



Child Health and Development Institute of Connecticut, Inc.

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## **Testimony Before the Task Force on Closing the Achievement Gap in Connecticut**

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Senator Harp, Representative Rojas, and other members of the Task Force, thank you for the opportunity to speak today on behalf of the Child Health and Development Institute of Connecticut (CHDI). CHDI is dedicated to ensuring that children in Connecticut have access to and benefit from a comprehensive, effective community-based health and mental health care system. We work at the state and community level on improving policy and practice to support healthy child development, with a particular focus on the underserved. By framing policy, developing systems and promoting practice change, we work to ensure that children are healthy and ready to learn upon kindergarten entry and throughout their school years.

In keeping with the purpose of today's forum, we would like to focus on two aspects of our work that have direct implications for addressing Connecticut's achievement gap: one quite broad, the other more specific:

1. The recognition that children's physical, social, emotional and cognitive development are inextricably linked, especially so in their earliest years; thus the need to include a focus on the healthy development of young children when addressing the achievement gap;
2. Ameliorating school-based arrests by addressing the mental health needs of children within the school setting.

### The Importance of Early Child Development

As members of the Early Childhood Alliance, we along with many other organizations, firmly believe that addressing the achievement gap must begin at birth. We have a window of opportunity in Connecticut, afforded by passage of Public Act 11-181, to build an early childhood system of care and education that aligns and coordinates services in the areas of health, safety, nutrition, parental support, child care and early education.

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We know that the lack of health and mental health support services for very young children (0-5) contributes to poor developmental outcomes and physical, emotional and academic difficulties across the lifespan. Investment in developing an early childhood system will lead to improved outcomes for the most vulnerable children and result in cost savings across the lifespan. Early childhood interventions have been shown to result in the following:

- Increased capacity for parents and caregivers to nurture and support their child
- Decreased parental depression and other mental health difficulties
- Earlier identification and treatment of difficulties before they develop into more serious problems
- Healthy brain development leading to optimized development and school success

If academic success for all children is the goal, comprehensive systems of services and supports are needed that include the promotion of healthy physical and socio-emotional development for all children from birth. Additionally, for those at high risk of poor developmental outcomes, the ability to identify problems and intervene as early as possible is also required. Too often, the focus on young children has been limited to addressing their cognitive skills (early literacy and numeracy). Important as this is, it is not sufficient. Many children come to kindergarten already behind in health and socio-emotional development as well as in cognitive development. There are also often unrecognized or untreated delays or disabilities. In one national survey of kindergartners, cognitive development alone accounted for only 6 percent of the children who lagged behind in kindergarten. Physical and mental health-related concerns – alone, or in combination – accounted for the rest.

Access to supports and services that promote and sustain healthy attachments between children and their caregivers, including biological, foster and adoptive parents, and early care and education providers, is one key element. Without secure attachments in the earliest years, children can experience lifelong difficulties with relationships and behavior that is both biologically and psychologically based. Children who are suspended or expelled from early care and education settings, and from school, because of behaviors that teachers do not know how to manage, are not learning, or are learning the wrong lessons.

A few of the key policy issues that are necessary to support the child health and mental health system as a key component of school readiness in Connecticut include:

- a. promoting access to pediatric medical homes that include developmental screening and surveillance and care coordination to link to specialty services and community supports for families – particularly, in light of efforts to reform the health care system;

- b. assuring health and safety in early care and education settings through a system of health and mental health consultation;
- c. developing and sustaining an early childhood mental health system through support for Child FIRST, the Early Childhood Consultation Partnership, Birth to Three, and the competency-based system of endorsement in infant/toddler mental health.

Failing to address the healthy development of young children means a constant and losing game of catch-up through the k-12 years and beyond.

### Reducing In-School Arrests

The second area we would like to highlight focuses on the other end of the spectrum, addressing the problem of the high rate of in-school arrests. The arrest of students while in school continues to be a growing concern nationally and in Connecticut. An article recently published in the journal *Pediatrics* reported that approximately 1 out of 3 American youth are arrested for a crime by age 23. Another article, published very recently by the *New Haven Independent*, CT Health I-Team and featured on NPR-CT, reported that from March through May of 2011, more than 700 arrests were made in Connecticut schools. National data suggests that students with mental health problems and students from racial and ethnic minority backgrounds are more likely to face exclusionary discipline practices, including arrest and expulsion. It stands to reason that children removed from school are not learning in the same way as other students. Therefore, we believe that in-school arrests and expulsions contribute to the achievement gap nationally, and in Connecticut.

Connecticut's School-Based Diversion Initiative ([SBDI](#)) is one of the more effective intervention efforts to address this problem. SBDI was initially developed with grant funding from the MacArthur Foundation and is currently supported and overseen by the Judicial Branch's Court Support Services Division and the Department of Children and Families. The Connecticut Center for Effective Practice ([CCEP](#)) of the Child Health and Development Institute ([CHDI](#)) coordinates implementation of this initiative. To date, we have implemented SBDI in 13 schools across seven school districts including: Bridgeport, Southington, East Hartford, Meriden, Manchester, Stamford, and Waterbury.

The goals of the Connecticut SBDI are to:

- **Enhance knowledge and skill development** among key school professionals (including administrators, teachers, and school resource officers) related to mental health, juvenile justice, and collaboration with community resources
- **Increase utilization** of school- and community-based mental health services and supports

- **Change school disciplinary policies** to rely less on in-school arrests and more on within-school and within-community alternatives.

This involves a number of activities. SBDI works with schools to:

- **Partner** with their local Emergency Mobile Psychiatric Services (EMPS) team who can provide them with immediate, on-site, face-to-face crisis stabilization and linkage services
- **Work** with local police and School Resource Officers to increase the capacity to appropriately respond to youth with mental health needs
- **Train** school professionals to recognize mental health symptoms and needs and to increase awareness of community-based resources for meeting those needs
- **Review** and revise school disciplinary policies and procedures to ensure fair and equitable practices for all students
- **Develop and implement** a Graduated Response Model of discipline intervention
- **Collect and analyze** data to evaluate program implementation and outcomes

Results of a 2011 external evaluation of SBDI indicated that communities with SBDI have reduced rates of arrest and re-arrest, compared to similar Connecticut communities without SBDI, even after controlling for age, gender, race, and previous arrests. The data also indicate that increased utilization of EMPS is an effective alternative to arrest. These results are leading many to advocate statewide expansion of the SBDI program as a means of reducing in-school arrest rates and enabling schools to address disciplinary problems in a more effective, sustainable manner. Once again, this is an important way to reduce the achievement gap in Connecticut.

Thank you for this opportunity to speak before you today. We are happy to answer questions or provide further information upon request.