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

**Approx. percentage of students on free or reduced lunch :**   2%   ⟵————————⟶   56%

Districts range from Urban to Rural; Affluent to Socioeconomically Challenged

Woodstock

South Windsor

Killingly

Newington

Thomaston

New Milford

Berlin

Cromwell

Preston

Watertown

Middletown

East Haddam

East Lyme

Madison

Trumbull

Waterford

Branford

Westport

Bridgeport

Stamford

Greenwich
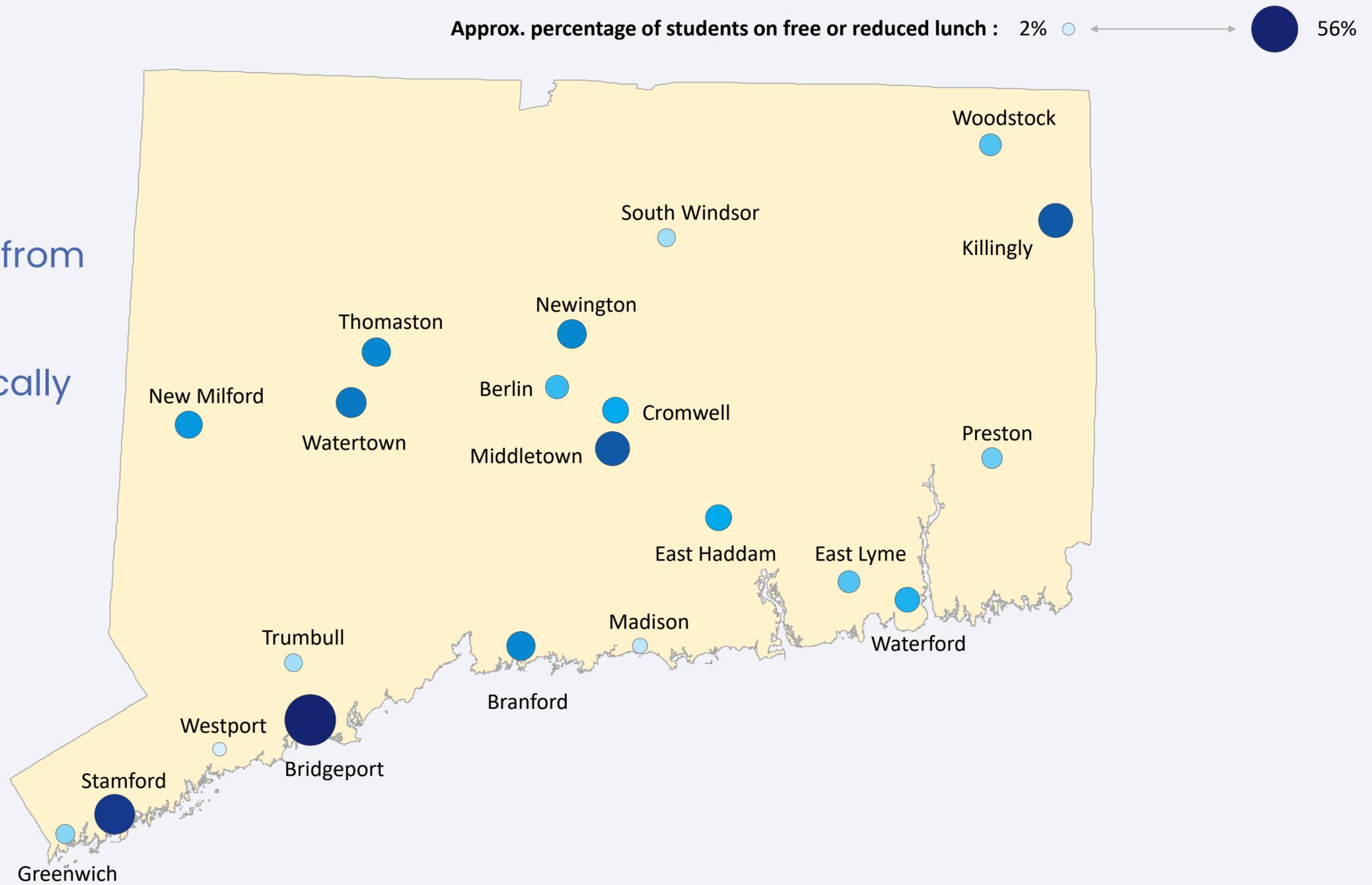
Source: National Center for Education Statistics

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ESS serves students at-risk of...

