New Haven School Change
NEW HAVEN PUBLIC SCHOOLS

February 14, 2013

TESTIMONY CONCERNING THE COMMUNITY RESILIENCE INITIATIVE IN NEW HAVEN and SB 169

Good day, Senator Bartolomeo, Representative Urban, and members of the Children Committee. Thank you for the opportunity to testify on Proposed Senate Bill No. 169, *An Act Concerning the Assessment and Delivery of Mental Health Services and Interventions for Children*. My name is Susan Weisselberg, and I am the Chief of Wraparound Services for New Haven Public Schools.

In New Haven, as in many cities and towns in Connecticut, we struggle to provide adequate assessments and services for children with social, emotional, behavioral and physical health needs. As Chief of Wraparound Services for New Haven Public Schools, I work with many providers and others to utilize a framework that will improve our service delivery in a fashion consistent with school change and needs in the schools, families and community.

We rebuilt nearly all our schools, led the way in healthy school foods and a district-wide wellness plan and, in 2009, reached an historic agreement with our teachers and administrators that took school change to another level.

Our **vision** for transformation in our school change initiative is coherent, collaborative, and persistent reform to ensure that:

- Students are learning through meaningful and coherent experiences in individual classrooms, among different classrooms, and in the rest of their lives.
- Schools are centers for learning, where teams of adults take collective and empowered responsibility for students, working separately and together to move students from where ever they start to the highest performance levels, collaborating without fault.
- The district and schools are supporting, developing, adapting, and innovating for persistent change.

Our **strategies** include a portfolio of schools (so that each school will be organized and supported on its own unique path to success), talent (so that adults in the system will be managed as professionals to encourage collaboration, empowerment, and responsibility for outcomes – and this will enable us to attract, develop, and retain the highest caliber staff), and community and parents (so that the work of the school system will be as aligned as possible with the parents, community organizations and agencies who work on behalf of our students – and together, building community investment for the promise of college).

Our **goals** include college success, an increase in the graduation rate and reduction in the dropout rate, eliminating the achievement gap between New Haven students and the State average, and strengthening each school's effectiveness. And, we are making progress in our goals.

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We have nearly 21,000 students in our schools, with a structure of 28 pre-K-8, K-8 and several elementary and middle schools, two comprehensive high schools, and seven other high schools, as well as several transitional schools. We also have the largest pre-K program in the state.

What does all this mean? It means we can do more – and we can do it with our many partners. New Haven's philanthropic, not-for-profit, governmental and business communities have been working together for school change utilizing all the strategies outlined above, and all are ready to do more.

Several years ago, United Way of Greater New Haven, New Haven Public Schools and the City of New Haven began an initiative known as Boost!, which is a customized version of community schools. Boost! is in 11 public schools, with at least five more added each year. It focuses on wraparound services, which are the non-academic supports that students need to succeed academically. We break them into four domains, which can often overlap:

- Social, emotional and behavioral
- Physical health and wellness
- Student engagement and enrichment
- Parent and community engagement

Students and families engage in similar services outside of the school system, and coordination and coherence of support have a much greater likelihood of success with a wraparound framework. In addition, resources for wraparound services are short, so coordination and alignment between internal and external providers can maximize resources. Finally, Boost! is building knowledge and systems to helping to prioritize wraparound services in the context of academic and other school system priorities.

A key foundation to Boost! is that participating schools list and analyze all their resources and "assets", and then analyze their gaps in the four wraparound domains. They then work with Boost! resources in reallocating or reframing their work within the domains, in a deliberative and cohesive fashion, sometimes with additional resources that are provided through a grant from First Niagara Bank and additional fundraising by United Way.

New Haven Public Schools has social workers, psychologists and guidance counselors who work with our students on social, emotional and behavioral issues. We spend over $10 million on their services, and we still are not able to have all three full time in each school. We also have approximately 15 school-based health centers (SBHCs), which could, with additional resources, serve more students' physical and mental health needs, and could perhaps serve students in a neighborhood and not just one school. We are proud of what we are doing, but we know we need to do more. Our Boost! schools ask for more interventions and help for students with social, emotional and behavioral issues, and we try to provide that assistance. We brought in the Foundation of Arts and Trauma for a program called ALIVE in 9 of the 11 Boost! schools, and we are seeing behavioral improvements, thanks to that program and our many other efforts.

We have been working to improve school climates in our schools, and our surveys bear out that we are doing so. We have implemented PBIS in 13 of our schools. We work with Dr. James Comer, Maurice Falk Professor of Child Psychiatry at the Yale Child Study Center and an associate dean at the Yale School of Medicine, to train a number of our schools in the School Development Program (SDP), which is a research-based, comprehensive K-12 education reform program grounded in the principles of child, adolescent, and adult

development. Our professional development on classroom management and behavioral issues, for teachers, administrators and all school staff, is expanding. And we would like to do more.

