



## Supporting Student Wellness and Success:

### *Use of ESSER Funds for Building a Comprehensive and Equitable School Mental Health System*



**Connecticut has a unique opportunity to develop a comprehensive and sustainable approach to student wellness and behavioral health that can be funded with pandemic-related federal support.** The onset of the COVID-19 pandemic in 2020 forced school districts across Connecticut and nationally to rethink how they deliver educational and behavioral health services and exposed gaps in existing systems for identifying and addressing student social, emotional, and behavioral needs. The pandemic also resulted in more students presenting with behavioral health needs, and an exacerbation in the severity of symptoms for many students.

Federal support from round two of the [Elementary and Secondary School Emergency Relief Fund \(ESSER II\)](#) brought \$400 million to Connecticut, followed by an additional \$1.1 billion as a result of the American Rescue Plan Act of 2021 (ARP ESSER). The ESSER II funds, which are available through September 2023, and ARP ESSER funds, available through September of 2024, will each be allocated to support four state priorities, two of which focus on behavioral health. These include **supporting the social-emotional well-being of students** (e.g., preventative and targeted behavioral health

supports) and **increasing school-family-community partnerships** (e.g., engaging with faith-based organizations, social service agencies).

ARP ESSER provides additional opportunities to address gaps and advance equity among students. This unprecedented influx of funding can assist the Connecticut State Department of Education (CSDE) and local education authorities (LEAs) in meeting the increased behavioral health needs of students during the pandemic and beyond, through implementation of a comprehensive, coordinated approach to trauma-informed school mental health services. **This Issue Brief provides recommendations for investing ESSER II and ARP ESSER funds so that CSDE and local LEAs can make long-term, sustainable improvements in supporting student behavioral health and academic success.**

### **The Pandemic Has Highlighted the Role of Schools in Providing Behavioral Health Services and Supports**

Schools are an important setting for addressing student behavioral health needs. Prior to the emergence of COVID-19, approximately 35% of youth with an emotional or behavioral disorder only received

treatment in school and were not connected to other community-based care.<sup>1</sup> Further, students identifying as Black, Indigenous and People of Color (BIPOC), those with a lower family income, and those with public health insurance were more likely than other students to receive services exclusively in their schools.<sup>2</sup> Since nationwide shut downs of schools began in March 2020, some parents have reported worsening behavioral health conditions for themselves and their children,<sup>3</sup> which are likely exacerbated among the most vulnerable students as a result of lacking access to school-based behavioral health services. As a result, Connecticut and most other states are implementing re-opening plans and navigating the 2021-2022 school year with an explicit focus on educational and behavioral health equity.<sup>4,5</sup> A trend analysis of ARP ESSER plans across states reflects these priorities<sup>6</sup> and a guidance document developed by the Council of Chief State School Officers provides suggested strategies for states to effectively leverage these funds to support student and staff well-being.<sup>7</sup>

### Aligning CSDE Priorities with State and District ESSER Funds

In order to increase the delivery of equitable, comprehensive school mental health programs and services, CSDE highlighted a [list of state priorities](#) for ESSER II funds and developed a state plan for [ARP ESSER funds](#). A [set of guidelines](#) for ARP ESSER funds were created with a strong focus on behavioral health partnerships and investment in social-emotional well-being to inform [district-level plans](#). To do this effectively and sustainably, **CSDE and school districts should invest in behavioral health infrastructure, services, and supports**, such as: professional development and ongoing coaching, staff wellness resources to maintain a healthy workforce, collaborative community partnerships to expand resources, data support to monitor process and outcomes, and policies that support these enhanced efforts. If temporary federal funds are used primarily for new direct service staffing, school districts will find themselves in a difficult position when funding for these positions expires in two to three years without having made improvements to behavioral health infrastructure.