Out of district placement

Special ed classification

Behavioral challenges

Chronic absenteeism

Acute mental health challenges

Mental health-related crisis episodes

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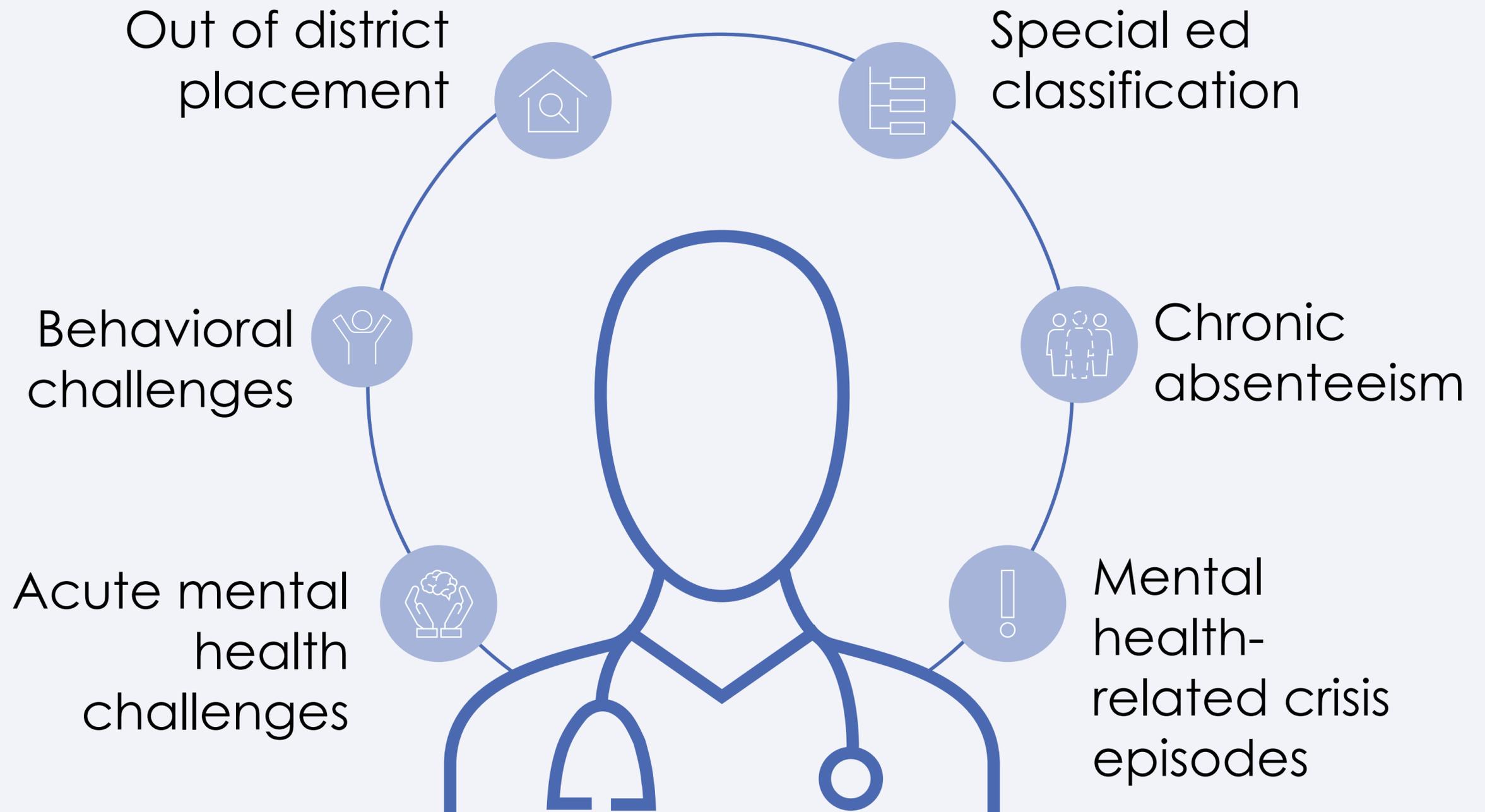
"I would encourage the state of CT to widen the reach of acute mental health programming like ESS. My family was lucky, that my district had this type of support available, without it I don't know where we would be today.

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

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"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

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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.

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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

Traditional School-Based Mental Health Care

Higher Levels of Care (e.g. Medical Model)

Many districts experience barriers in delivering higher levels of care
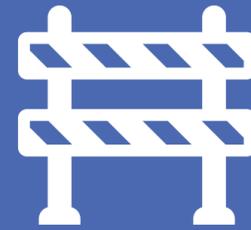
Barriers:

1. Clearly defined model
2. Identifying the right staff with the right experience
3. Clinical supervision
4. Specialized capabilities (risk management, behavioral support) for high-risk students
5. Systems for data storage and processes for progress monitoring

Trad... School... Mental... Car...

...evels of ...ychiatric/ ...al Model)

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)

National	2.4%
District of Columbia	6.5%
Connecticut	6.3%
Maryland	5.9%
New Jersey	5.8%
Illinois	5.8%
Massachusetts	5.1%

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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
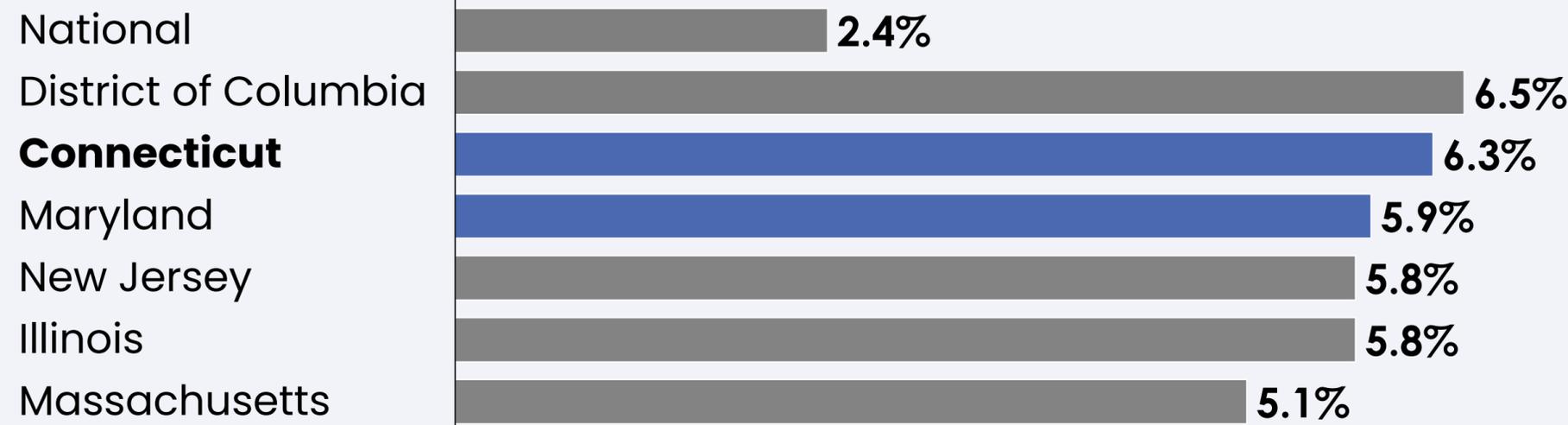
~50%

