Expanding the Reach of bryt, an Innovative Model to Support Students Who Have Experienced a Mental Health Disruption

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UMass Chan MEDICAL SCHOOL | Implementation Science & Practice Advances Research Center iSPARC — Improving Mental and Behavioral Health Services for Better Lives and Stronger Communities — 1993 30 YEARS 2023 | Mass DMH Department of Mental Health | bryt

DMH Centers of Excellence Conference   **May 1, 2023**

Acknowledgements

The Learning & Working Center at Transitions to Adulthood Center for Research is a national effort that aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Implementation Science and Practice Advances Research Center.

Agenda

- What is bryt?

- How to further develop and test the bryt model?
    - Ingredients to success
    - The NIDILRR Field-Initiated Development Grant (2020-2023)

- The bryt program: bringing hope to students, families, and schools

- Next steps

1. What is bryt?

Meeting an urgent need among high school students

- Rates of adolescent inpatient psychiatric hospitalization are rising
- Mental health challenges, with or w/o hospitalization, are associated with high rates of
    - school absenteeism (i.e., number of absences),
    - school refusal
    - unexcused absences/truancy
- Estimated that 14-46% of all high school dropouts may be attributable to a mental health condition
- Failure to complete high school has long-term negative implications on career trajectory and lifetime earnings

The Key Difference

Tier 3
Intensive

- "Core + More + More"
- Directly supports small number of highest-need students (up to 5%)
- Comprehensive, clinically-informed & individualized supports

Tier 2
Supplemental

- "Core + More"
- May impact 15–20% of students
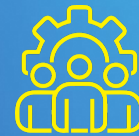- Example: Individual and group counseling

Tier 1
Universal

- "Core Supports"
- Schoolwide and classroom supports and interventions; impacts ~80% of students
- Examples: Suicide Prevention assemblies, whole–school SEL/mental health curriculum, universal screening

