



**Setting Young Children Up for Success: Decreasing Suspensions by  
Investing in Social and Emotional Development  
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**Kathryn Scheinberg Meyer, Esq. Director of the Speak Up Project, Center for Children's Advocacy  
Jeana Bracey, Ph.D., Director of School & Community Initiatives, Child Health and Development  
Institute  
Sarah Healy Eagan, Esq., Child Advocate, Office of the Child Advocate<sup>1</sup>**

***Yet another phone call. Over the past few months, Anthony's school had been calling his mother 3 or 4 times a week due to his escalating behavioral incidents at school. Yelling at classmates and staff, running out of the classroom, even throwing chairs. He was in crisis, the school staff did not know what to do, and Anthony's mom was about to lose her job due to the frequent interruptions. Anthony lacked the strategies for self-regulation, and the school did not have the time, staff, or expertise to provide the therapeutic interventions he needed.***

Connecticut has always been at the forefront of early childhood research, development, and policy. In 2007, the Early Childhood Education Cabinet was established in Connecticut as a result of federal legislation<sup>2</sup> to bring leaders of various child-serving agencies and commissions together. In 2013 the Office of Early Childhood (OEC) came into existence through an Executive Order, which was later codified in Public Act 14-39.<sup>3</sup> The mission of OEC is to coordinate and improve early childhood care, education, and support services, through a family-centered, culturally-respectful, equitable, and whole-child approach.<sup>4</sup>

It is in this context that, in 2015, Connecticut became the first state to pass legislation, Public Act 15-96,<sup>5</sup> to ban suspension and expulsion of children in preschool through grade two, with the exception for conduct “of a violent or sexual nature.”<sup>6</sup> Despite this monumental first step, Connecticut schools still suspended 1,674 students in preschool through grade two during the 2015-2016 school year, 72% of whom were Black or Hispanic, and 58.5% of who were boys.<sup>7</sup> And it is estimated that many more children are excluded from the learning environment without proper documentation, driving up the numbers even further.

Most suspensions were for minor incidents such as “disruption,” “disrespect,” or “school policy violations” (including dress code and electronic devices).<sup>8</sup> Behavioral challenges presented by young children are often associated with unidentified or unmet behavioral health needs or trauma histories, which could be better served through appropriate services and supports rather than punishing disciplinary practices that exclude them from the learning environment.

***The goal of this policy brief is to provide best practice strategies, including local examples of effective models that will decrease the number of young children excluded from school through***

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<sup>1</sup> Authored in conjunction with the Setting Young Children Up for Success workgroup, with representation including Department of Children and Families, Connecticut State Department of Education, Office of Early Childhood, Clifford Beers Clinic, Early Childhood Consultation Partnership, Edward Zigler Center for Child Development and Social Policy at Yale University, CT Association of Public School Superintendents, Integrated Health Services, Child First, University of St. Joseph, and school districts.

<sup>2</sup> Improving Head Start for School Readiness Act of 2007, 42 USC 9801

<sup>3</sup> State of Connecticut General Statute 14-39, An Act Establishing The Office Of Early Childhood, Expanding Opportunities For Early Childhood Education And Concerning Dyslexia And Special Education

<sup>4</sup> Connecticut Office of Early Childhood. Retrieved from <http://www.ct.gov/oec/site/default.asp> For example, Help Me Grow is an OEC program that connects children and their families to community services and resources related to child health, development, behavior, and learning, through the Child Development Infoline.

<sup>5</sup> State of Connecticut General Statutes 15-96, An Act Concerning Out-of-School Suspensions and Expulsions for Students in Grades Pre-Kindergarten to Two

<sup>6</sup> State of Connecticut General Statutes 10-233(c)). This law applies to schools under a local or regional board of education, charter schools, or inter-district magnets, and went into effect in July 2015. Read together with Section 10-2331 of the General Statutes, the Connecticut State Department of Education (CSDE) has concluded that preschool children may only be suspended in-school, and has provided guidance to that end: [http://portal.ct.gov/-/media/SDE/School-Counseling/Guidance\\_Suspension\\_Expulsions\\_-\\_Preschool\\_-\\_Grades\\_Kindergarten\\_Two.pdf](http://portal.ct.gov/-/media/SDE/School-Counseling/Guidance_Suspension_Expulsions_-_Preschool_-_Grades_Kindergarten_Two.pdf).