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**

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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

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 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

Mental Health Vision and Planning

Mental Health Needs Assessment

Mental Health Strategic Planning

TIER 3

TIER 2

TIER 1

FOUNDATIONAL SUPPORT

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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	✓	✓

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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**

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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)

YALE CHILD STUDY CENTER
Where discovery inspires care
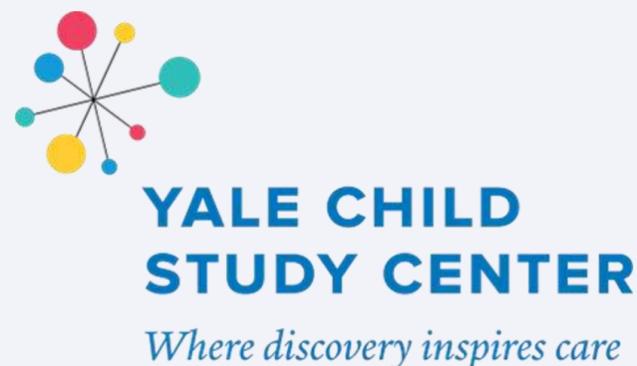
Average increase in GPA of half a letter grade

Average GPA

- Baseline
- Marking Period

(y-axis: 0.0 to 3.0)
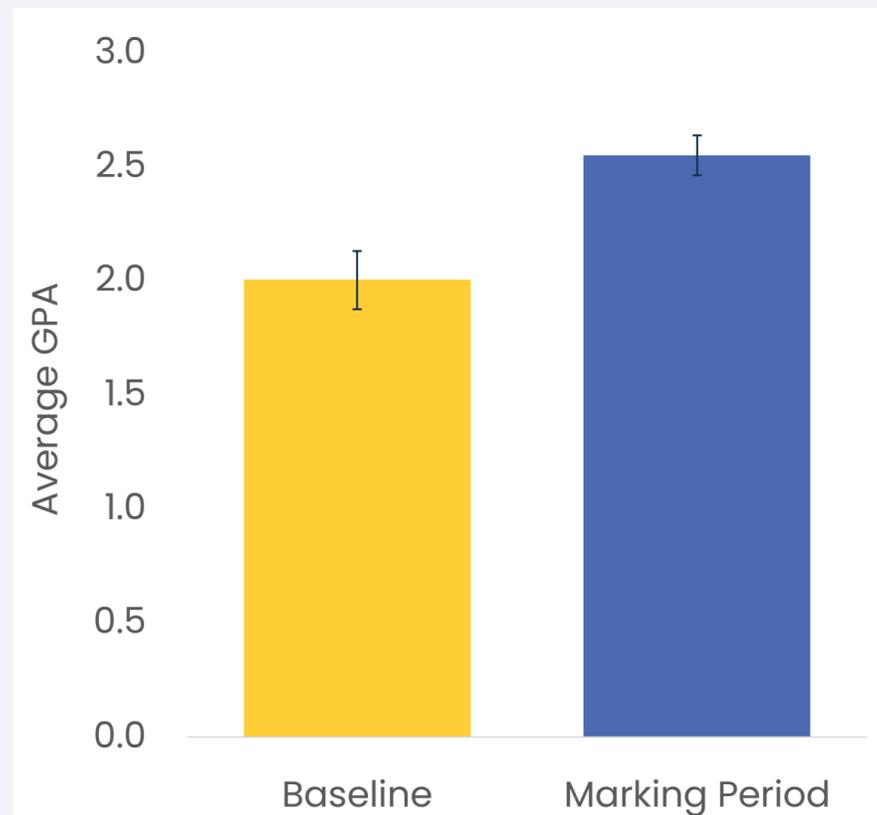
60% decrease in disciplinary events

Average Disciplinary Events

- Baseline
- Marking Period

(y-axis: 0.0 to 1.4)

