



Community Level Health Project Springfield, Massachusetts

Planning Year Report
June 2020

Massachusetts Department of Public Health
Office of Problem Gambling Services



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Executive Summary

This report details the partnership planning process and results of the Springfield Community Level Health Project (CLHP) planning year, an initiative funded by the Massachusetts Department of Public Health Office of Problem Gambling Services and administered by the Public Health Institute of Western MA (PHIWM).

The goal of the partnership phase for the CLHP was for PHIWM and the CLHP Advisory Committee to build community partnerships to identify the priorities that address a specific existing health concern exacerbated by the presence of a casino in the area of Springfield, Massachusetts. The CLHP Advisory Committee gathered diverse community and content expert input as well as data from existing assessments of community health needs. In the last quarter of the year, CLHP also incorporated changes due to COVID-19 into planning.

The planning process narrowed from a list of fifteen potential issues to one, youth behavioral health. Youth behavioral health is a serious concern in Springfield as raised by local data, community voices, and local content experts. Risks to youth behavioral health include gambling and the presence of a casino, and also go far beyond that one issue. Gambling by youth themselves is one type of behavioral health issue, but more commonly raised were concerns about ready access to a casino by family members and the financial stress for families that may bring.

The Springfield CLHP recommends a combination of interventions: 1) a community-wide promotion targeting prejudice and discrimination about behavioral health that serves to keep young people and their families from seeking treatment (specific focus on lower income neighborhoods of color and smaller events led by youth); 2) a focus on the public school environment, incorporating a Multi-Tiered System of Support for students, implementing universal behavioral health screening of all students along with behavioral health services for those who need them; 3) training teachers, administrators, and staff of public schools, afterschool programs, and early education sites how to recognize signs of mental health distress and how to respond; 4) policy analysis and advocacy to ensure sustainability of strategies; and 5) convening of behavioral health providers. These interventions will happen over multiple years and year one will narrow the interventions and expand over the years. They align with both the Hampden County County Health Improvement Plan and the latest Community Health Needs Assessment priorities.

All interventions will be grounded in a health equity framework with intentional cultural responsiveness to address the impact that COVID19, the ongoing effects of systemic racism - and of course the casino - have on young people and families' behavioral health and therefore physical and spiritual health.

Introduction

The Massachusetts Expanded Gaming Act of 2011 authorized the creation of three casinos and one slot parlor in the Commonwealth. The first of the three regional casinos opened in Springfield in August 2018. The Expanded Gaming Act also led to the creation of the Public Health Trust Fund (PHTF), established to mitigate gambling's negative health effects on communities throughout the state, especially those in which gambling establishments are located. The PHTF Executive Committee adopted a strategic plan in 2016, which is implemented primarily by the Massachusetts Department of Public Health (MDPH) and the Massachusetts Gaming Commission.

The Massachusetts Department of Public Health (MDPH) promotes the health and well-being of all residents by ensuring access to high-quality public health and healthcare services, and by focusing on prevention, wellness, and health equity for all people. Within MDPH, the Office of Problem Gambling Services (OPGS) ensures a comprehensive and integrated public health response to problem gambling by using data to inform initiatives, engaging communities, and ensuring cultural intelligence and humility. Critical to the work of MDPH and OPGS is data, the social determinants of health, with a vision of eradicating health disparities.

The Public Health Institute of Western Massachusetts (PHIWM) mission is to build measurably healthier communities with equitable opportunities and resources for all through civic leadership, collaborative partnerships, and policy advocacy. In June 2019, the Public Health Institute of Western Massachusetts PHIWM was awarded a planning grant for a Community Level Health Project (CLHP) from OPGS.

The purpose of the Community Level Health Project is for a community-based organization within gambling host communities (including Greater Springfield) to propose and implement a community level plan that will identify and address a specific gambling-related health concern and outline improvement initiatives to be carried out at the community level.

The goal of the partnership phase for the CLHP is for PHIWM and the CLHP Advisory Committee (described below) to build community partnerships to identify the priorities that address a specific existing health concern exacerbated by the presence of a casino in the area of Springfield, Massachusetts. The CLHP plan also outlines improvement initiatives to be carried out at the community level. PHIWM gathered diverse community and content expert input as well as data from existing assessments of community health needs. In the last quarter of the year, CLHP also incorporated changes due to COVID-19 into planning.

In the partnership phase, the CLHP team used a social ecological framework, understanding and elevating that outcomes for individuals are embedded within interpersonal relationships, within the organizations and institutions they interact with, within their communities, and within policy at the national, state, and local levels (Figure 1). The influence of all of these levels shape an individual's

decisions, knowledge, attitudes, and skills. The social ecological framework is often used in public health when designing interventions and is central to OPGS' work.¹

Figure 1. The Social Ecological Framework



Source: Centers for Disease Control and Prevention

This report represents the culmination of the planning process: a suite of interventions to address youth behavioral health that include consideration of COVID-19 grief, trauma, and changes. According to community input and content experts engaged throughout this planning year, youth behavioral health outcomes, such as anxiety and depression, are existing health issues of great concern that the presence of a casino has the potential, if is not already, to exacerbate.

The planning team was led by PHIWM and overseen by an Advisory Committee of core partners:

- **Martin Luther King Family Service (MLK):** MLK is a multi-cultural and multi-service agency based in the Upper Hill neighborhood of Mason Square in Springfield, MA. A majority of people living in Mason Square are Black and Latinx.² Their mission is to nurture and develop the skills, opportunities, and spirits of families in Greater Springfield and the surrounding communities. Their programming addresses youth development, academic achievement, food insecurity, family stabilization and skills building, violence prevention, substance misuse prevention, young fathers support, and much more.
- **Springfield Department of Health and Human Services (SHHS):** SHHS provides environmental health, community nursing, and health education, issues all licenses and permits, conducts inspections of all publicly accessed spaces, provides immunizations, and monitors outbreaks. Other SHHS programs



¹ CDC. 2020. The Social Ecological Model: A Framework for Prevention. Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>

² Springfield Planning Department. 2019. Springfield Demographic Report. Springfield Neighborhood Profiles. Available at https://www.springfield-ma.gov/planning/fileadmin/Planning_files/Springfield_Neighborhood_Profiles_9.pdf

prevent violence, gambling, and substance abuse, and improve maternal and child health, elder affairs, health care for the homeless, and animal control.

- **Men of Color Health Awareness (MOCHA):** MOCHA works to promote the health and well-being of men of color, their families, and communities. In particular, MOCHA works with Black and Latinx men in Springfield, with a focus on men returning from jail. MOCHA provides a safe space for men to bond, support each other, and organize for social justice while empowering men to learn strategies to improve mental and emotional health. MOCHA engages men in chronic disease self-management and exercise through peer led activities. They operate programs in collaboration with the YMCA, UMASS, Baystate Health, Hampden County Sheriff's Office, SHHS, and others.
- **New North Citizen's Council (NNCC):** NNCC was established in 1973 with the initial purpose of promoting physical, economic, and social development in the North End neighborhood. NNCC has consolidated resources to also now provide comprehensive family supports and social service programs to residents of Hampden County residents in an effort to preserve and support the family structure and improve their quality of life. NNCC has a focus of serving the North End of Springfield, which has a history of being a landing place for people migrating from Puerto Rico. Because of this, the neighborhood is comprised of a majority Latinx population. Traditionally the North End tends to be poorer and faces more challenges.³
- **Springfield Partners for Community Action (SPCA):** SPCA was the first community action agency in western Massachusetts. As an anti-poverty agency, SPCA works with people in Springfield with lower incomes. In Springfield, nearly 1 in 3 people live in poverty, and the median household income is less than half that of the state (~\$36,000 compared to \$77,000 across Massachusetts).⁴ SPCA offers emergency assistance and promotes self-sufficiency through home ownership, education, and small business development. Programs focus on asset development, housing and energy conservation, youth and family services, and veterans' services. SPCA serves 7,000 people per year.



As noted in the descriptions above, partners have deep roots and multiple points of connection to people living in Springfield. In particular partners are well-connected to those who are priority populations, such as Black, Latinx, and people with low incomes. For PHIWM and partners, these are priority populations due to the history of inequitable health outcomes, such as high rates of death and injury due to gun violence and high rates of asthma, in part due to Springfield's location near freeways,

³ MIT Urban Studies and Planning. 2008. The North End in Context. Available at <https://ocw.mit.edu/courses/urban-studies-and-planning/11-945-springfield-studio-spring-2004/projects/ch1z.pdf>

⁴ US Census. 2020. Quick Facts. Springfield city, Massachusetts. United States Census. Available at <https://www.census.gov/quickfacts/springfieldcitymassachusetts>

as detailed in Baystate Medical Center’s Community Health Needs Assessment.^{5 6} These inequities often exist due to institutional decisions about distribution of resources.⁷ Additionally, the Social and Economic Impact of Expanded Gambling in Massachusetts (SEIGMA) study found that problem gamblers and those at-risk of problem gambling were “significantly more likely than recreational gamblers to be male, Black or Hispanic, have a high school diploma or less, be unemployed or disabled, and have an annual household income of less than \$15,000.”⁸

The CLHP will continue to include residents most at risk of poor health outcomes to create and implement solutions in order to mitigate the racial, ethnic, income, gender and sexual preference, and other inequities by targeting interventions to priority populations in Springfield, including people of color and people with low incomes.

