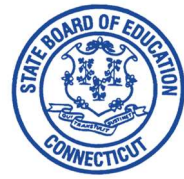




STATE OF CONNECTICUT

STATE BOARD OF EDUCATION



Good morning. Chair Sanders, Ranking Member Cassidy, committee members, thank you for having me here today.

My name is Charlene Russell-Tucker, and I am the Commissioner of Education in Connecticut. I am honored to appear before you all today to represent our great state and share critical information regarding the youth mental health crisis, its impact on learning, and the interventions, policies and initiatives Connecticut implemented before, during and after the pandemic to support the emotional, mental, physical, and behavioral health needs of our students. Many of the interventions that I am discussing today align with what I call my “Big Audacious Goal,” which is to ensure every Connecticut school has a coordinated and sustainable system of care for all K-12 schools to provide comprehensive behavioral and mental health supports and services to students and staff.

As mentioned by Surgeon General Murthy earlier today, Connecticut, like the rest of the country, is experiencing an unprecedented need for mental, physical, and behavioral health supports among young adults and adolescents – likely stemming from and exacerbated by isolation and loneliness caused by the pandemic and its after-effects, as well as a lack of meaningful connection due to this isolation. Concurrently, consistent with national trends, Connecticut is experiencing a shortage of mental health professionals. Despite these challenges, Connecticut is leveraging substantial federal and state resources to build a scalable system of supports to address our students’ mental, physical, and emotional health through prevention and early intervention services, as well as just-in-time crisis support. Sound mental health is foundational to learning and ultimately all aspects of human development; therefore, we must continue to develop, evaluate, and provide resources to support these efforts.

Connecticut prioritized student mental health alongside academic recovery when investing the more than \$1.7 billion that has been allocated to our state under the Elementary and Secondary Schools Emergency Relief (ESSER) Fund. On behalf of the state of Connecticut, we are very appreciative for Congress’s critical support. The priorities we established for these funds at both the state and district levels included supporting learning acceleration and academic renewal, ensuring safe and healthy schools during and post pandemic, technology enhancements, and family and community engagement. We knew, however, that none of these investments would be successful if we did not first implement a system of supports for students’ physical, social, emotional, and mental wellness, which is why we included this funding priority as well. Districts responded by earmarking over \$183 million for supporting student and staff wellness through hiring additional staff, providing professional learning and technical assistance, and partnering with external partners for the provision of referral services, enhanced counseling, and care coordination. Additionally, this is also why the Connecticut

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General Assembly and Gov. Ned Lamont, in a bipartisan effort, allocated over \$100 million in the 2022 legislative session to support mental health statewide, of which \$28 million was earmarked for the Connecticut State Department of Education (CSDE) to create grant programs to support the hiring of school mental health professionals.

The Connecticut Landscape

Connecticut has a beautifully diverse student body of more than half a million students. Across 205 districts, we have over 1,500 schools and more than 110,000 school staff devoted to helping our students thrive.

Looking more closely at our student population, more than half of students identify as nonwhite; 42.4% are eligible for free or reduced-price meals, 17.1% are students with disabilities, and 9.7% are English/multilingual learners with more than 145 spoken languages.

Results from the Connecticut School Health Survey, modeled after the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey, indicated that feelings of sadness and hopelessness in high school students have increased steadily over time, reaching a new high during the COVID-19 pandemic. In the 2021 survey, 35.6% of Connecticut high school students reported having felt sad or hopeless, 28.5% reported that their mental health was not good most or all the time. Most concerning in the survey results, is that 14.1% said they had seriously considered attempting suicide and 5.9% had actually attempted suicide.

The survey found that mental health issues are more common among female students, with 47.6% of female students reporting feelings of sadness or hopelessness compared to 24.2% of male students and 40.5% of female students saying their mental health was not good most or all of the time compared to 16.4% of male students. Suicidality in females was also much more pronounced, with 19.8% of female students versus 8.7% of male students seriously considering attempting suicide and 8.8% of female students versus 3.3% of male students actually attempting suicide. These data highlight the immense need to address student wellness and underscore the need for action at all levels – federal, state, and local – to protect our students’ mental health.