**State-level:** ESSER and ARP ESSER funds could provide necessary infrastructure for school mental health at the state level and further strengthen CSDE's role as an integral partner in promoting social, emotional, and behavioral health. That investment in infrastructure could be used to achieve the following:

- Develop a set of student behavioral health and well-being indicators and benchmarks.** A standardized set of indicators and benchmarks (e.g., # of staff trained, # of students screened, % of students referred to services, % decrease in trauma symptoms) would provide guidance to LEAs on implementing and monitoring an equitable and comprehensive approach to school mental health. A statewide data portal could be developed to measure school mental health outcomes and monitor disparities in real time. Doing so will allow LEAs to measure progress of selected interventions, which would help to better inform practice and policy at the local level and to improve equity system-wide.
- Establish a statewide coordinating center for comprehensive school mental health to promote quality, fidelity, and cost savings across the system.** This would further advance the implementation of behavioral health initiatives and establish a cost-efficient structure for promoting best practices, standardizing school and district level training and activities, and providing technical assistance at no cost to schools and districts. **A coordinating center would do the following:**

  - Implement a learning community approach to foster peer networking and ensure high-quality implementation, removing the burden on individual LEAs to identify, negotiate with, and engage expert trainers and consultants.
  - Provide schools with guidelines that inform planning, decision-making and implementation of best practices through technical assistance that leverages economies of scale to negotiate for lower rates; more efficiently share trainers and other resources; and help with gradual rollout of key activities.
  - Develop data dashboards and quality improvement processes to support a statewide data portal and ongoing use of data to inform decision-making and monitor outcomes.

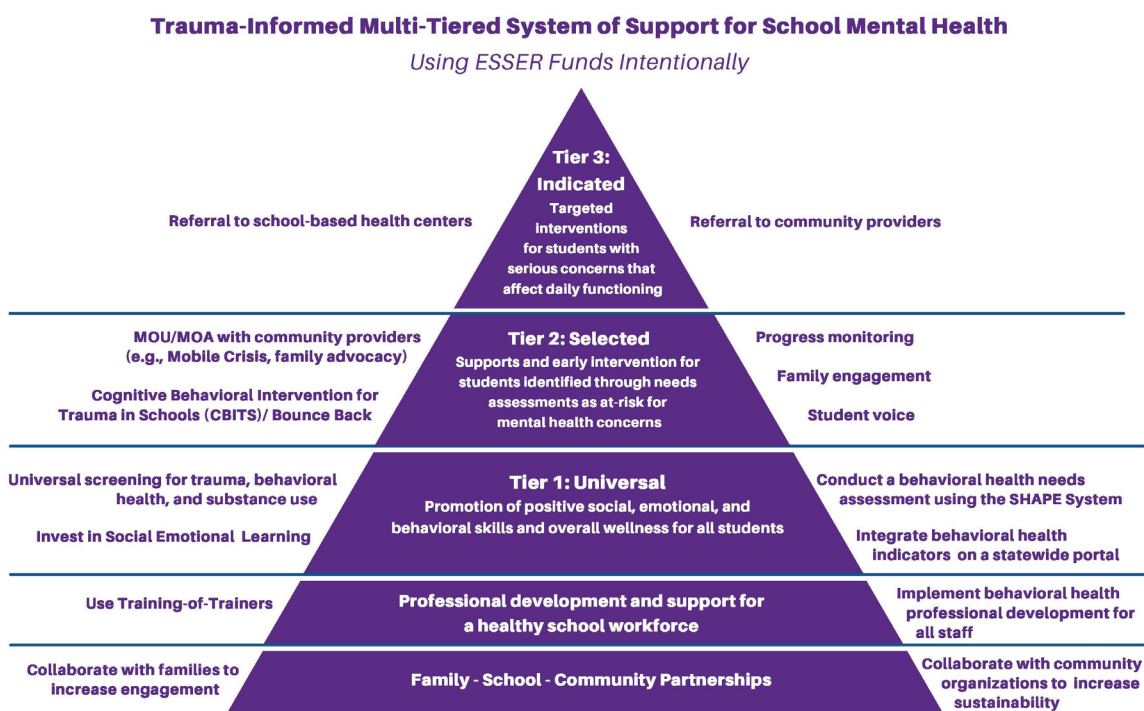
- Advocate for long-term Medicaid reimbursement policies to help students and their families connect to services.** While Connecticut is a national leader in expanding Medicaid reimbursement for school-based services for students with special education needs<sup>8</sup>, more work is needed to expand flexible funding support for all students in need of behavioral health services. CSDE can work with policymakers, other state agencies, and providers to further expand Medicaid coverage, leverage federal grant funds (e.g., Project AWARE, Systems of Care), align reimbursement rates across providers, and expand collaborations with community-based and co-located services.