This report is organized with the following sections:

- Process and methodology used during the planning phase to prioritize the health issue of concern and the interventions
- Priority health issue
- Interventions
- Logic model, timeline, and budget

⁵ Baystate Medical Center. 2019 Community Health Needs Assessment. Available at <https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment>

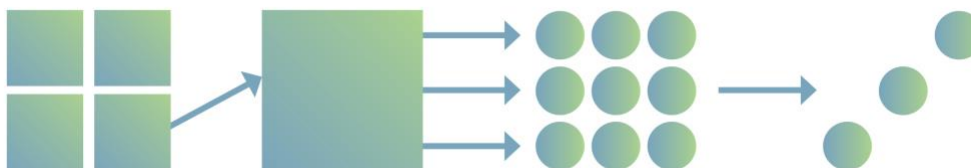
⁶ Public Health Institute of Western Massachusetts. 2019. 2019 Springfield Health Equity report. Available at <https://www.publichealthwm.org/news-events/general-news/2019-springfield-health-equity-report>

⁷ Committee to Promote Health Equity in the United States. 2017. The Root Causes of Health Inequity. In Communities in Action: Pathways to Health Equity. National Academies for the Sciences. Eds. Baciu A, Negussie Y, Geller A, et. al.

⁸ Volberg RA, Williams RJ, Stanek EJ, Houpt A, Zorn M, Rodriguez-Monguio R. 2017. Gambling and Problem Gambling in Massachusetts: Results of a Baseline Population Survey. SEIGMA, University of Massachusetts School of Public Health and Health Sciences. Available at http://www.umass.edu/seigma/sites/default/files/Updated%20BGPS%20Report_Final.pdf

Process and Methodology

The CLHP Springfield partnership phase was conducted with a four-step process:



1. Identification of Key Areas
 - a. Identify areas of concern in Springfield that community members felt the presence of a casino could exacerbate.
2. Community Engagement
 - a. Narrow to one area to concentrate on.
3. Selection of Evidence-Based Interventions
 - a. Select and identify evidence-based or promising practice interventions in different environments.
4. Develop Comprehensive Intervention Plan
 - a. Narrow to a manageable number of interventions.

Identification of Key Areas: Identify areas of concern in Springfield based on alignment with Community Health Improvement Plans

CLHP identified existing areas of concern by consulting three main sources.

1. In 2014, PHIWM conducted a health impact assessment (HIA) on the potential health and equity impacts of opening a casino in Springfield. The HIA included extensive community engagement, a robust prioritization of issues, a large literature review and secondary data collect. The HIA was used as a data source for the CLHP planning phase.
2. CLHP also consulted findings from a 2018 meeting in which several Massachusetts Gaming Commission and other programming representatives addressed areas studied in the HIA, how any response from MGM, the casino operator, had or had not addressed them, and new areas of concern.
3. The final source was a brainstorm among CLHP partners, who as noted are based in the community and have their ear to the ground.

This research resulted in 15 topics: 1) Careers/employment/income/financial health; 2) Stress in connection with chronic disease and mental health; 3) Crime; 4) Domestic violence; 5) Sexual exploitation; 6) Gentrification/affordable housing/homelessness; 7) Police violence; 8) Gun violence; 9) Recreational marijuana; 10) Traffic and pedestrian safety; 11) Presence of a grocery store; 12) Seniors and gambling; 13) Problem gambling; 14) Impact of gambling on families; 15) Youth behavioral health.

The CLHP partners (Advisory Committee) narrowed the list to four topic areas, based on some initial gathering of information from local experts that considered if there already were efforts in the different

areas. The topic areas the CLHP partners decided to dive deeply into were: 1) Behavioral health; 2) Safety (crime, domestic violence, sexual exploitation, and police violence); 3) Stress-induced chronic disease; 4) Homelessness

Community Engagement: Narrow to one area to concentrate on

- **Step 1.** Research about what was going on in Springfield with regard to prevalence, concern, existing interventions, and gaps for each content area.
- **Step 2: Narrowing criteria.** CLHP developed a criteria list to help us narrow that included the following categories: momentum about the issue in the community, severity, magnitude of number of people impacted, presence of a champion about the issue, ability to track progress, potential for sustainability of efforts in the future, alignment with the Massachusetts Department of Public Health priorities, and alignment with Hampden County Community Health Needs Assessments and County Health Improvement Plan.
- **Step 3. Content expert input.** CLHP held three panels (Table 1) and conducted several more key informant interviews for a total of 20 content experts engaged. See Appendix 1 for the Question Guide, which was supplied in advance to all panelists.

Table 1. Content Expert Panels

Behavioral Health panel	
Organization	Demographics
Behavioral Health Network	4 women, 2 men
Springfield Public Schools	
Gandara	4 people of color, 2 white
African Diaspora Mental Health Association	
Baystate Health Outpatient Services	
UMass Amherst School of Public Health and Health Sciences	
Safety panel	
Organization	Demographics
Baystate Health Family Advocacy Center – Sexual Exploitation	5 women, 2 men
Businesses Against Human Trafficking	
YWCA, Domestic Violence Services	3 people of color; 4 white
New North Citizen’s Council, Outreach	
City of Springfield	
Safety Key Informant Interviews (took place separately from the panel)	
Mass Public Health Association	
Springfield Police Department, Metro Area Police unit	
Stress-induced chronic disease panel	
Organization	Demographics
MOCHA	4 women, 2 men
UMass Amherst	
Springfield Health & Human Services	

- **Step 4. Community Meetings – community input.** CLHP Advisory Committee partner organizations held seven meetings with the following Springfield residents: Mason Square C3 meeting, MLK All staff meeting, Debra Hunt Recovery Center outreach group, MOCHA mentors, New North Citizen Council Board meeting, Springfield Dept of Health and Human Services all staff meeting, and the Springfield Medical Reserve Corps.
 - Number of people engaged: 107
 - Demographics of participants
 - ~ 60% men, 40% women
 - ~ 83% People of Color, 17% White
 - 90% Springfield residents, with the remaining living in other Hampden County cities and towns
- **Step 5: CLHP Advisory Committee debrief.** After each content expert meeting, PHIWM staff also reported any other research of relevance. Then the CLHP partners debriefed and drew conclusions based on findings.
- **Decision:** Based on the evidence presented, community input obtained, and discussions among the CLHP Advisory Committee, the group decided to focus on **youth behavioral health**.

Selection of Evidence-Based Interventions: Select and identify interventions

- **Step 1. Interventions already identified as “best practices”.** CLHP began by culling the notes from the content expert panels and key informant interviews for best practices that were raised. This resulted in a sizeable number of potential interventions, organized around the environment where the interventions would take place: early education and care which would include multi-generational interventions; school-based; and after-school.
- **Step 2. Conversations with agencies and organizations that would implement interventions.** CLHP talked with organizations that served as content experts and others who were identified to get a better sense of what they felt would best serve to reduce negative behavioral health outcomes, to better understand the interventions they proposed, and to get a sense of what the intervention would look like.
- **Step 3. Research other best practices.** In refining the proposals from conversations and writing up these proposals, PHIWM also researched other best practices, in particular for the Promotion portion of this proposal.

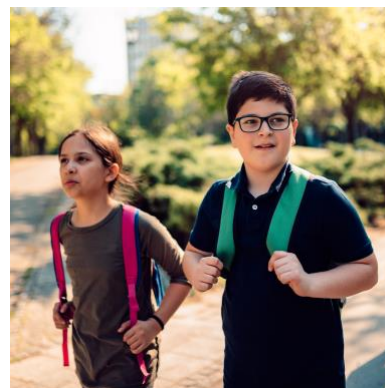
Develop Comprehensive Intervention Plan: Narrow to a manageable number of interventions

- **Expert input.** In April 2020, CLHP reconvened via Zoom content experts with youth behavioral health expertise to discuss if CLHP had missed any community level interventions that should have been included, their thoughts on priorities, and if they had any tweaks to the current interventions. Those findings have been included in the following pages.