Stakeholder Involvement and Collaboration

I want to lead with what makes Connecticut unique -- what in Connecticut is referred to as “The Connecticut Difference.” This is our longstanding focus on *best-in-class* collaboration, working together, and listening to one another, in search of common ground for the sake of our students.

With almost every policy or initiative, including supporting the mental, physical, and behavioral health needs of our students, Connecticut prioritizes engagement with our various partners and stakeholders—the Office of the Governor, the State Board of Education, state agencies, educators and administrators, families, students, advocates, policymakers, local health officials, and more—as often as possible to develop and implement our policies. Policies designed

without hearing different perspectives, and without our constituents' input and feedback, are not likely to produce the intended and needed results.

We are staunchly committed to ensuring that family, student, and community voices are included in our decision-making processes. I like to say, "It can't be about them without them." We cannot actively gauge the impacts of isolation and the pandemic on our students' mental health without understanding their perspectives.

In Connecticut, we strongly affirm these voices, particularly when they indicate severe mental health concerns, suicidality, or other harmful thoughts because these challenges negatively impact students' overall well-being and, therefore, their ability to learn. We believe that part of addressing student learning and academic needs is the provision of mental and behavioral supports. A quote from yesteryear still rings true today – there is no curriculum brilliant enough to compensate for a hungry stomach or a distracted mind.

Listed below are structures that the CSDE has in place that are foundational to engaging stakeholders in driving our mental and behavioral health policies, practices, and initiatives.

1. Commissioner's Roundtable on Family and Community Engagement

In 2017, recognizing the critical importance of family and community voice, I developed and implemented the Commissioner's Roundtable for Family and Community Engagement in Education, which is a diverse constituent group of education stakeholders representing school and district staff, advocacy organizations, parents and guardians, community members, and students, who advise the Commissioner of Education regarding policy and programmatic priorities. The Roundtable meets quarterly to bring authentic parent and community voice to CSDE products and initiatives; communicate state-level initiatives with families and communities; recommend effective practices to increase successful school and district engagement with families; and provide strategies to empower families in supporting their children's education. The Roundtable has informed many of our mental, physical, and behavioral health initiatives through active deliberation and discussions. This group developed the Connecticut Framework for Family and Community Engagement, which defined family engagement as *"a full, equal, and equitable partnership among families, educators, and community partners to promote children's learning and development from birth through college and career."*

2. AccelerateCT Taskforce

AccelerateCT Education Taskforce was launched to develop a statewide education recovery and acceleration framework and programming for students across the state beginning with enhanced learning and enrichment opportunities. The Taskforce is made up of over 30 members representing every aspect of education and focuses on six key areas: learning acceleration; academic renewal and student enrichment; family and community connections; social, emotional, and mental health of students and school staff; leveraging technology to accelerate student learning; building safe and healthy schools; and summer

enrichment. As noted, mental health is a core component of the Taskforce’s priorities, consistent with our statewide approach.

3. School Discipline Collaborative

Understanding that students sometimes do not feel welcomed and valued in school and that exclusion from school impacts students’ overall behavioral health and learning, I formed the Connecticut School Discipline Collaborative. The Collaborative advises the Commissioner of Education and State Board of Education on strategies for transforming school discipline to reduce the overall and disproportionate use of exclusionary discipline. Members reflect a diverse range of expertise in the fields of school administration, teaching and learning, public policy and legislation, education law, youth development and children’s advocacy, family and student engagement, and community leadership.

4. Voice4Change Initiative

In November of 2021, the CSDE launched Voice4Change, the first statewide student participatory budgeting initiative in the country, to give students a direct say in how a portion of the \$1.5 million of ESSER funding should be spent across Connecticut schools. Using the same five investment priorities set forth for districts, students crafted and voted on proposals for projects or supports they desired in their school community. More than 80% of winning proposals addressed the need for more supports for student social, emotional, and mental health. Students also saw what worked during the pandemic—best practices they wanted to make permanent in their school going forward like a mental health first aid team available to students, peer mediation, afterschool programming focused on stress reduction, and creative and innovative learning environments such as outdoor classrooms.

