



## **Facilitating Student Access to Pediatric Behavioral Health Urgent Care Grant Requests for Responses**

### **A. BACKGROUND AND PROGRAM GOALS**

The Massachusetts Association for Mental Health, Inc. (MAMH), through a grant from, and in partnership with, Massachusetts General Brigham (MGB), seeks to facilitate access to key components of the **Pediatric Behavioral Health Urgent Care (PBHUC)** model for school-age children and adolescents in the Commonwealth. MAMH is seeking five qualifying ambulatory care or outpatient behavioral health clinic entities to provide behavioral health urgent care to school-aged children and adolescents in their service area, collaborating with a school, school district, school-based health center, or similar entity (School Partner).

**Eligible Applicants** are behavioral health provider agencies within Massachusetts that have been:

1. Selected for designation as a **Community Behavioral Health Center (CBHC)** pursuant to the RFR issued Feb. 1, 2022, by the MA Executive Office for Health and Human Services (EOHHS)<sup>1</sup> or
2. Approved and designated as a **MassHealth Behavioral Health Urgent Care Program (MBHUCP)** entity pursuant to the MassHealth Urgent Care Attestation Process<sup>2</sup> conducted by the Massachusetts Behavioral Health Partnership (MBHP) or
3. Both.

At the time of grant award, only those entities that have been selected to become a CBHC or have been designated as an MBHUCP through the attestation process will be eligible to enter into grant agreements with MAMH under this initiative.

The intent of this initiative is to implement five pilot programs for PBHUC. Priority will be given to partnerships between an Eligible Applicant and a School Partner serving communities of greatest need and/or serving significant numbers of children, adolescents, and families from diverse communities. Specific service goals and expectations are described in this RFR under **Section E: Required PBHUC Program Components**.

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<sup>1</sup> <https://www.masspartnership.com/provider/cbhcrfp.aspx>

<sup>2</sup> <https://masspartnership.com/provider/AttestationForm.aspx>

This initiative is designed to complement and support implementation of the:

1. EOHHS Roadmap for Behavioral Health Reform (the Roadmap)<sup>3</sup>, and
2. Children’s Mental Health Campaign (CMHC) consensus model for Pediatric Behavioral Health Urgent Care.<sup>4</sup>

The pilot program goals are to:

1. Improve and expedite timely access by students to high quality behavioral health care,
2. Improve outcomes for school-age children, adolescents, and their families, and
3. Provide an effective alternative to the use of school resource officers, police, 911, and emergency rooms.

## **B. FUNDING**

The five selected CBHCs or MBHUCPs will receive grants in the amount of \$170,000 per year for 2.75 years (\$467,500 total) to facilitate student access to key components of the PBHUC model program. Grants will be awarded August 19, 2022, with services expected to begin on January 1, 2023.

## **C. OVERVIEW OF PROGRAM MODEL**

**Pediatric Behavioral Health Urgent Care (PBHUC)** is a multifaceted service providing timely intervention, stabilization, and treatment for emerging behavioral health conditions affecting children and adolescents who do not present an imminent threat of harm to self or others. In contrast to a psychiatric emergency, urgent behavioral health needs – inclusive of mental health, substance use, and/or co-occurring conditions – are revealed by changes in behavior or thinking, role dysfunction, or emerging but not imminent intent of self-injury or threats to others.<sup>5</sup> The vision of the grant model is that schools would refer a student with dysregulated behavior to their PBHUC program, rather than calling 911 or mobile crisis intervention teams to remove the student from school. PBHUCs would rapidly assess and provide treatment or refer students to appropriate program options, including mobile crisis intervention teams, if needed. Experts consistently cite two core reasons for developing an urgent behavioral health response for children and adolescents:

1. Avoid escalation of symptoms and deterioration of role functioning while waiting for care access, and
2. Minimize Emergency Department (ED) visits and ED boarding, given the exceedingly long waits experienced by children and adolescents, especially for those with co-occurring Autism Spectrum Disorder/Intellectual and Developmental Disabilities (ASD/IDD).

