Tow Youth Justice Institute
Making connections. Informing solutions.

TCB May 2024 Meeting Minutes

May 29, 2024
2:00PM-3:30PM
Virtual: Zoom

Attendance

Alice Forrester
Carol Bourdon
Carolyn Grandell
Catherine Foley Geib
Catherine Osten
Ceci Maher
Christina D. Ghio
Claudio Gualtieri
Cristin McCarthy Vahey
Edith Boyle
Gerard O'Sullivan
Howard Sovronsky
Javeed Sukhera
Jeana Bracey
Jilian Gilchrest
Jody Terranova
Kimberly Karanda
Lorna Thomas-Farquharson
Michael Moravecek
Michael D Powers
Michael Patota
Michelle Anderson
Michele Scott
Sarah Eagan
Shari Shapiro
Tammy Exum
Tammy Freeberg
Tammy Nuccio
Teri McHale
Yann Poncin
Yvonne Pallotto

TYJI Staff

Erika Nowakowski
Izarelli Mendieta-Martinez
Aryana Agli
Karen Snyder
Melissa Whitson

UCONN Staff

Michelle Zabel

Welcome and Introductions

Tri-Chairs Senator Ceci Maher, Representative Tammy Exum, and Claudio Gualtieri welcomed all attendees to the meeting. Erika Nowakowski requested attendees to report their attendance and called for the acceptance of the March meeting minutes. Senator Maher moved to amend the minutes of the March meeting to include Representative Exum's title alongside her name in the introduction. Following this amendment, Senator Maher moved to accept the amended minutes. Representative Exum seconded the motion.

Overview of the Meeting

The May monthly meeting included presentations from school partners discussing children's behavioral health in a school setting. Jeana Bracey, Associate Vice President of School and Community Initiatives with the Child Health and Development Institute (CHDI) presented a comprehensive school behavioral health overview. Melanie Wilde-Lane, Executive Director of the CT Association of School Based Health Centers Inc presented an overview of school-based health centers and Jason Shirley, Behavioral Health Program Manager of the Child and Family Agency, discussed the success of school-based health centers. Deputy Superintendent Michael Dietter and Director of Climate, Culture, and Engagement, Erika Treannie provided a school-based perspective to discuss children's behavioral health in Bristol Public Schools. An

additional school-based perspective was provided by Superintendent Gary Highsmith and his discussion of Hamden's public school district. The meeting was concluded with updates from the committee's tri-chairs.

Updates

Erika Nowakowski provided an update on upcoming dates. The TCB Strategic Planning Day will occur on June 3, 2024, from 8:30 AM to 4:00 PM at Middlesex Community College. The event reached full capacity, with 58 attendees. The session's purpose will be to brainstorm goals and identify strategies for achieving them. Erika emphasized that this session marks the beginning of a series of discussions leading up to the completion of the strategic plan in December 2024. For those unable to attend, engagement with members and workgroups will be ongoing throughout the summer. The day's logistics were reviewed. For further inquiries, attendees should contact TYJI staff.

Comprehensive School Mental Health Framework Overview

Jeana Bracey presented an overview of the Child Health and Development Institute of Connecticut's (CHDI) work and comprehensive school mental health framework. CHDI's expertise is in systems development, evidence-based practices, and school mental health. CHDI helps schools develop comprehensive, sustainable systems to promote student development and address behavioral health concerns using research-based strategies. Current initiatives include assessment and planning, system building, trauma screening and treatment, diversion of arrests, peer-to-peer support, and professional development for staff.

CHDI supports schools in developing comprehensive and sustainable systems to address behavioral health concerns through various initiatives. For assessment and planning, CHDI utilizes the SHAPE system, an online portal managed by the National Center for School Mental Health, to identify school needs, strengths, and strategies. System building is supported by the CONNECTing to Care grant, awarded to the Department of Children and Families (DCF) in its fourth round. As the statewide coordinator for this grant, CHDI emphasizes integration and aims to increase staff and family knowledge of available resources, addressing access challenges highlighted by various factors. Trauma screening is facilitated by the Trauma Screen TIME school course, a free online resource that helps school staff identify and address student trauma. For trauma treatment, CHDI implements Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back, group-based treatments designed for students with identified trauma needs. The diversion of arrests initiative, through the School-Based Diversion Initiative (SBDI and SBDI-E), has successfully reduced school-based arrests by 26% and increased mobile crisis referrals by 55%, with SBDI-E

focusing on elementary schools. The Peer Support Pilot Program, following legislation PA-2247, establishes systems for students to support each other. Finally, the Educate-SMART portal provides professional development for school staff on mental health and behavioral issues. Over the last fiscal year, CHDI has worked with 360 schools across the state, with a goal to reach 206 districts and build state capacity.

Jeana Bracey also reviewed the role of mobile crisis services in the state, noting that about 46% of referrals come from schools, 38% from families, and 8% from emergency departments. Despite a decrease during the pandemic, schools remain the highest referral source. Notably, 70% of students seeking services receive them within school settings.

The landscape analysis process, conducted in partnership with the Department of Children and Families (DCF) and the Connecticut State Department of Education (CSDE) through ARP ESSER funds, will continue through December 31, 2024. This analysis aims to summarize national best practices and current Connecticut efforts to support student behavioral health, encompassing comprehensive school mental health and other relevant activities, services, and programs. The process begins with identifying content and evaluating the strengths, needs, and capacities of the current system, using a similar approach to the report on strengthening the behavioral health workforce for children, youth, and families. Jeana Bracey detailed the landscape analysis process and timeline, which involves gathering stakeholder input through surveys and interviews with students, families, educators, administrators, providers, state agencies, and policymakers. The findings will culminate in a set of recommendations and an action plan designed to guide policyholders in enhancing children's mental health support. CHDI presented a call to action to expand comprehensive school mental health systems, establishing sustainable infrastructure support, leveraging increasing crisis support resources, and enhancing family and youth engagement.

School-Based Health Center Overview

Melanie Wilde-Lane, Executive Director of the Connecticut Association of School-Based Health Centers Inc., provided a presentation highlighting the pandemic's impact on children's behavioral health, funding challenges, and future recommendations for school-based health centers (SBHCs). SBHCs function as comprehensive primary care facilities within schools or as outpatient clinics on hospital satellite campuses. Staffed by multidisciplinary teams, including pediatricians, adolescent health specialists, nurse practitioners, social workers, physicians, and dentists, SBHCs offer diagnostic and treatment services beyond traditional school nurse offices. Serving students from

Pre-K through 12th grade, with 316 centers across the state, SBHCs provide medical, mental, and dental health services tailored to each district's specific needs.

The COVID-19 pandemic revealed significant deficiencies in the behavioral health system, overburdening emergency departments, urgent care centers, and school nurses. In 2021, the Surgeon General declared a national mental health crisis, highlighting the need to expand behavioral health services, including SBHCs. Increased funding and comprehensive training for teachers and paraprofessionals are crucial for early identification of mental health needs. Addressing disparities in SBHC access, especially for underrepresented populations, is essential. The predominantly white female SBHC workforce needs diversification to reflect student backgrounds. The pandemic exacerbated issues like obesity, anxiety, depression, and adverse social determinants of health such as job loss and food insecurity. The main barriers are provider shortages, low reimbursement rates, and insufficient funding, causing high burnout and recruitment challenges. Melanie highlighted mental health professional shortage areas in Connecticut, particularly in Waterbury, New Haven, and Bridgeport, underscoring the need for more mental health professionals. During the pandemic, $12 million from the CARES Act was allocated to SBHCs but was not disbursed until 2023. Additionally, the 2022 SB1 legislation aimed to expand school-based health services and extend service hours for families, yet funds remain largely undistributed. Legislative committees require robust data to justify funding, prompting SBHCs to advocate for interagency collaboration and value-based care models. Effective data collection and sharing are crucial for targeted relief. Following this, Jason Shirley, Behavioral Health Program Manager at the Child and Family Agency Southeastern CT, discussed SBHCs' successes. The Child and Family Agency Southeastern CT are train providers in the Columbia Suicide Severity Rating Scale for evaluating students with suicidal or risky thoughts, referring them to urgent crisis centers when necessary. Despite needing additional support, SBHCs have proven effective in addressing children's behavioral health needs.

Questions and Comments

A meeting attendee raised concerns about the closure of nine SBHC sites as of June 30th. Discussions centered on seeking alternative funding sources due to high deductible plans and copays, with a focus on sustainability challenges. For instance, programs serving high undocumented populations are unsustainable without HRSA funding. A request for $1.2 million was made to prevent the closure of nine sites in

eastern Connecticut. Participants also questioned how payment is collected, highlighting the complexities of sustaining these essential services.

Bristol Public Schools: Looking Forward

Deputy Superintendent Michael Dietter and Director Climate, Culture and Engagement Erika Treannie led a presentation discussing the issues faced by Bristol Public Schools. They highlighted that 22% of Bristol's students qualify for special education, with 178 attending private or public special education programs. Additionally, 430 risk assessments were conducted, resulting in 93 calls to 911. The primary challenge identified was the district's ability to provide a continuum of support services across all grade levels and connect students and families to community-based providers. To address this, the Deputy Superintendent proposed standardizing databases across districts, implementing real-time funding solutions to address transiency, and providing sustainable, skills-based aftercare and transition services. Increased funding was deemed necessary to support additional services such as school-based health centers and to train and host certified support staff. Policy recommendations included developing a clearinghouse to identify regional service providers, updating it quarterly, and establishing universal data collection for progress monitoring. Collaboration with local and regional officials was also suggested to secure long-term funding solutions for SBHCs.

The second major challenge discussed was the funding of special education and related services due to cost variability and unpredictability. Proposed solutions included fully funding excess costs, creating a tiered system of maximum daily rates, establishing a reserve fund, addressing enrollment variability, and streamlining Medicaid reimbursement for approved services. Legislative proposals included providing guidance for tiered tuition/fee structures and funding to administer the Medicaid process.

The third challenge addressed the difficulties schools and families face in accessing behavioral health services. It was proposed that credentialed school personnel should be able to request that children in crisis be transported to appropriate resources. Setting aside spots in similar programs and hosting comprehensive aftercare transitions after crises or hospitalizations were also recommended. Policy implications included addressing regional disparities in resources, ensuring transportation to aftercare, and providing emergency psychiatric support in all emergency departments for children.

The Future of School-Based Mental Health Supports

Superintendent Gary Highsmith of Hamden Public Schools also presented, noting that 21% of Hamden students qualify for special education. He highlighted the district's challenge of maintaining robust behavioral health support across all grade levels amidst insufficient funding. The district has established four SBHCs in elementary schools and a strong program with Clifford Beers Clinic in middle and high schools, with plans to expand further. Proposals included providing technical support for grant writing to secure funding without reallocating staff funds, developing community-based behavioral health supports, and embedding a whole-family, trauma-informed care model. Increased clinical and care coordination activities at schools were also recommended. Policy implications included fully funding a dedicated department to enhance school-based behavioral health supports, ensuring ongoing communication between policymakers, community-based providers, and school personnel, and emphasizing care coordination to include entire families. Superintendent Gary Highsmith also emphasized the importance of enhancing the role of parents and caretakers in students' behavioral health. Recommendations included actively engaging families in all aspects of the child's education, increasing collaboration between caregivers and treatment professionals, and reducing blame on adult caregivers. Policy suggestions involved providing funding for enhanced collaboration, streamlining eligibility for services with at-risk student identification processes, and offering direct family access to resources through state-level agencies.

Lastly, the challenge of supporting students with serious behavioral health issues was discussed. Recommendations included providing ongoing resources for students returning to school after treatment, technical support for elementary students and staff dealing with dysregulation, and temporary interim school settings for intensive support before regular school reentry. Policy implications involved ongoing resource provision, technical support, and establishing interim school settings to ensure continuous support for students' post-treatment.

Questions and Comments

A comment was raised regarding the funding for school-based services, highlighting that many professionals, not in Federally Qualified Health Centers (FQHCs) providing these services, have experienced significant funding reductions. The difficulties in using a fee-for-service model for school-based services were noted. Another member appreciated the focus on adult behavioral health and mentioned reasons for leaving the field such as financial challenges and housing affordability for providers. They suggested that if these issues could not be addressed within the current working group, they should be allies to other groups tackling these concerns. Additionally, a member emphasized the need for a full-time clinician available during school hours and

24-hour backup services outside of school hours, suggesting that these services be funded through different means. This member intends to share data supporting this model from over 30 years and announced a summit on funding and sustainability scheduled for July 22nd, with a save-the-date to be distributed to Erika Nowakowski. Erika Nowakowski provided an update on the upcoming School-Based Behavioral Health Workgroup, which will be activated this summer. The tri-chairs will conduct interviews and appoint co-chairs for the workgroup.

Updates from Tri-Chairs

Claudio Gualtieri acknowledged the profound impact of workforce shortages on the behavioral health sector, underscoring the urgent need for legislative measures to improve access to care and ensure provider sustainability. He highlighted several key legislative initiatives designed to address these challenges, including the expansion of telehealth requirements, the adoption of the Social Work Compact, and Connecticut's participation in the Nurse Licensure Compact.

The committee has also concentrated on significant investments in children's behavioral health. This includes $7 million in state funding, which is matched by federal resources, allocated for Medicaid rate increases. These rate increases, informed by the Medicaid Rate Study, will support a broad range of services, from intensive home-based programs such as Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) to outpatient supports, including clinical providers, psychiatrists, and social workers.

Additionally, $7 million in one-time funding has been designated for urgent crisis centers. This funding must be obligated by the end of this year through grants or contracts with the Department of Children and Families (DCF) but can be expended through the end of 2026. The Department of Social Services (DSS) has established Medicaid codes for Urgent Crisis Centers (UCCs), formalizing Medicaid billing codes for these services. As these codes are now embedded in the Medicaid system, any future expansion of UCCs will benefit from these new rate codes. Furthermore, $10 million has been allocated for children’s behavioral health services through DCF. This funding is intended to strengthen the system within a short timeframe, focusing on identifying successful programs, addressing gaps, and ensuring comprehensive support across the continuum of children’s behavioral health services. The aim is to utilize this flexible funding to enhance and fortify the full spectrum of services, addressing any deficiencies in Medicaid rates and ensuring a robust support system for children in need.