In addition to the structures described above, the CSDE works closely with our member associations in Connecticut to gain feedback from the field, drive policy development and implementation, discuss resource access and allocation, and receive advice on how the CSDE can support our schools. These organizations include the Connecticut Association of Public School Superintendents, the Connecticut Association of Boards of Education, and the Connecticut Association of Schools, which represents school principals and vice principals. The CSDE also routinely engages with our teachers’ unions as well as associations representing school nurses, counselors, social workers, and psychologists, paraeducators, and child nutrition program directors. This collaborative approach is necessary in building effective policy and positively supports the whole child.

Initiatives and Programs Supporting the Social, Emotional, and Mental Health Needs of Students and Staff:

I am privileged to live in a state where education receives robust bipartisan support from the legislature. Last session, Connecticut lawmakers passed the most comprehensive mental health

bills in the state’s history—including grants for schools to hire staff to support student well-being, bolstering the Governor’s home-visiting initiative, increasing summer programs’ capacity to support the mental health of their campers, and more.

The pandemic brought keen attention to the necessity of addressing the social, emotional, and mental health needs of our students and school staff. While Connecticut has a longstanding history with this work, COVID-19 significantly increased the demand for mental health services and supports – both in the number of students needing support as well as the severity and complexity of those needs.

Connecticut has prioritized the allocation of human and financial resources toward addressing the comprehensive health needs of our students, encompassing their emotional, mental, physical, and behavioral well-being. Throughout the pandemic, the state implemented a range of interventions and policies that not only catered to immediate challenges but also considered prevention strategies and long-term support. By prioritizing the whole child, Connecticut has paved the way for promising practices that can serve as valuable examples for other regions across the nation seeking to enhance their educational systems and ensure the overall well-being of their student populations. The following outline some of our most impactful initiatives and programs:

1. Statewide Behavioral Health Landscape Scan

The CSDE commenced a statewide behavioral health landscape scan in September 2020 to provide insight into emerging concerns and trends related to the well-being of students in K-12 schools across Connecticut. This was the first step in providing a systematic collection of data to identify needs and enhance existing efforts related to supporting the mental health and well-being of our students.

2. Connecticut Behavioral Health Pilot

State level ESSER funding has afforded the CSDE the opportunity to support resources to fully fund the Connecticut Behavioral Health Pilot. Currently, our Behavioral Health Pilot is underway in seven districts in partnership with community-based behavioral health partners to assess their mental health support needs.

The CSDE identified districts of various demographics – from large urban districts, medium sized suburban districts and small rural districts - to participate in the pilot program to implement targeted supports based on needs identified from the landscape scan and focus group discussions. The specific needs and gaps in service will drive the development and implementation of these systems of care. The pilots will then inform plans to scale these systems statewide for implementation in similarly situated Connecticut districts. Robust needs assessments are being conducted in each district to document the mental health system components that exist within each district and assess the comprehensiveness of those systems. These data are driving the

prioritization of quality improvement efforts and will set into motion systems to track improvements throughout implementation.

Specifically, the district-level assessments examined the efficacy of districts' behavioral and mental health systems by analyzing current and existing programming, as well as human and fiscal capital. This process will help to determine the appropriate, scalable interventions, which will depend on the capacity and resources – both internal and community-based – in each community. Solutions may include increased staffing and service provision; opportunities for training, professional development, technical assistance, and coaching; external referral systems of care through partnerships with mental health providers and primary care facilities; and streamlined and shortened referral processes. These combined efforts will ensure students' emotional well-being, which can support consistent school attendance, engagement, and academic success. All relevant school district staff will then receive adequate trainings and demonstrate increased knowledge in both content and referral processes and systems, which will help to reduce both the total number of student visits to local emergency departments for behavioral health crises and reduce the rates of exclusionary discipline and absenteeism.

The early results of the pilot are already evident. Districts have established priorities and identified community partners to support them. One district realized that it needed more universal mental health assessment capacity. They have subsequently created a liaison position between the school and the community provider to identify students needing a higher level of support. Through their assessment, one of our larger districts identified that over 250 out of their 4,000 students reported having attempted suicide. The district quickly developed partnerships with community providers and created a student response team to address pressing mental health needs.