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<sup>3</sup> <https://www.mass.gov/service-details/roadmap-for-behavioral-health-reform>

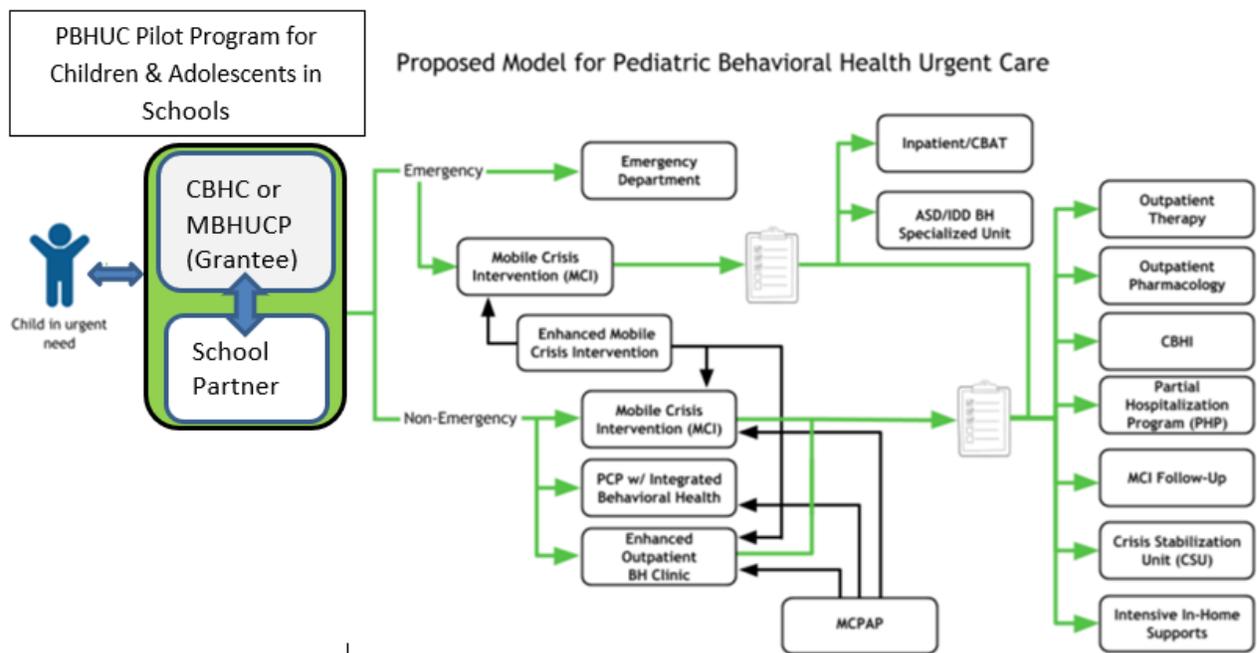
<sup>4</sup> <https://www.mamh.org/assets/files/Pediatric-Behavioral-Health-Urgent-Care-2nd-Ed.pdf>

<sup>5</sup> Pediatric Behavioral Health Urgent Care Report 2<sup>nd</sup> Edition, Children’s Mental Health Campaign, March 2020.

As important, we suggest additional reasons for implementing PBHUC in school environments:

1. Provide an effective alternative to the use of school resource officers, police, or 911 crisis calls in connection with behavioral dysregulation and emotional distress,
2. Minimize ED visits caused by emotional distress or behavioral concerns that can best be addressed with earlier, less intensive interventions, and
3. Minimize school expulsions, suspensions, and absences due to behavioral health concerns.

The components of a PBHUC program include, but are not limited to, extended hours, referrals, assessments, 24/7 access to crisis services, and same-day access to psychiatric consultation. The diagram below illustrates the role of the PBHUC pilot programs as being the first option for providing immediate services to children or adolescents in urgent need and triaging them to appropriate treatment as required.



#### D. DEFINITIONS

1. An **Eligible Applicant** (see definition on page 1)
2. A **School Partner** is a public school, school district, school-based health center, or other public educational entity serving elementary, middle school, and/or high school students in the Commonwealth that has partnered with an Eligible Applicant to apply for and implement a grant consistent with the requirements of this RFA.
3. A **Grantee** is an Eligible Applicant who 1) is selected as a CBHC or has been designated as a MBHUCP through the MBHP attestation process *and* 2) has been awarded a grant pursuant to this RFR.

