



February 14, 2013

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

Senator Bartolomeo, Representative Urban, and members of the Children Committee, my name is Laoise King and I am Vice President of Education Initiatives for United Way of Greater New Haven. I am here today to testify on Proposed Senate Bill No. 169, *An Act Concerning the Assessment and Delivery of Mental Health Services and Interventions for Children*.

As many of you know, in 2010 New Haven launched a nationally acclaimed, comprehensive and far-reaching school reform effort, the New Haven School Change Initiative which aims to:

- close the academic achievement gap with the rest of the state;
- cut the drop-out rate in half; and
- ensure that every student has the academic ability and financial resources to go to and succeed in college.

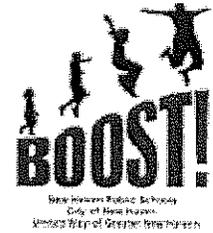
The School Change Initiative has three key strategies schools, talent and community. As part of the Community leg of the School Change Initiative, the Mayor and Superintendent asked United Way to partner with the City to create Boost!, the wraparound services component of the initiative. Boost! is based on the knowledge that in order for children to succeed academically, they need a range of supports and services.

Boost! helps broker, monitor, and enhance a wide variety of school-level partnerships, ranging from local arts organizations providing after-school enrichment opportunities to local mental health clinics providing critical social, emotional and behavioral supports to students during the school day. The exact combination of services varies from school to school and is tailored to respond to the unique needs identified by parents, teachers, school leaders, school support staff, and other community stakeholders.

Central to these partnerships is the philosophy that, in order for students to meet academic goals, NHPS must increase focus and accountability around quality wraparound supports and services within the schools. *Boost!* complements NHPS School Improvement Plans by “wrapping around” the school day with programs and services that have been shown to contribute to academic success, enhance students’ ability to focus and learn inside the classroom, and directly support student learning outside of the classroom. These services may be provided by the school system, other public agencies, community-based, faith-based, non-profit organizations and/or other community partners.

Our experience working with schools and community partners in New Haven is that Adverse Childhood Experiences (ACE) are one of the key impediments to schools ability to meet our community goals.

Recent events in Newtown highlight the devastation a community can face when mental health disorders are ignored and untreated. Early exposure to ACEs significantly increases the risk of mental health disorders. Children exposed to ACEs who are left untreated face greater risk of incarceration, violence, and early death, and they will likely struggle academically – if not altogether abandon school.



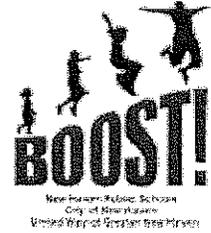
Children in New Haven experience high numbers of ACE events. One recent pilot program administered ACE screenings to the 176 member kindergarten class at Strong School in New Haven. The results were astonishing. 90% of Kindergarteners reported experiencing ACE events, but only 23% were currently displaying symptoms. What this tells us is that 67% of these students are experiencing ACEs, but are unidentified and untreated, allowing the issues to worsen until they eventually display themselves years later.

The social and financial cost of ignoring childhood trauma is enormous. Fortunately, the course can be corrected, and a child who is exposed to ACEs and who receives treatment may not only heal but indeed thrive.

Therefore, we propose implementing the Community Resilience Initiative (CRI). The CRI seeks 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:
- 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.
 - 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.
 - 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
- 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.
 - Community-wide information sessions will be held to educate the public on mental health awareness and the lifelong impact of ACEs.
 - Child Development-Community Policing (CD-CP) Program expanded in New Haven.
 - The Domestic Violence Home Visit Intervention (DVHVI) will be grown.
 - 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 deliberately and collaboratively. And we can measure it and help develop customized models so that it can grow in other communities too.

Thank you.



United Way of Greater New Haven

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