- Content experts: Behavioral Health Network (VP of Community Programs), Springfield Public Schools (Supervisor of Positive Behavioral Interventions and Supports and City Connects), Springfield Public Schools (Director of Nursing), African Diaspora Mental Health Association (Founder and Executive Director), Gandara (Outpatient Services Director), Square One (Assistant Vice President of Family Services and Executive Vice President).
- **Community input.** A second round of community input to get feedback on the interventions was delayed due to social distancing measures in response to COVID 19. In April and May 2020, the CLHP Advisory Committee decided that the direction the content experts indicated for interventions coincided with the Advisory Committee’s guidance to focus on one “environment” (i.e., public schools) instead of spreading the funding out too thinly. In response to this, the Advisory Committee guided PHIWM to move forward with priority interventions and the Advisory Committee would return to their constituencies and announce the results of the planning phase.
- The youth feedback that was planned prior will now be incorporated into recruiting the **Youth Advisory Board**, which will be part of the implementation. The Youth Advisory Board will:
 - Guide messaging and rollout of the Promotion campaign
 - Participate in activities as part of the Promotion campaign that are targeted to address the stigma of behavioral health and seeking treatment
 - Guide acceptability testing of other interventions and help with youth buy-in (questions on the behavioral health screener for Springfield Public School’s universal screening; interventions suggested for the Multi-Tiered Systems of Support, professional development for teachers, after-school providers, and early education staff)
 - Coordinate with Community Based Organization(s) (CBOs) that have existing youth groups for their youth representative(s) to serve on the overall CLHP Advisory Committee to participate in the full implementation
 - Receive stipend through the CBO(s)

Priority Issue: Youth Behavioral Health

The question CLHP asked was: are there existing problems in Springfield that the presence of a casino may be exacerbating? CLHP arrived at this question after consultation with MDPH OPGS staff and the Advisory Committee. Outreach and research (data collection methods described above) indicated strong convergence on the existing problem of **youth behavioral health**. Data, content expertise in Springfield, and community concern converged to elevate this problem.

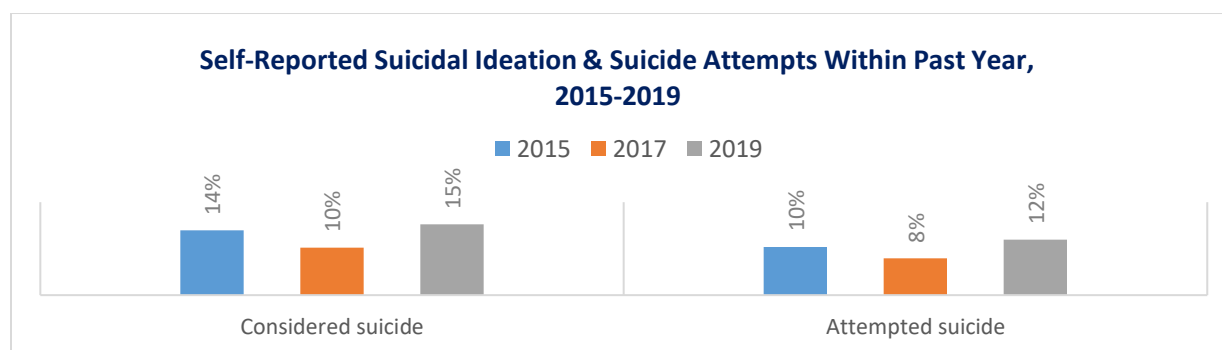


In the late winter, COVID – 19 turned the community and world upside down. In the fourth quarter during community conversations with residents and experts regarding youth behavioral health and the impact of COVID-19, opinions were stronger than ever that CLHP should continue to focus on youth behavioral health. CLHP thus started to plan for the Springfield CLHP interventions with COVID-19 front and center.

DATA

The Springfield Public Schools conduct a Youth Health Survey every other year. The data below is from either raw frequency tables or a summary of findings.^{9 10} In 2019, 15% of eighth graders had considered suicide (an increase from 10% in 2017) and 12% had actually attempted suicide (an increase from 8% in 2017) (Figure 2). More than 1 out of every 3 students (35%) reported sadness and hopelessness almost every day in the prior two weeks, a symptom of depression. Nearly one in every 4 students (23%) reported feeling nervous, anxious or on edge for either nearly every day or more than half of the day in the last two weeks, an indicator of anxiety. For 10th and 12th graders, the proportions are very similar but slightly higher.

Figure 2. Self-Reported Suicidal Ideation and Suicide Attempts in Springfield Public School Students



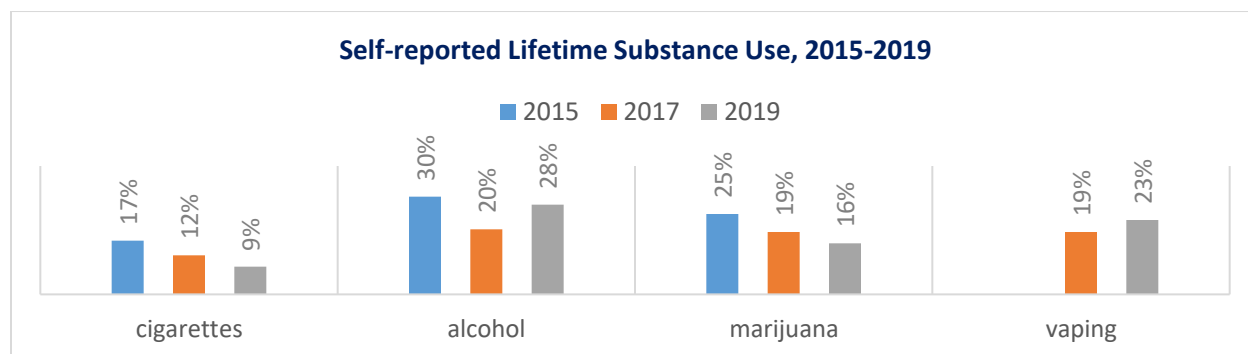
⁹ Public Health Institute of Western Massachusetts. 2020. 2019 Youth Behavioral Health Survey Raw Frequency Tables. Public Health Institute of Western Massachusetts.

¹⁰ Public Health Institute of Western Massachusetts. 2020. 2019 Youth Health Survey of Springfield Eighth Grade Students: Summary of Select Findings. Public Health Institute of Western Massachusetts.

In the Springfield Public School District, 19% of enrolled students are Black and 67% are Latinx.¹¹ In the Youth Health Survey, the proportion of students who reported sadness, hopelessness, and symptoms of anxiety was generally similar among Black, Latinx, and White populations and slightly higher among Asian students.

The Youth Health Survey also asked questions about substance use, which can be the result of struggling with anxiety, depression, and trauma.¹² Among Springfield Public School students, there has been a decrease in lifetime cigarette use among 8th grader students since 2015, however rates remain higher than the statewide rate at 9% in 2019 (MA=6% in 2017). More students have tried alcohol than other substances. In 2019, more than 1 in 4 students (28%) reported they tried alcohol in their lifetime, 16% had tried marijuana, and 23% had tried vaping (Figure 3).

Figure 3. Self-Reported Lifetime Substance Use among Springfield Public School Students



The Youth Health Survey also asked about gambling among Springfield Public School students. More than 1 in 4 students (29%) reported engaging in some type of gambling or gambling-type game (with or without money) within the past 12 months. Among the types of gambling students were asked to report on, students were most likely to bet money on games of skill such as pool or golf (13%). Few students reported playing “casino table games (such as blackjack, roulette, craps or baccarat)” (3%) or “slot machines or other electronic gambling machines at a casino or bar” (3%).

Content expert evidence. CLHP convened content experts on behavioral health and stress in the community. Concerns about youth and their experience of young people’s behavioral health issues rose to the top.

¹¹ Massachusetts Department of Education. 2020. School and District Profiles. Springfield Public School District Enrollment by Race/Gender. Massachusetts Department of Education. Available at <http://profiles.doe.mass.edu/profiles/student.aspx?orgcode=02810345&orgtypecode=6>

¹² National Institute on Drug Abuse. 2018. Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). National Institutes of Health. Available at <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/frequently-asked-questions/how-do-other-mental-disorders-coexisting-drug-add>

Staff who are charged with addressing behavioral health issues in the Springfield Public Schools said that they are seeing a lot of students experiencing debilitating anxiety across the board. They report a gap was connecting students to resources in the community – in part due to a “cultural piece of making sure the families are heard and understood in a way when they are going to continue with services. In communities of color, having services to address wellness aren’t always something people do. So once we get them there, we need to be able to keep them there.” SPS staff stated, “Our students’ needs in emotional health is increasing.”

Leadership from one of the largest behavioral health treatment services providers in the area, Behavioral Health Network, said, “We are experiencing a considerable increase in referrals for children experiencing social emotional behavioral challenges in schools, and for families in crisis situations. The incidence and prevalence of behavioral health challenges in our children and youth is significantly higher than even 10 years ago.”

“We are experiencing a considerable increase in referrals for children experiencing social emotional behavioral challenges in schools, and for families in crisis situations.”

—Behavioral Health Network

A clinician from the African Diaspora Mental Health Associates also spoke to the need and gap in cultural responsiveness. “We started our clinic because of the cultural piece. Without the therapeutic alliance, you can’t get treatment. It won’t be successful. There are trust issues, disparities, bad experiences, feeling like you are not understood, and misdiagnosis because of a lack of understanding. For example, if a person has a strong prayer life and they say god speaks to them, it doesn’t mean that they are schizophrenic. When they tell you they feel like they are being followed when they go inside a store, it’s because they are being followed when they go inside a store. It’s challenging – dealing with racism in America. There is a gap in the conversation about historical structural racism and using that conversation to address mental health in our community.”