Senator Ceci Maher Senator Ceci Maher highlighted COVID-19’s role in revealing the critical need for school-based behavioral health services, increasing

awareness of the necessity for mental health support for children. She also reported the formation of a working group tasked with developing a universal behavioral health intake form for children. The location and implementation of this form are still under consideration, with decisions pending due to privacy and HIPAA requirements. A broad consensus on the need for such a form was reported. Additionally, discussions included the intersection of behavioral health and hate speech. A recent bill aims to facilitate conversations and review programs across the state that address these issues, with the goal of bringing successful programs back to the workgroup for further development and enhancement. The impact of grief on children's behavioral health, particularly following COVID-19, was also highlighted. The workgroup will investigate effective programs that assist children and families in navigating grief.

Representative Exum recognized the interconnectedness of children's issues at home and in school, underscoring the necessity for heightened awareness and effective utilization of urgent crisis centers as critical resources for parents. She noted the advancements made in addressing mental health concerns since the pandemic, including the implementation of peer-to-peer support programs in educational settings. However, Representative Exum also acknowledged the frustration with the slow pace of progress and the pressing need for accelerated action. She expressed optimism regarding the committee's capability to address these challenges and stressed the importance of acknowledging the diverse needs of children. Representative Exum concluded by emphasizing the importance of sustained collaboration and continued funding to effectively combat the ongoing mental health crisis affecting children.

Erika Nowakowski concluded by summarizing the strategic planning session held on June 3rd for the TCB, which will inform workgroups and the TCB committee with the goal of producing a strategic plan and legislative recommendations. TCB is collaborating with Innovations Institute at UCONN School of Social Work and Dr. Whitson from the University of New Haven to enhance the service landscape, data infrastructure, and governance. There will be no meetings in June or August.

Next Meeting: July 31, 2024

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TCB Monthly Meeting Agenda

July 31, 2024
2:00 PM – 4:00 PM
Room 2C with virtual Zoom Option
Streaming OptionsYoutube or CT-N

Welcome and Opening Remarks	Senator Ceci Maher Representative Tammy Exum Claudio Gualtieri, Senior Policy Advisory to the Secretary, OPM
Review and Acceptance of Minutes	
Trauma-Informed Approaches in School-Based Behavioral Health	Capital Region Education Council
Evaluating Outcomes: Effective School Solutions' Insights and Findings	Effective School Solutions
Defining Our Collective Vision	Tow Youth Justice Institute
Update on Behavioral Health Investments	Department of Children and Families Department of Social Services Claudio Gualtieri, Senior Policy Advisory to the Secretary, OPM

No Meeting in August

Next Meeting: September 25, 2024

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Transforming Children's Behavioral Health Policy and Planning Committee

July 31, 2024

LOB Room 2C with Virtual Option

2:00 PM – 4:00 PM

Scan to submit your attendance:

Meeting Facilitation

- Mute on Zoom

Participants must remain muted on Zoom unless speaking.

- Hand raising

Virtual attendees should use the hand raise feature on Zoom for questions and comments.

- Questions at End

Hold questions and comments until the presenters have finished speaking.

- TCB only

Only TCB members may ask questions and make comments.

- Recording

This meeting is being recorded.

Agenda

Welcome and Opening Remarks Acceptance of May Meeting Minutes	Tri-Chairs
Trauma-Informed Approaches in School-Based Behavioral Health	Diana Perry, PsyD, LPC, *Regional Trauma Coordinator, Student Services Division* Capital Region Education Council
Evaluating Outcomes: Effective School Solutions' Insights and Findings	Duncan F. Young , *Chief Executive Officer*, Effective School Solutions Allison Whitman, LPC, *Senior Regional Clinical Director,* Effective School Solutions
Defining Our Collective Vision	TYJI Rachel Keyworth M.Ed., *Assistant Professor of Therapeutic Recreation/ Therapeutic Recreating & Training and Development Consultant*
Update on Behavioral Health Investments	Department of Children and Families Department of Social Services Tri-Chair – Claudio Gualtieri, Senior Policy Advisory to the Secretary, OPM

Trauma-Informed Approaches in School-Based Behavioral Health

Capital Region Education Council

Evaluating Outcomes: Effective School Solutions' Insights and Findings

Effective School Solutions

Defining Our Collective Vision

TYJI

What is our mission?

Today's Objective: To develop the mission statement of the TCB

1) Respond to the PollEverywhere prompts using the QR code.
   Please respond in single words as many times as you would like.

2) After each poll, using the worksheet, please note and indicate words/phrases that describe the work of the TCB best from your perspective.

What words or phrases stuck out to you most as they relate to the charge of the Committee?

What is our mission?

Today's Objective: To develop the mission statement of the TCB

1) For each of the following prompts, please develop a response in 8 words or less.
2) Work with the person to your right or left to fill in the blank questions in the handout.
3) Use your brainstorm sheet from Activity 1 to help refine your sentences.

TCB Strategic Plan Development Timeline

Strategic Planning Day	June 03, 2024
Brainstorm mission statement	July 31, 2024
Identify and Develop Goals	September 25, 2024
Delivery of Draft Strategic Plan	November 6, 2024
Feedback Due to TYJI on Draft Plan	November 20, 2024
Final Draft to TCB members	November 27, 2024
Vote on Strategic Plan	December 04, 2024

TCB Draft Legislative Recommendations Timeline

TCB workgroup co-chairs present draft legislative recommendations updates to TCB	September 25, 2024
TCB workgroup co-chair present identified draft legislative recommendations to TCB	October 02, 2024
Draft legislative recommendations delivered to the TCB	November 06, 2024
Collect amended language from TCB members	November 14, 2024
Final draft with amended language delivered to TCB	November 27, 2024
Vote on draft legislative recommendations	December 4, 2024

Update on Behavioral Health Investments

Department of Children and Families

Department of Social Services

Tri-Chair – Claudio Gualtieri, Senior Policy Advisory to the Secretary, OPM

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Questions?

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Next Meeting:

September 25, 2024

- **In-Person Goal Development Session**
  12:00 PM - 1:30 PM

- **Followed byTCB Monthly Meeting**
  2:00 PM – 4:00 PM

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Narrowing the Focus: 7/31/24

Today's Objective: To develop the Mission statement of the TCB

Activity #1: Mission Statement Brainstorm

1. We will show you 3 prompts on the screen using PollEverywhere, an online polling site. Responses will be captured using a text feature through the site . For each question, you should respond in single words as many times as you would like to help generate a word list for our mission statement.
2. After each poll, take notes below that indicate the words or phrases that describe the work of the TCB best from your perspective.

Prompt #1: What words or phrases stuck out to you most as they relate to the charge of the TCB Committee

Prompt #2: What words or phrases stuck out to you most as they relate to the charge of the TCB Committee

Prompt #3: What words or phrases stuck out to you most as they relate to the charge of the TCB Committee

Activity # 2: Writing the Mission statement

Instructions:

- For each the following prompts, please develop a response in 8 words or less
- You should work with the person to your right and left on the following fill in the blank questions
- Use your brainstorm sheet from Activity 1 to help refine your sentences.

1. The TCB Committee is dedicated to

   _____

2. By/ through doing

   _____

3. With the outcomes of

   _____

Activity #3: Thinking with the End in Mind - Have a sense of urgency

Thanks to the work of the TCB Committee, what will the Children's Behavioral Health System look like in 10 years?

RESC Alliance

CONNECTICUT ALLIANCE OF REGIONAL EDUCATIONAL SERVICE CENTERS

HB 5001 PA 22 -47 (sec.17 & 18)

PA 24 -81 (HB 5523). ARPA Allocation Bill

UPLIFT:

A Trauma -Informed Care Training Program for Schools

Diana Perry, PsyD, LPC
Regional Trauma Coordinator, CREC

aces AREA COOPERATIVE EDUCATIONAL SERVICES

COOPERATIVE EDUCATIONAL SERVICES

CREC Excellence in Education

EASTCONN Where Learning Comes to Life

EdAdvance Educate • Collaborate • Innovate

LEARN

Why trauma - informed schools matter

40%

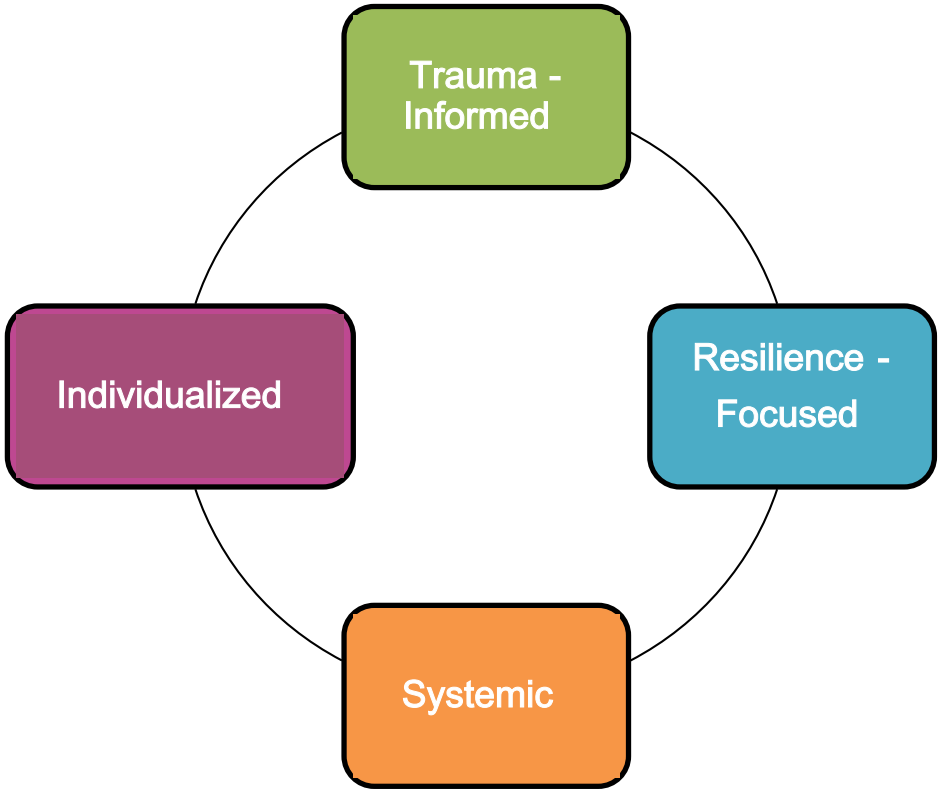
of adults in CT reported symptoms of anxiety or depression