## **E. REQUIRED PBHUC PROGRAM COMPONENTS**

The five pilot programs will facilitate access for students to key components of the PBHUC including, but not limited to:

1. Staffed walk-in hours 8:00am to 8:00pm, Monday through Friday, with a minimum of six additional weekend hours, with hours on both Saturdays and Sundays.
2. Services that must include live reception, rapid assessment, and referral where needed.
3. 24/7 access via referral to crisis and/or mobile crisis services, next day outpatient, partial hospital, and/or crisis stabilization units.
4. 24/7 access to lab, medical services, and urgent pharmacological intervention services.
5. Close observation, either on-site or via referral 24/7.
6. Same-day access to MCPAP,<sup>6</sup> MCPAP for ASD-ID,<sup>7</sup> or other specialized psychiatric consultation.

Applicants must demonstrate collaboration with a School Partner to ensure:

1. Access to on-site, culturally responsive behavioral health care and referrals at school during school open hours. Students receive appropriate referrals and support to access enhanced services and hours at the Grantee program site or similar location.
2. Ongoing communication between the Grantee and School Partner to provide comprehensive service planning and delivery.
3. Transitions back to school following hospitalization or other behavioral health-related absences are seamless and supportive, aligning with the Bridge for Resilient Youth in Transition (BRYT)<sup>8</sup> programs or related services.
4. Integrated Autism Spectrum Disorder/Intellectual or Development Disability (ASD/IDD) services and supports, aligning with MCPAP for ASD/IDD consultation.
5. Families are engaged and supported in accessing services through the Grantee and School Partner.

## **F. OTHER GRANT REQUIREMENTS**

MAMH will conduct a multi-site performance assessment to determine the impact of this initiative. With support from an independent evaluator, we seek to measure the impact on the following outcomes:

1. Formalized partnerships between CBHCs/MBHUCP and School Partners
2. Reduced ED utilization
3. Fewer hospitalizations
4. Reduced police involvement at the schools, especially fewer calls to 911
5. Fewer school suspensions
6. Student and family reports of helpfulness of services

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<sup>6</sup> Massachusetts Child Psychiatry Access Program, <https://www.mcpap.com/>

<sup>7</sup> Massachusetts Child Psychiatry Access Program for ASD-ID, <https://www.mcpap.com/ASDID/overview.aspx>

<sup>8</sup> The first known program of its kind in the nation, BRYT (Bridge for Resilient Youth in Transition) provides short-term, transitional support for students returning to classes after extended mental health-related absences.

Grantees must agree to participate in the multi-site performance assessment, providing data every six months on those outcomes identified in the grant application and participating in periodic meetings with the assessment team. In addition, Grantees will be expected to report periodically on the number of students receiving services, the types of services provided, and basic demographics including age and grade, gender identity, race, and ethnicity.

Grantees are expected to participate in meetings of the Learning Community, anticipated to be monthly during an initial 6-month start-up phase and quarterly thereafter.

**G. TECHNICAL ASSISTANCE TO SELECTED APPLICANTS**

The Massachusetts Association for Mental Health will provide technical assistance to grantees before and after the go-live date for services. MAMH will:

1. Convene and administer a Learning Community, which will address issues such as orientation to the PBHUC Model and the Roadmap, providing effective school-based clinical support for mental health conditions, tools/resources to facilitate successful referral, and financing strategies for sustainability.
2. Provide individualized technical assistance to wrap around learning community support, including limited access to expert consultation, template MOU's and agreements to support integration and alignment with school entities, and connection to state and national partners and resources.

**G. DEADLINES AND SUBMISSION REQUIREMENTS**

MAMH has been working in concert with EOHHS on the Roadmap and has aligned this grant application process timetable with that of the CBHC and behavioral health urgent care implementation processes. The current timetable is below:

<b>Facilitating Student Access to Pediatric Behavioral Health Urgent Care</b>	
MAMH Grant Application Issued	Wednesday, July 13, 2022
Questions Due to MAMH	Monday, July 18, 2022
FAQs Released	Wednesday, July 20, 2022
Notify MAMH of Bidder's Conference Attendance	Thursday, July 21, 2022
Bidder's Conference	Friday, July 22, 2022
Letter of Intent Requested Due Date	Friday, July 29, 2022
Grant Application Deadline (by 6 PM Eastern)	Friday, August 19, 2022
Grant Award Date	Friday, September 2, 2022
Contract Execution	Friday, September 23, 2022
Learning Communities Start-Up	Monday, October 3, 2022
PBHUC Program Services Start Date	January 1, 2023