

A top-down photograph of several children sitting on a paved surface, drawing a hopscotch grid with colorful chalk. The children are seen from above, with their heads and hands visible. The pavement is made of dark grey bricks. The chalk drawings include a hopscotch grid with various colored squares (yellow, pink, blue, green) and a semi-circle at the top. One child is pointing at a square in the grid.

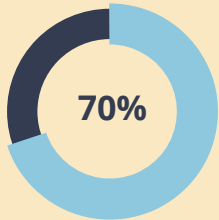
2019

A SUPPORTIVE SCHOOL FOR EVERY STUDENT

How Massachusetts Districts are Bringing Social, Emotional, and Behavioral Health Supports to Schools and Classrooms



Over **20%** of children and adolescents in the U.S. experience a mental health condition.



70% of students who need mental health services are not able to access them.



Most children wait years before receiving intervention for mental health challenges, inhibiting their progress both inside and outside the classroom.

In the center of a crowded cafeteria at the McKay K-8 School in East Boston, a group of third grade students are seated around a lunch table transformed for fine dining. Instead of trays and plastic silverware, students at the “Captain’s Table” enjoy linens, china, silverware, and table service. Waiting for their food to arrive, they engage in lively conversation. A student turns to a quieter peer, engaging him in the group’s discussion. This student’s inclusive behavior, which is mirrored in classrooms and hallways across the McKay, is supported by a school-wide initiative designed to attend to students’ varying social and emotional needs. The biweekly lunch is a reward for the class in each grade that earns the most tokens, the McKay’s official cafeteria currency, for demonstrating the school’s values of respect, effort, and responsibility.

At the McKay, along with 69 other Boston schools implementing the Comprehensive Behavioral Health Model (CBHM), students and teachers prioritize social and emotional wellbeing with the same intentionality as reading and math. The model, which is grounded in a belief that students who are mentally healthy will be able to access rigorous academic content, provides a local means of addressing a nationwide behavioral health crisis. Across the nation, over 20% of children and adolescents experience a mental health condition.ⁱ The majority of students (70%) who need services are not able to access them. Those who do have access usually receive services in schools.^{ii iii iv} Most wait years before receiving intervention for mental health challenges, inhibiting their progress both inside and outside the classroom.^v

CBHM schools implement a Multi-Tiered System of Supports framework (MTSS) designed to reach every student, which includes promoting social and emotional wellbeing, preventing mental illness, and offering interventions for those who need additional support due to the impact of trauma or mental illness. The following case study explores the launch, school-based implementation, and scaling of Boston’s CBHM model. In addition to providing a comprehensive profile of CBHM, it examines promising practices in other Massachusetts districts focusing on behavioral health.

CBHM at a Glance

A partnership between Boston Public Schools (BPS), Boston Children's Hospital, and UMass Boston, CBHM is grounded in a Multi-Tiered System of Supports model, which includes evidence-based instruction, assessment, and intervention practices to ensure every student receives an appropriate level of social, emotional, and behavioral health support. In CBHM schools, every student receives social and emotional learning (SEL) instruction as part of their core academic program. Using a universal assessment to identify students who need additional supports, each school provides targeted interventions, such as group or individualized counseling, aligned to specific behavioral health challenges. The model is available at every grade level and is currently being scaled district-wide with 10 schools added per year.



31,405
Students



70 SCHOOLS

48

SERVING ELEMENTARY GRADES

24

SERVING MIDDLE GRADES

21

SERVING HIGH SCHOOL GRADES

STUDY APPROACH

In this study, the Rennie Center for Education Research & Policy sought to uncover the ways in which Massachusetts schools and districts support students' behavioral health needs. This study was guided by the following research questions:

- What are districts doing to integrate social, emotional and behavioral health supports?
- What are the opportunities and challenges they face in doing this work?
- What resources have districts relied on to reach desired levels of implementation?
- What student effects do districts report as a result of this work?