%

of youth in CT aged 12-17 who have depression did not receive any care last year

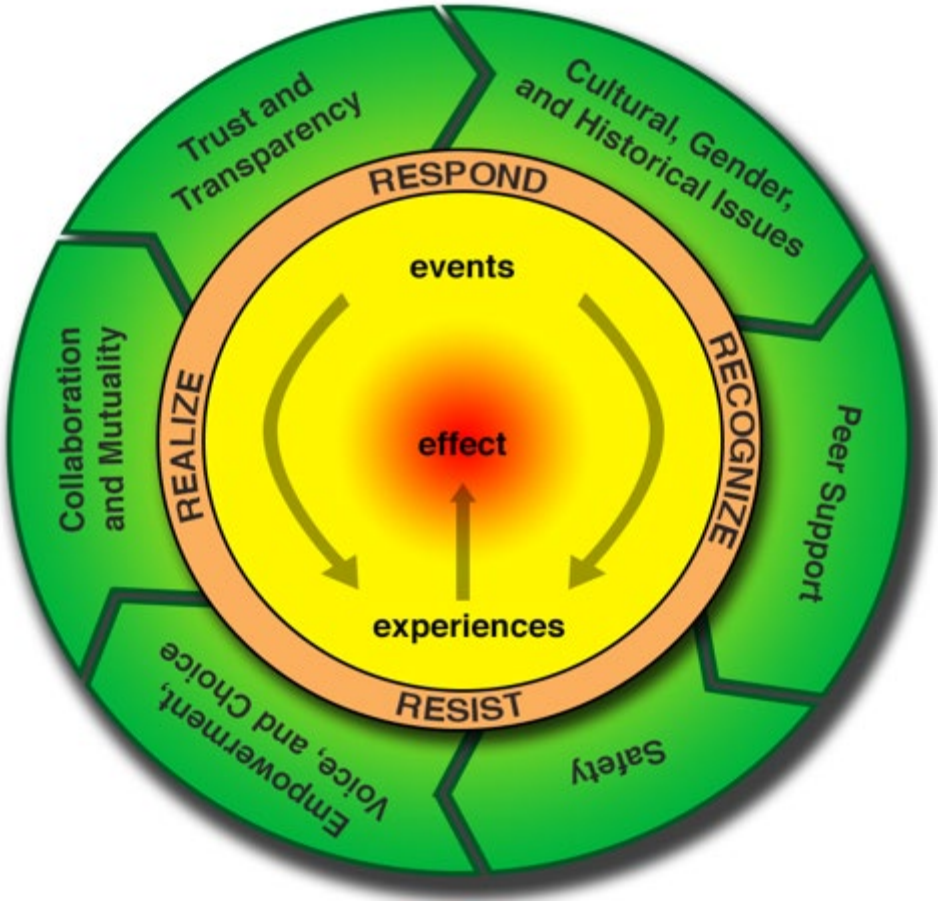
Sources: SAMHSA, 2014, 2023; NAMI, 2021

The UPLIFT Training Program

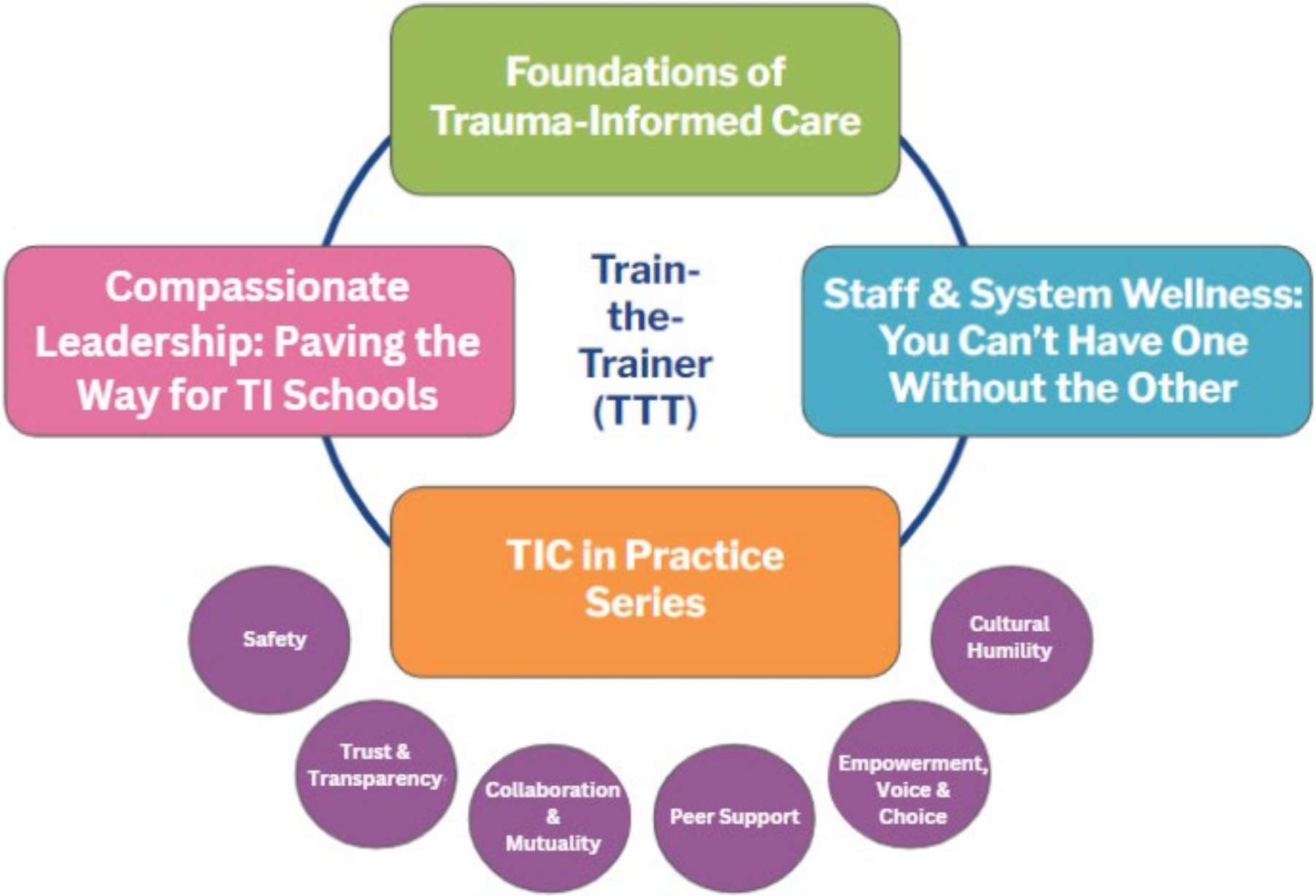


- Training/TTT
- Consultation
- Collaboration

UPLIFT Guiding Framework



Sources: Chafouleas, et al., 2016; Guarino & Chagnon, 2018


Foundations of Trauma-Informed Care
Compassionate Leadership: Paving the Way for TI Schools
Train-the-Trainer (TTT)
Staff & System Wellness: You Can't Have One Without the Other
TIC in Practice Series
Safety
Trust & Transparency
Collaboration & Mutuality
Peer Support
Empowerment, Voice & Choice
Cultural Humility

How did we do?

What did the 115+ students that participated in Focus Groups think?

95% of participants felt the information shared was relevant and useful to their lives

95% of participants see value in their school becoming trauma -informed

Participating School Districts/Partners

*To date, we have forged **partnerships with 25 public school districts/RESCs** in our work. Additionally, **52 schools/departments have engaged with UPLIFT across the state**.*

*American Federation of Teachers (AFT)	Granby Public Schools	Region 15 (Middlebury/Southbury)
ACES	Greenwich Public Schools	Shelton Public Schools
Ansonia Public Schools	Lebanon Public Schools	Simsbury Public Schools
CES	LEARN	South Windsor Public Schools
Clinton Public Schools	Monroe Public Schools	Trumbull Public Schools
CREC	Montville Public Schools	*Western Connecticut State University
EDAdvance	Naugatuck Public Schools	Weston Public Schools
Enfield Public Schools	New Canaan Public Schools	Westport Public Schools
Fairfield Public Schools	New Haven Public Schools	Winchester Public Schools

**Non-public school district*

UPLIFT Trainings in FY24

Module	How Many Sessions?	# Participants
Foundations	48	2013
Cultural Humility	5	162
Safety	3	69
Peer Support	2	82
SSW	5	148
Compassionate Leadership	1	20
TTT	2	27
Other	15	629
UPLIFT INTRO	14	175
DISTRICT SPECIFIC INTRO	13	113
TOTAL	**108**	**3444**

*ad-hoc or scheduled Group/consultation not included; totals take into account if a module was split into more than 1 session.

Total Participants to Date

4311

Trainings By Region (All modules)	How Many ?	# Participants (including other)
RESC ALLIANCE	12	638
ACES	17	757
CES	37	939
CREC	25	449
EASTCONN	2	78
EdAdvance	6	233
LEARN	9	350

FY 2024 Trainee Demographics

Role	N = 580
General education teacher	180
Mental Health Professional	108
Other	67
Special Education teacher	45
Support staff	97
School-Based Admin.	30
Related service provider	44
Student	9

Placement/Level	N = 578
PreK/Elementary	158
Middle	176
High/Transition	118
Districtwide/Multi -level	116
Other or N/A	10

N = 516	Yes	No	Prefer not to answer
Disability Status	6%	90%	4%

Female	Male	Non-binary/ conforming	Prefer not to answer
389	113	2	12

RACE	American Indian/Alaska Native	0%
	Asian	0%
	Black, or African American	12%
	Multiracial	3%
	Prefer not to respond	5%
	Hispanic, or Latino	7%
	White	71%

**Certain populations were suppressed due to small numbers; total population may not equal 100%*

Training and Trainer Feedback

	% Strongly Agree
The concepts covered in this session are relevant to my work.	93%
I could apply the concepts from this session in my daily work immediately.	89%
The presenter(s) were respectful of my views and opinions.	94%
The activities and materials provided supported my understanding of the concepts.	90%

Feedback Highlights from Trainees

"Very informative. I'd like to explore response strategies and how ALL teachers can be trained to respond to students, not just specialists."
"This training was very informative. It really makes me think as a teacher. I appreciate the time and knowledge that was shared. The presenters did a great job first giving background knowledge and setting the stage with the why. "
"The is a relevant topic for our district, school, teachers and students. There were key components that were beneficial. The trauma glasses was interesting and something that could easily be applied in my school and classroom. "
"Info was highly relevant and valuable. This will work well with our current school climate work. One question always remains about discipline and what we can do differently and when to preserve the learning environment seems like the only option left. Thank you!"
"I personally appreciated the information on brain research. I also appreciated the simple hands on activity with the 3 values. It was quick but very effective in giving adults a glimpse of what trauma and lack of control may feel like for some of our kids."

Current Priorities for UPLIFT

Training Accessibility

Offer Statewide UPLIFT training and TTT opportunities for individuals that do not have district support for full implementation.

Data Systems & QI

Evaluate & refine data collection and analysis protocols, Quarterly & Annual Reporting structure, TIC -IA, TIC-BE, SMART Action Plans, and team -specific reports.

Sustainability

Secure adequate funding to ensure that UPLIFT remains accessible and can expand equitably throughout CT

Thank you for your time!

Questions? Comments?

Uplift Trauma Informed Care | RESC Alliance

Contact Your RESC Trauma Coordinator to Learn More

RESC	Coordinator(s)	Email
ACES	Cynthia Ratchelous	cratchelous@aces.org
CES	Dana Bossio	bossiod@cestrumbull.org
CREC	Diana Perry	diperry@crec.org
EdADVANCE	Jennifer Harris	harris@edadvance.org
LEARN	Tianna L. Hill	thill@learn.k12.ct.us

UPLIFT: A Trauma-Informed Care Training Program for Schools

RESC Alliance
CONNECTICUT ALLIANCE OF REGIONAL EDUCATION SERVICE CENTERS

Highlights FY2023 & FY2024 (Q1/Q2)

UPLIFT is a train-the-trainer program that is trauma-informed, resilience-focused, and individualized to meet the unique systemic needs of a school or district. The training program consists of nine modules, including: **Foundations of Trauma-Informed Care (TIC)**, **Compassionate Leadership**, **Staff and System Wellness and Trauma-Informed Care in Practice (6 Part) Series**

UPLIFT has trained **2500+ school staff/service providers** and **100+ youth** to gain foundational knowledge of trauma and trauma-informed care.

"One day, schools across the state will infuse a trauma-informed lens into existing practices, realizing that this shift is critical for the well-being of their students, and will positively impact the climate for everyone in the building."

- UPLIFT VISION

Outcomes of UPLIFT Trainings

9 out of 10 Participants

reported that **training concepts were relevant to their work** & could be immediately applied in practice

3 out of 4 Participants

reported a **significant increase in knowledge for ALL learning objectives** for Foundations of TIC

95% of youth

felt the information shared was **relevant and useful** to their lives and see **value in their school becoming trauma-informed**

20 Participating School Districts

ACES, ***Ansonia Public Schools**, CES, Clinton Public Schools, CREC, EdAdvance, Enfield Public Schools, Fairfield Pubic Schools, Granby Public Schools, Greenwich Public Schools, LEARN, Monroe Public Schools, ***Naugatuck Public Schools**, New Canaan Public Schools, ***New Haven Public Schools**, Region 15 (Middlebury/Southbury), Shelton Public Schools, Simsbury Public Schools, Trumbull Public Schools and Westport Public Schools

UPLIFT also formed partnerships with Western Connecticut State University (WCSU), the Trauma-Informed School Mental Health (TISMH) Task Force, and the Center for School Safety.

***Alliance districts are the 32 lowest performing districts in the state**

What's Next

In the coming months, UPLIFT will focus on the following tasks:

Present at National Conference

The RTCs for UPLIFT will be presenting at The System of Care (SOC) virtual summit on May 16, 2024.

Increase Partnerships

The RTCs for UPLIFT will collaborate with CEA and AFT to ensure that union members across the state have access to Foundations of TIC training.

Regional Trainings

The RTCs for UPLIFT will offer regional trainings for school staff and service providers interested in Foundations of TIC.

Learn more at: rescalliance.org

aces · Cooperative Educational Services · CREC Excellence in Education · EASTCONN Where Learning Comes to Life · EdAdvance · LEARN

Effective School Solutions

Best Practices in High Acuity School-Based Mental Health Care

A Roadmap for Supporting CT Youth and Reducing Therapeutic Outplacements

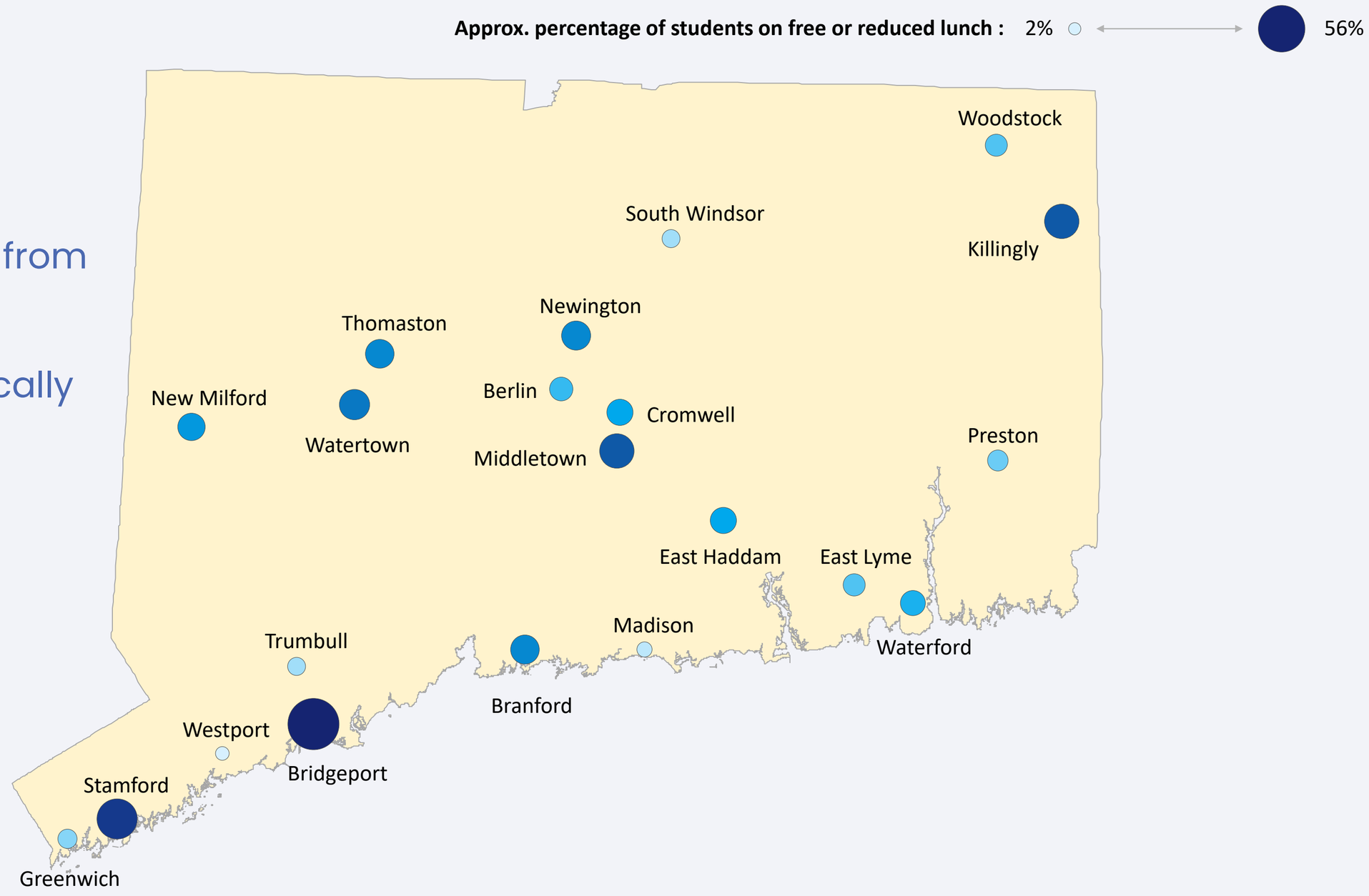
July 31, 2024

Effective School Solutions: the leader in school-based mental health care

- Founded in 2009
- Provides K-12 districts with school – based mental health and behavioral support programs that help at-risk students reach their full potential
- Support across all levels of care, but specialize in high acuity (or “Tier 3”) clinical support
- Last year, served over 6,000 students in over 120 districts across 13 states, **including over 800 students in 21 CT districts**