50% decrease in Absences

Average Absences

- Baseline
- Marking Period

(y-axis: 0 to 7)
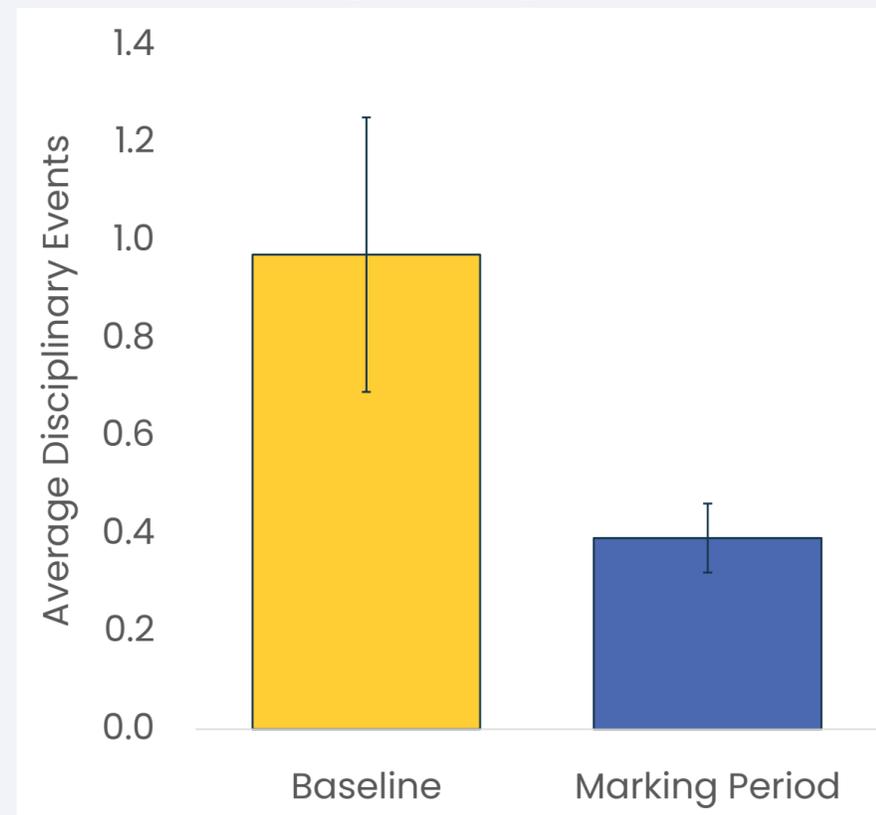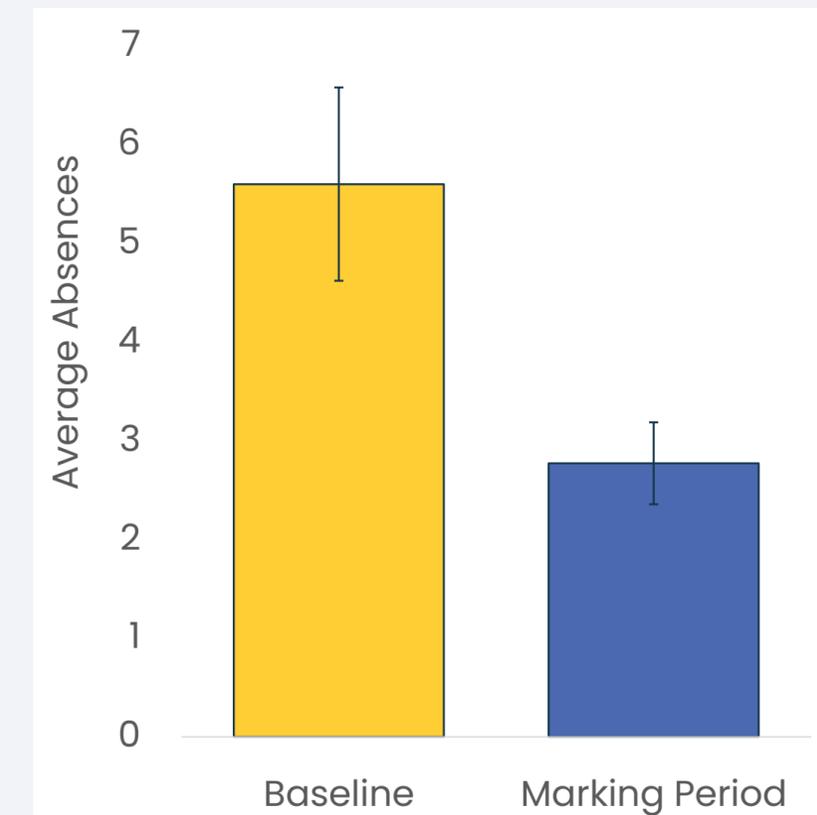
Data represents sample of 169 students who received services in high fidelity/on-model implementations. High fidelity implementation is defined as receiving group services, individual services and family services on at least 33% of weeks enrolled.

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High Acuity Healthcare Utilization (National)