To address these research questions, the study team conducted the following data collection activities:

- Interviewed state education agency and school district representatives ^{vi}
- Scanned relevant Massachusetts policies to understand legislation and regulations related to behavioral health
- Reviewed the literature base on tiered behavioral health supports in schools



Photo from CBHM Boston

The Origins of the CBHM Partnership

In 2011, the school psychologists in BPS' Behavioral Health Services recognized a problem. Despite widespread acknowledgment that school climate and behavioral health challenges impeded many students' academic progress, the district lacked a framework and staff capacity to deliver much-needed behavioral health supports in schools. Some schools were able to offer counseling services but had far more students in need of support than counselor time allowed. These services supported only the highest need students and prioritized those with externalizing symptoms, such as aggression or conduct problems, while providing minimal supports for students whose challenges were directed inward, displaying anxiety or social withdrawal.

Recognizing the district would need support from external partners to address a gap in behavioral health staff, the director of BPS Behavioral Health Services contacted local experts to ask for their support. Leaders at the Boston Children's Hospital Neighborhood Partnerships, as well as the UMass Boston school psychology graduate program, offered to partner with BPS to build a scalable, school-based behavioral health model.

Boston Children's Hospital and UMass Boston: Partners in Program Leadership

The Boston Children's Hospital Neighborhood Partnerships Program (BCHNP) is the community behavioral health program in the Department of Psychiatry at Boston Children's Hospital. In a 16-year partnership with the community, the BCHNP has promoted the social, emotional, and behavioral health of diverse youth and families through high-quality, innovative, and culturally relevant clinical care, education, training, and advocacy in Boston's schools. In helping launch and sustain CBHM, program leaders provided consultation based on behavioral health research and practitioner experience, helping guide the development and piloting of the model. BCHNP staff continue to provide professional development to BPS staff and serve on the CBHM Executive Work Group and the Partnership and Research Committees, informing ongoing programmatic decisions.

The school psychology program at UMass Boston is designed to prepare practitioners to provide psychological and educational services to children, adolescents, and their families as part of a school-based team. The UMass program has invested in CBHM by supporting the development of the model, training practicum students, placing interns in BPS schools, and supporting CBHM research. UMass' commitment is grounded in their mission to ensure equitable access to high-quality, multitiered, evidence-based behavioral health services in schools for Boston youth.

THE OPPORTUNITY

The team, which included representatives from BPS, UMass Boston, and Boston Children's Hospital, began by looking at the data. In a district of 125 schools with over 55,600 students, many dealing with impacts of trauma and poverty, the district employed 48 full-time school psychologists and 10 social workers. Each psychologist spent the majority of his or her time evaluating students for special education, rather than providing behavioral health services. Though a range of staff, including social workers and guidance counselors, supported students' behavioral health needs, staffing models were inconsistent and varied significantly by school. BPS, UMass Boston, and Boston Children's Hospital leaders recognized that a comprehensive, district-wide behavioral health plan needed to draw upon the expertise and capacity of a range of district and community partners, working together towards a shared goal of strengthening behavioral health supports for every student.

MAPPING RESOURCES

BPS already had a range of community and school-based providers working across the district. Where these organizations and individuals previously worked in silos, the team sought to bring them together to establish a continuum of behavioral health services in each school. In analyzing the existing state of behavioral health in BPS, the team identified a lack of prevention services as a contributing factor to large numbers of students in need of intensive supports. While some schools offered individual counseling for students with significant needs, most were not able to provide swift intervention for students considered at-risk. They knew that the district's model needed to focus on building a foundation of behavioral health for every student, with a continuum of interventions for students in need of additional support.

The model, which they called CBHM, would enlist all school-based staff, including teachers, administrators, behavioral health providers, and community partners, in addressing students' social, emotional, and behavioral health needs. Having identified the school as the unit of change in promoting students' comprehensive health needs, the team crafted a plan to maximize school-level ownership of the initiative. School psychologists, who spent time onsite in each building, would serve as the liaison between the district-based CBHM team and school-based staff, providing school- and classroom-level coaching and expertise.

Building School Capacity

EXPANDING THE ROLE OF THE SCHOOL PSYCHOLOGIST

When Eva Harris* began her position at a BPS elementary school after completing a school psychology graduate program, she was disillusioned by the limited nature of her role. Though her training equipped her to provide preventive mental health services, counsel students with significant needs, and liaise with community providers, she spent most of the school day assessing students who had been referred for special education. Many of these students had experienced months or years of behavioral health and/or academic struggles. She wished she had the opportunity to work with these students sooner.