3. Grants to Support Mental Health Professionals

In a bipartisan effort, the Connecticut General Assembly directed \$28 million in American Rescue Plan Act (ARPA) funding across three different grants to support mental health professionals in schools. The legislature directed \$5 million toward a School Mental Health Workers grant program to assist Connecticut local and regional school districts in hiring and retaining additional school social workers, school psychologists, school counselors, school nurses, and licensed marriage and family therapists. An additional \$15 million was directed to support a School Mental Health Specialist grant program to assist school districts in hiring and retaining additional school social workers, school psychologists, trauma specialists, behavior technicians, board certified behavior analysts, school counselors, licensed professional counselors, and licensed marriage and family therapists. Over 70 clinicians have been or will be hired through these grants to support students through three school years. Lastly, the legislature directed \$8 million to a Summer Mental Health grant program to support the

delivery of mental health services for students when school is not in session. Funding is available to school districts, operators of youth camps and other summer programs.

These grants, funded entirely through federal ARPA dollars, are essential for local efforts to adequately address the needs of children and youth. The CSDE understands the critical need to maintain these positions and the vital services they provide for our students, and districts will require new mechanisms and resources to retain these essential staff when the ARPA funding expires. The CSDE is looking at opportunities under Medicaid to sustain this critical investment.

4. Summer Enrichment Grant Program

Connecticut has invested \$33 million in ESSER and ARPA funding toward a multi-year Summer Enrichment Grant program, initiated in summer 2021. The program was created in an effort to connect K-12 students whose education may have been negatively impacted by the pandemic with low or no-cost, high-quality enrichment opportunities when they are out of school during the summer months, including at summer camps, childcare centers, and other similar programs, with a priority for those in communities that were disproportionately impacted by the pandemic.

Programs place a strong focus on social-emotional, physical, and mental health; academic acceleration, intellectual growth, and exploration; and student-peer relationships during the summer months. This investment also enables summer camps to hire additional staff such as behavioral specialists or other personnel to serve more students. An evaluation of the 2021 program concluded that the initiative successfully connected more than 108,000 Connecticut students with summertime enrichment opportunities that year. An evaluation of the 2022 program will be released soon.

5. After-School Grants

In 2022, the CSDE released \$2.2 million in ESSER funding to support after-school Innovation Grants for underserved communities to address the academic, social, emotional, and mental health needs of students, especially for those who have been disproportionately affected by COVID-19. Innovation Grants enabled smaller towns, districts, and non-profit organizations to create innovative after-school programs. This was an addition to \$8.7 million used to expand and enhance Connecticut's existing after-school programs, for a total combined funding of \$10.9 million.

The Innovation Grants focused on creating new after-school programs to reach underserved target populations while building districts' capacity through the assistance of local and community partnerships. This grant provided successful applicants with the necessary funding to design and implement new, high-quality after-school programs

that address the academic, social, emotional, and mental health needs of students across the state.

6. Deveraux Student Strengths Assessment System (DESSA)

Through ESSER funding, the CSDE implemented the DESSA System. The DESSA is a strength-based observation tool that teachers use to capture how frequently they have observed a student demonstrating positive behaviors (e.g., getting along with others, taking turns, considering different opinions, active listening, etc.) rather than inappropriate behaviors. Focusing on strengths can build students' self-efficacy and help them persevere when they face difficulties and challenges in the classroom and the school environment. This helps teachers better support their students in feeling, confident, successful, engaged in learning and connected to school. Close to half of Connecticut school districts are participating in the DESSA System.

Following the first year of implementation, half of students were already demonstrating positive growth in pro-social competence and behavior. Our high school students are invited to participate in the DESSA Student Self-Report (SSR), which engages students in reflecting on their own strengths and empowers them to steer their learning in a way that aligns with their needs. The SSR is a student self-rating that delivers real-time results and immediate strategies to incorporate student voice and choice in learning, which has a significant impact on learner engagement, motivation, and achievement.

Supporting the well-being of our K-12 administrators, educators and staff is also vital for them to be able to ensure student growth and success. This initiative is a pilot program designed to help educators give their best to students while also caring for themselves. It includes a comprehensive set of research-based resources that provide educators with professional development tools, self-assessments, personal development plans, self-directed strategies, and teaching practices.

