



Making connections. Informing solutions.

Strengthening Schools through Behavioral Health Partnerships

National Data

1 in 5 youth experienced a **Major depressive Episode (MDE)** in the past year.

15% had MDEs that caused **severe impairment** in school, work, or home life.

0.67% of students are identified with an **Emotional Disturbance (ED)** through IEPs

1 in 6 children in the U.S. live with a **developmental disability**, such as autism, ADHD, or cerebral palsy.

Students with ED are **1.3% more likely** to spend most of the day **outside mainstream classrooms**.

National vs. State



**Nationally,
13.2%**
Of youth (over 3.4 million) are experiencing **serious thoughts of suicide**

**In Connecticut,
15.7%**
Have seriously **considered attempting suicide**, and **7.7% have attempted it.**



39.5%
Of referrals were received from schools



40.7%
of **Mobile Crisis referrals** came from **parents, families, and youth**

● National ● Connecticut



42% of U.S. high school students and 35.2% in Connecticut reported persistent feelings of sadness or hopelessness. (YRBS, 2021)

Innovative School and Community Partnership

Connecticut State Department of Education (CSDE) Behavioral Health Project:

- Supplement existing efforts at the school and district levels to build a coherent system of coordinated care.
- Mental health assessments used: the School Health Assessment and Performance Evaluation System (SHAPE) and the School Mental Health Quality Assessment (SMHQA-D).
- Identify gaps and determine specific priorities to ensure staff and student well-being, including training and resources for staff and families.
- Suggest appropriate referral processes, interventions, and provider networks internally and externally (community).

Emergency Mobile Psychiatric Services (EMPS):

This service offers emergency support for families with children in crisis, including mobile response, psychiatric assessments, short-term medication management, behavioral services, and substance use screening with referrals. Emergency Mobile Psychiatric Services (EMPS) provide crisis intervention and stabilization for children and youth—whether at home or in foster, adoptive, or relative care. EMPS also coordinates with existing clinical providers to ensure appropriate care during the crisis

Innovative School and Community Partnership

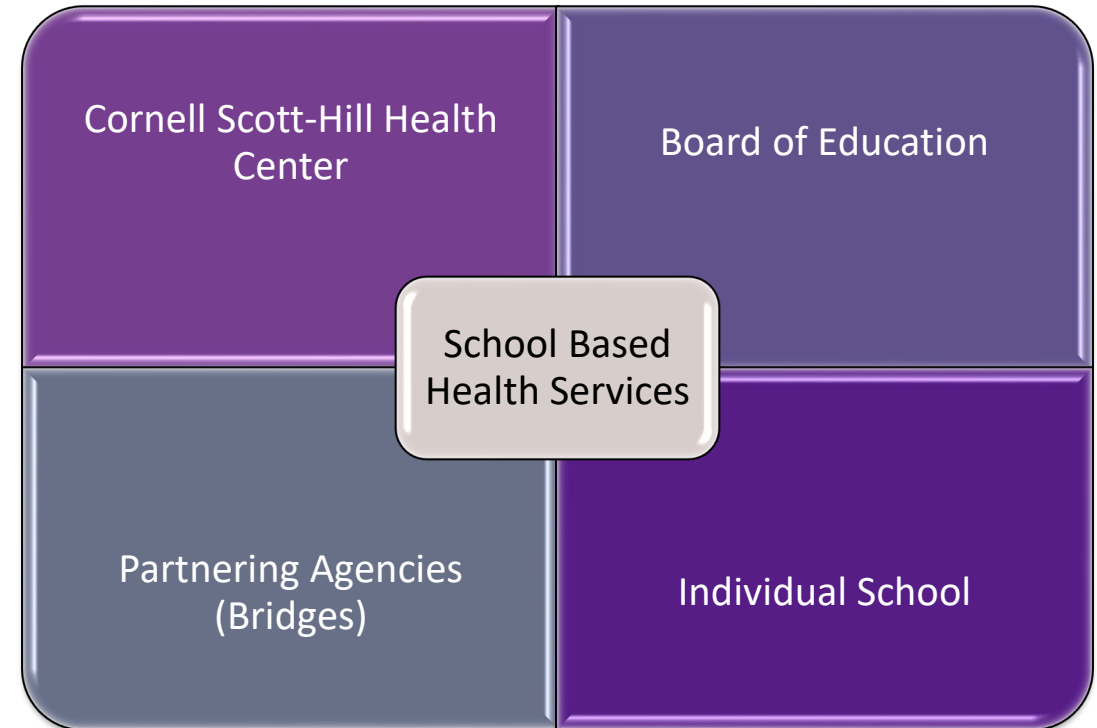
School-Based Health Centers

are facilities located within or near a school **that provides primary health care, behavioral health services, and oral health care to students.** Its purpose is to ensure that **students have easy access to medical services,** which can **help improve their overall health, attendance, and academic performance.** By addressing health issues on-site, these **centers aim to reduce barriers to care and support the well-being of the school community.**

School-based health centers offer numerous benefits, including **reducing absenteeism** by **providing timely care** that allows students to return to class more quickly. They also **foster a supportive environment** by addressing both **physical** and **mental health needs,** contributing to improved academic outcomes. Additionally, these centers can **promote health education** and **preventive care, empowering students to make informed decisions about their well-being.**

Innovative School and Community Partnership

Cornell Scott-Hill Health Center is a nonprofit community health center serving low-income and underserved residents in Greater New Haven since 1968. With 18 locations, it offers comprehensive medical, dental, behavioral health, and specialized services for populations such as individuals experiencing homelessness and those living with AIDS.



Innovative School and Community Partnership

TeenTalk, a Kids In Crisis exclusively designed program, places full-time Master's-level mental health counselors in Fairfield County elementary, middle, and high schools as well as after school programs such as Boys and Girls Clubs. The specially trained, compassionate counselors identify and help students navigate difficult personal, family, and school-related issues. **TeenTalk** Counselors augment school staff by providing confidential individual, group, and family counseling as well as preventive education on issues of importance to the health and well-being of young people. **TeenTalk** Counselors are specifically trained to identify at-risk students and students flying under the radar and to reach out to students experiencing depression, anxiety, substance use struggles, trauma, and conflict-related stresses. Counselors work in close collaboration with school staff to provide these services while providing confidentiality for students and their families. The program provides a crisis counselor to respond to all calls and provide face to face outreach in the communities **24 hours a day, 7 days a week. All services are provided at no cost to the child/youth.**

Innovative School and Community Partnership

Connecticut Behavioral Health is a private community behavioral health practice that offers therapeutic services for children, teenagers, families, and adults. They provide support and care in homes, as well as consultations in schools for both children and adults. Through partnerships with schools, community organizations, and healthcare providers, they tackle behavioral and learning issues for individuals of all ages.

School-Based Behavior Health Services offered by CBH:

- On site therapy services to students and faculty
- Families and faculty can utilize state and commercial insurance for these services; services can also be provided on a sliding scale/private pay basis
- Partnerships with 8 school districts (Wallingford, Shelton, Cheshire, Seymour, Oxford, Wolcott, Newington, Amity
- **No out of pocket costs to school districts**



“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)





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Questions to Panelists