Springfield Public Schools staff offered another example of how institutions’ practices can harm students of color. She mentioned “overrepresentation of boys of color in specialized behavioral support classrooms and programs and girls of color who are often seen as older than they are and are parentified (often caring for siblings). We need to make sure that doesn’t lead the student into misbehaving or experiencing situations that will make them more vulnerable. We also must look at institutional practices and make sure we are not mischaracterizing students.”

In the content panel on stress-induced chronic disease, the conversation consistently went back to the impact of multi-generational stress on children and youth. Adverse Childhood Experiences correlate to an increase in mental health symptoms in the short term, as well as compounded mental health and physical health ailments throughout the lifespan.¹³ Multi-generational interventions are an investment in the mental health of the children of today and adults of tomorrow. Interventions like parenting education, home visiting programs that support parents in many ways, and systemic changes (e.g., the amount of time for doctor’s visits so that a person can really divulge and get comfortable with talking about stress and its impact and full-scale cultural counter-messaging), and creating trauma-informed communities will, in part, address the concerns raised here.

¹³ Nurius PS, Green S, Logan-Green P, Borja S. 2015. Life Course Pathways of Adverse Childhood Experiences Toward Adult Psychological Well-Being: A Stress Process Analysis. *Child Abuse Negl* 45:143-53.

COMMUNITY CONCERN

Out of four top concerns, community input garnered a majority concern about behavioral health (Table 2). Of note, discussion revealed that stress-induced chronic disease is inextricably connected with behavioral health, and are best addressed together. As one person mentioned, “mental health can be affected by just about anything and can lead to stress-induced chronic disease, isolation, and homelessness.” With COVID 19 CLHP recognizes the need for behavioral health services for young people and families even more. This community wide intervention could not be happening at a better time.

Table 2. Vote Outcomes for CLHP Community Meetings

Topic	Vote (out of 222 votes cast)
Behavioral Health	33%
Homelessness	25%
Safety	23%
Stress-induced chronic disease	19%

In qualitative comments, people echoed the concern about youth behavioral health also evident in other data. For example, in summarizing a meeting with the full staff from the Martin Luther King Family Services, most of whom are Springfield residents, behavioral health was identified as the top priority, especially among youth. Staff discussed depression, detachment from parents, bullying, complacency, lack of motivation, parentified children, and parental abdication of responsibilities, phones / videos (electronic babysitters), low sensory skills, and low interpersonal skills as potential root causes.

The Springfield Department of Health and Human Services staff (mostly Springfield residents) discussed embarrassment that the community has in seeking help, or stigma around behavioral health issues. At the Debra Hunt Center, a drop-in/recovery center, participants discussed youth being introduced to potential addictive behavior, over-saturation of vaping, smoking and exposure to addictive vices, lack of guidance, and leaning towards gangs for sense of belonging and acceptance.

In sum, community and content experts felt that anxiety, depression, stress in youth is at very concerning rates, and that the presence of a casino has the potential to exacerbate poor behavioral health outcomes in children and teens.

Evidence of the connection between the presence of a casino and youth behavioral health.

Gambling is an addictive behavior, and like many addictions, the effects can spill over from the individual to families and communities. The expansion of the effects of an individual's gambling outward to the impact on their families and their community reflects the framework of the social ecological model. Just as importantly, however, is the impact of public policy and the community, e.g., the presence of a casino in a person's community, the laws and regulations around it, and the political

decisions that impact access to work that pays a living wage can all affect an individual's decision to engage in gambling.

Gambling by an individual in a family can lead to poor behavioral health for children and other family members, including increased risk of future gambling.

Family members of problem gamblers experience substantially more behavioral health problems than families without gamblers. Most problem gamblers were exposed to gambling as children, and the risk of developing pathological gambling is much higher than expected in these families.¹⁴ In Massachusetts research, about 1 in 6 adults report knowing someone who gambles too much, and about 32% of those saying they know someone who gambles too much said that it was a family member outside of their household. These individuals were more likely to report emotional issues like neglect, concern, emotional pain, and frustration than people who did not know someone who gambled too much.¹⁵

Teens gamble. From 60% to 80% of teens report having gambled for money during the past year. Most are occasional gamblers, but up to 8% report serious gambling problems, and up to 15% are at risk for developing gambling problems. Typically, teens play cards or dice for money, bet with peers on games of personal skill (e.g. pool, basketball, and other sports); play arcade or video games for money; and purchase lottery tickets (especially scratch-off tickets). Some adolescents engage in slots, video poker machines, wagering through a bookie on sports, horse and dog tracks, although these are more limited due to age and accessibility limits.¹⁶

Gambling can lead to less money for families to pay for daily resources and less stability in the home.

Most studies of the social impacts of gambling focus on pathological or compulsive gambling, which is the inability to resist the impulse to gamble such that the urge to gamble is so great that the tension can only be relieved by gambling more and more.¹⁷ Outcomes can be severe, including loss of money and ongoing debt, higher risk of divorce, emotional absenteeism, and spousal and child abuse.¹⁸ In Massachusetts research on social and economic impacts of gambling, those who stated that they knew a family member or friend who gambled too much were more likely to identify financial issues in their households like financial strife, borrowing money, and difficulty covering household expenses.¹⁹ The financial hardship which often accompanies problem gambling exacerbates the financial challenges many Springfield families already experience, leading to an increase in the likelihood of Adverse Childhood Experience and thereby compounding the risk for behavioral health challenges.

¹⁴ Fong TW. 2005. The biopsychosocial consequences of pathological gambling. *Psychiatry* 2(3):22-30..

¹⁵ Houpt A, Volberg RA, Williams RJ, Stanek EJ, Zorn M. 2016. White Paper: Key Findings from SEIGMA Research Activities and Potential Implications for Strategic Planners of Problem Gambling Prevention and Treatment Services in Massachusetts. Social and Economic Impacts of Gambling in Massachusetts, University of Massachusetts, Amherst School of Public Health. Available at <http://www.umass.edu/seigma/sites/default/files/White%20Paper%201-4-2016-Final-0.pdf>

¹⁶ Volberg RA, Gupta R, Griffith MD, Olason DT, Delfabbro P. 2010. An international perspective on youth gambling prevalence studies. *Int J Adolesc Med Health* 22(1):3-38.

¹⁷ Psychology Today. n.d. Gambling Disorder (Compulsive Gambling, Pathological Gambling). Available at <https://www.psychologytoday.com/us/conditions/gambling-disorder-compulsive-gambling-pathological-gambling>

¹⁸ Fong. 2005, *ibid*.

¹⁹ Houpt, et. al., 2016, *ibid*.

Gambling is an addiction, and like other addictions is a behavioral health concern. As one of the behavioral health content experts who is trained in gambling addiction noted, “[Issues that show up in people’s lives as symptoms of gambling] are the same symptoms as other addictions. After we identify there’s an addiction, then we have to identify the issue (cocaine, gambling, other.)” Treatment providers interviewed in Massachusetts research on gambling shared that gambling problems are often masked by other serious problems—such as substance abuse or mental health issues – which must be managed before dealing with co-presenting issues such as problem gambling.²⁰

It is unclear if the economic upheaval due to COVID 19 will impact gambling behaviors.

In conclusion, youth behavioral health is a serious concern in Springfield as raised by local data, community voices, and local content experts. Risks to youth behavioral health includes gambling and the presence of a casino, and also go far beyond that one issue. Gambling by youth themselves is one type of behavioral health issue, but more commonly raised were concerns about ready access to a casino by family members and the financial stress for families that may bring.

²⁰ Houpt, et. al., 2016, ibid.

CLHP Springfield Proposal Framework

CLHP used a modified “5 P” program planning framework spearheaded originally by the Active Living by Design a national program.²¹ In this framework, the “p’s” stand for preparation, promotion, programs, policy, and physical projects. Since the issue CLHP is addressing has less to do with the “built environment”, CLHP did not include “physical projects”. CLHP’s “4 P’s” are explained in Table 3.



Table 3. Community Level Health Project 4 P’s

4 P’s of program planning	Activities	Goal	Organization responsible
Preparation and program management	<ul style="list-style-type: none"> • Research best practices • Convene Project Team • Recruit and facilitate Youth Advisory Board • Do all administrative tasks • Create monitoring plan, collect baseline data, and monitor progress • Convening providers • Fundraise 	<ul style="list-style-type: none"> • Guide CLHP with evidence • Ensure all elements of the program are running smoothly • Monitor for progress and for outcomes • Oversee subcontracts 	PHIWM and CBO (TBD) to lead youth involvement
Programs	<ul style="list-style-type: none"> • Best practice programs / direct services • Trainings and technical assistance 	<ul style="list-style-type: none"> • Ensure that services are available when people need them • Ensure that services are culturally responsive 	See following individual intervention summaries
Promotion	<ul style="list-style-type: none"> • Community-wide marketing/PR/events campaign destigmatizing 1) behavioral health (BH) problems among youth and families and 2) seeking treatment • Focus on being culturally responsive and youth-led 	<ul style="list-style-type: none"> • Decrease stigma for youth and families around seeking treatment for BH problems • Increase people asking for and receiving BH treatment 	PHIWM subcontracts to PR firm to design with behavioral health organization and community organizations
Policy	<ul style="list-style-type: none"> • “Little P” – changing practices and protocols at schools, BH providers, etc. • “Big P” – upstream policy change; connect to state commission action/commissions, etc. 	<ul style="list-style-type: none"> • Ensure that structural change will support the programmatic changes we want to make 	PHIWM and partner organizations

²¹ Bors P, Dessauer M, Bell R, Wilkerson R, Lee J, Strunk SL. 2009. The Active Living By Design National Program Community Initiatives and Lessons Learned. American Journal of Preventive Medicine 37(6 Suppl 2):S313-21.