7. Components of Social, Emotional, and Intellectual Habits for Grades K-12

The CSDE has developed the Components of Social, Emotional, and Intellectual Habits for Grades K-12. This guidance represents the knowledge, skills, and habits that form an essential blueprint for students' well-being and equip every student with the knowledge and skills necessary to succeed in college, careers, and civic life. While attention to core academic subjects remains important, positive habits set the stage for all future learning, promoting intrapersonal, interpersonal, and cognitive competence. This guidance provides grade-specific competencies for districts and schools to integrate into academic content areas so that students will learn and model essential life habits. Some examples of the competencies include: 1.) *Acknowledging and welcoming constructive feedback from others that challenges and builds resilience and identifies strengths and areas for growth* and 2.) *demonstrating critical thinking skills when solving problems or*

making decisions, recognizing there may be more than one perspective or solution to the problem.

8. Leveraging Medicaid Reimbursement

The CSDE's partnership and collaboration regarding leveraging Medicaid reimbursement began with the Connecticut Department of Social Services (CT DSS) prior to the pandemic due to the existing challenges of providing healthcare supports to all students in Connecticut. The current patchwork of Medicaid, private coverage, SAMHSA, local and state educational authority funding makes it very challenging to implement consistent, evidence-based, sustainable and comprehensive systems within schools. Current medical models in which reimbursement is provided based on individual student clinical services do not allow for a systems approach to meeting the needs of all students. Schools and school districts do not have the capacity or expertise to bill as medical providers or manage complex grants, and districts with the greatest needs often have the least capacity in this regard. Eligible students currently receive coverage and care through Medicaid via the Medicaid School Based Child Health Program (administered by the CT DSS). This program allows school districts to seek federal Medicaid reimbursement for many Medicaid-covered services, such as assessment, audiology, clinical diagnostic laboratory, medical, mental health, nursing, occupational therapy, physical therapy, respiratory care, speech/language, and optometric services. Districts may also pursue federal reimbursement for administrative activities which support provided Medicaid health services. Currently 118 of Connecticut's 205 school districts are enrolled in the Medicaid School Based Health Program. Medicaid covers roughly 250,000 young people (ages 5 – 17) in the state of Connecticut. Prior to the pandemic, the CSDE was in active communication with the CT DSS on how to leverage Medicaid reimbursement for students. With the new Centers for Medicare and Medicaid Services guidelines, CT DSS is actively looking into two options to streamline Medicaid coverage and reimbursement. These are (1) School Based Child Health (the district is the provider and biller) and (2) School Based Health Center (private health care provider embedded in the school). The partnership between the CSDE and CT DSS will actively work to ensure that schools and school districts can leverage these added resources and that a robust plan is in place to ensure the greatest number of students possible are eligible for Medicaid. In addition, the sustainability of funding a robust professional mental health workforce within schools is tied to our ability to leverage Medicaid funds for students. As mentioned above, we also see Medicaid as a tool to sustain some of the impactful work enabled by ESSER funds once those funds are no longer available.

9. Bipartisan Safer Communities Act (BSCA)

Connecticut received \$9.12 million in federal BSCA funding to create a Stronger Connections Grant. These grants are competitive subgrants that SEAs can provide to

high-needs LEAs to fund a broad range of activities including school-based mental health services, early identification of mental health issues, substance use prevention, trauma-informed care, and appropriate referrals to support services, which may be provided by school-based mental health service providers or in partnership with a public or private mental and behavioral health providers.

Our Request for Proposals (RFP) will be released this month and will reflect feedback provided from our many stakeholders. It must be noted that this timeline to release the Bipartisan Safer Communities Act RFP is purposeful following the awarding of the robust \$28 million in School Mental Health Grants mentioned above. This allows for the CSDE, as well as school districts, to be strategic in first planning for the use of existing ESSER funding to support student mental health and then determining the gaps in resources that can be supported by the School Mental Health Grants. This will ensure that BSCA funds will be strategically utilized to support the most pressing needs.

10. School Based Health Centers

Connecticut's School-Based Health Centers (SBHCs) are comprehensive primary health care facilities licensed as outpatient clinics or hospital satellites. SBHCs are intentionally located in schools where students have historically experienced health care access disparities and are often publicly insured, underinsured, or uninsured. Multi-disciplinary teams of pediatric and adolescent health specialists staff the health centers, including nurse practitioners, physician assistants, social workers, physicians and in some cases, dentists and dental hygienists. SBHCs provide all levels of care for students including medical services and mental health services. Connecticut currently funds 90 SBHCs and efforts are underway to expand that number in areas and schools not currently served by an existing SBHC or other health care center.

