

tremendous need for mental health providers to be familiar with diabetes and its challenges for their patients, whether they are Type 1 or Type 2.”

It’s important to have trained staff, such as nurses, psychologists and social workers, not just to help with the screening process, but also to follow up the process after identifying adolescents who screen positive and provide them with therapy or other resources and intervention, Marker noted.

“This is the first study about this

done with 100 teens with Type 1 diabetes,” she said. “We would like to see other people replicating this research. This is just the first step.” In clinics that provide the PHQ questionnaires, they should have good plans in place for patient care, such as asking young people about suicide, providing therapy and medication, Marker said.

Marker added that she could see the findings in their current study becoming part of the ADA and APA program training in the future to

ensure accurate screening for depression and diagnosing.

Researchers concluded that clinics should consider using those screening measures with the greatest diagnostic accuracy, as identified in this study, and adjust measure cutoff scores to increase sensitivity and reduce false negatives. •

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Grants support CBHCs, schools’ partnership youth BH care pilot

Providing comprehensive behavioral health (BH) urgent care to children and adolescents in Massachusetts is the crux of a new initiative that involves the collaboration among five community BH centers (CBHCs) and several school partners. The centers have been awarded nearly \$500,000 in grants by the Massachusetts Association for Mental Health (MAMH) and Mass General Brigham to implement this new partnership-based BH urgent care model for K-12 students.

The CBHCs will collaborate with one or more schools to implement the pediatric BH care model, a multifaceted intervention that includes assessments for students with an emerging behavioral health needs, extended hours, referrals, same-day access to psychiatric consultation, and 24/7 access to crisis services if needed.

The new grant program is called Facilitating Pediatric Behavioral Health Urgent Care for Students.

The services are designed to provide an effective alternative to the use of police, or 911 crisis calls, for students in emotional distress; minimize hospital emergency department visits than can best be addressed with earlier, less intensive interventions; and minimize school expulsions, suspensions and absences due to BH concerns.

“We’re excited to partner with

Mass General Brigham and our five pilot sites on this project,” Jenifer Urff, director of knowledge dissemination and technical assistance at MAMH told *MHW* via email. “Our goal with these pilot grants is to provide early, appropriate, and effective interventions to support students with emerging or escalating mental health needs before they are in crisis.”

Urff added that the BH urgent care model that grantees will implement aims to reduce hospitalizations, minimize police presence in schools, and support students’ academic success.

Children’s MH campaign

The pediatric BH urgent care model was developed collaboratively with the Massachusetts-based Children’s Mental Health Campaign, and it anchors the services that will be offered at the five pilot sites, said Urff. “The grants complement several statewide mental health initiatives, including implementation of the Roadmap for Behavioral Health Reform,” she said.

Urff added, “This includes leveraging the launch of new community behavioral health centers across Massachusetts, which are scheduled to begin offering services in January, 2023, and will offer behavioral health urgent care, as well as expanded access to timely, evidence-based treatment,” she stated.

The CBHCs — selected through a competitive bidding process — each will receive up to \$476,500 over the next three years to implement the BH urgent care model. The grantees and their school partners are:

- Advocates Inc. and Framingham Public Schools (grades K-5);
- Aspire Health Alliance, and Randolph Public Schools and Weymouth Public Schools;
- Behavioral Health Network Inc. and Washington Street School, Springfield, Massachusetts;
- Eliot Community Human Services and Everett Public Schools; and
- Riverside Community Care and Milford Public Schools (Stacy Middle School and Milford High School).

The partnership is part of Mass General Brigham’s \$50 million dollar investment in community and mental health, providing transformative grants to partners throughout the region that are dedicated to solving some of the crises stemming from the pandemic, according to MAMH and Mass General Brigham officials. The grants provide necessary funds to organizations striving to increase access to mental health care, ensure food and nutrition security, and promote equity and access, they stated.

These community grants build

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upon Mass General Brigham's existing \$175 million annual community health investment program.

Urgent BH care

According to CMHC's report, "Pediatric Behavioral Health Urgent Care, 2nd Edition," released in 2018, urgent care needs are revealed by changes in behavior or thinking, role dysfunction, emerging intent of self-injury or threats to others.

In order to create pediatric BH urgent care, the CMHC included many recommendations, such as: Institute and finance enhancements to comprehensive behavioral health outpatient clinics' capacity to provide standing capacity to treat urgent walk-in cases as well as the ability to

monitor cases over a 24-hour period; which has since been included in the grant program, said Urff.

"We have moved from developing the model to this implementation phase of the work, which is very exciting to advocates and others who have been working on this issue for a long time," Urff said.

Other recommended actions included:

- Expand the Massachusetts Child Psychiatry Access Program, or similar tele-consult service, to provide remote assistance to pediatric BH urgent care and mobile crisis intervention teams, across clinical settings, with expertise in autism spectrum disorder, intellectual/developmental

disabilities, and substance use disorders; and

- Grant clinicians who provide pediatric BH urgent interventions the authority to direct children and their families to appropriate follow-up care settings.

"We're excited to see so many community mental health agencies collaborating with schools to implement a pediatric behavioral health urgent care model," Danna Mauch, president and CEO of MAMH, said in a news release. "These partnerships will help students and their families get effective, community-based services when they need them, without having to go to an emergency department or call 911." •

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The cost of not providing that support often can be seen in the high prevalence of homelessness and incarceration among individuals who have been in the foster care system, Friedman said.

Components of bill

AB 2189 would have required courts to maintain jurisdiction over a youth at age 21 and beyond if a county welfare agency had not provided that person with mandated services and documents by the time that they turned 21 years old. Under existing law, youths who meet certain criteria can remain in extended foster care after age 18, until they are 21 years old.

A bill summary from the Senate Appropriations Committee states that extended foster care "serves to bridge the gap between the intensive supervision of foster care and unsupervised adulthood by maintaining a safety net of support while providing youth independence and additional educational or work opportunities."

The bill also would have allowed former foster care youths who had re-entered the system to

participate in extended foster care to remain in the system past age 21 if a county welfare agency had not met the requirements of the extended foster care program.

Mental health needs are prominent in the foster care population. Friedman said up to 80% of youths in foster care experience some significant mental health issue. This has

'Everyone acknowledges there is a need. The system is understaffed and underfunded.'

Laura Friedman

been a prominent topic in other states as well. For example, it has been estimated that one-third of the children awaiting placement in Texas's court-monitored foster care system entered the system because of unmet mental health needs (see "Texas has 90 days to plan changes to foster care mental health access,"

MHW, Jan. 17, 2022; <https://doi.org/10.1002/mhw.33078>).

"Everyone acknowledges there is a need," said Friedman, a Democrat who represents the area of Glendale, California. "The system is understaffed and underfunded."

The bill summary states that according to the state's Department of Social Services, the legislation would have had a significant, ongoing financial impact that likely would have amounted to millions, or even tens of millions, of dollars. "Costs would result from an ongoing increase in the administrative workload of county welfare agencies, expanding the population eligible for certain assistance payments and supplements, and necessary automation changes," the summary reads. The bill would have required the state to automate assistance payments to beneficiaries age 21 and older.

The California Globe political news site reported last month that in his veto message regarding the legislation, Gov. Newsom cited state legislators' advancing of billions of dollars in spending that was not accounted for in the state budget. Although he acknowledged that youths aging out of foster care need