Andria Amador, the director of BPS Behavioral Health Services, recognized that school psychologists like Eva were well-equipped to serve as CBHM champions and coaches in their respective school communities. Working with UMass and Children's, she devised a plan to train school psychologists to serve not only as mental health providers, but as drivers of schoolwide change.

In schools implementing the CBHM model, the continuum of school-based behavioral health services grows. However, individual school psychologists' prior responsibilities do not go away. In order to launch and sustain the model, each school psychologist facilitates a school-based team who shares responsibility for leading and implementing the social, emotional, and behavioral health strategy. In partnership with Boston Children's Hospital and UMass, BPS invested in 100 hours of annual professional development for school psychologists, equipping them with content and facilitation expertise to serve as school leaders.

BUILDING A SCHOOL-BASED TEAM

Schools new to CBHM send a team to an intensive summer institute where staff prepare to launch the model. Teams include the principal, the school psychologist, and a group of teachers who share responsibility for initiating CBHM in the school. In the first few years, teams focus on strengthening tier 1 prevention and promotion services, providing a schoolwide foundation of social, emotional, and behavioral health support. As implementation progresses, teams identify a continuum of tier 2 and tier 3 supports (see page 6) for students with more significant needs. At each phase of implementation, CBHM teams receive professional development tailored to their unique needs.

DATA-INFORMED PRACTICES

Before CBHM, behavioral health supports in many schools were reactive. Those developing the CBHM model recognized a need for a universal behavioral screener, which would allow schools to identify students' needs and intervene early before students were in significant distress. The team consulted with teachers who piloted five different tools and selected the Behavior Intervention Monitoring Assessment System (BIMAS), a tool that measures students' behavioral, social, and emotional functioning. They decided to administer the BIMAS two times per year, providing staff with the opportunity to measure the effectiveness of existing interventions.

CBHM in Action

Though the vision and framework of CBHM is consistent, schools make decisions about specific tier 1, 2, and 3 interventions. BPS Behavioral Health Services provides a menu of evidence-based options for schools to choose from. Each school-based team identifies the interventions and supports that will best meet the needs of their students. Once interventions are selected, the school psychologist provides coaching to teachers and other school staff to implement each intervention.

The following section highlights behavioral health supports in three CBHM schools, each at different phases of implementation. It provides a spotlight on tier 1 supports at the Harvard/Kent Elementary School in Charlestown, tier 2 interventions at the McKay K-8 School in East Boston, and tier 3 interventions at Brighton High School.

TIER 1

FOR EVERYONE

- Universal social emotional learning curriculum
- Positive behavior interventions and supports (PBIS)

TIER 2

FOR SOME

- Intervention provided by general education teacher within classroom
- Group counseling provided by behavioral health personnel

TIER 3

FOR A FEW

- Individual intervention provided by school psychologist and/or services provided by a community partner
- Crisis response and management



TIER 1



Promoting Healthy Development for Everyone

HARVARD/KENT ELEMENTARY SCHOOL

On a brick wall facing Bunker Hill Street in the Charlestown neighborhood of Boston, five brightly painted words greet students as they rush towards school each morning. To members of the Harvard/Kent Elementary School community, the words, “Purpose,” “Responsibility,” “Individuality,” “Determination,” and “Engagement” describe a value system that governs their education and their interactions both within and outside the school walls.

Inside the Harvard/Kent, the values are painted in classrooms and hallways; they form the foundation of the school’s positive behavior intervention system (PBIS) and govern the school’s economy. At the Harvard/Kent, students earn “PRIDE Bucks” for displaying core values in their interactions with staff and peers throughout the day. Grade levels, classrooms, and individual students can be recognized for accumulating the most bucks, with recognition and incentives following on. According to Harvard/Kent staff, the PRIDE Buck economy has strengthened peer interactions and helped make the school a more fun and supportive environment for every student.

