Day Project
- George Harrington Trust
- Jane’s Trust
- Jorge Ramos
- J.P. Morgan
- Karp Family Foundation
- Kidvestment
- Liberty Mutual Foundation
- Linde Family Foundation
- Manton Foundation
- Marion Boynton Trust
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This report was prepared by members of the BCHNP Research & Evaluation Team: Amy Kaye, PhD, Samantha Corralejo, PhD, Kathryn Moffa, PhD, Rawan Alsahlawi, BA, Anna Lai, BS, & Dayna Keane, MS. Thank you to Peter Masters and Chun Chen, Software Engineers, and Ravi Yanumula for providing database support.

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