11. Mobile Crisis Intervention Services

Mobile Crisis Intervention Services is an initiative developed and administered by the Connecticut Department of Children and Families (CT DCF), the State's child welfare and behavioral health agency. Accessible by simply calling 2-1-1, or 9-8-8, Mobile Crisis providers deliver a range of crisis response and stabilization services to children, youth, their families and caregivers. Mobile Crisis providers are experts in meeting the complex needs of students experiencing psychological or behavioral issues. Districts in Connecticut are required to contract with community-based Mobile Crisis providers to respond to schools and families when students are in crisis. As a result of the pandemic, Connecticut invested an additional \$8.6 million in ARPA funding for an annual total of \$19 million to ensure access 24 hours per day, 7 days per week, 365 days per year. In the event of a psychiatric emergency, a trained screener will, within 15 minutes, facilitate direct contact with a licensed Mobile Crisis staff member or other emergency service as necessary. The trained screener will connect the caller real-time with a

clinician during the call and the clinician can respond in person to the caller's location within 45 minutes if needed.

Initiatives to Support Healthcare Workforce Development

As stated, Connecticut is not immune to shortages of mental and behavioral health staff. As a result, a concerted cross-agency effort to recruit and retain a quality behavioral and mental health workforce is underway in Connecticut.

1. Connecticut Office of Workforce Strategies (CT OWS) Initiatives

The Connecticut Office of Workforce Strategy (CT OWS) has several workforce initiatives related to healthcare career pathways. While these programs are not focused specifically on school-based practitioners, they are geared toward increasing the number of clinical workers in the state. The education and training provided these programs will increase the supply of clinical healthcare workers entering schools as school-based practitioners. Many of these projects have stemmed from inter-agency collaborative efforts, including between the CSDE, CT State Colleges and Universities (CSCU), and CT OWS.

- a. One such program is the CT Health Horizons, which CT OWS launched with \$35 million in state ARPA funds. The goal of this program is to increase the number of graduates from the nursing and social work program (prioritizing the MSW degree, which is the precursor to becoming a Licensed Clinical Social Worker, the most in-demand position in behavioral health), with a focus on diversifying the workforce. Grants will soon be available to address three areas: (1) Tuition Support to incentivize low-income and minority students to enter accelerated and cost-effective nursing and social work programs, (2) Increase faculty to expand seat capacity and train an influx of nursing and social work students, and (3) Promote employer-driven innovation programs to support entrance into high-demand careers in nursing and social work. Grants were provided to independent colleges and universities that coordinated efforts to increase access to accelerated nursing and mental health programs. Students are enrolling in programs that start fall semester 2023.
- b. In addition, CT OWS has invested \$11.6 million in two CareerConneCT grants focusing on health care training. The Academy for Human Service Training (AHST) is a 15-week comprehensive classroom and hands-on training opportunity for roles in Community and Social Services / Human Services; Case Managers, Direct Support Professionals, Psychiatric Aides, Recovery Assistants, etc. The Health CareerX Academy is designed to support the scaling of the Southwest Healthcare Career Academy statewide to train individuals in entry-level healthcare roles.

- c. An OWS legislatively mandated report is recommending a plan to work with high schools across the state to develop and strengthen pathways that encourage students to pursue careers in healthcare.

2. Connecticut Department of Public Health (CT DPH) Initiatives

Similar to the CT OWS, the CT DPH has recognized the pressing need to bolster its mental health workforce to effectively address the growing demand for mental health services. In response to this imperative, the state has embarked on a series of robust public health initiatives aimed at increasing the number of mental health professionals.