Across the district, CBHM schools employ a variety of strategies to encourage positive behavior and strengthen social emotional learning in classrooms. Many schools, like the Harvard/Kent, have united around a shared value system. Schools at every grade level provide direct instruction on social emotional learning using evidence-based curricula. In regularly occurring lessons integrated into classroom instruction by teachers, students develop strategies to manage emotions, strengthen relationships, set goals, and resolve conflicts.

Targeted Interventions for Some

MCKAY K-8 SCHOOL

On the playground at the McKay School, teachers noticed that Jason*, a third grader, was often alone. Faced with a hearing impairment that made it difficult for him to engage with peers in loud places such as the playground or the cafeteria, he became socially isolated. Results of the BIMAS screening confirmed teachers' concerns. Due to high scores in the negative affect domain, the McKay's school psychologist referred him to a sports-based therapeutic program called Doc Wayne.

A Boston-based nonprofit, Doc Wayne leads school-based therapy groups designed to strengthen each child's personal development and capacity for pro-social relationships. Integrating principles of cognitive behavioral therapy into a variety of sports games, instructors support students in sharing their experiences, gaining life skills, and developing friendships within a small group of 5-10 students. For Jason, the program was transformative. He made a close friend in his small group who was also in his class. Through this friendship, he gained confidence to engage with other peers across a variety of settings.

Even in schools with a strong foundation of prevention and promotion services, there are students like Jason whose needs necessitate a higher level of support. Tier 2 interventions provide this support, often in a small group or classroom setting, to students who do not respond to core instruction alone. Like the McKay, many CBHM schools engage community partners to deliver tier 2 interventions.





TIER 3

Intensive Interventions for a Few

BRIGHTON HIGH SCHOOL

When Brighton High School entered turnaround status in 2017, the school had a 74% daily attendance rate. Leaders immediately recognized that addressing the non-academic barriers that prevent students from coming to school would be critical to driving a rapid improvement in school performance. Brighton High hired three school psychologists, strengthening school capacity to address a range of behavioral health needs. For those with the most intensive needs, the school implemented the evidence-based Check & Connect Model. Developed at the University of Minnesota, Check & Connect is designed to provide wraparound support to students who exhibit warning signs of dropping out.

When school psychologists identify a student in need of intervention, they immediately select a mentor to form a trusting relationship with the student. The mentor and mentee meet weekly to review student data, focusing on behavior, attendance and grades. The mentor also connects regularly with the student's family to share progress and address concerns. As specific needs emerge, the mentor connects the student to school and community-based supports. In its first year, the program contributed to notable improvements, with a 7-percentage point increase in student attendance at Brighton High.

Across BPS, CBHM schools employ a range of individualized interventions designed to support their highest-need students. This often includes individualized counseling provided by the school psychologist or a clinician from a community-based organization.



Photo from CBHM Boston

What's next for CBHM?

According to several principals and school psychologists, CBHM has transformed school culture and improved the school experience for students with a range of needs. BIMAS data confirms staff members' perspectives. Across all CBHM schools, students saw meaningful improvements in social and academic competence during the 2017-18 school year, with particularly large gains for students who demonstrated the highest risk based on the fall BIMAS screening. These students also exhibited the greatest growth in positive behaviors throughout the school year.

With a plan to scale CBHM districtwide, the team remains committed to an opt-in and flexible approach for each school. Leaders recognize that for CBHM to be effective, every teacher and staff member must buy in to a new way of delivering social, emotional, and behavioral health supports to students.

The BPS, Boston Children's Hospital, and UMass team is committed to continually refining the model based on data and school feedback. In the coming years, the team will work with schools to strengthen interventions for the highest-need students, while also refining the foundation of prevention and promotion services. They continue to provide individualized supports to schools, helping each school-based team identify the supports and services that will meet the holistic learning needs of their students.

LEARN MORE: SCHOOL AND DISTRICT RESOURCES

To support the efforts of CBHM, BCHNP created the Training and Access Project (TAP). TAP provides professional development and behavioral health consultation to Boston schools across a two-year partnership. To date, TAP has worked with 20 BPS K-5 or K-8 schools. TAP has developed a series of 11 high-quality professional development workshops focused on social, emotional, and behavioral health for educators and school staff. TAP is sharing these workshops through a free online series: www.childrenshospital.org/TAPOnline

Behavioral Health across the Commonwealth's Schools

CBHM presents one model of how a Massachusetts district is building school and district capacity to address a range of behavioral health needs. Public school districts across the Commonwealth take varied approaches to planning, delivering, and scaling high-quality behavioral health services. The following section highlights the behavioral health supports in Methuen, Brockton, and Westborough Public Schools.