<sup>7</sup> Connecticut State Department of Education (April 2016) “Suspensions and Expulsions in Connecticut” <https://assets.documentcloud.org/documents/2790860/Suspensions-and-Expulsions-in-Connecticut-2016.pdf>

<sup>8</sup> *Id.* at pg. 60

**recommendations that will also improve children's social-emotional development and capacity to learn.**

### Why Does This Matter?

Based on national data, it is estimated that at least one out of every five Connecticut children has a diagnosable mental health condition.<sup>9</sup> On average, 75-80% of children with emotional challenges cannot access the services they need,<sup>10</sup> and their educational and social outcomes are the worst for any disability group.<sup>11</sup> Healthy relationships fostered in childhood are linked to healthy brain development,<sup>12</sup> and treatment for emotional issues often leads to successful outcomes;<sup>13</sup> therefore, prevention and early intervention are critical for healthy child development.

The research is also clear in terms of the outcomes for children who are excluded from school, demonstrating that the suspension of very young children from school has significant social and economic consequences. Studies indicate that young children who receive even one disciplinary sanction are more likely to experience academic failure, eventually become involved in the juvenile justice system, and drop out from school.<sup>14</sup> Rather than improving school climate, safety, and academic achievement, studies on exclusionary discipline show exactly the opposite,<sup>15</sup> with taxpayers footing the costly bill.

A 2016 research study from the UCLA Civil Rights Law Project<sup>16</sup> demonstrated that overuse of punitive school discipline costs taxpayers *billions* of dollars nationwide due to their lower earning potential, worse health outcomes, and greater likelihood of involvement with the criminal justice system.

There are other ways in which the failure to prioritize or value the social and emotional development of students affects our local school districts' bottom lines. In 2017, the Office of the Child Advocate reviewed data from one urban Connecticut school district and found that in the previous year the district placed 432 students with disabilities—the majority of whom presented with emotional difficulties—in private, state-approved special education programs, totaling approximately \$25 million. Across the state of Connecticut, almost \$700 million dollars is spent *each year* “out-placing” students with disabilities, many of whom are identified as children with “Emotional Disturbance,” and who have histories of developmental trauma. Instead, districts need to be encouraged to reinvest at least a portion of dollars spent on costly out-placement for students into efforts that will encourage positive social and emotional development and resulting academic achievement for younger students. Teachers need to be trained and supported to help students achieve positive developmental outcomes, and evaluations of student performance must include close attention to the attainment of positive developmental goals.

<sup>9</sup> National Institute of Mental Health (2011). Statistics: Children and Adolescents.

<sup>10</sup> National Center for Children in Poverty (2006). Children's Mental Health: Facts for Policymakers.

<sup>11</sup> Bradley, R., Henderson, K., & Monfore, D.A. (2004). A national perspective on children with emotional disorders. *Behavioral Disorders*, 29(3), 211.

<sup>12</sup> National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

<sup>13</sup> *Id.* at 8.

<sup>14</sup> American Academy of Pediatrics (March 2013). Out-of-School Suspension and Expulsion. *Pediatrics*, 131 (3).

<sup>15</sup> Skiba RJ, Reynolds CR, Graham S, Shera P, Conoley JC, & Garcia-Vasquez E, (2006). American Psychological Association, Zero Tolerance Task Force. *Are Zero-Tolerance Policies Effective in Schools?* Washington, DC: American Psychological Association: 4–5.

<sup>16</sup> Majerowicz, Annette (2016, June 1) “School Suspensions Cost Taxpayers Billions”

<https://www.civilrightsproject.ucla.edu/news/press-releases/featured-research-2016/school-suspensions-cost-taxpayers-billions>.

Evidence demonstrates that prioritizing students' social-emotional development from the youngest ages reaps significant dividends in all areas of children's performance and reduces the rate of exclusionary discipline, academic failure, and juvenile justice involvement.<sup>17</sup>

## What Works?

The good news is that Connecticut has been recognized as a national leader in promoting the achievement and well-being of young students through legislative and policy reforms and the development of ground-breaking innovations for struggling young students.

### School-Based Innovations to Improve Students' Social and Emotional Well-Being

"The only way for schools to build relationships and connect more authentically with their students is for district and school administrators to insist that all educators spend time and energy on developing these ties. They need to be given the support, and *permission* to spend classroom time on this priority."

--Fran Rabinowitz, **Executive Director of the Connecticut Association of Public School Superintendents (CAPSS)**

**Restorative Practices**<sup>18</sup> represents a philosophy that recognizes the importance of prioritizing the relationships and connections between and among all people within a school community, providing a framework for creating positive school climate and culture. It focuses on a pro-active approach to developing students' character and a nurturing school culture that serves to restore relationships rather than reactively addressing conflict. The Connecticut State Department of Education (CSDE) provides frequent trainings on this philosophy throughout the state.