- a. In 2022, CT DPH joined the Psychology Interjurisdictional Compact (PSYPACT®) designed to facilitate the practice of tele-psychology and the temporary in-person, face-to-face practice of psychology across state boundaries. The Interstate Medical Licensure Compact is an agreement among participating U.S. states and territories to work together to significantly streamline the licensing process for physicians who want to practice in multiple states. It offers a voluntary, expedited pathway to licensure for physicians who qualify.
- b. In 2022, the Connecticut General Assembly passed two public acts providing DPH resources to strengthen the mental and behavioral healthcare workforce in Connecticut, to include:
 - i. PA 22-81 encourages pediatric offices to integrate behavioral health into their practices. This is accomplished through a new grant program to provide pediatric offices with a 50% match for costs associated with paying the salaries of licensed social workers providing counseling and other services to children receiving primary health care from such providers.
 - ii. PA 22-47 increases the number of child and adolescent psychiatrists available in the state to provide services to school-aged children. This is accomplished by the establishment of child and adolescent psychiatrist grant program to provide incentive grants to employers for recruiting, hiring, and retaining child and adolescent psychiatrists.

Focus on Attendance and Engagement

With any discussion on mental and behavioral health supports, it is critical to include the importance of student attendance and engagement in school. Attendance is a precursor to engagement which is a precursor to learning. When students regularly attend school, they have access to not only in-person relationships with their peers but also to critical social and emotional supports. Therefore, the CSDE has placed a significant focus on improving attendance. Two practices the CSDE implemented to decrease chronic absenteeism include:

1. Increased Data Collection

Beginning with the 2020-21 school year, the CSDE rolled out two new data collections—weekly collection of learning models (e.g., in-person, hybrid, or remote) and enrollment, as well as expanding the collection of student attendance from yearly to monthly, to allow us to make data-informed decisions in real time to focus resources on student engagement and participation.

2. The Learner Engagement and Attendance Program (LEAP)

The State's response to this data collection was the Governor's Learner Engagement and Attendance Program, or LEAP, which was announced in April of 2021. Underway in 15 high-needs districts, LEAP is the CSDE's research-based, relational home visiting model proven to increase student attendance and family engagement. Home visitors establish relationships with families and students and connect them with school and community resources, including behavioral health resources as needed.

As of December 2021, nearly 7,000 students across the 15 LEAP school districts had received more than 12,000 contacts from home visitor staff to encourage and support increased student attendance in school. Thanks to financial commitments of our legislature, this program will continue.

LEAP, by design, is supportive and creates trusting, relationship-based partnerships with parents. This helps parents resolve barriers to attendance and other life stressors. The Center for Connecticut Education Research Collaboration's (CCERC) evaluation of the LEAP program found that home visitors and families noted eight main benefits of LEAP including:

- Improved family-school relationships
- Increased student attendance
- Increased student achievement
- Increased feelings of belonging
- Increased access to resources for families
- Increased expectations of accountability
- Greater gratitude and appreciation

CCERC conducted the largest, most robust study ever completed of a home visit program. The research shows that when implemented with fidelity, the LEAP model has a positive impact on students and families.

The results of the quantitative analysis indicated the following findings:

- Visits that were made in-person had more impact than virtual visits or phone calls.

- One month after the initial home visit, participating students showed a 4 percentage point increase in attendance.
- Six months after the visit showed a 10 percentage point increase in attendance among pre-K to grade 5.
- Six months after the visit showed a 20 percentage point increase in attendance among grades 6-12.

Evaluating Effectiveness and Sustainability

Scientifically researching and evaluating the effectiveness of the referenced initiatives, programs and investments is at the heart of our strategy in Connecticut. ESSER funds were used to establish the first-of-its-kind research collaborative we call the Connecticut COVID-19 Education Research Collaborative (CCERC). CCERC is a research partnership between the CSDE and public and private institutions of higher education across Connecticut that works collaboratively on program evaluations. Given the value of the research collaboration beyond COVID-19 research efforts, it was recently rebranded as the Center for Connecticut Education Research Collaboration (CCERC), keeping the same acronym, and continuing this partnership well after the COVID-19 pandemic.

The rebranded CCERC's mission is to address pressing issues in the state's public schools through high quality evaluation and research that leverages the expertise of researchers from different institutions possessing varied methodological expertise and content knowledge. District and school leaders across our state are critical partners in this work. Many of the projects require an in-depth review of local policies and practices, especially when there have been large investments in the area of study. These important evaluation studies require district cooperation with researchers.

In addition to evaluation studies released on LEAP, summer enrichment, and remote learning, nine additional projects are underway and include the behavioral health pilot, identifying effective and equitable socio-emotional supports for students and educators, equity in academic recovery, and more.