SCALING MENTAL HEALTH SUPPORTS

Methuen Public Schools

Methuen Public Schools, a district of approximately 7,000 students across 5 schools, is a state leader in designing programming and services to meet its students' behavioral health needs. Responding to several community-wide risk factors—higher-than-average rate of placement in Department of Youth Services interventions, high rates of substance abuse and families living in poverty—Methuen Public Schools took an unconventional path in ramping up behavioral health services for students. Like CBHM, the district combines the implementation of 1) a universal mental health screening, 2) a progress monitoring system, 3) a district-wide positive behavior system (PBIS), and 4) a social emotional learning curriculum.

In 2015, Methuen Public Schools began administering universal screening assessments focused on building a behavioral health profile for each student. The district partnered with the University of Maryland, joining a network of school districts focused on behavioral health. This partnership brought about a focus on utilizing a set of externally validated, common measures for universal screening of students' mental health. From early screens, the district identified 22 percent of their students as having severe risk factors for depression—signaling that there were significant unmet behavioral health needs in the district. Methuen educators have since built a comprehensive, tiered behavioral health system, and now use this screening data to monitor students identified for tier 2 and 3 interventions.

By founding the Massachusetts School Mental Health Consortium, Methuen district leaders have taken a leadership role in strengthening school-based behavioral health services across Massachusetts' public schools. Beginning in January 2018, 60 districts committed to provide free training and free resources to support the provision of mental health services in schools. These districts are also focused on strengthening state-level advocacy for school-based mental health services across Massachusetts.

BUILDING SCHOOL CAPACITY TO RESPOND TO TRAUMA

Brockton Public Schools

Brockton Public Schools serves a population of more than 17,000 students. The district encompasses a diverse student population: students speak more than 50 languages, and 38 percent of students have a first language other than English. Students also bring diverse learning needs to their school communities each day. Since 2007, Brockton leaders have focused on expanding trauma-sensitive practices in schools and on enhancing the extent to which educators are aware of students' exposure to trauma.

Transforming the culture of schools. As part of Brockton’s districtwide trauma-sensitive approach, schools have created physical spaces designed to calm students’ sensory perception and implemented a mindfulness curriculum—MindUp—to provide an additional set of strategies for students. District leaders are also interested in a pivotal shift in student discipline policies; in the words of a Brockton district leader: “The outgrowth of youth exposed to trauma looks like disrespect, defiance, and willfulness. We treat the symptom and not the cause. We need to reverse that.” The district opted for districtwide PBIS, designed to recognize and reward good behavior. In addition, nearly all elementary and middle schools in Brockton utilize a social-emotional learning curricula designed to focus on the development of student skills such as self-awareness and self-regulation.

Teacher expertise and capacity. The district partners with Lesley University to offer a 4-course graduate education sequence for educators across the district. Teachers have gravitated towards these course offerings, receiving “grounded advice” on school-based practices and earning graduate-level credits at the same time. The goal is to have teams of teachers who have completed the entire sequence train colleagues in their buildings and across the district. Many elementary school principals have coupled tier 1 supports (i.e., social-emotional learning, PBIS) with a priority focus on trauma-sensitive practices, inviting other educators to their building to demonstrate their work.

SUPPORTING TIER 2 AND 3 NEEDS THROUGH MINDFULNESS

Westborough High School

The suburban community of Westborough, Massachusetts has witnessed an uptick in the number of students requiring hospitalization for behavioral and mental health needs over the past five years. In a high school of 1,100 students, concerns for students presenting with anxiety and depression symptoms have “become as commonplace as conversations about AP scores,” according to a school leader. These unmet behavioral health needs led to the district’s decision to integrate the work of external mental health providers and in-school staff.