YALE CHILD STUDY CENTER
Where discovery inspires care

### 56% reduction in hospitalization stays
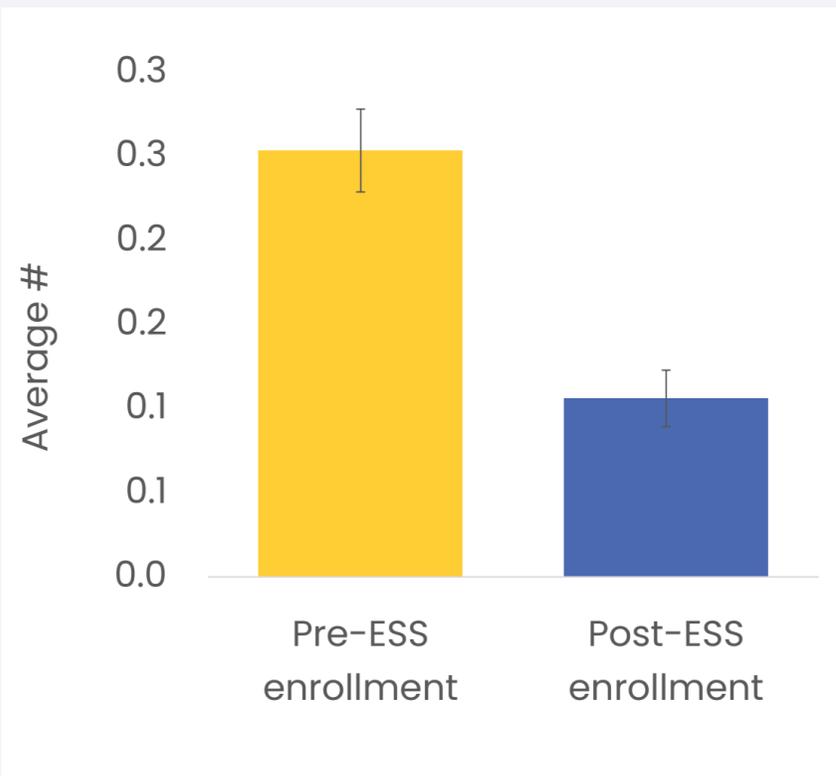
23% reduction in intensive outpatient referrals
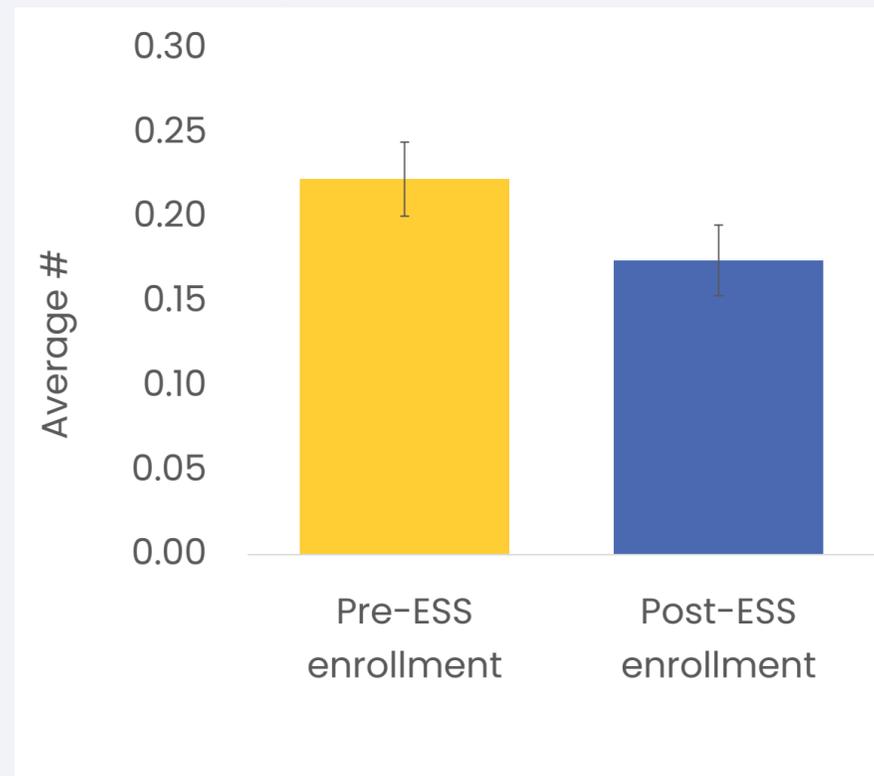
35% reduction in weeks in HLOC

N=879

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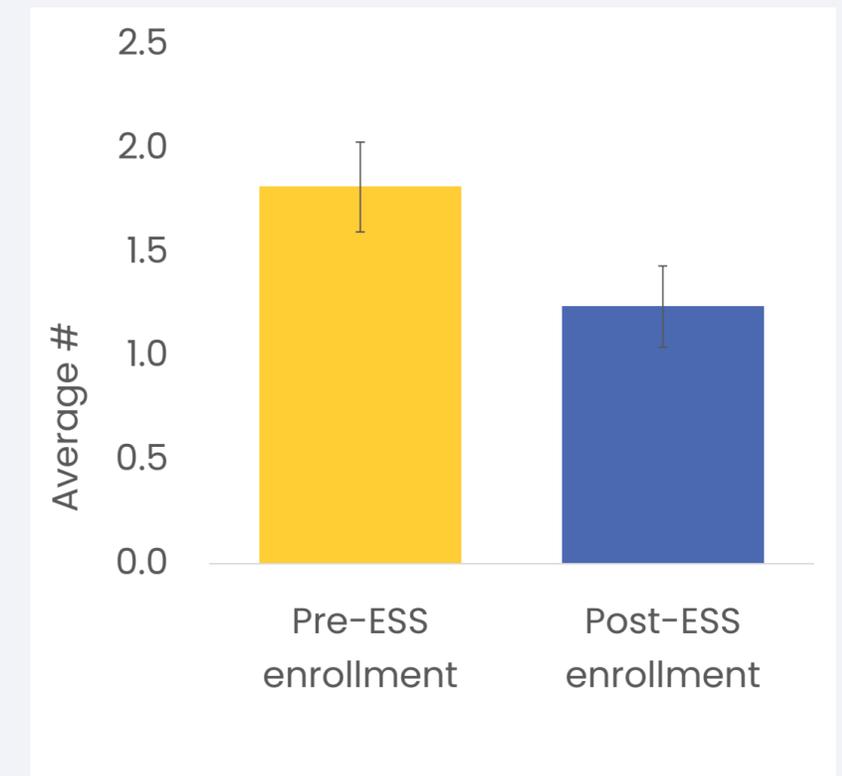
Impact on Out of District Placements