**RULER**<sup>19</sup> is a model developed by the Yale Center for Emotional Intelligence as a school-based, universal approach to addressing social and emotional learning (SEL) and development among students in grades K-12. Preschool RULER helps preschools and early childhood centers integrate SEL through teaching students skills for Recognizing, Understanding, Labeling, Expressing, and Regulating emotions and by helping teachers improve classroom climate by using tools such as a Mood Meter. RULER is implemented in districts across CT, nationally, and internationally, and has been shown to reduce anxiety, improve academic performance, and reduce conflicts among students.

**Bounce Back**<sup>20</sup> is a school-based group intervention for indicated elementary school students (grades K-5) who have experienced trauma and is adapted from the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) model. CBITS and Bounce Back are effective in reducing symptoms of post-traumatic stress disorder (PTSD), depression, and other psychosocial effects among children, which may negatively impact learning, behavior, social, and emotional development. CHDI serves as the statewide Coordinating Center to disseminate CBITS and Bounce Back to schools and districts, in partnership with DCF, community providers, and school-based health centers. This partnership provides training, implementation support, and quality improvement measures to support schools in providing this effective treatment to young students, with a goal of expanding access to all CT communities. Children involved with the program reported significant improvement in PTSD symptoms.

<sup>17</sup> U.S. Department of Health and Human Services and Education Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings (2014). Retrieved from: [https://www.acf.hhs.gov/sites/default/files/ecd/expulsion\\_ps\\_numbered.pdf](https://www.acf.hhs.gov/sites/default/files/ecd/expulsion_ps_numbered.pdf).

<sup>18</sup> To learn more about CSDE's trainings on School Climate and Restorative Practices <http://www.sde.ct.gov/sde/cwp/view.asp?a=2700&Q=322402>.

<sup>19</sup> To learn more, visit the Yale Center for Emotional Intelligence at [www.ei.yale.edu/ruler](http://www.ei.yale.edu/ruler).

<sup>20</sup> To learn more, contact Diana Perry, PsyD., CBITS Project Coordinator, at [dperry@uchc.edu](mailto:dperry@uchc.edu).

## School/Community Program Partnership to Improve Students' Social and Emotional Well-Being

**The Early Childhood Consultation Partnership Program**<sup>21</sup> (ECCP) is one of the first statewide, comprehensive, data-driven early childhood mental health consultation programs in the nation. ECCP is evidence-based and has undergone three random control trial evaluations with demonstrated effectiveness—after one month of participating in the service, 99% of young children at risk of suspension or expulsion were not suspended or expelled.

**The School-Based Diversion Initiative**<sup>22</sup> (SBDI), developed in CT and coordinated by the Child Health and Development Institute, is a comprehensive school-level intervention that builds schools' capacity to address challenging behaviors and meets students' underlying needs, without resorting to exclusionary discipline such as suspensions, expulsions, and arrests. This model includes staff training, implementation of restorative practices and alternative in-school disciplinary practices, family engagement, screening for health and mental health concerns, and strengthening connections to community-based services and supports, including mobile crisis and trauma-informed mental health interventions. This model has been effective in serving primarily middle and high schools since 2009, impacting over 32,000 students in CT, demonstrating increased connection to behavioral health services and decreases in juvenile court referrals ranging from 17-78%<sup>9</sup>. An adaptation of this model, SBDI-Elementary (SBDI-E) was recently developed, though not yet piloted, to provide targeted focus on younger students.

**Clifford Beers Clinic**<sup>23</sup> runs a comprehensive, whole-school “system of care” to address trauma that connects students to mental health services and creates an interdisciplinary collaboration between mental health providers and educators. This partnership consists of identifying high-need students through screenings and assessments, providing personalized treatment, linking students and their families to community services, coordinating care management, professional development for school and community around impact of trauma, and offering early intervention and prevention services. The outcomes of this intervention include significant reduction of chronic absenteeism, suspensions, and clinical symptoms of Post-Traumatic Stress Disorder, as well as an increase in grades and test scores.

**The ADAPT program**<sup>24</sup> created by Integrated Health Services and run through their preschool and elementary school-based health centers in East Hartford and magnet schools, provides behavioral health screening, assessment, and therapeutic intervention, within the walls of the school building. In working with parents and school staff, ADAPT clinicians identify children who are most in need of therapeutic intervention, and provides that service to the children on-site. After a period of 3-6 months, clinicians reassess the children, and have seen a decrease in disruptive behaviors and an increase in normal functioning in 70% of the students served. This program finds the coordination between parent, teacher, and clinician key to its success, which is made all the more seamless by the program's physical co-location on school grounds.

