#### Attendance & Engagement System of Support & Professional Communities



Developed by the CSDE in collaboration with Attendance Works & SERC

1/9/2024







## Today's Agenda

#### Welcome

Christine Kuehlewind, Stephen Proffitt, Ann Marie Cordisco, and Elisa Laudati, State Education Resource Center (SERC)

#### What's New at CSDE and Partners

Kari Sullivan Custer, Attendance & Engagement Consultant, CSDE Jay Brown, Bureau of Special Education Consultant (Academic Office), CSDE

#### **Mobile Crisis and Urgent Crisis Centers**

Stephanie Bozak, Psy.D., Behavioral Health Clinical Manager of Children's Mental Health at Department of Children and Families
Rosa Baldino, LCSW, Project Coordinator at Wellness Behavioral Health
Cathi Newmark, Vice Principal at Crosby High School (Waterbury)
Brittni Lourenco, Clinical Supervisor at Mobile Crisis

#### **Upcoming Attendance & Engagement Meetings**

Christine Kuehlewind, SERC







#### Welcome

November 27, 2023

- Division of Finance and Internal Operations Contact List
- 2024-25 Interdistrict Cooperative Grant Program
- 2023-24 Annual Certification Compliance Report Process

November 30, 2023

- <u>CSDE Launches 'School Is Better with You' Campaign to Promote Daily School</u> <u>Attendance and Combat Chronic Absenteeism</u>
- Profile and Performance Reports (PPR) for 2022-23
- <u>CSDE Celebrates Computer Science Week December 4-10</u>
- Letter from U.S. Assistant Secretary Rodriguez: Free COVID-19 Tests for School Districts

December 15, 2023

- Nominations to District Advisory Committee for CCERC
- <u>State Summative Assessment Calendar 2024-25</u>
- <u>Certification Alert: Cross-Endorsement Requirements</u>
- Webinar registration: Components of Social, Emotional, and Intellectual Habits: Kindergarten through Grade 12 - register for <u>January 10, 2024</u>, or <u>January 17, 2024</u>

Superintendent's Digest











December 18, 2023

- <u>Suggestions and Resources</u> for Professional Development and Evaluation Committees (PDECs) and <u>FAOs</u>
- Department of Children and Families (DCF) Mandated Trainings
- AccelerateCT Camp Summit

#### December 21, 2023

- Rigorous Coursework letters are scheduled to be sent around January 5, 2024. The list of students receiving these letters will be available in EdSight Secure by December 31, 2023.
- CSDE Launches K-2 Science Model Curricula to complete K-8 Science Model Curricula, <u>Quick Start Guide and FAQs</u>.

#### January 8, 2024

- Virtual LEAP 101 Trainings
- <u>CSDE launches Grades K-5 Computer Science Model Curricula</u>

Superintendent's Digest







## Year-to-Date Chronic Absence Rates November 2023



Percentage of Students Chronically Absent by Student Group (YTD as of November 2023 compared to 2022-23, 2021-22, 2020-2021, and 2019-20) 1,182 59.(60.2 60% 50,541 22,879 66,571 12,301 38.6 40% StudentGroup ChronAbs Number 93,624 31.32.7 5,541\*\*\* 30.8 30.2All other races 0.1522 7,587 27,061 Black or African American 0.2354 14,339 20% Hispanic/Latino of any race 0.2553 39,069 32,636 White 0.1427 Reduced Price All Students Students With Students Without English Learners Students With Free Meal Students Experiencing **High Needs High Needs** Disabilities Eligible Meal Eligible Homelessness 2021-22\*\* 2022-23\*\* 2019-20\* 2020-21\*\* YTD 2023-24 \*Calculations are based only on in-person school days until mid-March 2020. \*\*Calculations include both in-person and remote days.