As evidenced by other testimony, screening for Adverse Childhood Experiences (ACE) is critical; a study in Washington State showed that a traumatic childhood takes 20 years off life expectancy and that social service agencies and public health communities screen for ACEs, but not the medical community. Screening is critically important, but it is only part of the necessary framework.

In implementing the Community Resilience Initiative (CRI), we would seek to eradicate community violence and school failure, reduce incarceration rates, improve overall health and, in short, create a safer, healthier community for children and families. Its impact will be assessed vis-à-vis results-based accountability (RBA), which could be done in conjunction with the work of the Appropriations Committee; it is a critical evaluation component of this effort.

The CRI builds upon already existing resources in New Haven, from schools to the United Way to the City to the MOMS Partnership to Clifford Beers, the Foundation for Arts and Trauma to Yale Child Study Center, the New Haven Family Alliance and The Community Foundation *for* Greater New Haven. CRI links with state and federal initiatives and builds in an infrastructure using four strategies:

1. Creation of the New Haven Trauma Coalition. A trauma-informed collaborative system of care to treat ACEs that involves the entire Greater New Haven community. The direction of the system of care will be guided by those who presently lead local, trauma-informed initiatives so that objectives will be focused and aligned. Co-chaired by the New Haven MOMS Partnership and Boost!, the Coalition will direct the CRI. The Coalition will also be responsible for citywide Crisis Response planning and management.
   Request: Support to hire a Coalition Staff Member: $70,000
2. Schools. New Haven Public Schools provide a unique, nearly ideal venue through which ACEs can be addressed. CRI proposes:
   a. ACEs screening for every public school student. Every child, every year, will be screened for ACEs and behavioral health problems, much as they are screened for immunization, vision, or reading, through a mix of school staff, SBHCs and private providers.
   b. ALIVE/PBIS or other robust school wide early intervention. The ALIVE (Animating Learning by Integrating and Validating Experience) program, which focuses on early intervention and prevention by reducing chronic stress in children K-12, PBIS and de-escalation trainings will be expanded to more schools, and all school personnel will be trained in trauma and its effects in the classroom, through a mix of school staff, SBHCs and private providers.
   c. Other school wide interventions, such as increased in-school counseling support and classroom-based interventions to address teaching of pro-social skills.
   d. CBITS and vigorous referral system. Cognitive Behavioral Intervention for Trauma in School (CBITS) will be available for students in grades 5-12. CBITS is a school-based, group and individual intervention.
   e. Crisis response teams at both the district and school level will be restructured to align with the Coalition.

   Request: Provide $100,000 per school to provide the above, for a total of $4.7 million.
3. Families. Train key providers in trauma-informed care to enable these providers to participate in the effort to address the toxic stress caused by ACEs focusing on:

a. Early Childhood Interventions, delivered through Home Visitors, Home and Center based day care providers, Pediatricians, Head Start, Nurturing Families, All Our Kin, Family Centered Services, Child First and others.
b. School Age Interventions, delivered through MOMS Partnership Community Hubs, Community Partners, Parent University, Family Resource Centers, School Based Health Centers, Pediatricians and Primary Care doctors.
c. Young Adult Interventions, delivered though the City of New Haven Youth Services Department, Gateway Community College, NHPS Adult Education and community providers.

Request: Provide $1.3 million to support technical assistance and training of New Haven Community

4. Community.
   a. Media Campaign. A city-wide public health campaign will be designed to educate the public about ACEs and the lifelong impact of and health problems caused by toxic stress, with information about how to get help.
   b. Community-wide information sessions will be held to educate the public on mental health awareness and the lifelong impact of ACEs.
   c. Child Development-Community Policing (CD-CP) Program expanded in New Haven.
   d. The Domestic Violence Home Visit Intervention (DVHVI) will be grown.
   e. Increased focus on mentoring, health and career preparation, provided by New Haven Youth Services Department, Youth Haven, schools and many others.

Request: Provide $450,000 to support community based interventions and public health campaign

The requested funding builds upon the millions in funding already spent in the community. What the funding does is allow the infrastructure to be embedded deep within the community, so that students and their families can be served, early and cohesively. We can weave together what is already taking place – whether home visits or the growth of community hubs – and expand it deliberatively and collaboratively. And we can measure it and help develop customized models so that it can grow in other communities too.

Addressing Adverse Childhood Experiences does not come free. But we believe that addressing them early and cohesively means that we as a community and a State will save far more in social, emotional and fiscal costs by doing so.

Thank you.

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