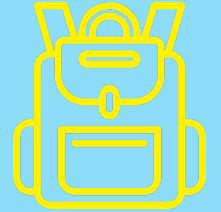# bryt Model

Staffing & Training

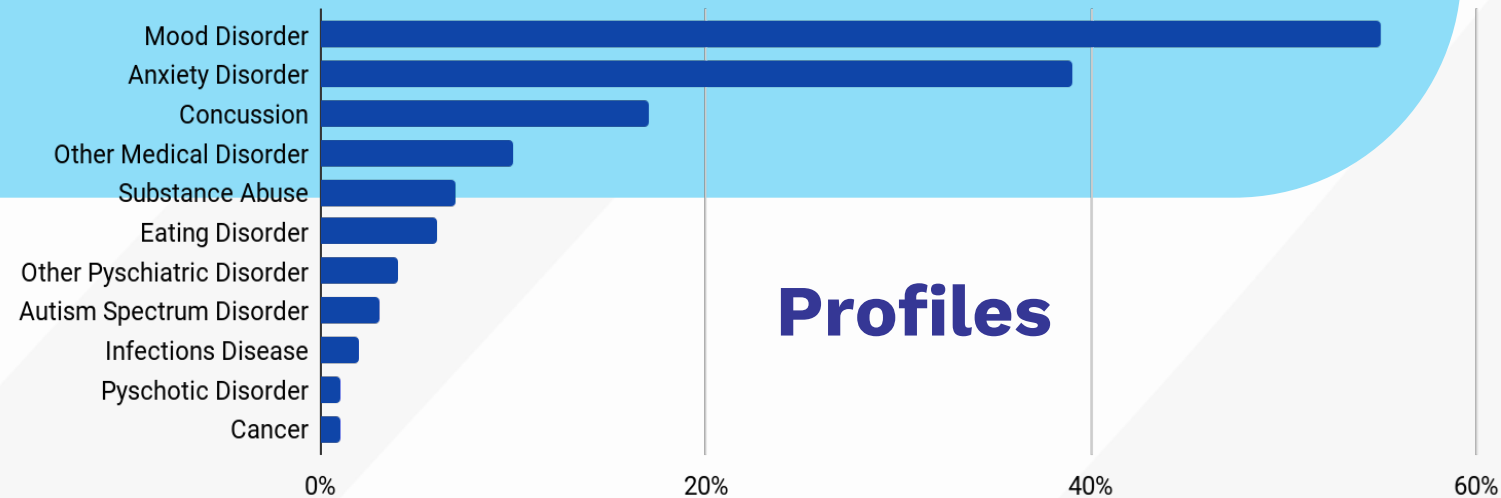Student Selection

Support Plan
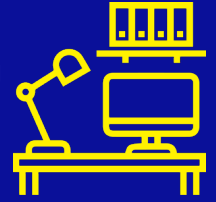
Space

Student Selection

Eligibility

- *Top priority:* returning from intensive mental health treatment

- Absent or unable to function for five or more days due to a serious mental health challenge

- Absent for more than five days within two weeks due to a medical injury/treatment and require integrated clinical and academic support.

Profiles

Category	
Mood Disorder	
Anxiety Disorder	
Concussion	
Other Medical Disorder	
Substance Abuse	
Eating Disorder	
Other Pyschiatric Disorder	
Autism Spectrum Disorder	
Infections Disease	
Pyschotic Disorder	
Cancer	

0%   20%   40%   60%

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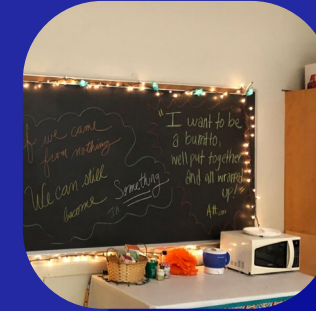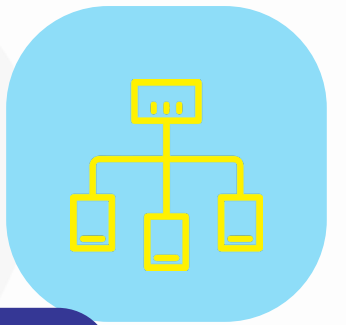Mass DMH Department of Mental Health

bryt

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Space

bryt programs are anchored by a room where students can access staff and sanctuary when needed, without need for explanation

bryt Room

- Tables & Computers
- Located near main lobby
- Student lounge
- Space for individual meetings

Support Plan

Entry to the program is a structured yet flexible process beginning while the student is still out of school.

Care Coordination

Helping students and families navigate mental health, health care, school systems by connecting them with supports. This is not limited to within school and includes problem-solving challenges, and managing a student's exit from the program.

Academic Support

Supporting students who've fallen behind in meeting standards and learning objectives. Oftentimes this involves negotiated deadlines, modifications to workloads, and adjusted grading options, etc.

Clinical Support

Setting goals for each student and supporting them with regular check-ins, individual and group counseling, diagnostic evaluations, consultation to staff and teachers, crisis intervention, and therapeutic practices.

Family Support

Maintaining consistent communication with parents/caregivers and supporting families in accessing services and supports as needed, including bryt's own parent peer-to-peer support network.

Staffing & Training
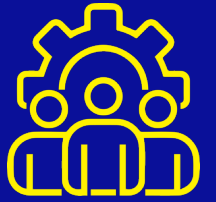
bryt Intervention Staff

Clinical Coordinator

- Social Worker/Counselor/Psychologist
- Responsible for "heavy lifting" (care coordination, family communication/ support, clinical intervention)

Academic Coordinator

- Teacher or Classroom Aide/Tutor
- Coordinates academic transition
- Helps complete class assignments & facilitates learning missed material
- Anchor staff to ensure room is available at all times

Wider School Staff

Counselors

- Trained on student referral and academic coordination
- Maintain communication to support student wellbeing

Teachers

- Trained on and participate in student referral
- Participate in clinical support
- Support step-down from bryt