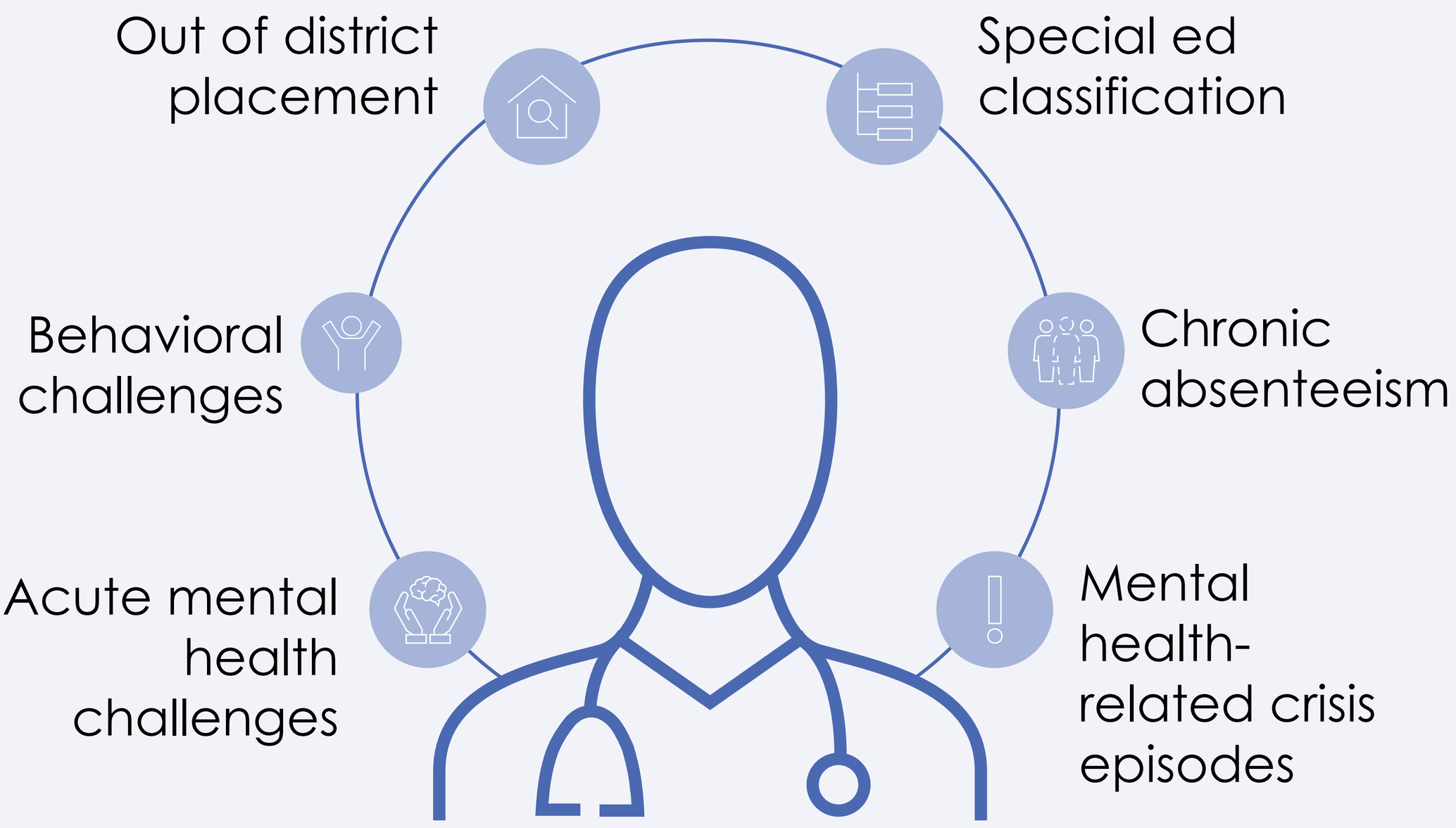
ESS will serve students across 20+ economically diverse Connecticut districts next school year

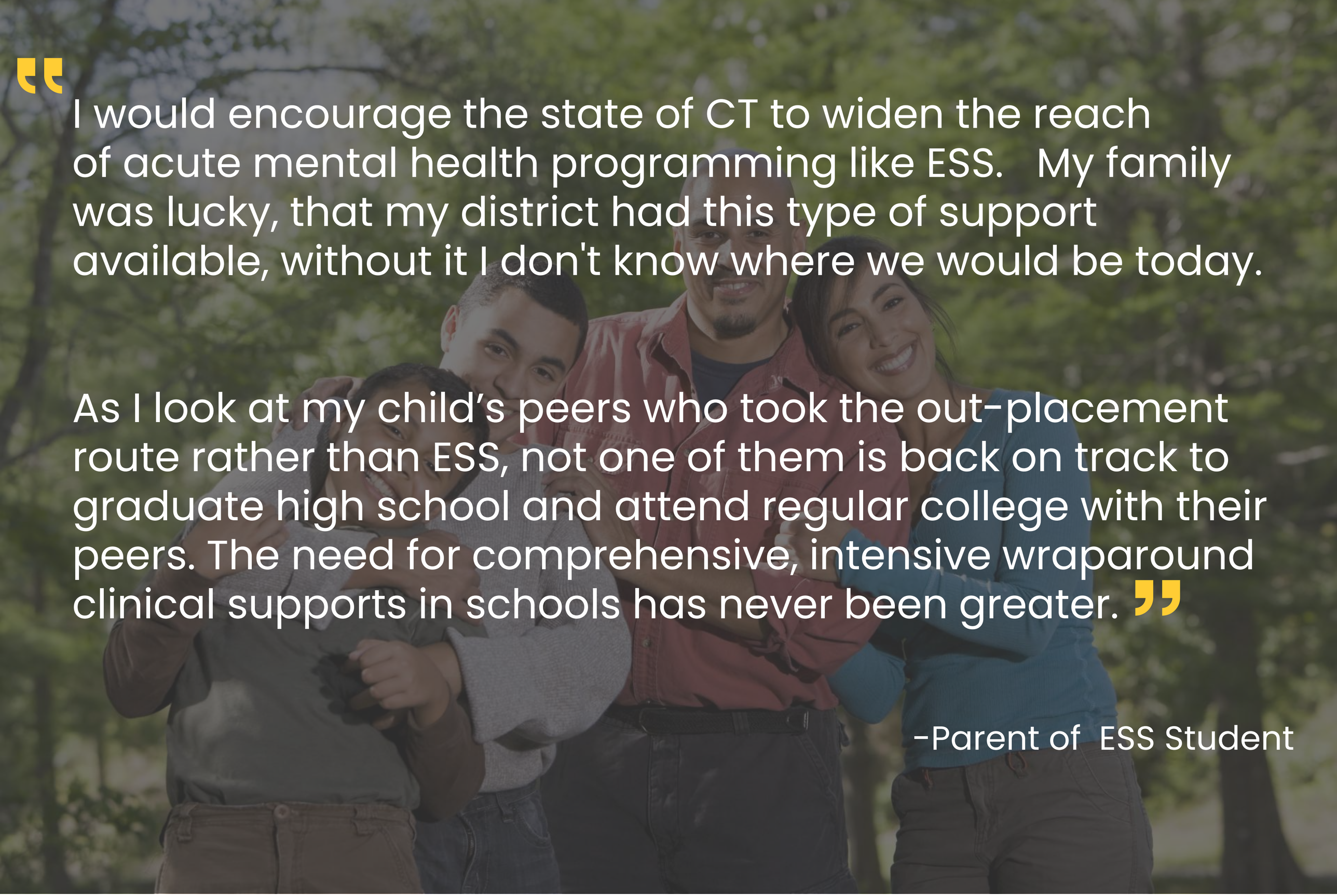
Districts range from Urban to Rural; Affluent to Socioeconomically Challenged



Source: National Center for Education Statistics

ESS serves students at-risk of…

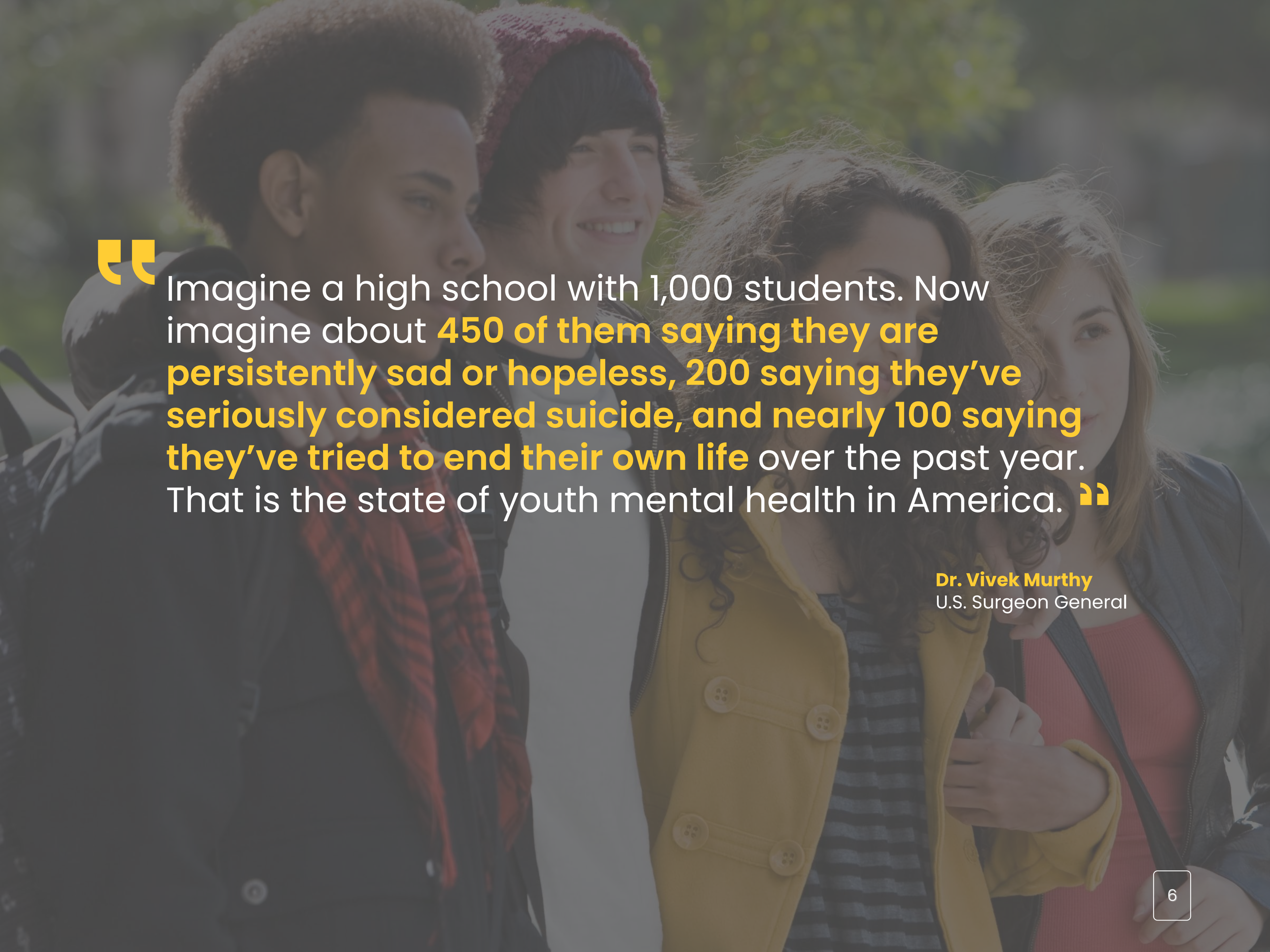




"I would encourage the state of CT to widen the reach of acute mental health programming like ESS. My family was lucky, that my district had this type of support available, without it I don't know where we would be today.

As I look at my child's peers who took the out-placement route rather than ESS, not one of them is back on track to graduate high school and attend regular college with their peers. The need for comprehensive, intensive wraparound clinical supports in schools has never been greater."

-Parent of ESS Student



> Imagine a high school with 1,000 students. Now imagine about **450 of them saying they are persistently sad or hopeless, 200 saying they've seriously considered suicide, and nearly 100 saying they've tried to end their own life** over the past year. That is the state of youth mental health in America.

Dr. Vivek Murthy
U.S. Surgeon General

Youth mental health continues to be a critical issue nationally and in Connecticut

1 in 5

children nationally have a diagnosed behavioral health condition[1]

~66%

of Connecticut youth with depression did not receive treatment in the past year (41st out of 50 states)[3]

~28%

of Connecticut high school students report that their mental heath was not good "most of the time" or "always"[2]

~47%

of female high school students in Connecticut who felt sad or hopeless almost every day for over 2 weeks[4]

Youth mental health is the defining public health and education crisis of our time

1 2018 Truven Commercial Data | 2. Connecticut School Health Survey 2023 | 3. McKinsey Public Health Dashboard | 4. 2023 Connecticut School Health Survey

Schools matter more than ever when it comes to youth mental health

Schools have emerged as a critical delivery point for mental health care and districts are increasingly being asked to play a larger role.