ODP Prevention Rate

Category	Rate
At high risk of ODP	94%
All Students	97%
Returned from ODP	100%

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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)
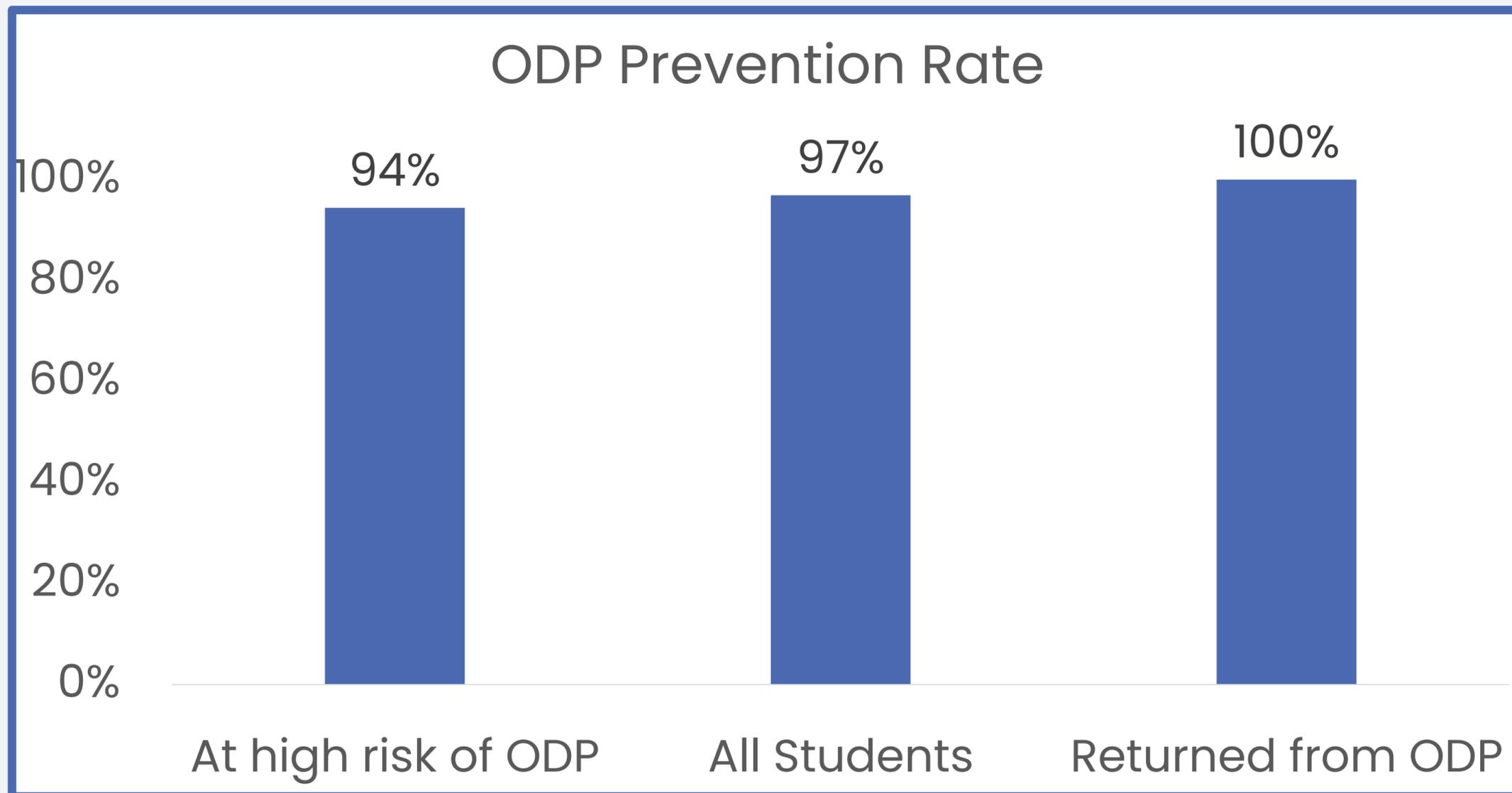
2023/2024 Parent Survey Results (CT)

Measurement Domain: Parent Surveys

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

Statement	Percent
This program is helping me cope with my child	85%
The program is helping my child	88%
The counseling staff understands my family situation	88%
My family's right to privacy and confidentiality has been respected	89%
I have been treated with respect	89%
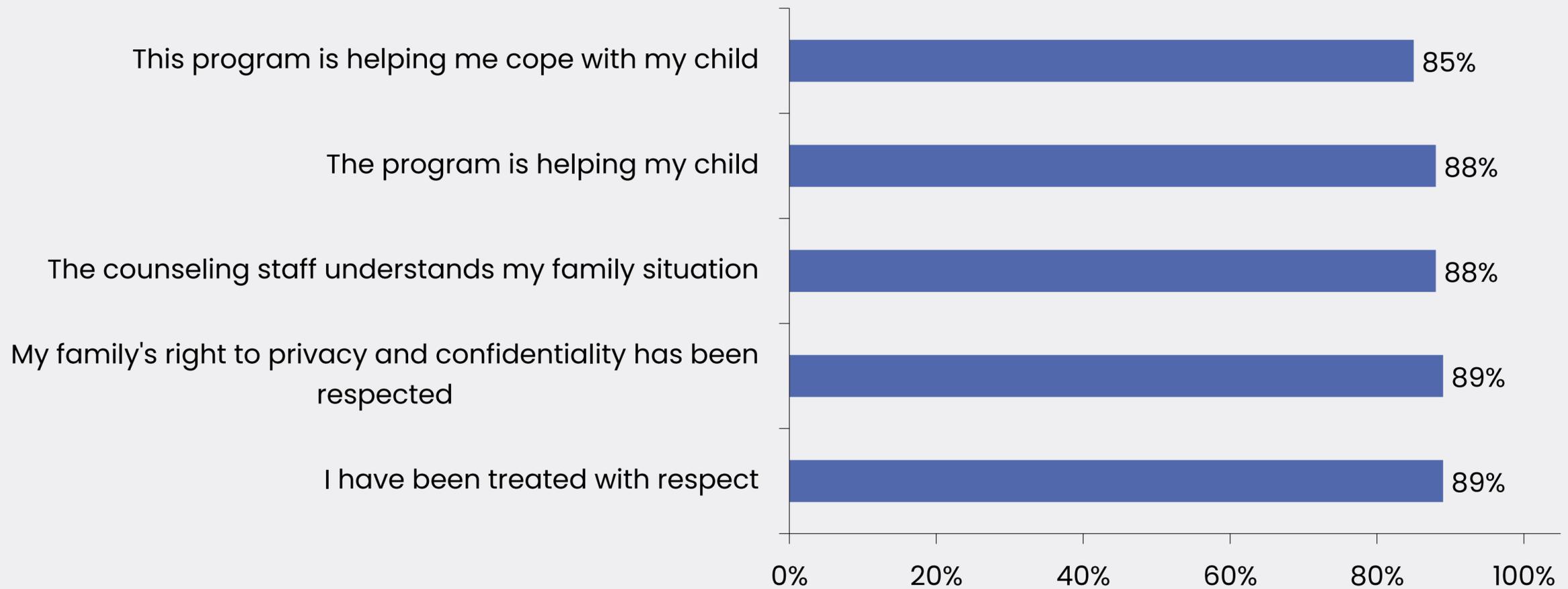
Percent of Parents Satisfied or Very Satisfied with ESS

