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Thank you for the opportunity to advocate for health care teams in Connecticut schools. I am a psychologist, family therapist and social worker, and a Past President of the Connecticut Association for Marriage and Family Therapy. I have consulted with school systems since 1971. I am a faculty member in the Counseling and Family Therapy Program at Central Connecticut State University. I help prepare family therapy trainees for certification to practice in schools, and I am currently writing a book about building multidisciplinary mental health teams in education. I offer these comments.

Since Public Law 94-142 was passed by US Congress in 1975, schools have been mandated to hire special service professionals to help students achieve academically and socially, regardless of their special needs. Originally, the law was passed in the wake of the civil rights and women's movements to mandate that all children should have equal protection under the law. Since that time, the law has been reauthorized several times (as the Individuals with Disabilities Education Act, or IDEA) to ensure that *all* children have access to appropriate educational opportunities, regardless of disability. In the past thirty five years, nurses, speech and language pathologists, physical and occupational therapists, and special learning consultants have joined school teams. Mental health teams have also grown. Connecticut certifies school counselors, marriage and family therapists, psychologists and social workers. They are all trained to provide individual, group and some family services, and each discipline has unique, complimentary skills.

The impact of PL 94-142 has been profound. Special education budgets have grown exponentially to accommodate the services needed to educate children in the "least restrictive environment" possible, and students profit from such mainstream support. Many achieve, some "graduate" from special programs, and schools actively utilize team services to prevent costly out-of-district placements. Non-disabled students have learned compassion as they have learned side-by-side and mentored students with special needs.

Three trends have challenged that progress. First, the community mental health movement in the 1960s eventually forced the closing of several inpatient psychiatric facilities in Connecticut. Children, adolescents and families coping with serious mental illness were pressured to seek services in schools and community agencies. Second, managed health care trends of the past two decades have limited access to mental health care treatments available to children and families, beyond psychotropic medication alone.

Third, fiscal constraints of the recent recession have put limits on hiring and maintaining sufficient mental health staff in schools, agencies and communities. At the same time, in his testimony at the Capital Press Conference last week, James Gatling reported that 131 of our 169 Connecticut towns have seen an increase in poverty. He cited Fred Carstenson's report from the Center for Economic Analysis, noting an alarming rate of the "new poor" in towns such as Avon, Chester and Columbia. Concomitant issues related to the stress of poverty are increasingly spilling into schools at a time when schools are more constrained about addressing such issues.

An unspeakable crisis such as the loss of our children and teachers in Newtown calls for careful, proactive planning. The Bipartisan Committee hearings afford a unique opportunity to begin to think more systemically about addressing this crisis in a more global, preventive way. I offer the following two recommendations:

1. Build mental health services in schools with less of a "silo" and more of a "systems of care" approach. Such multidisciplinary systems of care are emerging as preferred and economically feasible modes of treatment in medicine and health care. The school-based health clinics we employ in urban Connecticut Schools are one such example of a "medical home" system applied to schools. I list four others in on the next page. They illustrate unique systemic ways that schools have integrated mental health with mainstream education. Such systems fit systemically with the PL 94-142 structure already in place in our 169 Connecticut towns. Solid relationships among children, families and schools can mitigate the isolation that can beget violence. They can promote more awareness of psychiatric needs where they exist. Primary prevention can offset the costs of hospitalization, out-of-district placement and other more expensive alternatives applied much too late in a student's life.

2. Invest more resources in school-based mental health services and staff. Upgrade the credentials of mental health professionals currently school-certified. Currently, only marriage and family therapists are required by the State Department of Education to be licensed in order to be school certified. Counselors, social workers and school psychologists should also be licensed by the Department of Public Health, to raise the competency and accountability standards of mental health professions in schools. It was the intent of the State Department of Education to upgrade these regulations in 2007 when school-based marriage and family therapists were certified. That work is not yet completed.

In an interview with *Connecticut Magazine* this month, Joseph Cirasuolo, the Connecticut Association of Public School Superintendents, made this comment. He says "If our objective is that every kid learns what they need to learn and be able to do, then we need to think outside the parameters of our individual school districts". It is challenging to design systems of care and education for our children. But it is their birthright. Children's welfare and achievement demands more systemic collaboration.

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Examples of multidisciplinary team meetings where we place MFT interns and I consult:

Westbrook Public Schools on Connecticut's suburban shoreline is the third smallest school system in Connecticut. Katherine Bishop, Principal of Daisy Ingraham Elementary School, adopted a model from The State Education Resource Center (SERC) 24 years ago that trains teachers and special services staff to identify special needs in primary school students. Her multidisciplinary teams meet bi-weekly and services are incorporated fully with regular education. This program was established long before the Individuals with Disabilities Education Act (IDEA) was re-authorized, and it fit well with the evidence-based RtI and Positive Behavioral Interventions and Supports (PBIS) that have been established in Connecticut Schools in the last ten years. Westbrook Schools has become one of the primary training sites for marriage and family therapy (MFT) graduate students pursuing school certification. In the past decade, Westbrook has seen lower costs of out-of-district placements than schools of comparable size.

Naylor School in Hartford is a primary urban training site for MFTs. A unique neighborhood PreK – 8 public school that is also a professional development school affiliated with CCSU, Naylor trains over 100 nursing, teaching and special education college and graduate students every year. Principal Robert Travaglini, Dr. Karen Reim, CCSU/Naylor Coordinator and Nancy Hines, Naylor School Representative, invited CCSU MFTs to join their multidisciplinary school team shortly after school certification law was passed in 2007. They sought MFTs to strengthen their clinical work with students, improve cultural awareness, and encourage family participation in school activities. When the Hartford Teaching and Learning Academy closed and several of their students with behavioral needs were sent to local Hartford schools, Naylor enlisted its special services staff to help assimilate the children into their academic community. With the help of the MFT Department, they formed a group called Family Circle to better coordinate special services to help these and other children with special needs.

Old Saybrook Middle School has participated in a monthly multidisciplinary collaboration group that was established by Carol Alvaro, their Special Services Director under the auspices of School Superintendent Joe Onofrio. It has met monthly at the Old Saybrook Board of Education for the past three years to improve clinical services across its school system and with the local Youth Service Bureau led by Heather McNeil, LMFT. Most recently, a grant has been obtained to provide and measure an evidence-based model called the Consultation Model. It is also designed to incorporate PBIS services into the RtI Initiative to improve school achievement. The initiative was established by Peg Donahue, the school counselor, and Susan Diaz, the school psychologist/family therapist.

Clinton Public Schools: Janet Brisson, Director of Special Services in Clinton, helps facilitate a multidisciplinary team called the Local Inter-agency Service Team (LIST). It too is a community-wide multidisciplinary collaborative designed to make service delivery more efficient. Superintendent Jack Cross supports this and other multidisciplinary initiatives, and began offering an MFT internship this year to a CCSU post-masters student wishing to obtain school certification.

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