Priority Interventions

Table 3 provides an outline of the CLHP proposal framework. For the rest of this report, CLHP provides more detailed information about the interventions that will be implemented between Fiscal Year 2020 – 2023. This first page provides information about CLHP elements that are centrally managed and applicable to all aspects of the program. After this page, CLHP provides detailed information about each intervention.

PREPARATION

The goal of the planning phase was to guide the CLHP with both community expertise, content expertise, and best practice evidence. Moving forward, activities that will continue in the “preparation” include creating the monitoring and evaluation plan, gathering baseline evidence so that CLHP will be able to document if the processes of each intervention are going well and ultimate outcomes, and preparing for the Promotion campaign by talking with youth to hear what types of messaging and interventions combat stigma.

PROGRAM MANAGEMENT

PHIWM will manage the CLHP program to ensure that the program is moving forward and responding to any changes needed. PHIWM will convene the project team regularly to report in and oversee implementation. PHIWM will monitor progress and address any barriers that may arise along the way. PHIWM will also be responsible for all administrative tasks, such as setting up memorandums of understanding and contracts, grant reporting, budgeting, fundraising, and invoicing.

CONVENING

An important gap that CLHP heard about in the expert panels was assistance coordinating behavioral health providers to ensure that no one gets siloed and everyone is learning together. Some provider content experts learned of new services from other participants at the panels, and were eager to come together, share what works, and network with other providers of behavioral health services to youth. As examples, they spoke of other ways that providers of different kinds of behavioral health services have convened:

- Dual Diagnosis Task Force
- Western Massachusetts Substance Abuse Providers Association (WMSAPA)
- Massachusetts Association of Community Health Workers (MACHW)

Policy advocacy can also address “big p” upstream policy change such as how state or local funding is directed to support preventing youth behavioral health problems before they occur instead of always addressing problems after they occur.

Panelists noted that the solution is not necessarily more meetings but communication, knowing what the other agencies are doing, and what services are available. In order to support a learning community, the CLHP focused on youth behavioral health will fill this vacuum.

POLICY ADVOCACY

In order to ensure that structural change will support the programmatic changes CLHP wants to make, CLHP will have to advocate for policy and practice change. As identified in the 4 P table, policy change can mean “little p” policy, such as changing practices and protocols at schools, preschools, or after school environments. Policy advocacy can also address “big p” upstream policy change such as how state or local funding is directed to support *preventing* youth behavioral health problems before they occur instead of always addressing problems *after* they occur.

CLHP will systematically keep the identification of policy and practice change on all of the agendas for project team meetings, noting that a need for advocacy to push practice or policy change commonly arises in implementing new programs. CLHP also will continue to consider how policy could help sustain the programs that are working. In the Promotion efforts, policy advocacy will also be at the forefront.

CLHP expects that policy advocacy will start in Year 2.

Intervention 1: Promotion

SHORT DESCRIPTION

A campaign to work to decrease discrimination and prejudice around behavioral health issues will deliver community-wide messages around the normalcy of experiencing stress, anxiety, and depression:

- during the transition phase of moving from childhood to young adulthood;
- after experiencing trauma;
- if your family is under financial duress due to poverty (with a particular focus on the role that gambling might play);
- related to the stress and grief that young people may be experiencing due to COVID19; and
- related to the fear and anxiety that the response to police violence in this country has ignited.



The campaign would also communicate that if those behavioral health effects increase beyond what is manageable and interfere with daily life, it is the time to intervene and seek treatment. The campaign would also include a broad message about where to go for help.

CLHP sees this campaign as a combination of a marketing, youth-led events, and learning activities. The marketing portion could include social media, earned media, and potentially billboards and print/ads. The youth-led events could include a Youth Summit, a photovoice project, and training and activating a peer mentor network.

CLHP's goal is to decrease discrimination and prejudice around behavioral health problems and seeking help. CLHP will ask youth advisors and the larger community: How do you get youth comfortable with the idea that having reactions to difficult situations is normal and can be healthy at some levels? How can we encourage youth and their families to accept that when reactions escalate to a point that interferes with a young person's life it is no longer healthy and needs treatment? CLHP will seek to uncover the barriers that exist to getting behavioral health treatment and solutions to promote and urge youth, their families, and providers to think about stress and coping behaviors in a different way. CLHP's goal in creating a Youth Advisory Board is to do this all in a way that is informed by the many different cultures and experiences of youth growing up in Springfield.

PROPOSED ORGANIZATION(S) AND THEIR EXPERTISE IN THIS AREA:

- **Public relations or communications organization**
- **LiveWell Springfield** (media campaign expertise)

INTERVENTION IMPLEMENTATION PLAN:

The Promotions campaign would have the following elements:

Prep work

- Engage a Youth Advisory Board to guide all aspects of the Promotion.
- Youth focus groups – to get input on what messages are out there and what counter-messages would work with youth
- Messaging – hire a public relations firm to create messages, in collaboration with youth focus group findings and any problem gambling messages that MDPH has created that pertain to youth behavioral health.

Marketing campaign

After messages are developed, all CLHP partner organizations (all organizations and agencies that are implementing CLHP interventions) would incorporate the messaging into their activities, programs, and projects. This could be part of the marketing firm's responsibility, or could be through PHIWM or Livewell Springfield.

The following are ideas and examples, but are not necessarily the exact ideas this CLHP would use.

- [My path, my recovery](#) – a new MDPH Bureau of Substance and Addiction Services (BSAS) campaign, billboards and brochures. This program began in September 2019, so no evaluation has been conducted yet.
- [BodyLove](#) – radio soap opera in which the young characters face behavioral health problems and traumas and attempt to deal with them in healthy ways.
- [NAMI blog about anti-stigmatization](#) – youth or behavioral health providers do guest blogs about youth behavioral health.
- [Like Minds, Like Mine](#) - Social marketing in New Zealand done through Public Health Departments, with many of these efforts targeted to Maori and specific youth. In Victoria, Australia, the Victorian Responsible Gambling Foundation has examples of outreach materials.

Projects and Events

Projects and events would also use the messaging. This level of promotion is more targeted and personalized, and would engage smaller subgroups of youth than the community-wide marketing. CLHP would continue to incorporate the question of the impact of problem gambling among the many pressures facing youth.

The following are ideas and examples, but are not necessarily the exact ideas this CLHP would use.

- Youth Summit – hold a youth summit every summer (3 total). Youth would organize the summit around the topic of youth behavioral health / stress / depression and create educational pieces, art, video, social media, and other products to express what these states have meant in their lives and the impact of addressing it. Then youth from Year 1 would guide youth in Year 2 and so on.

- Gandara has created a [video series](#) in Spanish combined with Narcan training and distribution. They have piloted it in community meetings and have several other distribution efforts planned. Youth might create their own videos about mental health in their age group.
- Peer-to-peer conversations among youth about anxiety and stress, including the prevalence of behavioral health issues in youth in Springfield. An example of this is the [Nan Project](#).
- Ambassador Project. An example funded through the Office of Problem Gambling Services in Springfield is the [Ambassador Project](#) in the school that Gandara is doing, which includes media, schools, and families.
- Photovoice Project. An example funded through the Office of Problem Gambling Services where young people and their parents do a photovoice project and use the pictures and the picture-taking process to talk about gambling. Within the CLHP scenario, PHIWM could do a similar process to talk about youth and behavioral health.

EQUITY/CULTURAL HUMILITY

CLHP will screen all materials and messages through a Springfield Youth Advisory Board.

POTENTIAL INDICATORS OF SUCCESS

The goals of this campaign are to decrease the discrimination and prejudice for youth around having behavioral health problems and seeking treatment, as evidenced by:

- increased conversation about youth behavioral health in a variety of settings (setting to be chosen by evaluation team, but could include in school settings, youth groups, with mentors, in social media, and in the media)
- increase in seeking treatment in those settings

NUMBER OF CHILDREN, FAMILIES, AND STAFF POTENTIALLY IMPACTED

The marketing campaign will focus on the entire city of Springfield (population 154,000), targeting in neighborhoods with a high proportion of youth and families of color and lower income families. With the projects and events, a smaller and more targeted number will be impacted; CLHP predicts that approximately 150 youth over 3 years will be involved in the Youth Summits, the Youth Advisory Board, and other events, but that the reach from some of the projects (Photovoice, videos, etc) will be several thousand.