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Systems Integration

Stakeholders

Districts Teachers

Schools Students

Technical Systems

Professional Development

Data Analysis

bryt

Student Goals

Grades

Attendance

Coursework

Mental, Social & Physical Wellness

Support Systems

Mental & Physical Health Care

In-School Supports

Support Groups

bryt OUTCOMES

National Context

Psychiatric hospitalization

UP **300%** since 2000

50% of psychiatric disorders begin in adolescence

Average time for **Reintegration**

10 weeks

On time **Graduation**

95%
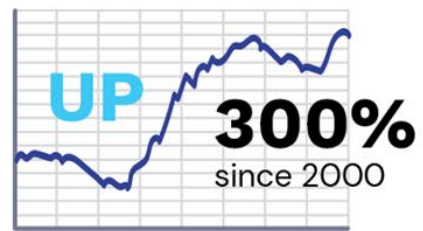
Mood Regulation

Coping Skills

School Function

Cost Per Student

$ Outside of school

$50,000

bryt

$2,500

U.S. 50%	bryt 11%	U.S. 46%	bryt 8%

Psychiatric Rehospitalizations

Psychiatric hospitalization dropouts
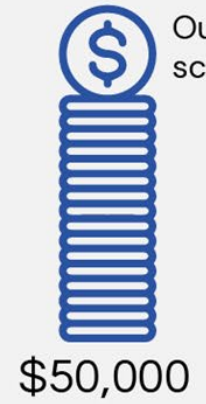
50% ↓

Substance abuse after bryt

50% ↓

Self-harm after bryt

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185+
Massachusetts Programs

40
Elementary Schools

140,000+
Total Students In Districts

165+
High Schools

5,000+
Families Served Annually

45
Middle Schools

Expanding Nationally

bryt

2. How to further develop and test the bryt model

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How to further develop and test the bryt model

The "problem": bryt currently lacks the specific and standardized tools and research agenda required to:
a) implement bryt more broadly and
b) evaluate bryt in a future fully powered randomized control trial.

1

Partnership between research institution and community-based purveyors of the model

2

Principles of Implementation Science

3

User-centered design

Ingredient #1: It all started in Florida. . .

- 2018: A moment of kismet
  - Kathryn Sabella and bryt Associate Director Katherine Houle meet at the Tampa Conference
- 2019: Getting to know each other
  - Zoom and in-person meetings to strategize research agenda and
  - Kathryn shadows school visits with Katherine
  - Commitment to jointly seek research funding opportunities; initial logic model work; Spencer grant application (declined)
- 2020: NIDILRR proposal submitted. . . Pandemic starts. . . NIDILRR grant comes through and we're off to the races

Benefits of a research and community-based partnership

Blending of expertise

Transitions to Adulthood Center for Research (Transitions ACR) at UMass Chan Medical School brings researcher focus:

- Nationally recognized research, training, and dissemination activities to improve outcomes of young adults (ages 14-30) with mental health conditions

- Experience developing, adapting, and testing developmentally appropriate interventions in a wide variety of settings

- Expertise in implementation science and community based participatory research

bryt national team at Brookline Center for Community Mental Health (MA) brings practitioner focus:

- Core emphasis on relationships and trust as the heart of effective partnership with schools

- Deep experience and understanding of schools and youth mental health

- Protocols, processes, and skills for program development and staff coaching in schools

- Expertise in professional development for educators and clinicians

shared understandings and values. . .

- **Urgency of need** for school-based mental health supports for kids
- Research helps **grow and strengthen** an important intervention, rather than dictating what practitioners should do
- Pushing ourselves and each other around **equity and social justice**

. . . and productive differences

- **Fidelity:** Transitions ACR represents the importance of standardizing; bryt tends toward customizing
- **Implementation vs. Implementation Science**: bryt wants to find and apply solutions quickly; Transitions ACR wants to understand why specific solutions work (and whether they work at scale)

Excellent thought partnership & idea exchange

Building mutual understanding through co-creation of logic model

Branding resources shared

Discussions re: additional funding opportunities (both ways)

Recognition of additional needs within school mental health

Redesign of bryt's data system

Ingredient #2: Implementation science

- Developed to help implement and sustain **evidence-based practices (EBPs)** in community settings (e.g. hospitals, clinics, mental health organizations)

- Targets research-to-practice gaps in order for EBPs to achieve similar outcomes in community settings as in research trials

- Increasing use of implementation frameworks and methodologies in **research trials** to
  - help identify practices that aid in achieving superior outcomes
  - to design knowledge translation materials (e.g. manuals and toolkits) that are useful to implement EBPs in real-world settings.