## Community-Based Programs to Improve Students' Social and Emotional Well-being

**CT Elm City Project LAUNCH**<sup>25</sup> (CT-ECPL) is a five-year systems development project in New Haven funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). CT-ECPL attempts to address children's unmet physical, emotional social, behavioral, and developmental needs by promoting resilience and collaboration between families, health care and educational settings. CT-ECPL collaborates with state and local child-serving agencies and organizations including: the Department of

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<sup>21</sup> To learn more, contact Caroline Finley, LCSW, Program Manager at [cfinley@abhct.com](mailto:cfinley@abhct.com).

<sup>22</sup> To learn more, contact Jeana Bracey, Ph.D., Director of School and Community Initiatives at [bracey@uchc.edu](mailto:bracey@uchc.edu).

<sup>23</sup> To learn more, contact Alice Forrester, Ph.D., Chief Executive Officer, at [forrester@cliffordbeers.org](mailto:forrester@cliffordbeers.org).

<sup>24</sup> To learn more, contact Deborah Poerio, DNP, at [dpoerio@ihssbhc.org](mailto:dpoerio@ihssbhc.org).

<sup>25</sup> To learn more, contact Tirzah Kemp, Program Manager of Community and Family Engagement at [tkemp@cliffordbeers.org](mailto:tkemp@cliffordbeers.org). Outcome data is not yet available for this program.

Children and Families, the Department of Public Health, Wheeler Clinic, Clifford Beers Clinic, CT Association for Infant Mental Health, the Early Childhood Consultation Partnership, the New Haven MOMS Partnership, and the Yale School of Medicine's Department of Psychiatry. The five core strategies of CT-ECPL focus on improving access to and quality of early childhood systems through: 1) Screening and assessment in health care and educational settings, 2) Integrating behavioral health into primary care settings, 3) Home visiting with an emphasis on children's social and emotional well-being, 4) Mental health consultations in early childhood programs, and 5) Family strengthening and parenting skills training.

## How to Further These Efforts?

In light of the state legislative mandate and evidence that implementation of particular programs can achieve positive outcomes, our recommendations include:

### School-Focused Recommendations

1. Support districts in developing curriculum and implementing CSDE's Early Learning and Development Standards (ELDS) for children up to age 5, and the *"Components of Social, Emotional, and Intellectual Habits: Kindergarten through Grade 3"*<sup>26</sup>, a blueprint for intrapersonal, interpersonal, and cognitive competence.
2. Adopt National School Climate Standards for all Connecticut schools.
3. Amend Conn. Gen. Stat. §10-233c to include all OEC-funded early childhood programs, including School Readiness, Smart Start, and state Head Start programs, in accordance with OEC's General Policy A-06.<sup>27</sup>
4. Amend Conn. Gen. Stat. §10-233c to narrow the exceptions to the ban of out-of-school suspensions, and instead add the option of, and provide resources to support, "therapeutic removals" to take place in the school building.
5. Require professional development and ongoing training opportunities around effective intervention strategies that are trauma-informed and developmentally-appropriate. For example, on-site coaching to support teachers in the classroom in putting these principles and interventions to use.
6. Support all districts in implementing multidisciplinary approaches to social and emotional skills-building for children, and in implementing a framework for staff team-building and social-emotional support as well.
7. Provide regional training opportunities regarding a continuum of interventions for young children with a variety of learning needs, cognitive profiles, and behavioral presentations.
8. Implement evaluation criteria for administrators/teachers that includes social-emotional measures/outcomes in order to build capacity among educators to support social-emotional development of young children.

### Community-Focused Recommendations

9. Expand Intensive Care Coordination for families, especially wrap-around services that support a continuum of care for families and children.
10. Eliminate regulatory barriers to school-community provider partnerships; permit reimbursement to health care providers for care coordination for children with complex needs (trauma and other identified complex mental health needs).

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<sup>26</sup> See [http://ctcorestandards.org/?page\\_id=9591](http://ctcorestandards.org/?page_id=9591) for more details.

<sup>27</sup> Office of Early Childhood General Policy GP A-06, June 2017.



11. Ensure strategic planning at the state level (including the State Board of Education, CSDE, and the legislature) that includes clear strategies and measurable outcomes to be achieved for young children—attendance, discipline, school-readiness with a focus on social and emotional development, teacher preparation, and professional development. Plan should include consistent receipt of data and input from DSS, OEC, and DCF regarding their efforts to support positive youth development/two-generational<sup>28</sup> work with families who have young children
12. Strengthen and support the two-generational approach to intervention for young children—including home-visiting and Child First. Maximize federal dollar reimbursement to support expanded access to these services.

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<sup>28</sup> For more on the Two-Generational approach, see <https://ctcwcs.com/two-generational/>.