5 reasons for this:

1. Students are more likely to access and complete treatment when it's offered in a school (meet students where they are)

2. Offering services in schools helps districts avoid costly outplacements

3. Schools are uniquely positioned to focus on prevention

4. Schools provide equitable access to care

5. Mental health is a critical foundation for all student educational goals

Students are more than **6 times more likely** to access and complete mental health treatment when it's offered in a school setting.

Source: Jaycox, L. H., Cohen, J. A., Mannarino, A. P., Walker, D. W., Langley, A. K., Gegenheimer, K. L., ... & Schonlau, M. (2010). Children's mental health care following Hurricane Katrina: A field trial of trauma-focused psychotherapies. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, *23*(2), 223-231.

Districts often struggle with delivery of mental health services, particularly high acuity care

Increased number of students in need (particularly high acuity)

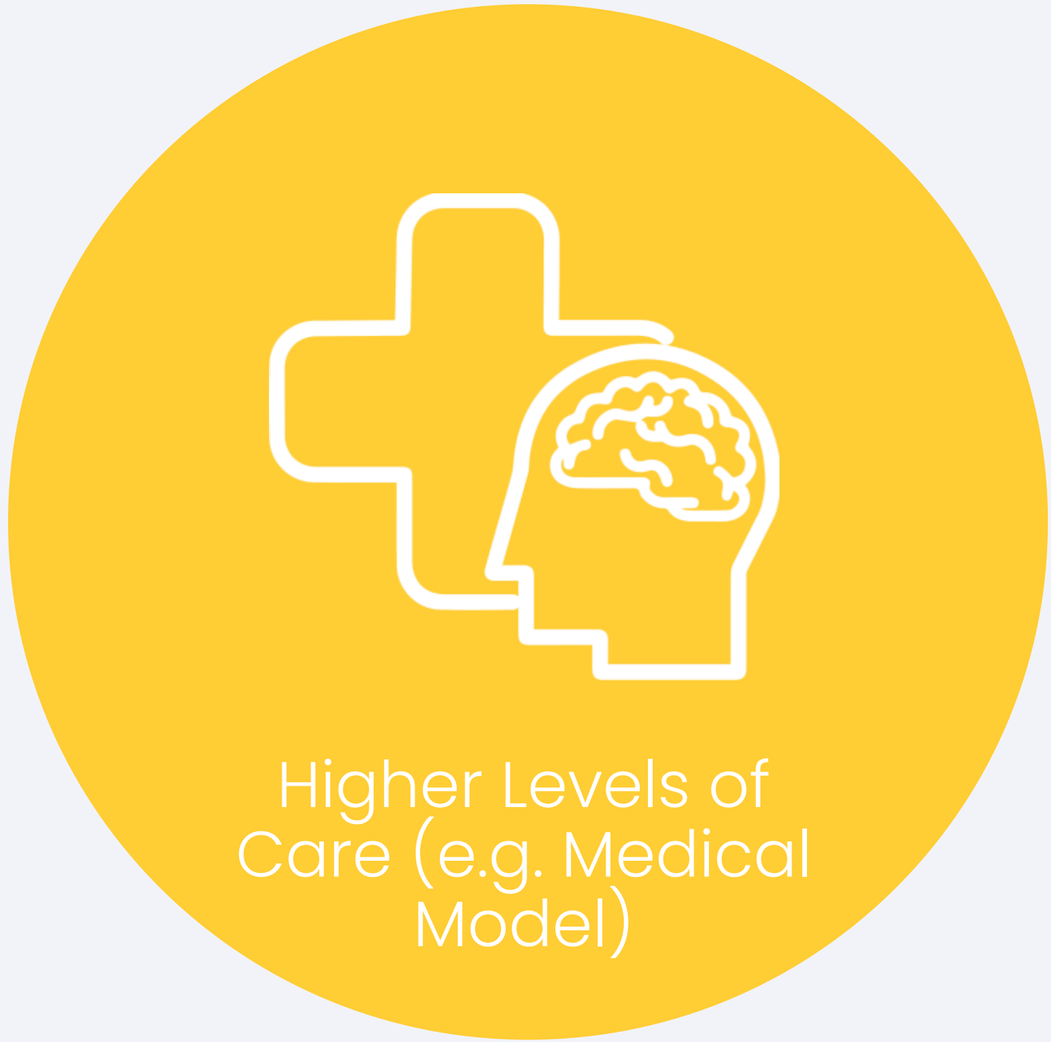
Capability gaps in providing high acuity care

Increased need to provide mental health support

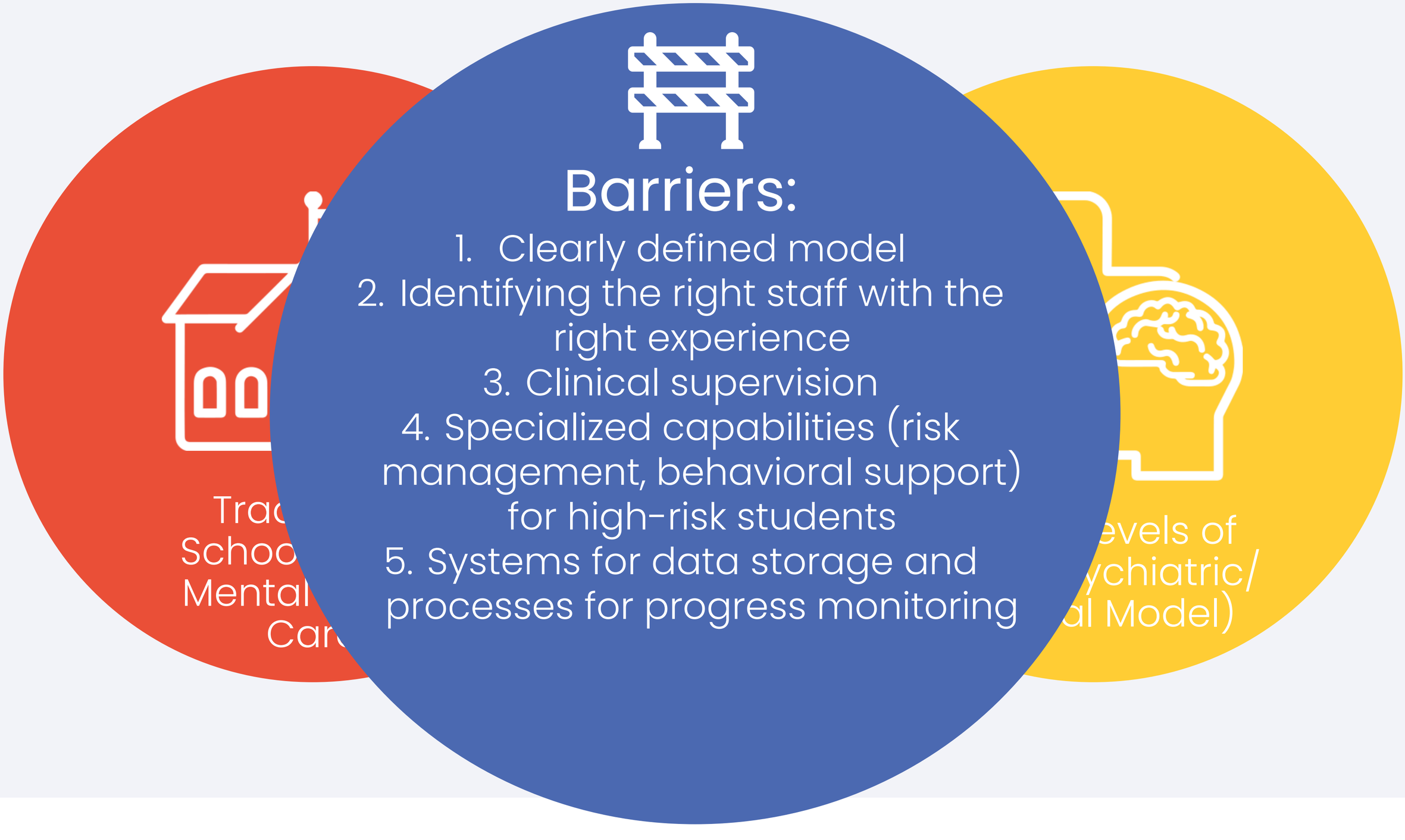
Inconsistent funding landscape

School Districts

The two domains of school-based mental health care

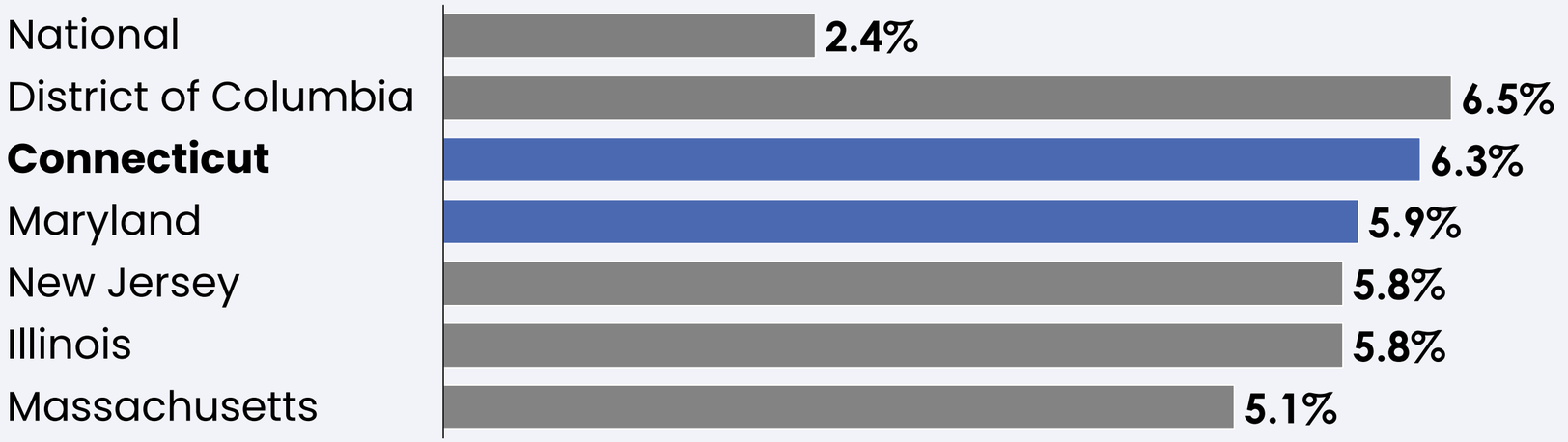


Many districts experience barriers in delivering higher levels of care



High acuity students who cannot be supported in the school setting are often outplaced

Percent average of special education students in ODP by state[1] (2021)




CT INSIDER

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NEWS // EDUCATION

CT sends more special education kids out of district than any other state: 'It can't be the only option'

By Alex Putterman, *Staff writer*
July 5, 2024

~50%

Increase in CT special education outplacements from 2010 to 2019[2]

~$700M

Cost to CT school districts for out-of-district placements in 2021[3]

Students are sent out of district when districts don't have the capabilities or programming to support them internally

1. 45th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2023; Percentage of students aged 5-21 served under IDEA, Part B who are in a 'separate school' educational environment. 'Separate school' includes students with disabilities who receive special education and related services, at public expense, for greater than 50% of the school day in public or private separate day schools or residential facilities, separately | 2. Connecticut Voices for Children: Reimagining Connecticut's Special Education Systems for a Post-Pandemic Future | 3. NCES Common Core of Data, 2021

Best practice model: Multi-Tiered Systems of Support for School-Based Mental Health Care

Intensive, In-School Clinical Support

Programming for students with most intensive mental health challenges

Highly structured, longer in duration and "wrap-around" in nature

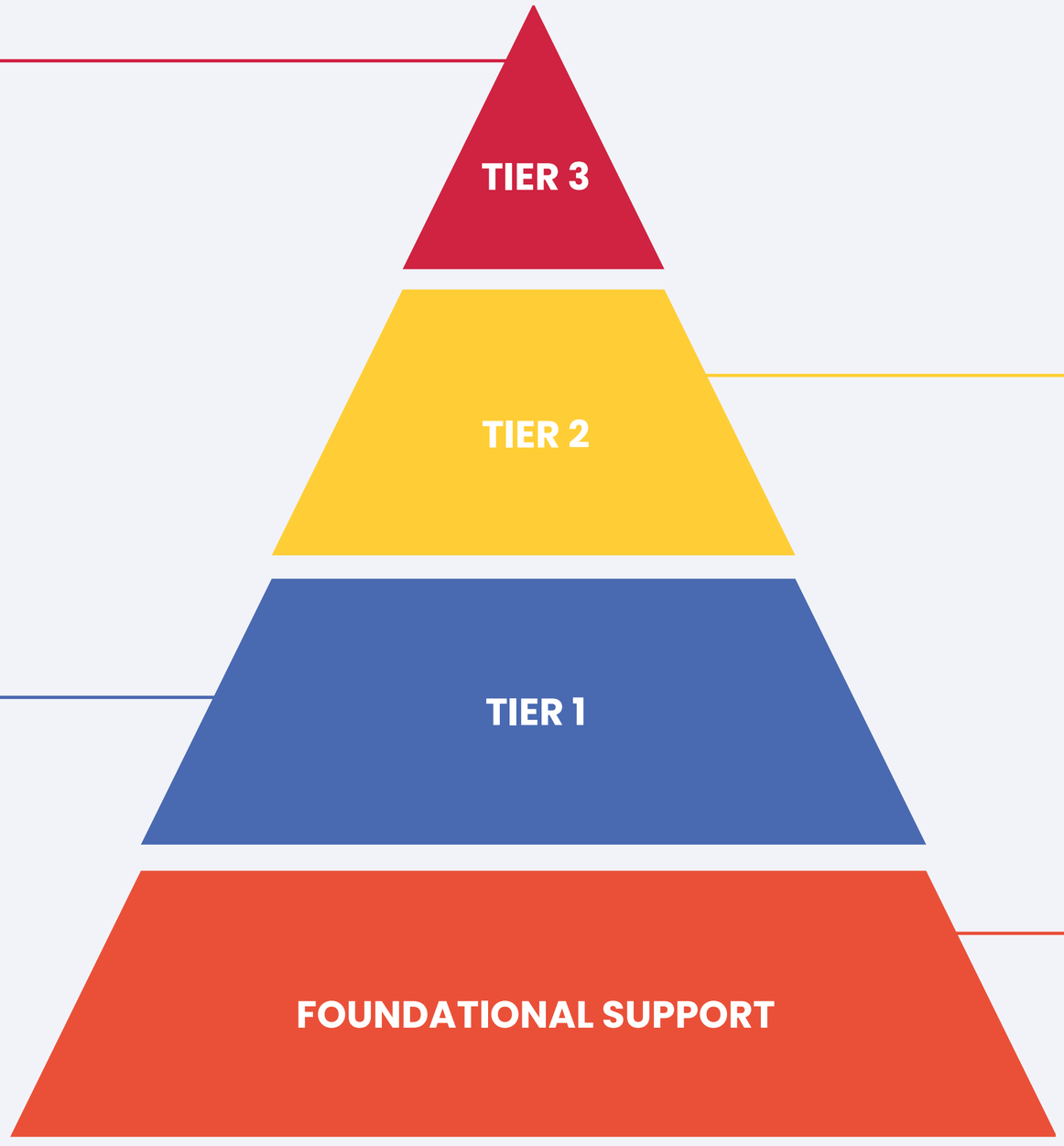
Meant to return students from outside therapeutic placements, avoid outside therapeutic placements or serve as a preventative support for students