Intervention 2: Multi-Tiered System of Supports (MTSS)

ENVIRONMENT

Springfield Public Schools

SHORT DESCRIPTION

Tiered support, as defined below, ensures that each student is supported to receive a high-quality educational experience. MTSS identifies needs and strengths of all students, optimizing data-driven decision-making, progress monitoring, and use of evidence-based supports and strategies with increasing intensity.

The Massachusetts Department of Elementary & Secondary Education has created an MTSS Blueprint.²² The 2018 update focuses on equitable access and fully integrates social, emotional, behavioral, and academic learning. Having a strong MTSS that is adopted and accepted by the entire school system and the community is even more important now with the impacts of COVID19 and the responses to police violence. CLHP will need to design the MTSS in a way that recognizes the changed reality of students' lives due to the pandemic and the unfortunately unchanged reality of the fear of police violence and discrimination.

There are three tiers of increasing intensity

- **Tier 1: Universal Support** – all students would receive the supports at this tier. Supports would/could include a high-quality curriculum that provides options for how students learn and supports those options (e.g., visual learners might need videos, etc); social emotional learning instruction incorporated into classes that all students take; teachers and administrators trained in positive-behavioral supports and interventions.
- **Tier 2: Targeted Support** – in addition to the supports in Tier 1, Tier 2 supports are generally supplied in small groups that give opportunities to practice. Examples of Tier 2 supports might be social skills courses, reading workshops, educational events about problem gambling and the role it plays, financial literacy curriculum, or other group interventions.
- **Tier 3: Intensive Support** – explicit, focused interventions that occur individually or in very small groups. Examples of Tier 3 supports might be 1:1 tutoring; individual or group counseling either in the school's clinic or referred to external resources, other individual or small group interventions. Group counseling examples might be grief support, eating disorders, anxiety management, or other. In light of COVID19, there are a variety of behavioral health



²² Multi-Tiered System of Supports: A Blueprint for Massachusetts Educators. Massachusetts Department of Elementary and Secondary Education. Available at <https://static1.squarespace.com/static/57f030b95016e13a6d42e810/t/5d8bca826412ab652b3ec336/1569442436213/MTSS+Blueprint+FINAL+2019+%28002%29.pdf>

interventions that are targeted around building resiliency in the time of the pandemic (Behavioral Health Network) and psychological first aid (disaster response by MassSupports).

PROPOSED ORGANIZATION(S) AND THEIR EXPERTISE IN THIS AREA

Springfield Public Schools (SPS) has already participated in an MTSS self-assessment, led by the MA Dept. of Elementary & Secondary Education, and so is poised to begin considering design and implementation. Additionally, SPS has purchased SEL curriculum. SPS's Office of Student Services includes guidance and counseling services, student teacher assistance teams, dropout prevention, referrals and connections to external services through City Connects, and other programs and services to support students. If needed, the PHIWM can support SPS in assessment, design, and planning for implementation.

EVIDENCE-BASE: (OR PROMISING PRACTICE, OR THEORY OF CHANGE)

MTSS is a framework, as opposed to one intervention. Each Tier's interventions or "supports" need to be evidence-based. The National Center on Intensive Intervention provides a helpful interactive toolbox with interventions at each MTSS tier rates by the quality of evidence.²³ The first 6-9 months of this intervention will include identifying the supports.

POTENTIAL FOR SUSTAINABILITY

The MA Dept. of Elementary & Secondary Education has issued guidance that all public schools create an MTSS framework. This guidance as well as the level of behavioral health issues arising in schools that can impede academic success creates the impetus for implementing MTSS. SPS's MTSS will draw on existing interventions and interventions that have been approved (SEL curriculum, positive behavioral supports and City Connects, for example), however there will likely be new interventions that will need a sustainability plan.

In February, the National Institute for Healthcare Management held a webinar with the Trust for America's Health and the Healthy Schools Campaign that offered both case studies of schools across the country that have successfully implemented MTSS, how they did it, and several creative ways schools continue to fund this work.

CHAMPIONS

Springfield Public Schools

INTERVENTION IMPLEMENTATION PLAN

SPS would use this opportunity to define each tier and what the evidence-based interventions at each tier would be. One of those interventions at the Tier 1 level is "Social Emotional Learning". SPS has already purchased the curriculum and is in the process of developing an intervention plan.

SPS would need to design MTSS to incorporate supports that currently exist as well as new supports. Need for Tier 2 and 3 supports would be decided as situations arise for students (e.g., academic, home,

²³ National Center on Intensive Intervention. Levels of Intervention and Evidence. Available at <https://intensiveintervention.org/tools-charts/levels-intervention-evidence>

and student life challenges) and also through existing data collection (universal behavioral health screening, office referrals, academic achievement, etc.).

- **Year 1:** Design and criteria of Tiers; shoring up of how existing SPS interventions can address tiered problems, decision-making around any new interventions, decision-making on how to refer, track, and monitor.
- **Year 2:** Implementation of Tier system and new interventions; training of all teachers, administrators, and external partners on MTSS; and fundraising for sustainability.
- **Year 3:** Full implementation of MTSS.

EQUITY/CULTURAL HUMILITY

SPS's student population is 67% Latinx, 19% Black, 10% White, 2% Asian, and 2% Multiracial.²⁴

Discussions within the MTSS working group have included a need for all interventions and the tiering to incorporate cultural humility (see Intervention: Training and Coaching SPS and Afterschool programs).

POTENTIAL INDICATORS OF SUCCESS

Knowledge of MTSS among SPS teachers, administrators, staff, and parents; well-functioning referral systems in place; time between when a student in Tiers 2 and 3 are referred for supports and receive them; implementation of Tier 1 supports with fidelity (Social Emotional Learning, academic learning supports, Positive Behavioral Interventions and Supports [PBIS], etc.); an indicator that the determination of Tiers addresses students' needs at the correct levels.

NUMBER OF CHILDREN, FAMILIES, AND STAFF POTENTIALLY IMPACTED

SPS has 25,604 students. MTSS implies that all students would receive Tier 1 support. There are 1,917 teachers.

²⁴ Massachusetts Department of Education. School and District Profiles 2017 - 2018. Available at <http://profiles.doe.mass.edu/profiles/student.aspx?orgcode=02810000&orgtypecode=5&>

Intervention 3: Universal Behavioral Health Screening

ENVIRONMENT

Springfield Public Schools

SHORT DESCRIPTION

Universal screening of all students allows for early identification of students who may need additional behavioral support. Universal screening is superior to relying on teacher nomination or examination of existing school data (e.g., attendance, grades), which are reactions to existing “problem behavior” and more likely to identify students with externalizing problem behavior. Systematic universal screening is proactive and decreases the chance that schools will overlook a student in need of support or intervention.

When combined with existing supports and potential new external partnerships put in place for the Multi-Tiers System of Supports (MTSS), universal screening for behavioral health can respond effectively to students’ internalizing and externalizing behavioral health issues.

PROPOSED ORGANIZATION(S) AND THEIR EXPERTISE IN THIS AREA

Springfield Public Schools. PHIWM can support SPS in the feasibility study phase and planning for implementation.

EVIDENCE-BASE: (OR PROMISING PRACTICE, OR THEORY OF CHANGE)

Schoolwide universal screening for behavioral health issues is a prevalent practice and is recommended by the National Association of School Psychologists, the National Research Council and the Institute of Medicine, who build on criteria established by the World Health Organization. Early identification of risk factors or adjustment difficulties can provide an opportunity to intervene before problems become significant and costly. Early intervention can increase test scores, strengthen students’ social, emotional, and decision-making skills. It can also decrease consequences such as suicide, incarceration, homelessness, and drop-out.²⁵

POTENTIAL FOR SUSTAINABILITY

The CLHP would support Year 1 feasibility and potential intervention plan. In Years 2 & 3, some portion could be funded through the CLHP, with potential other support. Once the work of implementing universal screening is in place, universal screening for behavioral health issues will be part of existing SPS nursing budget.



²⁵ SAMHSA. 2019. Ready, Set, Go, Review: Screening for Behavioral Health Risks in Schools. Substance Abuse and Mental Health Services Administration. Available at https://www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf

CHAMPION

Springfield Public Schools Director of Nursing and Director of Development and Wellness

INTERVENTION IMPLEMENTATION PLAN

Feasibility study would involve a small advisory group from SPS to guide the research into schools who have put universal screening into place and how it has worked, evidence-based screening tools, any structural or legal issues to consider, how the results of screening would interact with existing behavioral health resources on- and off-campus as well as with the MTSS.

- **Year 1:** Feasibility study, design of referrals, implementation plan, and engagement of school officials and community to create commitment for implementation
- **Year 2:** If approved, training for nursing staff and pilot with a subset of schools
- **Year 3:** Full implementation

EQUITY/CULTURAL HUMILITY

SPS's student population is 67% Latinx, 19% Black, 10% White, 2% Asian, and 2% Multiracial.²⁶

Discussions within the SPS behavioral health working group have included a need for all interventions to incorporate cultural humility (see Intervention: Professional Development and ongoing technical assistance for teachers, staff, administrators, and parents).