CCERC demonstrates the CSDE's commitment to programmatic accountability and sustainability, building evidence on the effectiveness of its interventions and knowing what works. As the end of the ESSER funding approaches, Connecticut will have the strength of results to fund and sustain what works.

Policy Recommendations:

As we gather here today to address pressing youth mental health challenges, I would like to draw your attention to a set of policy recommendations below that I believe warrants your consideration.

1. Allocate Resources for State and Local Evidence-Based Program Evaluation

Program evaluation initiatives such as CCERC provide an objective and evidence-based assessment of the efficacy of educational programs, allowing policymakers, educators, and administrators to make informed decisions. These evaluations help identify strengths and weaknesses in funded programs/initiatives, measure impact on student outcomes, and pinpoint areas for improvement. By understanding what works and what does not, states and school districts can better direct resources to strategies that have a proven track record of success, ultimately benefiting students, educators and communities. As Congress considers reauthorizing the Education Sciences Reform Act, I encourage you to help states build capacity to evaluate program effectiveness and support effective uses of limited resources.

2. Provide Funding for the Continuation of Prevention and Intervention Initiatives

By the end of 2024, states and school districts will have fully invested the federal education funding that Congress provided under three relief packages to mitigate COVID-19 and address its lasting impacts upon student achievement and well-being. In 2024, the end of this funding will significantly limit schools' ability to access the resources and supports students and communities need to recover from the ongoing effects of the pandemic. Moving forward, we are committed to effective uses of more limited funds but also encourage Congress to make additional investments in K-12 education to ensure that we can continue to meet the needs of students and families.

3. Support Educators' Focus on Student Physical Health

Student physical health is a critical factor in youth development and overall health and needs to be part of the package of supports for students. Childhood obesity is again on the rise along with increased sedentary habits in our nation's youth. Diminished physical health, especially in underserved populations is a doorway to other issues and concerns, including mental and behavioral health, potentially leading to negative impacts on overall health and well-being. Programs and services to support physical fitness and wellness, as well as expansion of the federal child nutrition programs for all students, are foundational to lifelong health and success.

4. Incentivize Collaboration between Federal Agencies

Federal agencies need to coordinate to leverage different entry points to mental health support so that, regardless of the agency that has a high touch with a family, any one of them are able to provide entry into supports for children and students experiencing trauma and struggling with access to services and care. Such collaboration is critical to address the Social Determinants of Mental Health. Augmenting traditional behavioral health services with additional health-enhancing supports and positive youth development opportunities has the power to develop well-rounded students with the knowledge, skills and confidence to support their lifelong wellness and success. Such opportunities include: focused investments targeting protective factors; providing for basic needs such as stable housing; supporting comprehensive wraparound supports for emerging adults; providing innovative education opportunities outside of school that

focus on building skills and confidence; providing opportunities for employment or training; and, providing access to mentors with lived experience in behavioral health, juvenile justice, and child welfare systems.

As Connecticut's Commissioner of Education, I am greatly appreciative for the invitation to be part of this national discourse to share what Connecticut has done to support youth mental health and to describe potentially scalable initiatives to inform federal investments and policies. Addressing non-academic barriers to learning will serve to improve educational attainment. Your willingness to model transparent bipartisan national discourse such as this will lead to enhanced access to needed services and ultimately improved academic supports and outcomes for our young people, and I appreciate these efforts. I am part of a strong, nationwide network of state commissioners working together with the Council of Chief State School Officers, and I can guarantee you no two stories are alike. What I can surely guarantee you is that we all collectively wake up every morning with our students and their families, educators, and school staff at the forefront of our minds, because it is when our schools are supported our students achieve more, our communities achieve more, and together—we all achieve more.

We must use this moment to think holistically across all levels of government about the continuum of supports necessary for our students and nation to thrive.

Finally, none of the practices and initiatives that I bring from our great state would be possible without the leadership of our Governor, our sister agencies, the excellent staff at the CSDE, our State Board of Education, our school district superintendents, administrators, educators and staff, our policymakers, and the many education partners in our state. That truly is the Connecticut Difference!

Chair Sanders, Ranking Member Cassidy, and HELP committee members, thank you once again for the opportunity to share Connecticut's story with you today.