Mental Health Awareness and Prevention

Mental Health Related Professional Learning for Teachers, Clinical Staff, Parents & Caregivers

Research-based Mental Health Awareness Curriculum

Processes/Tools for Mental Health Screening



Moderate Intensity Care and Crisis Response

Programming for students with mild to moderate challenges

Less intensive therapeutic structure, and typically of fixed duration (e.g., 6-8 weeks)

Crisis Assessment and Crisis Re-entry Programs

Mental Health Vision and Planning

Mental Health Needs Assessment

Mental Health Strategic Planning

Tier 3 and Tier 2 Programming: Detail

	Tier 3	Tier 2
Acuity of Mental Health Challenge	Moderate to Severe	Mild to Moderate
Time in Program	Full School Year+	6-8 weeks+
Caseload	10-12 / clinician	15-25/clinician
Assignment of Clinician	Single Building	Two Buildings
Daily Group Therapy	✓	
Weekly Individual Therapy	✓	✓
Family Therapy	Bi-weekly	Monthly
Monthly Parent Support Group/Newsletters	✓	
Urgent Interventions and “Push In” Support	✓	
Clinical Supervision	✓	✓
Comprehensive Therapeutic Support: Quality Management, Data Storage, Progress Monitoring	✓	✓

High Quality Tier 3 Care Pays for Itself Through Outplacement Reduction

Outplacement Statistics for Typical 20-Student Cohort	School Year XYZ
Returning Students From Outplacement	4
Annual cost savings per student	*$100,000*
Total Savings for Outplacement Returners	**$400,000**
Additional Students Being Prevented from Outplacement (Typically 30%)	*6*
Annual cost savings per student	*$100,000*
Total Additional Cost for Outplacement Prevention	**$600,000**
TOTAL COST SAVINGS/AVOIDANCE	**$1,000,000**
(Average cost to implement 20-Student Program)	*($300,000)*
Net Savings	**$700,000**

Yale Child Study Center Research Partnership

YCSC conducted three studies of ESS outcomes beginning in the fall of 2022

YALE CHILD STUDY CENTER
Where discovery inspires care

Study #1: Do ESS services positively impact grades, discipline, and attendance?

Study #2: Is there a relationship between dosage of services delivered and results?

Study #3: Do ESS services impact non-school usage of high acuity mental health care?

Academic Impact (CT)

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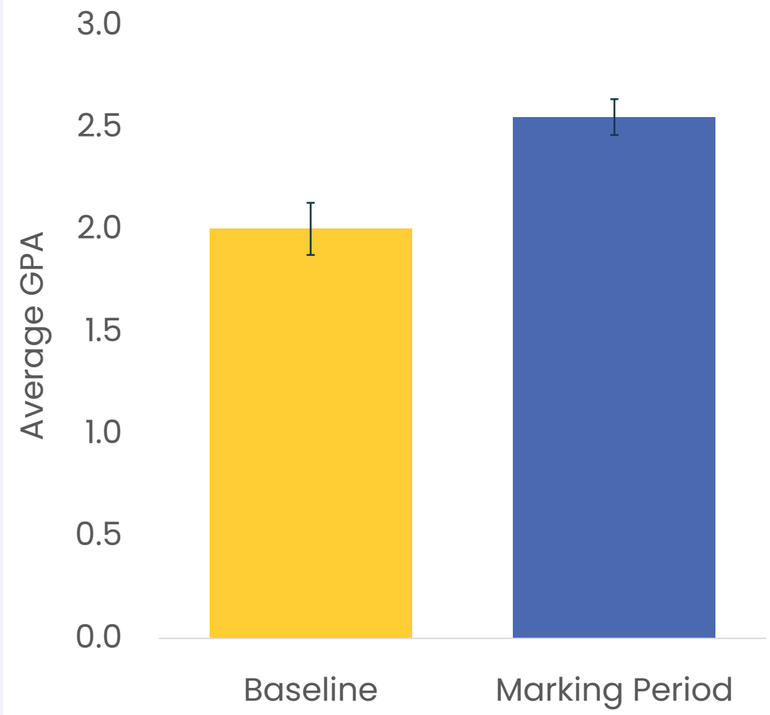
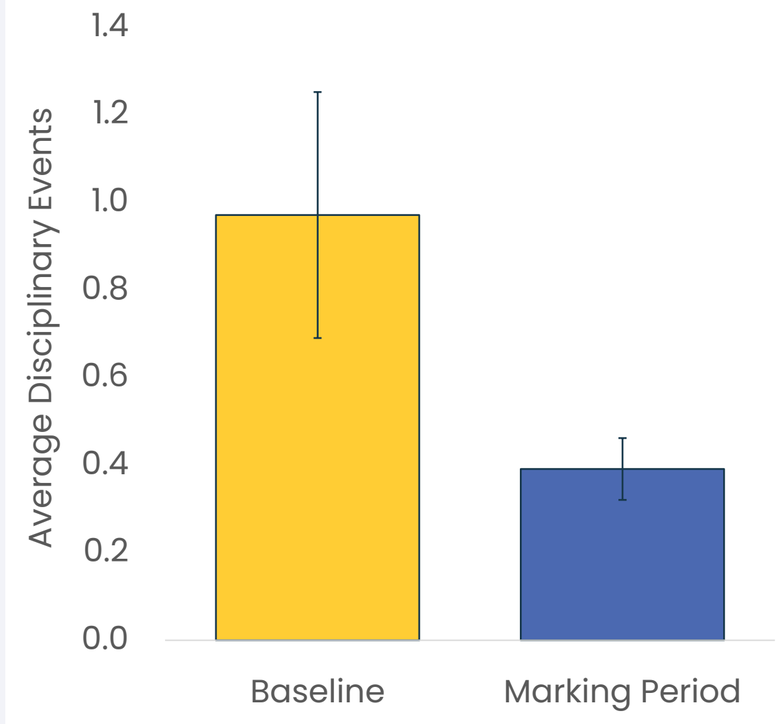
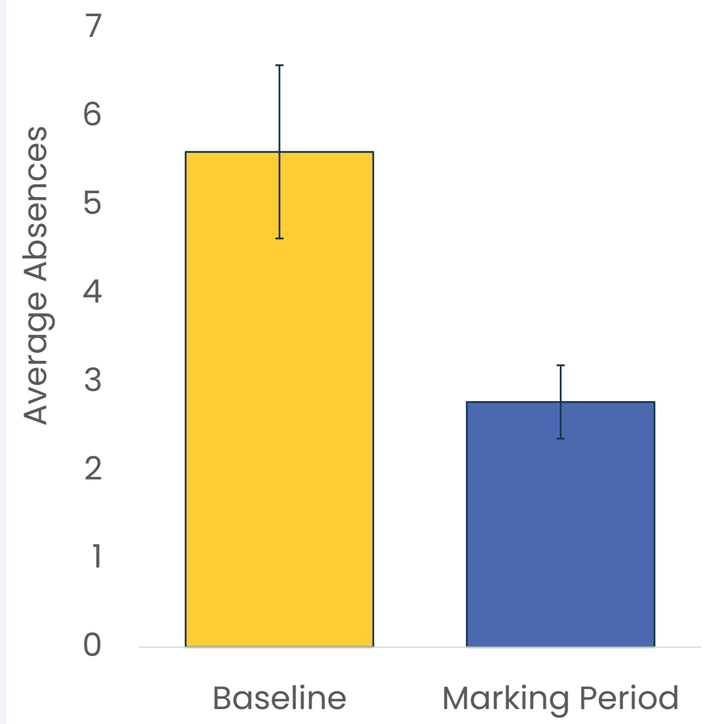
Average increase in GPA of half a letter grade



60% decrease in disciplinary events



50% decrease in Absences



Data represents sample of 169 students who received services in high fidelity/on-model implementations. High fidelity implementation is defined as receiving group services, individual services and family services on at least 33% of weeks enrolled.

High Acuity Healthcare Utilization (National)

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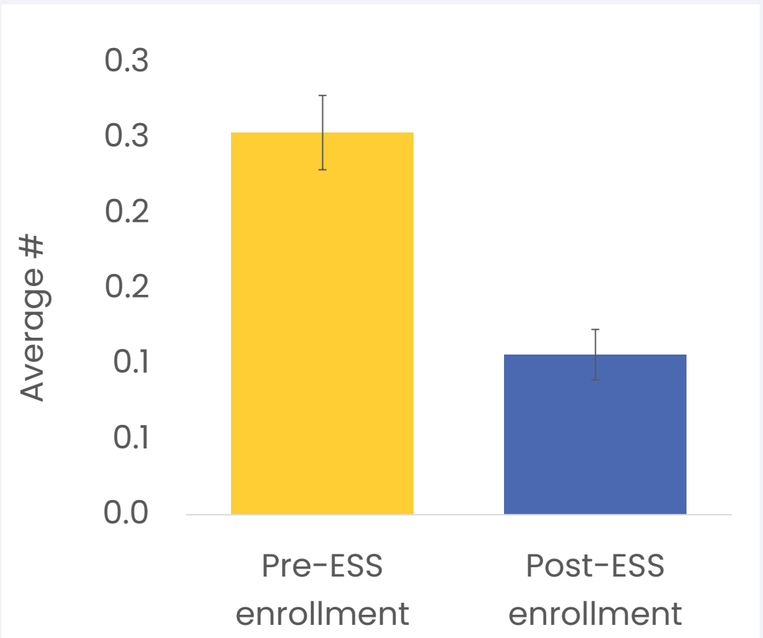
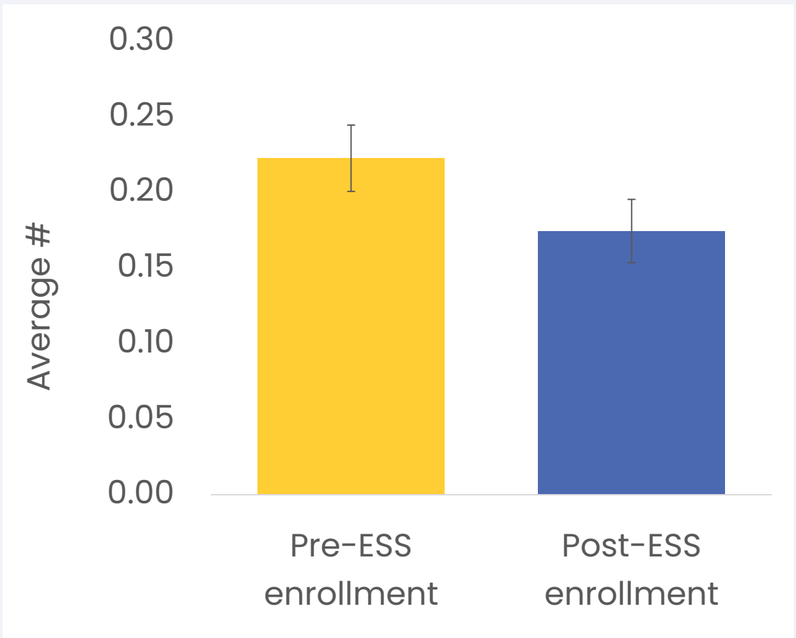
Where discovery inspires care