Implementation Science Framework: PRISM

- External environment, intervention design, implementation and sustainability infrastructure, and the recipients of an intervention influence implementation success.

- Successful intervention implementation depends on the combination and alignment of all of these implementation factors.

The Practical, Robust Implementation and Sustainability Model (PRISM)

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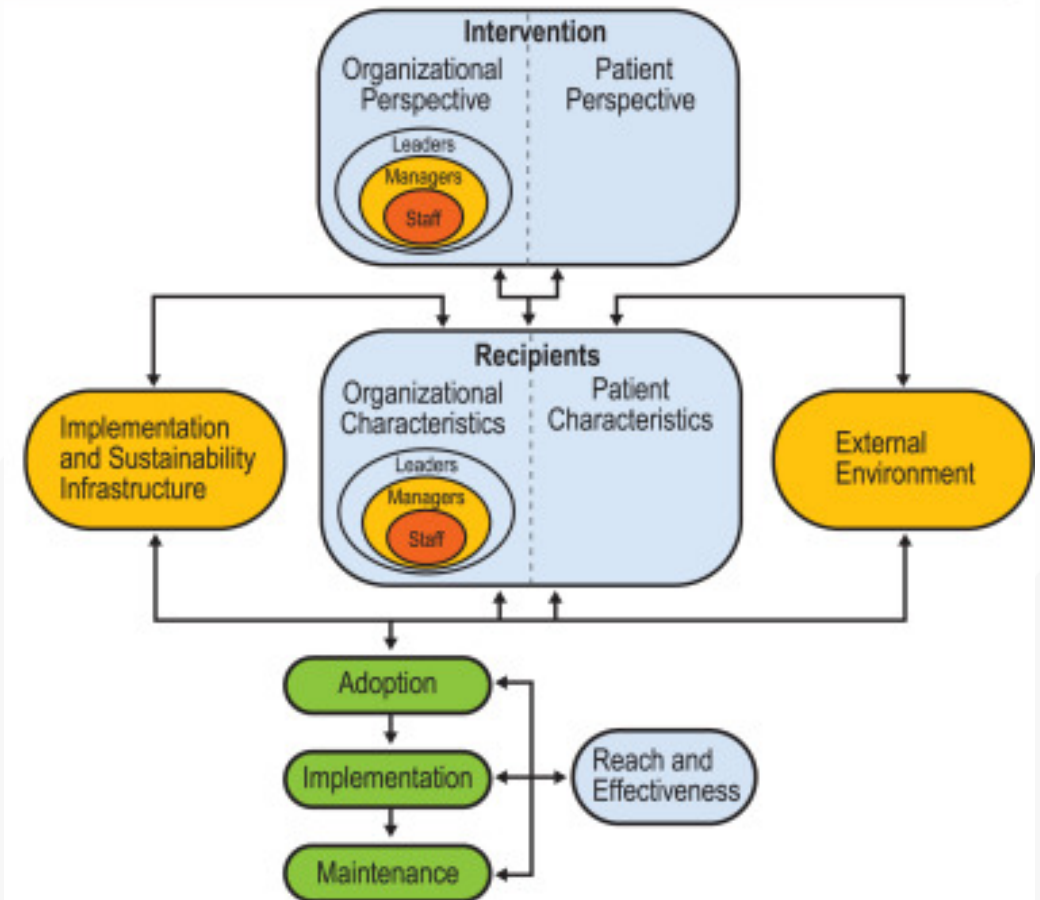
Ingredient #3: User-centered design

- User-centered design (UCD) is **an iterative design process in which designers focus on the users and their needs in each phase of the design process**.

