**Safe and Supportive Schools Commission Focus Group with the MA School Mental Health Consortium**

**Merrimack College - April 25, 2019   
Summary of Key Themes**

One of the Co-Chairs of the Safe and Supportive Schools Commission (Commission), and several colleagues from the Department of Elementary and Secondary Education (Department) joined a meeting of the Massachusetts School Mental Health Consortium (MASMHC) on April 25, 2019. The educators attending (approximately 55, including a range of educator roles: principals, school nurses, adjustment counselors, and others) reviewed a copy of highlights from the [Harvard Law Clinic’s focus group key findings](http://www.doe.mass.edu/sfs/safety/meetings/2018-04focus.docx) conducted for the Commission, and then shared thoughts on what resonated, what they would add, and what rose to the highest priority in their minds for the Commission, Department, and state to consider. Notes from nine tables of participants were collected and summary highlights from the discussions are noted below.

**DISCUSSION THEMES** (listed in order of the number of groups citing each theme, with the most frequent topics listed at the top)

* **OVERWHELMING NEED/WAITLISTS.** Eight out of nine tables indicated that one of their highest priority concerns is facing increasing and overwhelming levels of need for access to outpatient clinical or counseling services for students, accompanied by long waitlists (e.g. 6 months-one year).

Comments included:

* + “teachers are not able to teach because they are dealing with social and behavioral needs”;
  + High school educators “constantly wish there were more interventions and more effective interventions at elementary and middle school levels”, due to the intensity of need.
* **WORKFORCE SHORTFALLS/LACK OF SUFFICIENT SCHOOL COUNSELORS.** (7/9)Educators cited high workloads for school adjustment counselors or a lack of sufficient counselors. Suggestions were made to foster opportunities for individuals who currently hold a DESE-issued specialized instructional support personnel license (school counselor, school psychologist, adjustment counselor, school social worker) to be given equitable access to work toward fulfilling the requirements for a LMHC license without reducing or removing LMHC licensure requirements. Opportunities to accomplish this include: allowing for relevant graduate-level education earned in pursuit of a DESE license to be counted toward fulfillment of educational requirements for a LMHC; designation of schools as qualified sites to secure clinical supervision hours; sanctioning of DESE-licensed specialized instructional support personnel the opportunity to sit for relevant licensure examinations. They also made suggestions regarding the need to strategically adjust caseloads based on the level of need instead of on the number of students, and a need for group options at the high school level. Shortages of bilingual and culturally proficient counselors were related concerns. One group reported “school adjustment counselors are running around all day putting out fires”, requiring them to cancel or reschedule 1:1 and small group sessions that were scheduled.
* **INSURANCE BARRIERS.** (6/9) Lack of personnel to support parents in completing insurance forms, the family’s lack of insurance, or lack of adequate insurance, was seen as a recurring challenge. “Families really want services but often can’t get them due to insurance barriers”. Educators suggested that cities, towns and schools collaboratively work out where families might find this support in navigating insurance?
* **FOCUS ON PREVENTION** (6/9) Educators recommended that greater funding and attention be given to a variety of prevention services, including training all school staff on social and emotional learning (SEL) at the Tier 1 level, implementing more evidenced-based SEL programs, support for Out-of-School Time programs for students, increased health education at the elementary level, and funding staff or coordinators focused primarily on SEL.
* **GEOGRAPHICAL DISPARITIES** (4/9) Concerns were shared regarding significant differences between districts and regions in whether therapeutic components or trained staff were present in schools; whether schools/districts have a mental health coordinator, or established partnerships with community providers; and in the extent to which SEL programs and supports are present.
* **LINGUISTICALLY- and CULTURALLY-APPROPRIATE SERVICES**. (4/9) The lack of access to counselors, staff or supports for interactions with students and families in their primary language, and/or with cultural competencies, lead educators to suggest that PD would be helpful for both staff and therapists in these areas.
* Other concerns raised by two or more focus groups were largely parallel to those seen in the Harvard Law Clinic’s focus group findings, including: a need for more **referral services**, and more **partnerships with community based organizations**; a need to support regular educators, special educators and other **staff to work together and be trained together on mental health issues**; and concerns regarding managing **confidentiality of student information**.
* **STRENGTHS/BEST PRACTICES/WAYS TO INCREASE CAPACITY:** Multiple groups (3) identified some of the same services as ways to increase the capacity to meet mental health needs, including:
  + The BRYT (“Bright”) model is seen as a highly effective method for transitioning students back into school after hospitalization ([BRYT, or Bridge for Resilient Youth in Transition,](https://www.brooklinecenter.org/services/school-based-support/bryt-program/) and has been established in over 100 MA schools, out of Brookline Center for Community Mental Health.
  + Referral services were cited as very important resources which in some cases make a vast difference in the ability to identify appropriate clinical providers. Specific referral services mentioned include Metrowest referral line (free), City Connects, and the Interface referral service (fee-based) out of William James College. More referral services are needed.
  + School community partnerships: when these exist, can be very helpful. More are needed.
* **SUGGESTIONS FOR THE DEPARTMENT/STATE:** Ideas for work that the Department/state could do to support capacity to meet the increasing mental health needs were shared, including:
  + Establish a state-level point person on mental health and wellness offering free consulting;
  + Provide a clearinghouse for school MH related grants that are available, possibly organized by needs;
  + Provide regional resource collection and professional development opportunities related to supporting student mental health.
  + Help districts with mapping available resources in their area (e.g. “interface” referral service);
  + Work to increase public awareness and understanding of the school adjustment counselor role and the needs served, in order to increase local support for funding more positions;
  + Several groups expressed that it would be helpful for the Department to create guidance and/or training on confidentiality for administrators to be able to conduct school-community partnerships with practices that honor student and families as well as state law (e.g., related to SBIRT and various MA General Laws).

The Commission thanks MASMHC leadership for generously hosting this focus group that will help inform efforts of the Commission and Department. Any questions about the focus group or Commission may be directed to [achievement@doe.mass.edu](mailto:achievement@doe.mass.edu).