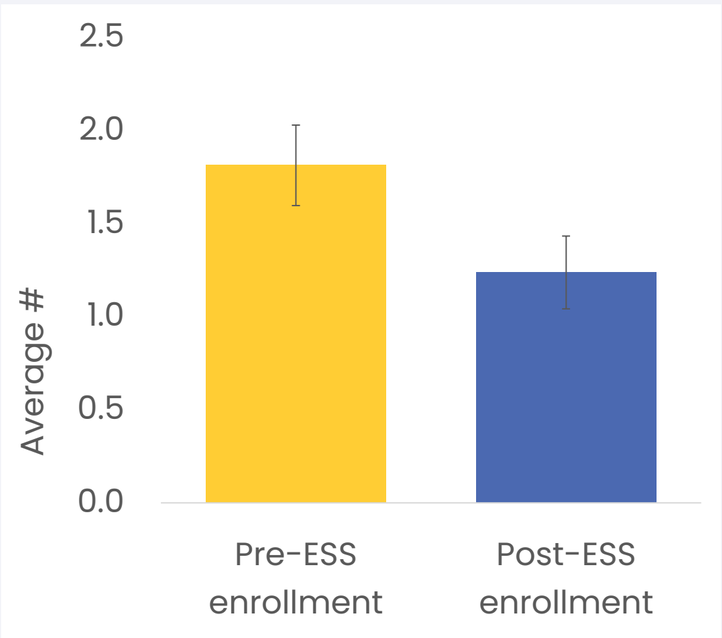
56% reduction in hospitalization stays



23% reduction in intensive outpatient referrals

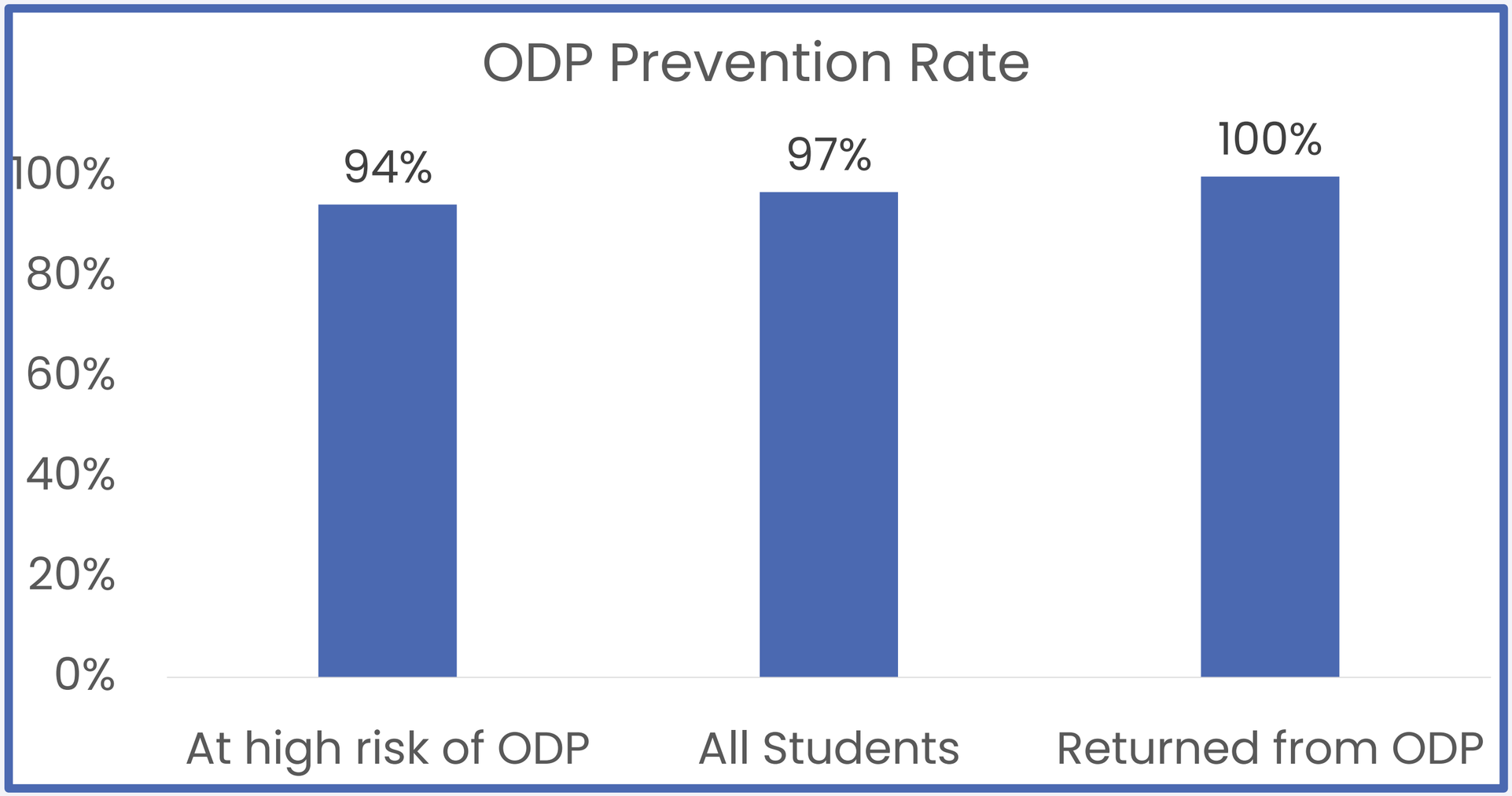


35% reduction in weeks in HLOC



N=879

Impact on Out of District Placements

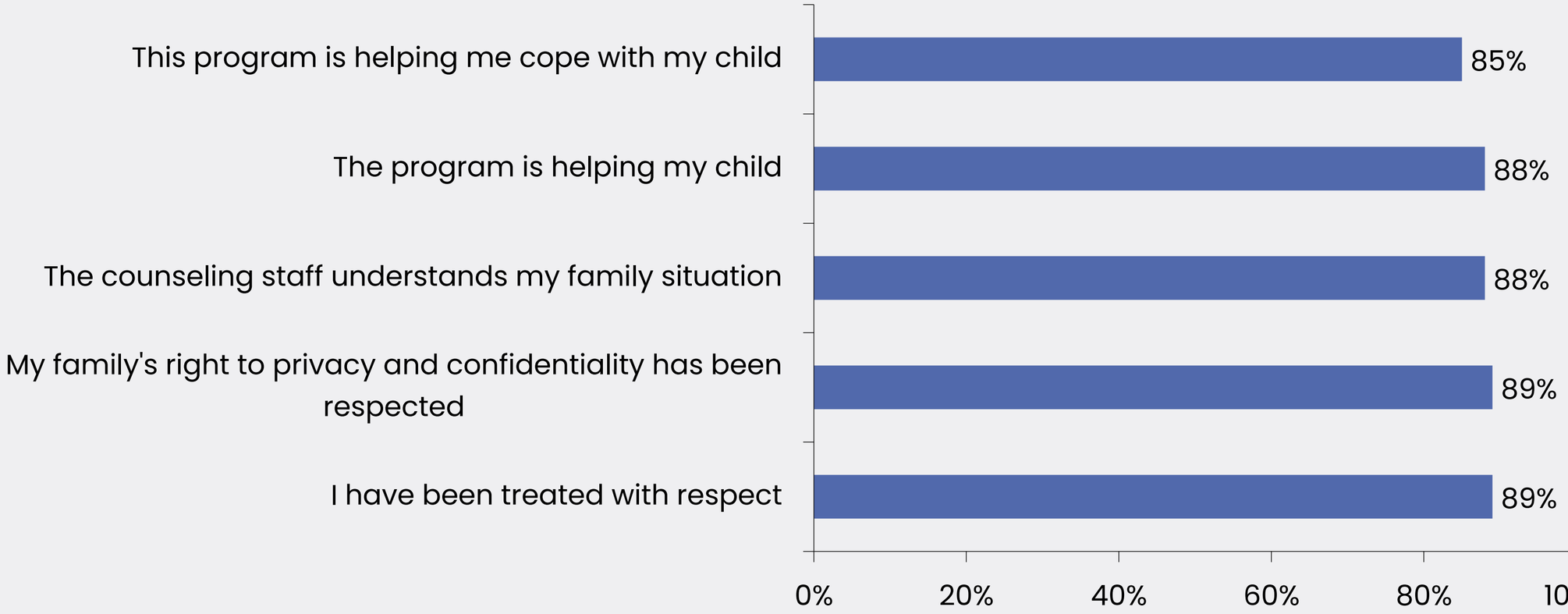


Number of students discharged to ODP vs. Total Students served: High risk of ODP (7/127), All Students (25/830), Returned from ODP (0/16)

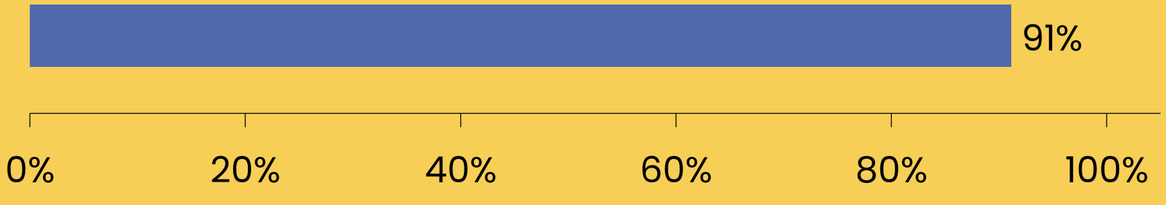
2023/2024 Parent Survey Results (CT)

Measurement Domain: Parent Surveys

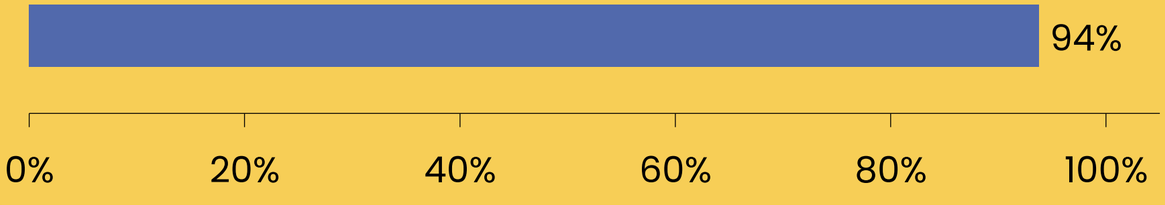
Percent of Parents to Agree or Strongly Agree With the Following Statements



Percent of Parents Satisfied or Very Satisfied with ESS



Percent of Parents to See Improvement in Their Child



Sample Size: N=206

Case Study Bridgeport Public Schools

ESS Partner since 2021
14 clinician team providing Tier 3 care across the district

Goal: Provide Critical Tier 3 Programming, with a Path to Self-Fund Through Outplacement Reductions

65%

of low performing students increased their GPA by at least half a letter grade

77%

of students with disciplinary challenges showed significant improvement*

56%

of students with chronic absenteeism showed significant improvement**

District + ESS currently partnering to identify subset of 300+ outplaced students to return to high quality in-district programming

*Improvement of at least 1 disciplinary incident per marking period
**Improvement of at least 3 absences per marking period

Case Study: Thomaston Public Schools

ESS Partner since 2015
4 clinician team providing care across the district

Goal: Provide Targeted Programming to Provide Key Preventative Care in the District (High Acuity Care, Mental Health Support for Younger Students with ASD)

100%

of students with low GPAs increased by at least half a letter grade

3

10% of total students served

students returned from ODP

84%

of chronically absent students substantially improved in attendance**

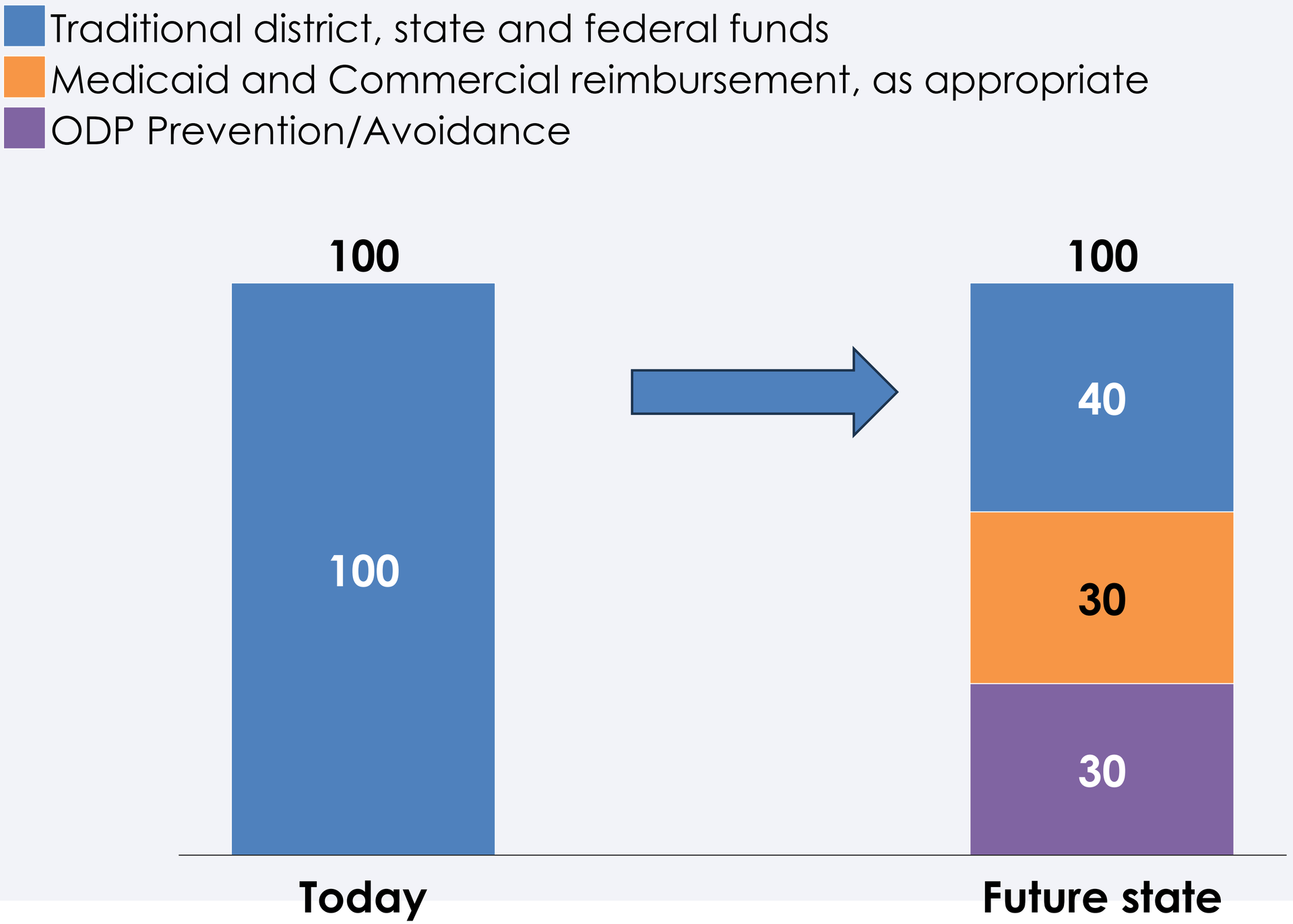
94%

of parents saw improvement in their child

"Thomaston Public Schools is proud of its therapeutic program with ESS; it allows our students to remain our students while receiving the specialized attention they need to learn and grow from Kindergarten through Grade 12."- Francine Coss, Superintendent