91%
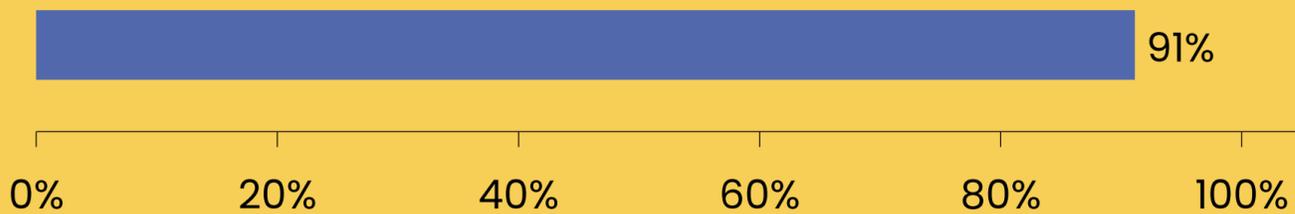
Percent of Parents to See Improvement in Their Child

94%

Sample Size: N=206

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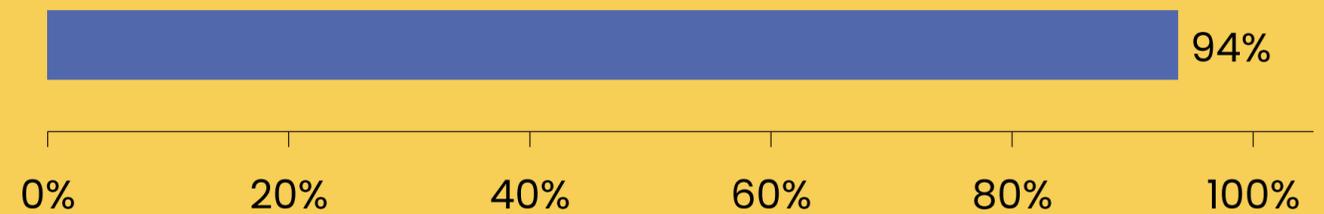
Case Study Bridgeport Public Schools

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

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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

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School-based mental health services funding transition (Illustrative)

- ■ Traditional district, state and federal funds
- ■ Medicaid and Commercial reimbursement, as appropriate
- ■ ODP Prevention/Avoidance

100 → **100**

Today	Future state
100	40 / 30 / 30

Today — 100

Future state — 40, 30, 30
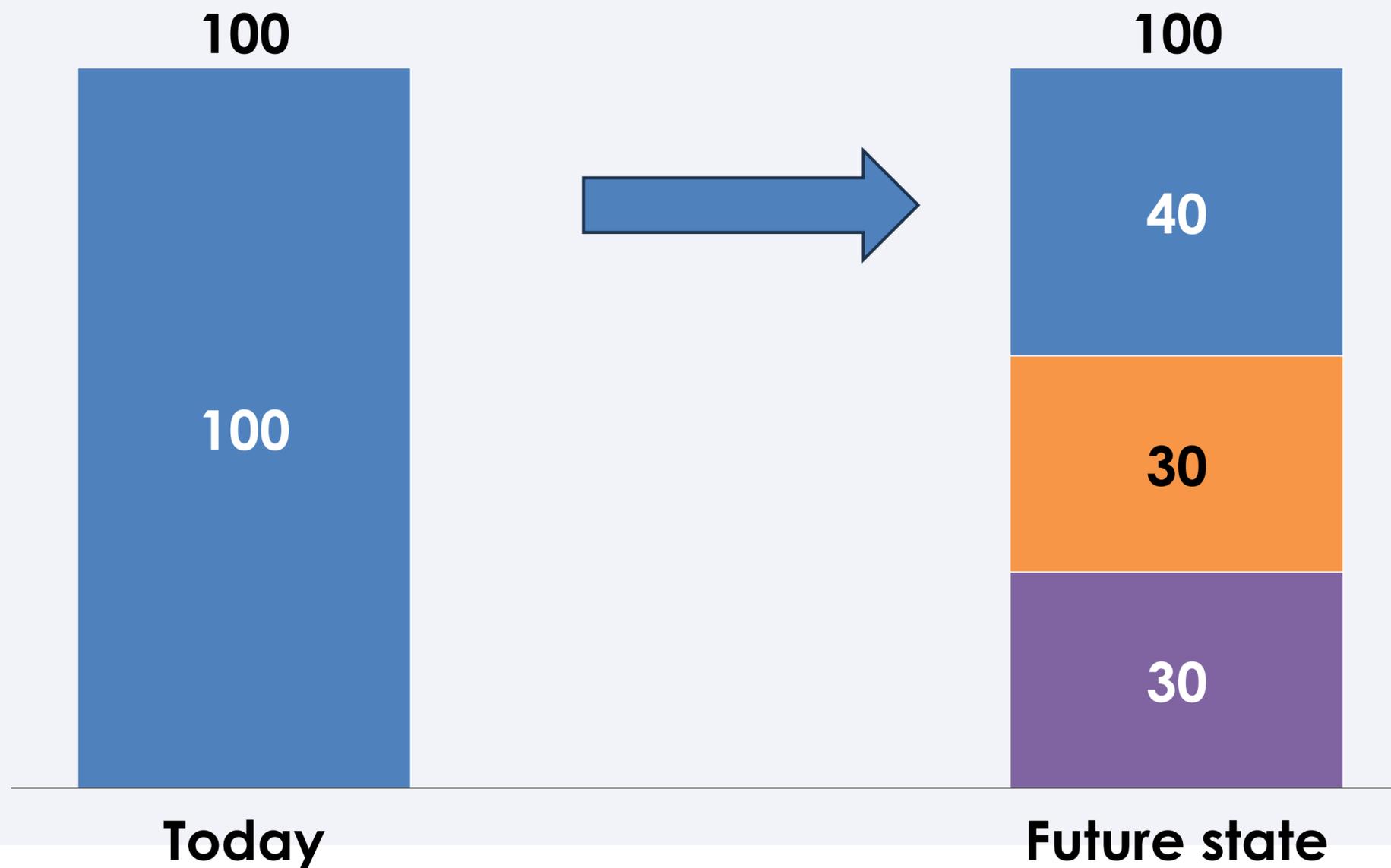
Incentives to Avoid Outplacements