Planning for Tier 3 Services. At Westborough High School, roughly 3 to 5 percent of students receive tier 3 interventions, often due to anxiety and depression symptoms. The district invested in a dedicated set of school-based behavioral health resources to support these students. In addition, the district partners with the Bridge for Resilient Youth in Transition (BRYT) program to develop the Center for Student Success, a set of coordinated supports for students including one-on-one clinical and academic counseling. Many of these supports are designed to be short term. Students often receive services as they transition back to Westborough High School after an extended absence due to a mental health concern, including hospitalization. As students make progress, they can receive tier 2 services, such as group therapy, offered through the Center.

Aligning Tier 3 Services with Tier 1 and 2 Supports. As part of a three-year implementation plan, the district has customized tiered supports for students focusing on Dialectical Behavioral Therapy (DBT). DBT emphasizes the practice of mindfulness, challenging students to “tune in” to their anxiety level, identifying anxiety triggers and developing strategies to change their response to anxiety. Westborough has trained all educators in DBT strategies and is designing a co-teaching model wherein the two full-time school psychologists on staff deliver lessons with general education teachers. These school psychologists create learning activities designed to provide students with tier 1 and 2 supports aligned with DBT within the classroom environment.

Recommendations

District-level innovation in school-based behavioral health exemplifies a deep commitment to this work in communities across the Commonwealth. Many stakeholders interviewed for this study expressed a belief that Massachusetts has the necessary conditions to become a national leader in school-based behavioral health, including deep community-level dedication and many organizations already engaged in enhancing supports for students. The Safe and Supportive Schools Framework, developed by the Massachusetts Department of Elementary and Secondary Education, offers a rich process of self-reflection and action planning for schools and districts across the Commonwealth seeking to better support students' behavioral health needs. Commitment to this effort at the state, school district, and community level provides a strong foundation for continued work in all schools, serving all students.

The following recommendations are designed to build upon existing momentum in the Commonwealth by creating a coordinated vision and providing the resources necessary for schools and districts to enhance behavioral health supports.

TECHNICAL ASSISTANCE CENTER

Despite several behavioral health initiatives across the Commonwealth, interviewees noted that many schools seeking to develop or enhance behavioral health supports do not know where to begin. A common hub and technical assistance center is a critical next step towards connecting many organizations across the Commonwealth who are deeply engaged in this work. Key functions of the center would include:

1. Providing a unified vision for integrating social emotional learning and behavioral health across Massachusetts schools;
2. Linking districts to existing resources designed to support them in beginning or enhancing their efforts;
3. Sharing effective practices across Massachusetts schools and districts; and
4. Providing resources and support for progress monitoring and program evaluation.

STAFFING RATIOS

Districts urge the state to issue guidance recommending minimum ratios of school-based support staff, including psychologists, social workers, and guidance counselors.

FUNDING

Interview participants noted that resource constraints serve as barriers to the expansion of social, emotional, and behavioral health initiatives. Though Brockton and Boston have sustained their models through grant funding, scalability requires support embedded in state budgets. This includes funding for materials, training, evaluation, and key staff positions needed for implementation.

Conclusion

Educators have long known that children cannot learn at their full potential unless they are safe and healthy. Despite the closely linked nature of health and learning, children's education and healthcare needs are often addressed by different stakeholders, different policies, and in separate settings. Historically, schools have addressed the manifestations of students' health concerns and trauma, often defaulting to discipline referrals when in-school behavior warrants corrective action, rather than treating the root causes. In Boston, Methuen, Brockton, Westborough, and other districts across the Commonwealth, educators are working to reverse this trend. By attending to students' social, emotional, behavioral, and mental health needs in addition to their academic development, these districts are creating the conditions for every child to learn.



ENDNOTES

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*Names have been changed to protect confidentiality

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ABOUT THE RENNIE CENTER

The Rennie Center's mission is to improve public education through well-informed decision-making based on deep knowledge and evidence of effective policymaking and practice. As Massachusetts' preeminent voice in public education reform, we create open spaces for educators and policymakers to consider evidence, discuss cutting-edge issues, and develop new approaches to advance student learning and achievement. Through our staunch commitment to independent, non-partisan research and constructive conversations, we work to promote an education system that provides every child with the opportunity to be successful in school and in life. For more information, please visit www.renniecenter.org.

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