**Improvement of at least 3 absences per marking period

School-based mental health services funding transition (Illustrative)

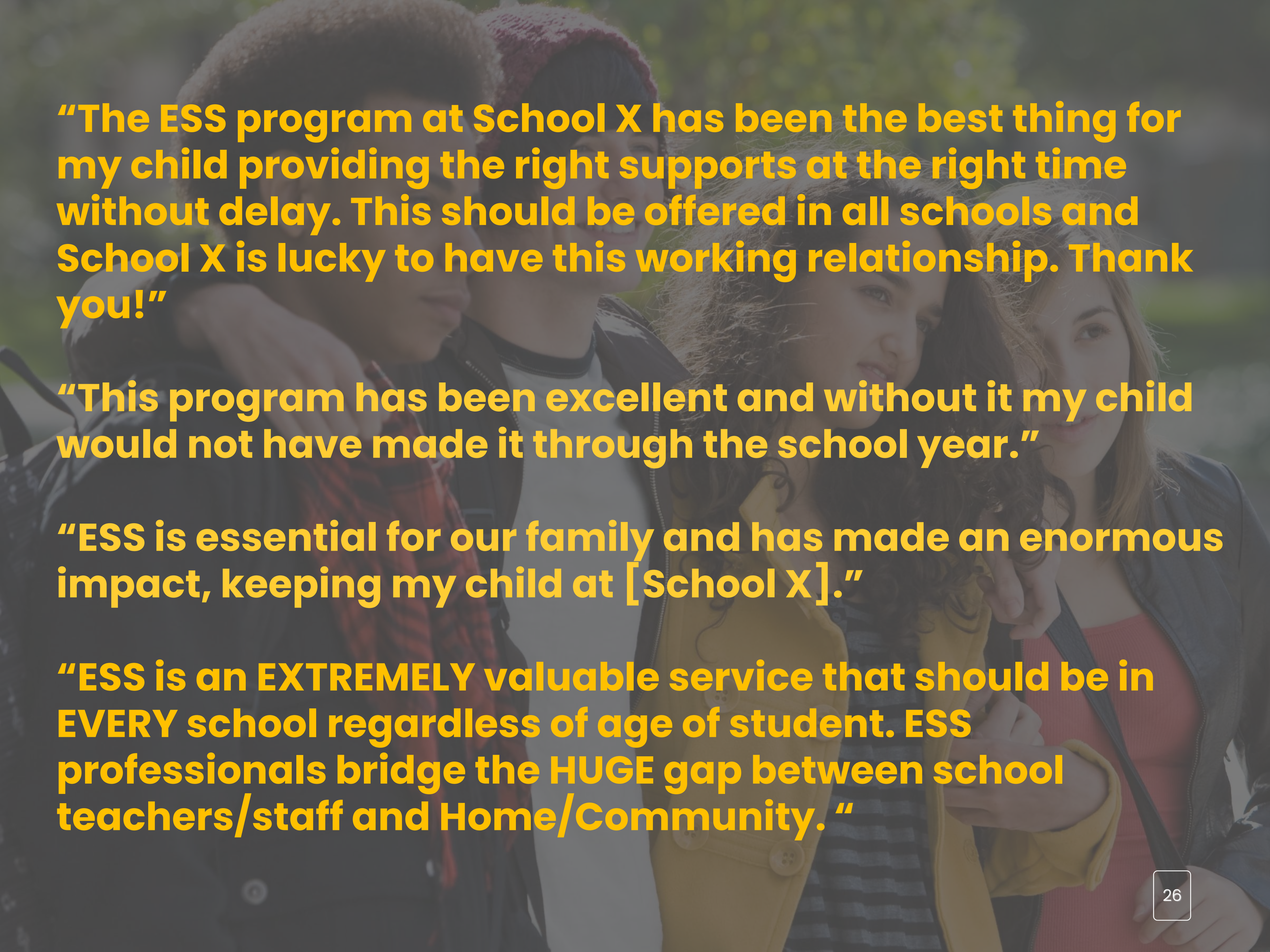


Policy Recommendation #1:
Incentives to Avoid Outplacements

Recommendation	Rationale	Budget Cost	Annual Benefit
Create financial incentive programming to encourage districts to build in-district therapeutic programs to reduce outplacements	Districts do not have financial incentive (or seed funding) to build their own therapeutic programming, or to work with a partners to do so. Offer districts one-time grant funding of $165K-300K to build therapeutic programs that have a specific goal of reducing outplacements. Couple this with strong state-wide reporting on outplacement utilization (e.g. an Outplacement Avoidance Scorecard)	• District seed funding serves as a bridge for school-based services until ODP savings materialize. • $165K per district base investment for programming to support up to 12 students • Larger schools with more students require additional investment.	Assuming 30% of students in cohort are either outplacement returners or avoiders, $165K investment could yield up to a **2.5X ROI**

Policy Recommendation #2:
Pilot to Guide Plan to Effectively Scale High Acuity Services

Recommendation	Rationale	Budget Cost	Annual Benefit
Implement pilot to demonstrate proof of concept for high acuity mental health care in schools.	States like NJ and PA have allocated budget funding to pilot high acuity school mental healthcare. These pilots include an evaluation of educational and healthcare outcomes. These pilots are part of comprehensive efforts to determine how programs like this can be effectively scaled and self-funded over time through outplacement reduction and usage of Medicaid/commercial insurance	Cost varies based on pilot size. Generally, $400K per district would include: • Full time clinical team • Clinical oversight • Data analytics and clinical data storage • Professional development • Formal evaluation by outside entity To achieve proof of concept across diverse set of districts, recommend 4 districts @ $1.6M total Involve Yale from the outset to gather data needed for policy guidance.	Assuming ~30% of high acuity students may avoid ODP which costs and ~100 students involved in pilot, estimate $3M in cost savings and net savings of $1.0-1.5M



“The ESS program at School X has been the best thing for my child providing the right supports at the right time without delay. This should be offered in all schools and School X is lucky to have this working relationship. Thank you!”

“This program has been excellent and without it my child would not have made it through the school year.”

“ESS is essential for our family and has made an enormous impact, keeping my child at [School X].”

“ESS is an EXTREMELY valuable service that should be in EVERY school regardless of age of student. ESS professionals bridge the HUGE gap between school teachers/staff and Home/Community. “

Effective School Solutions

Thank you.

230 S. Frontage Road, New Haven, CT 06519

YALE CHILD STUDY CENTER

Where discovery inspires care

Executive Summary

Impact of School-Based Mental Health Care on Students' Educational and Out-of-School Outcomes

A Compendium of Yale Child Study Center Research Conducted on Behalf of Effective School Solutions

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From January 2023 to January 2024, Yale Child Study Center (YCSC) conducted independent analyses of data collected by Effective School Solutions (ESS) during the 2021-22 and 2022-23 school years and provided to YCSC in Fall 2022. The analysis consisted of three parts: 1) an analysis of the impact of ESS interventions overall on academic outcomes, 2) a fidelity analysis of ESS services on academic outcomes, and 3) and analysis of ESS services on out-of-school high acuity care. Analyses 1 and 2 were completed using data collected from Tier 3 students, i.e., those receiving intensive, in-school clinical support. Analysis 3 relied on Tier 2 and Tier 3 students.

Following enrollment in ESS services:

- 65% of Tier 3 students maintained or increased their GPA
- For Tier 3 students, severe disciplinary incidents decreased by more than 17%
- For every additional weekly ESS session provided to Tier 3 students, GPA increased by 5% while absences and disciplinary incidents decreased by 6-10%
- The average number of inpatient hospitalizations for Tier 2 and Tier 3 students decreased by 56%
- The average number of weeks in higher levels of care (HLOC) for Tier 2 and Tier 3 students decreased by 35%

PART 1: Impact of ESS Interventions on Academic Outcomes Across the 2021-22 School Year

Overall, the YCSC analysis of over 4,000 Tier 3 students revealed substantial positive impacts on academic outcomes across the 2021-2022 Impact Report (Table 1). Following enrollment in ESS services, students had significant gains in GPA, reductions in absences, and reductions in severe disciplinary incidents compared to baseline.

Ninety-six percent of students reported neutral or positive wellness ratings at the end of the school year.

The external validation analysis further revealed interesting trends. All racial identity groups saw more students increase or maintain their GPA than decrease it across the 2021-22 school year, with White, Hispanic/Latino, and African American students showing the greatest gains. African American students showed substantial decreases in absences across the school year. These findings indicate that, in response to ESS' intensive, in-school clinical support services, some academic outcomes differ for students based on personal identity measures. They further underscore the need for more research to examine when, how, and why these outcomes differ especially for students from historically underrepresented backgrounds.

Table 1. Comparison of metrics and outcomes between ESS Impact Report and YCSC external analysis.

Outcome	YCSC
Total number of students served	4,431
Total number of districts & states served	103 districts across 9 states
Total therapeutic interactions	344,181
Total types of services delivered	85,663 Individual Sessions 35,597 Family Sessions 103,203 Group Therapy Sessions 23,272 Learning Strategies Sessions 34,748 Urgent Intervention Sessions 31,705 Therapeutic Check-Ins
% students maintained/increased GPA	65%
% decrease in absences	10.2%
% decrease in total severe disciplinary incidents	17.5%
therapeutic wellness rating	96% Positive/Neutral in June

PART 2: Fidelity analysis of ESS Services on Academic Outcomes Across the 2021-22 School Year

This analysis sought to test they hypothesis that impact of high-fidelity ESS programming would have a better impact on academic outcomes than low-fidelity programming across the 2021-22 school year. High-fidelity programming occurred when students received at least 3 non-administrative services per week plus 1 family session in the past 2 weeks for at least 50% of the school year (n=661, 21.2%). Low-fidelity programming occurred when students received this same combination of services for

less than 50% of the school year (n=2,458, 78.8%). Racial identity was entered as a covariate in all analyses.

Overall, students receiving high-fidelity program implementation had better academic outcomes than students receiving low-fidelity program implementation. Students receiving high-fidelity programming had a higher GPA during marking periods (as opposed to baseline) than students receiving low-fidelity programming (GPA of 2.6 vs. 2.3), and a greater percentage of students showing GPA improvement (32% vs. 21%). They also had fewer absences during marking periods (3.5 vs. 5.7).

Regardless of program fidelity, a higher number of average sessions per week significantly predicted a greater increase in GPA and a greater reduction in total disciplinary incidents (including out of school suspensions) across the school year, and fewer absences during marking periods (Table 2). Additional correlational analyses indicated that there is a dose-response for students receiving low-fidelity programming. Students receiving low-fidelity programming, but also more average weekly sessions, had a higher GPA, fewer absences, and fewer out-of-school suspensions during marking periods. However, no significant correlations were present for students receiving high-fidelity programming. That is, for those students receiving services at least 50% of the weeks across the school year, more is not necessarily better, but for those receiving services less than 50% of the year, more *is* better.

Table 2. Effects of more weekly therapeutic engagements on educational outcomes.

Outcome	For every additional weekly session provided:
Average GPA	Increased by 5%
Average absences	Decreased by 6%
Average total disciplinary incidents	Decreased by 10%
Average out of School Suspensions	Decreased by 10%

YCSC concludes that high-fidelity ESS programming appears to have beneficial effects for students in greatest need of mental health services. Though effect sizes for these analyses were small, there were several significant positive effects of program fidelity implementation on multiple student outcomes. YCSC has submitted a report detailing these analyses to the Education Resources Information Center (ERIC) for evaluation by the What Works Clearinghouse to determine if this evidence meets the Tier 3 level of Promising Evidence as set forth by the Every Student Succeeds Act (ESSA).

PART 3: Analysis ff ESS Interventions on Out-Of-School High Acuity Care Across the 2022-23 School Year

This analysis sought to test the hypothesis that in-school mental health services reduces students' out-of-school high-acuity care. This analysis compared outcomes in the 12 months prior to in-school ESS services (baseline), with outcomes in the 12 months after ESS enrollment in in-school intensive mental health services (treatment) across the 2022-23 school year for over 700 K-12 students in five states receiving Tier 2 or Tier 3 ESS services in school. From baseline to treatment, average inpatient hospitalization stays, average intensive outpatient (IOP) referrals, and average number of weeks in higher levels of care (HLOC) all significantly decreased, from 23-56% (Table 3). Average partial hospitalization (PHP) referrals did not change. In the same vein, the proportion of students needing inpatient hospitalizations, IOPs, and HLOC was significantly reduced following enrollment in ESS services, from 4-11% (Table 3). The most significant changes in out-of-school high acuity care occurred in high school students (grades 9-12). Students enrolled in ESS services for 12 or more months (compared to less than 12 months) had significantly fewer IOP referrals and fewer weeks in HLOC, indicating a dose-response effect as was evident for academic outcomes.

Table 3. Impacts of ESS services on out-of-school high acuity care.

Outcome	Change in average number from baseline	Change in proportion of students needing care from baseline
Inpatient hospitalizations	Decreased by 56%	Decreased by 11%
Intensive outpatient referrals (IOPs)	Decreased by 23%	Decreased by 4%
Weeks in higher level of care (HLOC)	Decreased by 35%	Decreased by 6%

Collectively, these findings indicate that intensive mental health services provided in school benefit students and may also reduce healthcare costs. Meeting students where they are, in schools, to provide much-needed intensive mental health services, has strong potential as a treatment paradigm and as a policy intervention.

Conclusions

These independent analyses indicate significant impacts of ESS programming for adolescents across multiple domains. Following enrollment in ESS services, students saw significant improvements in both academic and mental health outcomes, as

indicated by increases in GPA, reductions in absences and disciplinary incidents, and reductions in out-of-school high acuity care incidents. Furthermore, these findings suggest that delivery of higher-fidelity ESS programming or longer duration in ESS programming may be most beneficial for the students at greatest risk of mental and behavioral health disorders.