- Participatory approaches ensure end-users are involved throughout development and testing processes

- End-users of bryt =
  - the purveyors of bryt (the bryt national team @ Brookline Center)
  - the deliverers of bryt (academic and clinical coordinators)
  - the receivers of bryt (students and families)

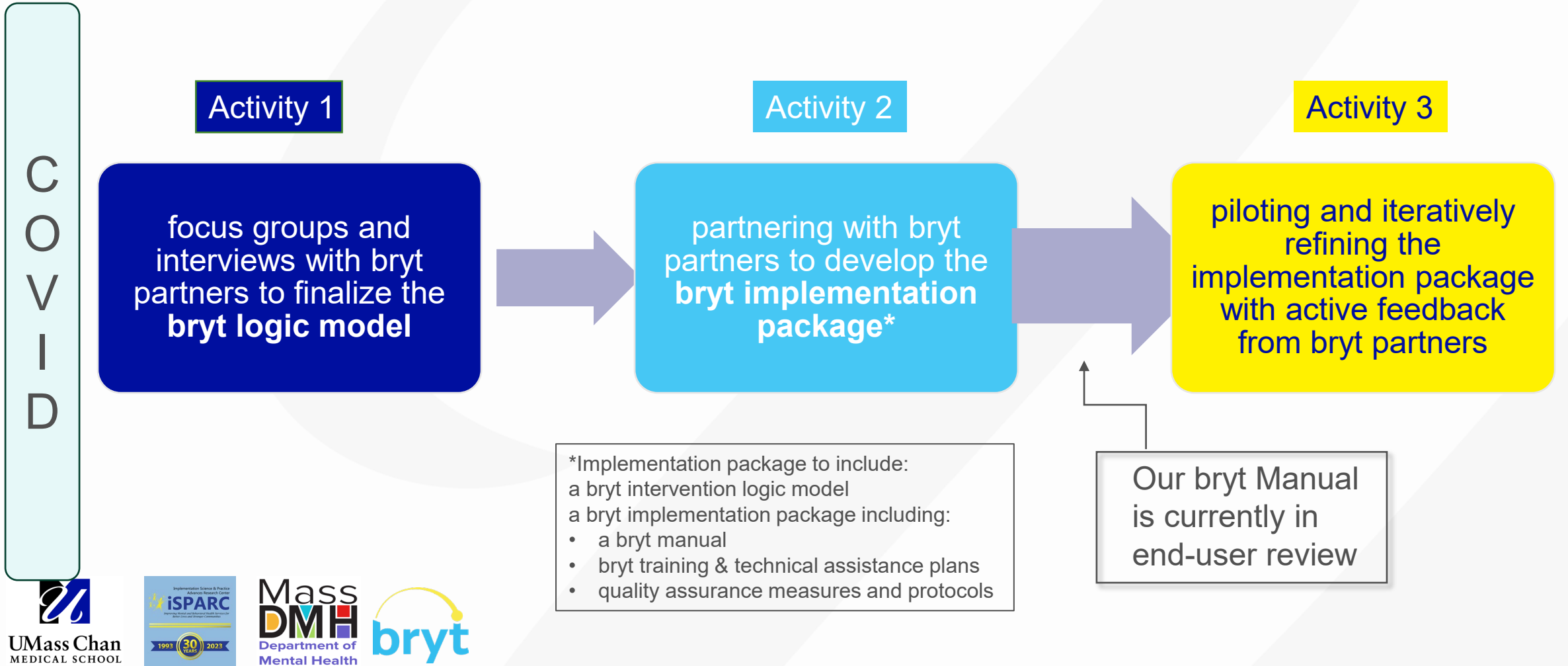# NIDILRR Field-Initiated Development Grant (2020-2023)

Developing Implementation and Fidelity Monitoring Tools for the bryt Program

- NIDILRR Field-Initiated Development Grant (#90IFDV0014, 2020-2023)

- Goal: a bryt intervention logic model and a bryt implementation package including includes a bryt manual, a bryt training and technical assistance plan and fidelity measures and protocols.