POTENTIAL INDICATORS OF SUCCESS

- If CLHP is measuring the success of the feasibility study, indicators might be: approval of universal screening by SPS administration, number of concerns addressed, potential sources of funding identified
- If a universal screen was put into place, then indicators might be: number and percentage of students screened, proportion of those reporting behavioral health problems compared to the Youth Health Survey, number of students connected with services, number of students that take advantage of services they were referred to.
- Over time, the indicator of success would be improved behavioral health among students.

NUMBER OF CHILDREN, FAMILIES, AND STAFF POTENTIALLY IMPACTED

SPS has 25,604 students.

²⁶ Massachusetts Department of Education. School and District Profiles 2017 - 2018. Available at <http://profiles.doe.mass.edu/profiles/student.aspx?orgcode=02810000&orgtypecode=5&>

Intervention 4: Professional Development and ongoing technical assistance for teachers, staff, administrators, and parents



ENVIRONMENTS

Springfield Public School, Afterschool Programs, Early Education sites

SHORT DESCRIPTION

Teachers, paraprofessionals, administrators, afterschool program staff (e.g., MLK Family Services and New North Citizen’s Council), and early education teachers and staff (e.g., Square One) struggle with how to respond when children and youth are having behavioral health issues, whether those issues show up as outright anxiety, stress, depression (internalizing) or as acting out behaviors (externalizing). They want to ensure that their response is supportive and not punishing, addresses the root issues and not only the behavior, and is culturally sensitive and thoughtful.

PROPOSED ORGANIZATION(S) AND THEIR EXPERTISE IN THIS AREA

African Diaspora Mental Health Association (ADMHA); Behavioral Health Network, Gandara, and Springfield Public Schools.

- **ADMHA** provides behavioral health services which address the unique, culturally-specific stressors which affect African-Americans and others of the African Diaspora in Springfield.
- **Behavioral Health Network** is one of the largest behavioral health providers in the Valley, providing a range of intervention and prevention services, including targeted to youth. They have recently implemented trainings of providers across the Pioneer Valley to address transgender issues, and has experience in creating training and support for providers.
- **The Gándara Center** promotes the well-being of Latinos, African-Americans and other culturally diverse populations, through innovative, culturally competent behavioral health, prevention and educational services. They provide a wide variety of services ranging from 1:1 counseling, youth development centers, residential programs, youth therapeutic mentoring.
- **Springfield Public Schools – City Connects** program is run out of the Springfield Public Schools Counseling Department. It creates connections to internal resources for students as well as external providers. City Connects has been leading the work to explore how to incorporate the youth behavioral health professional development into the mandatory professional development that SPS teachers and staff undergo annually.

All are well-experienced in trauma-sensitive and trauma-informed treatment. All are grounded in working in Springfield, MA and providing behavioral health services.

EVIDENCE-BASE (OR PROMISING PRACTICE, OR THEORY OF CHANGE)

- **Mental Health First Aid (MHFA)** – individuals trained in MHFA learn signs, symptoms and risk factors of mental illness and addictions, can identify professional and self-help resources, increase confidence and likelihood of helping a person in distress, and improve their own mental health. MHFA is in SAMHSA’s national registry of evidence-based programs and practices.²⁷ There are evaluations with similar results for Youth Mental Health First Aid.
- **Culturally Responsive Teaching** – research shows that culturally responsive teaching has been associated with improved academic outcomes, more interest in school; feelings of belonging, exploration of racial identity and greater commitment to one’s own identity. Culturally relevant teachers:
 - develop cultural competence by understanding their students’ communities and home lives;
 - use students’ experiences and knowledge gained from families and communities as assets in the classroom;
 - create bridges from students’ knowledge to the classroom content to affirm student identities and values;
 - bring the outside world into the classroom and send students into the community for service learning;
 - raise students’ critical consciousness by addressing issues of social justice and racial inequality in the classroom; and
 - encourage students to identify problems in their communities and to seek ways to address them.²⁸
- **Positive Behavioral Interventions and Supports** – training teachers, administrators, and staff in how to respond to behaviors that indicate a deeper issue has been studied and found to have an effective on behavior and concentration problems, and social and emotional functioning. Children in schools with PBIS school-wide were 33% less likely to receive and office discipline referral than those in comparison schools.²⁹
- **Psychological First Aid** – MassSupports provides psychological first aid in the event of a disaster. Funded by the Federal Emergency Management Agency (FEMA), MassSupports has been designated to provide psychological first aid during the COVID-19 pandemic. During their needs assessment phase, they have found that providers, including teachers and staff of schools, are

²⁷ Mental Health First Aid: Research and Evidence Base. Available at <https://www.mentalhealthfirstaid.org/about/research/>

²⁸ Byrd CM. 2016. Does Culturally Relevant Teaching Work? An Examination from Student Perspectives. Sage Open 6(3):1-10.

²⁹ Bradshaw CP, Waasdorp TE, Leaf PJ. 2012. Effects of School-Wide Positive Behavioral Interventions and Supports on Child Behavior Problems. Pediatrics 130(5):e1136-45.

the target population as they serve not only their own families but struggle with how to support their students and their families as well.³⁰

POTENTIAL FOR SUSTAINABILITY

This intervention is the first intervention CLHP wants to implement, and would be funded by the CLHP in Year 1. After evaluation and seeing what works, CLHP might continue to fund ongoing technical assistance or work with providers and recipients to finding continued funding, knowing that staff turnover and this type of training and support is continually needed.

CHAMPIONS

Springfield Public Schools and Springfield behavioral health providers, early education and care sites, and afterschool sites. Throughout June 2020, PHIWM has been meeting with the team identified above to design the curriculum and gather support within the SPS administration. The administration is very supportive and CLHP are devising a plan for how to incorporate this professional development among all of the competing needs that SPS has.

INTERVENTION IMPLEMENTATION PLAN

The lead organization would develop a training and ongoing coaching plan that would continue for one year, and would incorporate a “train the trainers” approach so that it would not be necessary to embed the behavioral health provider in the schools, early education and care sites, and afterschool programs forever.

This intervention would bring on professional behavioral health consultants to:

1. Conduct a series of training on how to respond to behavioral health issues, where to refer, how to incorporate cultural responsiveness, having a framework to understand and respond to the stresses kids in Springfield have, historic racism and how that shows up in behavioral health issues, how to be trauma-sensitive, and perhaps other issues that arise in planning.
2. Trainings should be tailored to each environment and consultants should work with recipients to tailor the training and bring in “real-life” examples of issues that young people they work with have brought in and how to manage those issues.
3. Trainers should consider incorporating a “train the trainers” component to address staff changes at participating organizations or agencies.
4. Consultants should create a plan to have ongoing technical assistance available, whether this be a series of web-based meetings where anyone can drop in and share their experiences, an ongoing series of “2.0” trainings, or developing on-site ambassadors of people who have been trained who are most interested.
5. Consultants also plan for how they might be available for ongoing technical assistance for teachers, administrators, and staff of schools and after school programs as situations arise.

³⁰ Gaer, S. Riverside Counseling Center. June 3, 2020. Private Conversation.

6. Develop a plan for getting trainings out to parents.
7. Develop a robust referral system, potentially housed on 413Cares.

EQUITY/CULTURAL HUMILITY

Throughout the assessment of what gaps and needs there are in Springfield to address youth behavioral health, a top issue is that of teachers, administrators, staff knowledge and confidence in helping youth in the moment with behavioral health issues and doing so in a way that is culturally responsive. To address this CLHP will incorporate training by and for people who represent the diversity of the youth in Springfield, people who live in Springfield, and include incorporation of students themselves in the trainings and ongoing technical assistance.

POTENTIAL INDICATORS OF SUCCESS

Staff (teachers, administrators and other staff) at public schools, afterschool programs, and early education sites feel confident to intervene when a student presents with a behavioral health issue; increase in student trust in teachers (and others); decrease in discipline referrals.

NUMBER OF CHILDREN, FAMILIES, AND STAFF POTENTIALLY IMPACTED

SPS has 25,604 students with a student to teacher ratio of 14 to 1; there are thousands of teachers and staff. Square One serves approximately 350 - 400 students and families with their teachers and staff. MLK and NNCC afterschool programs serve a similar amount of youth and families. The professional development series would be open to all afterschool and early education program staff throughout Springfield.

