Child Health and Development Institute of Connecticut, Inc.

April 16, 2013

TESTIMONY BEFORE THE ACHIEVEMENT GAP TASK FORCE

By: Judith Meyers, Ph.D. President and CEO,
Child Health and Development Institute of Connecticut (CHDI) and the Children's Fund of Connecticut

Thank you for this opportunity to speak before the Achievement Gap Task Force. I am President and CEO of the Children's Fund of Connecticut, a public charitable foundation, and its subsidiary, the Child Health and Development Institute of Connecticut (CHDI). Both organizations are dedicated to ensuring that children have access to and benefit from a comprehensive, effective community-based health and mental health care system. We work at the state and community level on improving policy and practice to support healthy child development, with a particular focus on the underserved. By framing policy, developing systems and promoting practice change, we work to ensure that children are healthy and ready to learn upon kindergarten entry and throughout their school years.

I commend the Task Force for taking a holistic approach that includes attention to the importance of the promotion of social and emotional health beginning at birth and throughout the school years, and the prevention and early intervention and treatment of behavioral health concerns among our children and youth as important to ameliorating the achievement gap in Connecticut. I will address some facts about the problem and tell you about some of the approaches being developed in Connecticut. Since I can't cover much in my allotted time, I am submitting CHDI's IMPACT report: *Improving Outcomes for Children in Schools: Expanded School Mental Health,* which provides useful information and a set of recommendations.

Here are some facts:

- Both brain science and experience have confirmed that learning and literacy and social-emotional development are inextricably intertwined;
- Approximately 10 percent of children entering kindergarten suffer from social/emotional challenges that significantly impair their ability to learn;
- The incidence of social/emotional disturbances among low-income young children is two to three times as high as their more economically advantaged peers;
- About one in five children from ages 9-18 experience a diagnosable and treatable emotional-behavior problem. Of those children, only about 20 percent are able to

270 Farmington Ave
Suite 367
Farmington, CT 06032
860.679.1519 office
860.679.1521 facsimile
chdi@adp.uchc.edu
www.chdi.org

access the care they need, leaving many children with unmet mental health needs that have important implications for individual student achievement and the educational system as a whole.

- Youth who struggle with social/emotional difficulties are more likely to drop out of school, earn poorer grades, and engage in disruptive behaviors in the classroom compared to youth without these difficulties;
- Under-resourced schools are relying too heavily on exclusionary discipline to manage behavioral problems that are often the expression of underlying emotional difficulties. There is a disproportionately high rate of suspension and expulsion for students of color and students with disabilities, including students with emotional and behavioral disorders. Children who are not in school are not learning.
- The reliance on arrests as a response to challenging behaviors disproportionately affects children from racial and ethnic minority backgrounds and youth with mental health needs.
- Research has shown positive impacts across a variety of indicators, including academic performance, through school mental health programs that address students' unmet social and emotional needs.
- Reviews of social and emotional learning programs, as an approach to promoting healthy development, report that in both after-school settings and school-based settings, academic performance in youth participating in these programs improved significantly compared to those not involved

A few programs and resources in Connecticut that address social and emotional development and mental health concerns directly linked to academic performance include the following:

- The Grade Level Reading Campaign Social and Emotional Peer Learning Pilot – CT was recently selected to work with the Campaign on a demonstration project to deepen the connection between social-emotional development, school attendance, kindergarten readiness and grade-level reading success. Eight communities will participate in this public/private partnership.
- School Based Health Clinics that employ mental health clinicians
- School employed social workers and school psychologists to deliver direct services and consult with teachers about managing behavior concerns among their students.
- The School Based Diversion Initiative implemented in 17 schools in nine communities focuses on reducing the frequency of in-school arrest, expulsions and out-of-school suspensions and linking youth who are at risk to appropriate services and supports, training school staff to recognize and manage behavioral health crises in the school, and changing school disciplinary policies. Results to date indicate a significant decrease in in-school arrests and suspensions and court referrals. Use of emergency mobile psychiatric services as an alternative in crisis situations, increased dramatically.

270 Farmington Ave
Suite 367
Farmington, CT 06032
860.679.1519 office
860.679.1521 facsimile
chdi@adp.uchc.edu
www.chdi.org

The IMPACT Report provides recommendations for creating a statewide system of school-based mental health services and supports to assure that schools provide a safe, secure and accessible base for improving mental health outcomes by serving as a hub for school-based and school-linked services in the community. These include the following:

1. Address a full spectrum of opportunities including classroom-based approaches, crisis response, transition supports, home-school connections, and student and family assistance.
2. Foster close collaboration between families, schools, and community agencies to develop a full array of effective mental health promotion and intervention to youth in both special and general education programs in schools.
3. Reduce reliance on exclusionary discipline practices such as suspension, expulsion and arrest, contributing to poor student outcomes and the widening achievement gap.
4. Ensure that school personnel receive adequate in-service training in mental health competencies and have access to mental health consultation (from early care and education through high school).
5. Expand the number of school social workers and psychologists to minimum standards.
6. Require MOA's between schools and community providers and between schools and local law enforcement agencies.
7. Expand SBDI to meet the full need in all schools with high arrest rates and strengthen the capacity to respond to crisis behavioral health concerns.
8. Expand school-based health centers with full access to mental health services.
9. As mandated by Public Act 13-178, CHDI is assisting DCF in developing a comprehensive plan to meet the needs of all children in CT from prevention through to treatment. We are in an information-gathering phase and will consider recommendations from other task force studies and reports in developing a plan due to the legislature in October. All our efforts should be connected.

CHDI is happy to serve as a further resource to the Task Force in this important work.

Judith Meyers, Ph.D. /860 679-1520 /meyers@uchc.edu

270 Farmington Ave
Suite 367
Farmington, CT 06032

860.679.1519 office
860.679.1521 facsimile

chdi@adp.uchc.edu
www.chdi.org