- 3 primary development activities to establish:
  a. the proof of concept of the bryt intervention (i.e., bryt logic model)
  b. the proof of concept and proof of product of the bryt implementation package
     - a bryt manual
     - bryt training & technical assistance plans
     - quality assurance measures and protocols

Developing Implementation and Fidelity Monitoring Tools for the bryt Program

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COVID

Activity 1

focus groups and interviews with bryt partners to finalize the **bryt logic model**

Activity 2

partnering with bryt partners to develop the **bryt implementation package***

Activity 3

piloting and iteratively refining the implementation package with active feedback from bryt partners

*Implementation package to include:
a bryt intervention logic model
a bryt implementation package including:
- a bryt manual
- bryt training & technical assistance plans
- quality assurance measures and protocols

Our bryt Manual is currently in end-user review

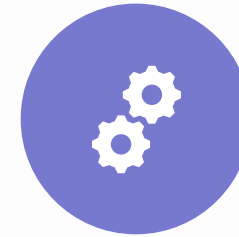# Activity 1 Data Gathering Process

IDENTIFY SCHOOLS

FOCUS GROUPS WITH BCCMH

FOCUS GROUPS WITH SCHOOL STAKEHOLDERS

CODE AND SUMMARIZE DATA

BUILD OUT LOGIC MODEL

A New Logic Model

Input or Activity	Core component	Potential adaptations	"Deal-breakers"	Tools/training materials
Physical space for the program	- bryt "classroom" - Comfy furnishings and workspace - Available throughout the school day - Private office space for private conversations	- Size of space - Location of space - If shared space, needs to be delineated	- No space - Only available at certain times throughout the day	PRIMARY: - Photo bank of bryt rooms - Sample bryt room provisions list SECONDARY/Optional: Reference to 5 R's

Reimagined Core Components

- Formerly 4 pillars of support:
    1. Clinical Coordination,
    2. Academic Coordination,
    3. Care Coordination,
    4. Family Support & Engagement

- Now: Care Coordination as the heart of the model, intersecting with
    - Clinical Coordination
   - Academic Coordination
    - Family Engagement
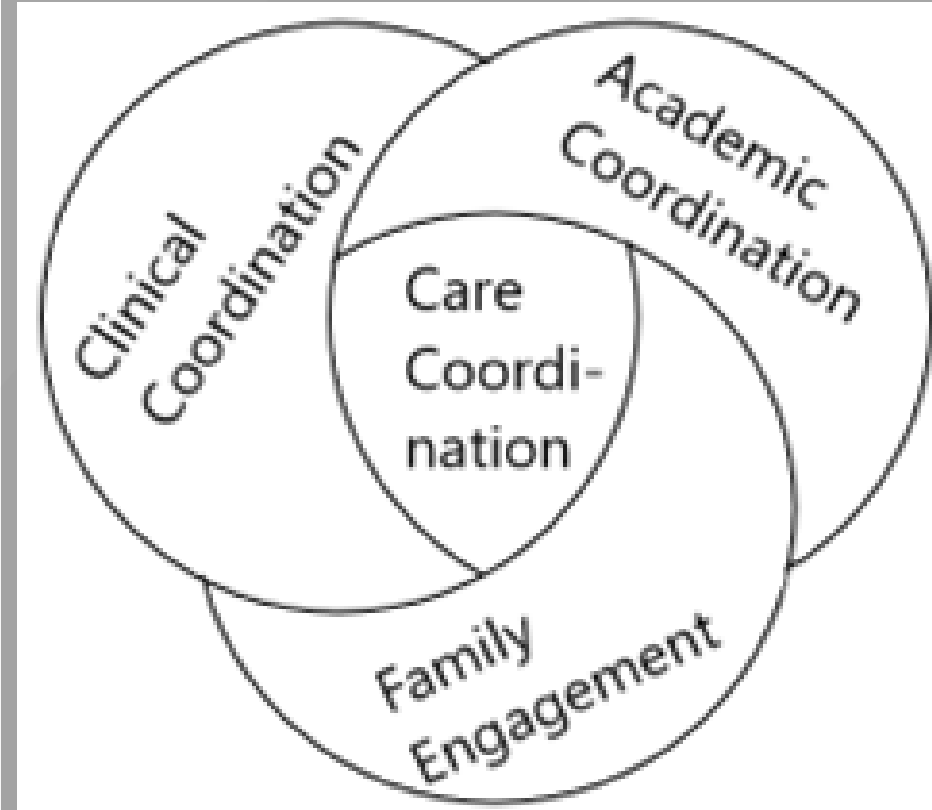
Activities 2 and 3: partnering with bryt partners to develop, pilot, and iteratively revise the bryt implementation package

