

# Lessons for Nonprofits Seeking to Grow a Promising Program

## Case study of the Bridge to Resilient Youth in Transition program

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Hundreds—if not thousands—of nonprofits around the country consider the question of how to expand promising, innovative programs. While the stories of nonprofits that have already successfully scaled their programs—often nationally—are celebrated in *Harvard Business Review* and *Stanford Social Innovation Review* articles and at high-profile conferences focused on social innovation, we hear much less about programs at the earlier stages of the scaling journey.

This case study considers the situation of a nonprofit ([Brookline Community Mental Health Center](#)) with an innovative program ([Bridge to Resilient Youth in Transition, or BRYT](#)) that has achieved some penetration across suburban Boston schools and is now setting its sights on much more dramatic and intentional scale up.

### The problem that BRYT addresses

Each year, almost two million students ages 12–17 experience long school absences due to physical or mental health concerns.<sup>2</sup> Returning to school after such an event can create serious academic and emotional difficulties for students and

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<sup>2</sup> <http://datacenter.kidscount.org/data/tables/5202-children-who-missed-11-or-more-days-of-school-per-year-due-to-illness-or-injury?loc=1#detailed/1/any/false/1021,18,14/691,30,18/11683>; <http://childhealthdata.org/browse/survey/results?q=2466&r=1>

their families.<sup>3</sup> School reentry can trigger depression, anxiety, and fear of social rejection which heightens the risk of academic failure, social isolation, and relapse. Schools have limited supports in place to help these vulnerable teens return to the classroom. Guidance counselors, social workers, school nurses, or individual teachers can quickly become overtaxed meeting the needs of even a few students experiencing the burdens of reentry.

“When a student would come back from five days in a hospital, they’d spend the day with school counselors,” explained one Massachusetts high school principal, describing the situation before that school created a transition program using the BRYT model. “If they weren’t ready to go back to the classroom full time, where else were they supposed to go? That student would consume a considerable amount of the counselors’ time, sometimes for days.”

## Launching BRYT

In 2004, Brookline Community Mental Health Center launched an innovative school-based intervention program to help youth transitioning back to school return to the classroom safely and successfully. The BRYT program was created by a collaborative consisting of the school, the local mental health center, parent representatives, and input from students who had been through crises.

The program model has four key elements:

1. Transition planning and continued engagement with the student, family, other school staff, and outside providers over 6–12 weeks, from a student’s reentry to school to his or her return full time to classes;
2. Several types of integrated services: clinical counseling, care coordination, academic support, and family support;
3. A dedicated school room, open and staffed every day, every period; and,
4. At least two full-time staff in the dedicated room, one a clinician and the other an academic support professional.

## Growth and impact to date

Transition programs using the BRYT model grew from two schools in 2008 to over 25 schools in the 2014–15 school year. Today, approximately 12 percent of public high school students in Massachusetts have access to a program modeled on BRYT. To support the program’s adoption, the BRYT team provides one-on-one technical assistance, monthly meetings with program staff from other schools, and an annual symposium.

While a formal evaluation is still underway, an earlier sample from Brookline High School indicated that the vast majority of the 160 students served by BRYT

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<sup>3</sup> US Agency for Healthcare Research and Quality, Innovation Exchange, <https://innovations.ahrq.gov/profiles/school-based-transition-program-connecting-high-risk-adolescents-mental-health-and-support>.

between 2004 and 2007 continued their schooling without disruption. The relapse rate among those served was approximately 11 percent, well below the average of 20–25 percent in schools without the program.<sup>4</sup>

## Planning for growth

Encouraged by BRYT’s early success, the Robert Wood Johnson Foundation gave the Brookline Center a grant to support the development of a growth strategy for BRYT. The center knew it had a model that could work in high schools across the nation, but what was the best way to make that happen? In partnership with The Bridgespan Group, the center engaged in a rigorous five-month strategic planning process. The consulting team conducted seven site visits, interviewed more than 40 school staff and leaders, and gathered and analyzed five years of program data. The process also included a landscape analysis supported by interviews with more than 10 leading academics and peer nonprofits.

The planning process confirmed a significant need for the BRYT program in Massachusetts and nationally. According to national school-based mental health experts, BRYT is one of the only programs in the country systematically addressing the problem of students returning to school following extended mental health-related absences. BRYT also has a sustainable financial model: most districts are funding it through their operating budgets within one or two years of starting the program.

In the plan for growing BRYT, the Brookline Center decided that the road to national scale goes first through Massachusetts. The plan declared a goal of reaching at least 25 percent of Massachusetts high school students by 2019, a doubling from today. That means expanding to at least 50 high schools. Reaching the 25 percent mark would bring the program’s visibility to a tipping point so that schools would shift from asking “What is BRYT?” to “Why don’t we have BRYT?”—in essence, making BRYT the “new normal” for how school reentry is handled.

## Four lessons for nonprofits seeking to scale promising programs

While the growth plan is tailored to BRYT’s particular circumstances, there are at least four elements that may hold lessons for other organizations thinking about scaling a promising program.

1. **How a local organization can think about having impact beyond its own community:** Brookline Community Mental Health Center remains focused primarily on its own community. But with the BRYT model, it served as an incubator of a program with a much broader impact. As the model has spread, the BRYT team has continued to expand its outreach, technical assistance, and performance assessment work to more and more schools implementing the model. At the same time, the Brookline Center has had to consider its own role in helping

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<sup>4</sup> US Agency for Healthcare Research and Quality, *ibid.*

the model achieve statewide and perhaps national impact. As BRYT pursues its growth plan, the center will have to think hard about what organizational structure best enables it to successfully pursue this kind of broader impact.

2. **Pursuing statewide growth before national growth:** BRYT staff see the program as a nationally significant model with real potential for widespread adoption. However, after considering the right order for its growth strategy, and looking at what several organizations pursuing growth had done, BRYT decided to focus its growth on Massachusetts for the next several years. The reasoning is straightforward. Making BRYT the norm in Massachusetts high schools will do more to change the conversation about how reentry should be handled than disparate data from across the country. Demonstrating that the program is so effective that it can spread across an entire state also gives BRYT time to further develop a more rigorous evidence base for the program.
3. **Continuing to build the evidence base and tracking progress:** After the Brookline Center completes a formal evaluation of BRYT (slated to finish in 2015), it will continue to track basic program data from its schools, including the number of students served, youth demographics, diagnoses, and duration of stay. The BRYT program will formalize the collection of this data, report results regularly to participating schools and other stakeholders over the next five years, and use the data to ensure the effectiveness of programs and fidelity to the BRYT model.
4. **Keeping the central organization lean:** One of the strengths of the BRYT model has been its sustainability: once the program is established, schools have continued it almost entirely with district funds. BRYT's sustainability depends on continuing to expand the number of schools implementing the model while at the same time keeping its central organization very lean. For the next several years, BRYT plans for a staff of just 2-3 people (including a full-time program director) to perform a variety of functions: conducting outreach and communications to familiarize policymakers and school administrators with the program model; pursuing partnerships with other organizations working on similar issues in Massachusetts; providing a strong training and technical assistance component to help new districts start up effective programs and make sure that existing programs continue to thrive; and collecting, analyzing, and reporting data to ensure the effectiveness of programs and fidelity to the BRYT model.

Over the next several years, as the Brookline Center works to make its model available in many more Massachusetts high schools, it believes that this statewide growth strategy can ultimately pave the way for bringing this program to school districts and students across the country.

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