**District-Level:** Districts can use ESSER and ARP ESSER funds to invest in some local infrastructure as well as specific services organized around a Multi-Tiered System of Support (MTSS). Specific strategies include the following:

- Build up a robust MTSS to support a whole-child approach to social, emotional, and behavioral health.** An MTSS system includes activities that are universal (e.g., all students), targeted (e.g., some students, to better identify needs), and indicated (e.g., a few students, with high needs), resulting in behavioral health services

that complement academic supports and are fully integrated in almost every aspect of student and staff interaction. The pyramid figure below illustrates how to invest in comprehensive behavioral health at the district level. This [CHDI IMPACT report<sup>9</sup>](#) provides more information about how to implement an MTSS at the school level.

- Implement infrastructure capacity-building efforts to strengthen the workforce and partnerships with families.** As indicated in the figure below, a healthy school workforce and strong school-family-community partnerships are foundational to a strong local education system. Districts must invest funds to enhance workforce development and support sustainable train-the-trainer models, re-align staffing to support direct service delivery, expand coordination of care, incentivize youth and family engagement, and review and revise district policies to support best practices. A statewide coordinating center would provide technical assistance and support for these efforts and ensure equitable student behavioral health outcomes by identifying, planning, implementing and tracking interventions. As these supports are brought to scale, districts will maintain the ability to individualize implementation, while enhancing consistency in content and standards of practice.





## Recommendations for Ensuring Connecticut's Most Vulnerable Children Get the Most Effective Services

The following recommendations are made for CSDE and school districts to support the development and implementation of comprehensive and equitable school-based behavioral health systems:

### 1. CSDE should use federal ESSER II and ARP ESSER resources to fund the statewide infrastructure for implementing trauma-informed behavioral health services and supports in schools.

Guided by the MTSS pyramid, CSDE should identify multiple evidence-based interventions across tiers, invest in staff workforce development, and invest in a statewide coordinating center to oversee this work and ensure adherence to best practices. As federal funds expire, and with legislative support, future investment in comprehensive school mental health in the State's Biennial Budget would further extend these investments and sustain positive outcomes for all students.

### 2. CSDE should identify behavioral health indicators, develop targeted benchmarks to improve equity and outcomes, and invest in the creation of a student behavioral health data portal.

CSDE should set goals that LEAs are required to achieve to promote equitable student well-being outcomes. Storing and maintaining these indicators on a secure statewide portal would allow for the ability to analyze and report outcomes for ongoing quality improvement.

### 3. Districts should focus on implementing comprehensive behavioral health services and supports in schools:

- First, LEAs must understand each school's needs and areas of strength. The School Health Assessment and Performance Evaluation ([SHAPE](#)) System, a free assessment with available support, helps districts and individual schools assess school mental health quality and sustainability.

- Next, schools should build in implementation and accountability structures, identifying a "team of champions" to lead initiatives. This team would be responsible for tracking progress, serving as trainers to guide workforce development, and helping identify and correct discrepancies or inequities in service delivery. These teams could work closely with the coordinating center to help them identify the existing programs and services that are appropriate for each school, sharing lessons learned with other LEAs to increase community support and collaboration.
- Third, districts must make available a wide array of school-based or school-linked services and supports to promote well-being and meet student social, emotional, and behavioral needs. To promote access to care, CHDI has developed [resource sheets](#) by topic with links to some school-based services widely available statewide (e.g., Mobile Crisis, QPR, RULER) and a [directory](#) of school- and community-based trauma specific services (e.g., CBITS, Bounce Back).
- Finally, schools and districts should focus on establishing local partnerships that could help with implementation of a full MTSS, including collaboration with community-based providers and families to ensure the full continuum of services is available to all students in need.

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