- Biweekly meetings with Brookline Center team

- Inventory and sorting through existing documents

- Collaborative development and iterative revisions of a school-facing manual to support implementation of a bryt program

- Training and technical assistance guidance in the form of a manual for District/School Support Specialists

- Continued uptick in number of high schools implementing BRYT; piloting commencing soon

Anticipated outcomes of these activities
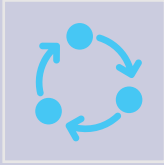
Further establish the "proof of concept" of the bryt intervention (i.e., bryt logic model)
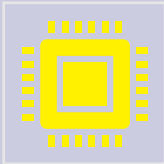
Further establish the "proof of concept" and "proof of product" of the bryt implementation package including:
-bryt manual (school-facing)
-bryt training and technical assistance plan (for District and School Support Specialists, D/SSSs)
-fidelity or quality assurance measures

More standardized implementation practices →

1. Ready for wider implementation in diverse settings
2. Ready to test its efficacy and effectiveness within a randomized control trial (RCT)

4: Stories of Hope: increasing bryt's reach = increasing hope

Recipe for success

Meaningful partnership between a research institution like UMass Chan and the community-based bryt implementation team

plus

and the grounding of our development and research activities in implementation science

plus

user-centered design

=

Ability to broaden implementation of bryt in more diverse settings

plus

Ready bryt for rigorous testing needed to potentially establish it as an evidence-based practice

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Here is what people are saying about bryt….

"

[my son made] Healthier choices around friendships, around substances, around taking care of himself"

- bryt parent

"They're making contact with these kids. They're listening to them. They are providing strategies for them to get to distress (sic), for students to be able to manage their anxiety, for students to feel confident in their abilities, and then to try to resume their tasks at school."

- School administrator

"

I thought it was most helpful because I have really bad anxiety, so when I was finally coming back to school after being out for a really long time, it was really hard for me and so now I have a place to go and now I had people who understood me, and was able to help me through those moments with not actually yelling at me, giving me more support and helping me make up the work that I missed because I was so anxious about it and everything."

- bryt student

> " *I would say it's like less the room and more [the coordinator]... she was the main reason I would ever really need to go there. It was less the space and it was more like her presence and like the fact that when I was with her, I was like, "Okay, every problem that I think is happening right now is probably not that bad." She made me calm down. So I think it was more her and the fact that, if she was there, I could get work done or talk to someone."*

- bryt student

" a lot of times it's just working with them in the moment to say it's okay to be uncomfortable and just sit with this uncomfortable feeling and go to math class, we can do both."

- bryt coordinator

5. What comes next?

Next steps of our partnership

- Research: Funding for a randomized control trial to establish efficacy, ultimately effectiveness

- Program: Continue to broaden implementation within and beyond Massachusetts, with a particular emphasis on low-income communities and schools with higher proportions of BIPOC students

- Program and Research: Obtain a better understanding of the implementation of bryt through a diversity, equity, and inclusion lens

- Program and Research: Collaborative manuscript in late 2022 based on school data 2021-2022

We've been really intentional not to medicalize this program. **And I will say my concern about moving to something that's evidence-based, is primarily that. That usually evidence-based models have been created by white people.** When we think about the mental health system, it's founded on past experiences that have been incredibly racist. I could go on and on about that. It's a European centered system that does not serve many people. **And so, I just wanted to add that into the mix, that my concern about creating a bryt model that's evidence-based, and there's a formula, and this is how it needs to be, could really impact urban schools.**

-bryt coordinator, urban high school

Teamwork makes the dream work!

Special thanks to Samantha Hersh, Research Coordinator, for preparing these slides!

Special thanks to Kristen Roy-Bujnowski, Project Director, the bryt District/School Support Specialists and the rest of the bryt National team.

And special thank you to the students, families, and bryt coordinators for sharing their time and perspectives with us.

Questions?

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