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**

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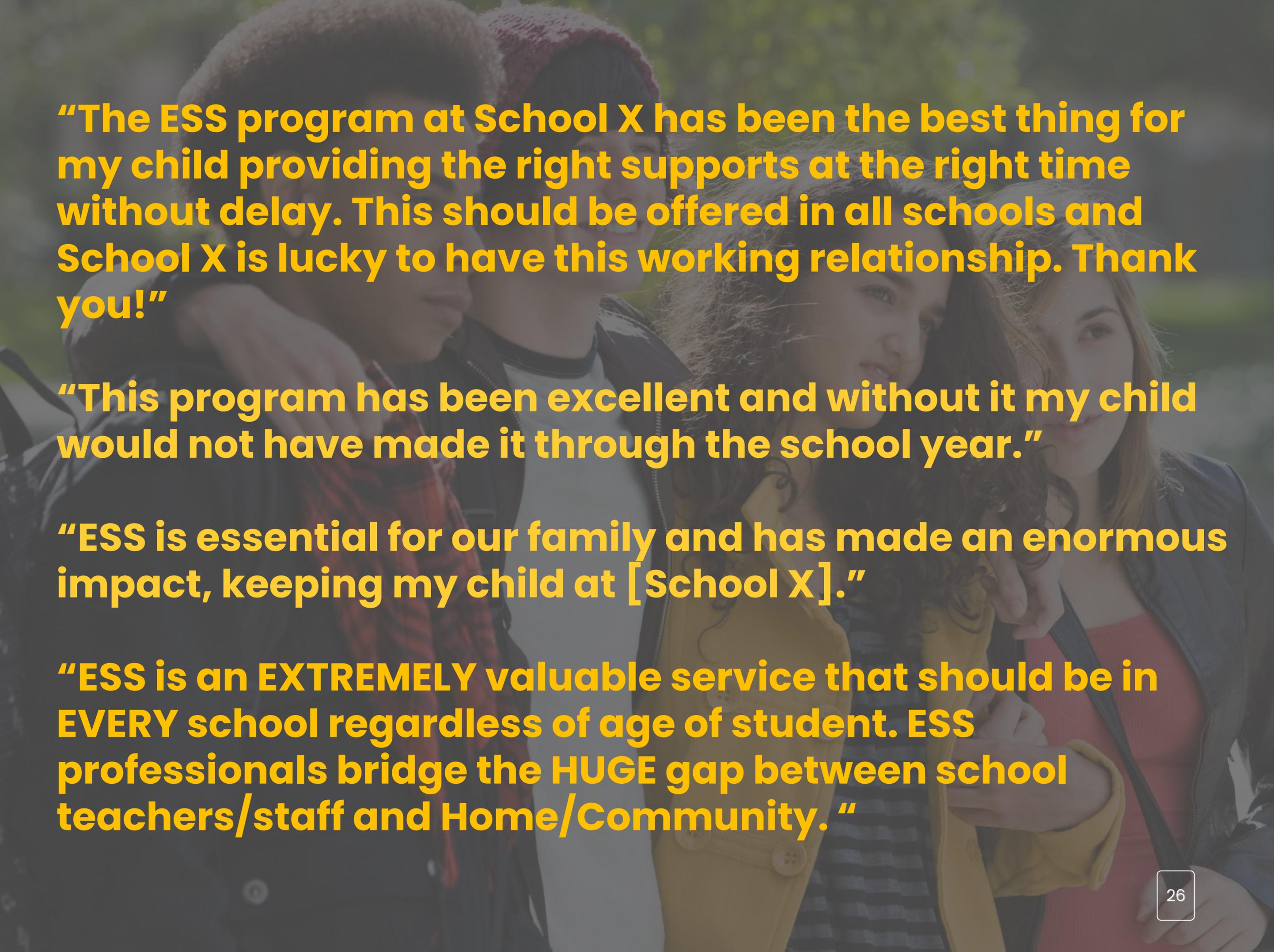
"The ESS program at School X has been the best thing for my child providing the right supports at the right time without delay. This should be offered in all schools and School X is lucky to have this working relationship. Thank you!"

"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. "

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Thank you.