Logic Model

Inputs	Activities	Outputs	Short-term outcomes (Year 1)	Mid-term outcomes (Year 2)	Long-term outcomes (Year 3)
Youth Advisory Board (YAB) PHIWM <ul style="list-style-type: none"> assessment project management BH providers <ul style="list-style-type: none"> BHN ADMHA Gandara SPS <ul style="list-style-type: none"> Nursing Counseling/Engagement Wellness Afterschool providers <ul style="list-style-type: none"> MLK NNCC EEC provider <ul style="list-style-type: none"> Square One PR organization Space Funding	Anti-stigma messaging <ul style="list-style-type: none"> Focus group w/youth Create YAB Develop messages Youth develop and implement projects to get out messages Marketing campaign to get out messages Training & TA <ul style="list-style-type: none"> professional development ongoing TA Feasibility study and implementation of universal BH screening (US) and MTSS at SPS Gather & promote resources available for youth (413Cares) Create robust tracking For MTSS, US & community needs Provide BH services Convene providers	Culturally responsive messages <ul style="list-style-type: none"> Youth culture Race/ethnic cultures Springfield culture Youth projects & events Training & TA curriculum <ul style="list-style-type: none"> SPS Afterschool programs EEC sites Universal screening & MTSS feasibility report & implementation plan Comprehensive system of SPS identification, treatment, & referral <ul style="list-style-type: none"> MTSS, universal screening, 413Cares BH tx sessions Tracking system for SPS	Increase youth involvement in messaging around BH in general and as it ties into having a casino in Springfield Increase in youth empowerment re: behavioral health Increase ability of professionals to respond to BH issues in youth, including gambling and family financial stress Increased knowledge of resources available for youth MH, including problem gambling Improved tracking of behavioral events ("dysregulation")	Increase youth involvement in messaging around BH in general and as it ties into having a casino in Springfield Increase in youth empowerment re: behavioral health Increase ability of professionals to respond to BH issues in youth, including gambling and family financial stress Decrease in negative school discipline incidents	Increase youth accessing BH/MH supports and tx, including around gambling and financial stress due to family gambling Increase youth social emotional learning Improve youth behavioral health Decrease in suspensions/expulsions and "dysregulation" Improved academic success for students

Monitoring and Evaluation

As PHIWM has expertise in evaluation, they propose to be internal evaluators. PHIWM will continually report in on process and outcome evaluation measures to the CLHP Advisory Committee, which will consist of behavioral health providers, some community partners, and several youth.

In the first 3 months, PHIWM will develop a robust evaluation plan that includes indicators, data sources, data collection tools and methods, and agreements by specific staff on data collection. To guide that evaluation, PHIWM propose the following general outcome and process evaluation questions:

OUTCOMES

Long term outcomes

- Did youth mental health improve?
- Have youth social and emotional behaviors improved?
- Is there a decrease in school suspensions/expulsions and events of student “dysregulation”?
- Was there academic improvement?

Short term outcomes

- Have professionals (teachers, staff in schools, afterschool programs, and early education & care sites) improved their ability to respond to behaviors and mental health problems that are showing up in children and youth?
- Do parents feel effective in parenting skills and in responding to behaviors in the moment?

PROCESSES

- Did all of interventions respond to behavioral health and emotional trauma due to COVID-19 for youth, families, and staff of institutions?
- Were interventions culturally responsive?
- Were the trainings and technical assistance responsive to the needs that teachers, staff, and others need in light of COVID-19, the national and local response to police violence, as well as general need for dealing with youth behavioral health?
- How many teachers, administrators, staff, paraprofessionals, afterschool staff, and early education staff participated in the professional development trainings and technical assistance?
- Are youth accessing various behavioral health supports?
- Are messages to decrease prejudice and discrimination about behavioral health appropriate to youth, do they address racial and ethnic beliefs about behavioral health, and are they appropriate to the situations of youth in Springfield?

- Are the messages reaching a critical mass of youth in Springfield?
- Has SPS adopted MTSS and universal screening for BH? If so, are students with BH being identified and referred to the appropriate level of resources?
- Is social-emotional learning curriculum being implemented with fidelity in the settings identified?
- Are providers of BH services better connected and informed of each other's' services and expertise? Are providers better supported?

Proposed Timeline

	FY 2020-2021	FY 2021-2022	FY 2022 - 2023
Professional development - training & TA			
Create training & TA program that includes COVID 19 elements			
Implement training & TA			
Ongoing TA			
Promotional campaign			
Focus groups w/ youth to create messages (including COVID-19 and non-COVID 19 elements)			
Hire PR organization to help craft messages			
Recruit Youth Advisory Board			
Youth-led projects and events			
Marketing campaign			
Feasibility study for universal screening and MTSS			
Assess services that exist at SPS & in community, & how they are being accessed (in particular address resources since COVID 19 like Telehealth)			
Assess and address barriers to implementation of universal screening			
Assess and create tracking system			
Create Tier system and supports for each Tier			
Implement universal screening (if approved)			
Implement MTSS (if approved)			
Social Emotional Learning curriculum implemented			
Positive Behavioral Interventions and Supports			
Tier 1 and 2 new programming implemented			
Program management			
Collect baseline data and track progress			
Convene project team			
Convene providers			
Convene Youth Advisory Board			
Policy advocacy			

Proposed general budget for Springfield CLHP: Year 1

4 P's of program planning	Activities	Goal	Organization best poised for implementation	*Cost
Preparation, Monitoring, and Project Management	Research best practices Create monitoring plan including identifying indicators (& ongoing monitoring) Collect baseline and ongoing data to monitor Convene Project Team Do all administrative tasks Fundraise in collaboration with other organizations to make-up COVID19 deficit	Guide CLHP with evidence Monitor progress Ensure all elements of the program are running smoothly	<ul style="list-style-type: none"> • PHIWM 	\$100,000
Promotion	Community-wide marketing campaign destigmatizing behavioral health problems among youth and families, and stigma of seeking treatment, with a focus on being culturally responsive	Decrease stigma around seeking tx for MH problems Increase people asking for and receiving tx	<ul style="list-style-type: none"> • Marketing firm • CBO to convene Youth Advisory Board • PHIWM to partner on implementation of Promotion plan 	\$250,000
Programming	Best practice programs Trainings Direct services Convening providers	Ensure that services are available and culturally responsive when people need them	<ul style="list-style-type: none"> • Springfield Public Schools • Behavioral Health Providers 	\$50,000
Policy	"Little P" – changing practices and protocols at schools, BH providers, to support effective and sustained CLHP programming "Big P" – upstream policy change to support improved behavioral health resources for youth	Ensure that structural change will support the programmatic changes we want to make	<ul style="list-style-type: none"> • PHIWM • All participating organizations 	Nothing in Year 1
Total				\$400,000

Conclusion

The City of Springfield has welcomed a casino into the community, but the presence of a casino exacerbates existing health issues and social determinants of health. The Massachusetts Department of Public Health recognizes this and tasked the PHIWM to answer the questions, “What is a priority issue that having a presence of a casino in our community exacerbates, and what are community-level interventions to address that issue?”

Through an extensive process of research and community engagement PHIWM, community partners, and local content experts have prioritized youth behavioral health. Local data, content experts, and community input converged in agreement that there is a crisis in the behavioral health of young people. While there are interventions, no one is coordinating the interventions and they are not enough to interrupt the ever-increasing rates of anxiety, depression, stress, and other behavioral health issues that youth are exhibiting.

The last phase of the Planning year took place in the shadow of COVID-19, which has made the need for behavioral health resources for youth even greater. It has shuttered businesses (including the casino), decimated families’ incomes, forced students to stay home and face the barriers of learning from home often without the resources they need – and all of this in a community that already has an area median income that is half that of the state and a majority population of color who suffer health inequities.

The Springfield Community Level Health Project (CLHP) will be a combination of interventions. One direction is a community-wide promotion targeting stigma about behavioral health that serves to keep young people and their families from seeking treatment. The promotion intervention will include a marketing campaign for the entire city but focusing on lower income neighborhoods of color and smaller events led by youth. The other arm of the CLHP will focus on the public school environment, incorporating a Multi-Tiered System of Support for students, implementing universal behavioral health screening of all students along with behavioral health services for those who need them, and training teachers, administrators, and staff of public schools, afterschool programs, and early education sites how to recognize signs of behavioral health distress and how to respond. All interventions have an eye to cultural responsiveness and addressing the impact that COVID19 - and of course the casino - have had in the community.

Appendix. Questions for Content Experts

In this appendix CLHP supplies the questions written out for the Mental Health Panel. For the other two panels, CLHP substituted the appropriate words (safety or stress-induced chronic disease). These panels were conducted from September – December 2019, thus pre-COVID-19.

COMMUNITY LEVEL HEALTH PROJECT CONTENT EXPERTS – BEHAVIORAL HEALTH

Questions to address

1. Are there current community-level interventions in Springfield that address the behavioral health of youth, adults, and families? Said another way, are there interventions that address behavioral health at a community-wide level? If so, what are those interventions?
2. Since the opening of the MGM casino in Springfield, are you noticing more of a need for community-wide interventions for behavioral health?
3. Whether related to the casino or not, where do you see gaps in services around behavioral health of youth, of adults, of families?
4. Where are the gaps in convening (e.g., there are services provided but not coordinated, no one is convening all those providing similar services to a similar population)
5. Are there systems or policy changes that would help address behavioral health of youth, of adults, of families, of the community?
6. Who are you seeing who is most impacted by this issue, or most vulnerable? Do you have a sense of how many youth, adults, families are affected?
7. What are the *best practices* in terms of community-wide behavioral health interventions (particularly for a community like Springfield that has a casino in its presence)?
8. Is there anything else that you wanted to add that you did not get a chance to?