\*\*\*Not eligible for free meals: 37,501

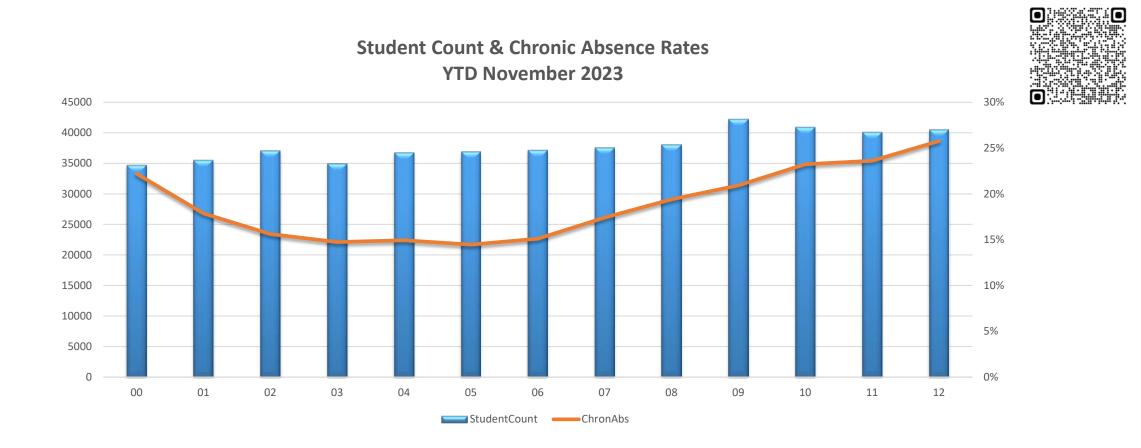


https://edsight.ct.gov/relatedreports/Supporting%20Student%20Participation%20in%202020-21.html





## Student Enrollment & YTD Chronic Absence by Grade Level (Nov. 2023)



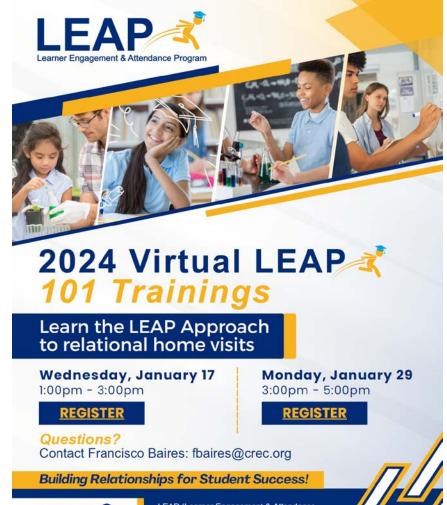
https://edsight.ct.gov/relatedreports/Supporting%20Student%20Participation%20in%202020-21.html







## LEAP 101 Trainings



#### www.ct.gov/leap







### School is Better with YOU! Attendance Awareness Campaign

#### https://portal.ct.gov/sde/betterwithyou

#### ATTENDANCE: SCHOOL IS BETTER WITH YOU

- Increase awareness of the importance of school attendance and engagement in order to improve school attendance.
- Conducted research: digital surveys + SME interviews
- Strategy: Create overall messaging umbrella; tactics to connect with parents/grandparents/caregivers, high school students, as well as school staff and community organizations; multi-lingual
- Portal: CT.gov/betterwithyou (coming soon!)
- Media Campaign: September December 2023
  - o FB, IG, LinkedIn, TikTok
  - o Digital radio, TV, OOH
  - o Display banners, Local and in-language newspapers
  - o Spanish Language Media



#### www.ct.gov/betterwithyou





#### SERC CATION RESOURCE CENTER

#### New Video Coming Soon!





#### Don't Miss a Talk Tuesday!

#### Talk Tuesday Sessions 2023-24

- Family Engagement- Supporting Multilingual and Immigrant Families ዄ Nitza Diaz, SERC Consultant, and Lourdes Delgado- Faith and Education Coalition, National Hispanic Christian Leadership Conference, (Retired Principal Bridgeport PS), December 12, 2023, Watch recording!
- Executive Functioning, Mental Health, and Attendance 🖫 Christine Kuehlewind and Elisa Laudati, SERC, November 28, 2023, Watch recording!
- Building School Love: Tap the Power of School-based Mentoring 🛸 Najla Staggers, The Governor's Prevention Partnership, November 14, 2023, Watch recording!
- Hartford Public Schools ACE Team 🖫 Irene Rietze and Abby Olinger Quint, October 31, 2023, Watch recording!
- BRIGHT SPOTS: Improving High School Student Attendance in Connecticut 
   Helen Duffy, Senior Fellow, Attendance Works, and Matthew Ryan, Principal, East Hartford High School
   Download Report
   October 17, 2023, Watch recording!
- School is Better with You! Attendance Awareness Campaign 🖫 Caroline Calhoun, EdAdvance, and Nicole Lenti, O'Donnell Company, October 3, 2023, Watch recording!
- Understanding and Interpreting Monthly Attendance Data 🖫 for 2023-24, Briana Hennessey, Associate Education Consultant, CSDE Performance Office, September 19, 2023, Watch recording!

#### Summer Series 2023 - "Back to Basics"

- School Climate: Impact on Attendance 🖫 Amanda Pickett, MSW, Education Consultant, CSDE, Office of Student Supports, August 8, 2023, Watch recording!
- Attendance & Engagement 101 🖫 Caroline Calhoun, EdAdvance, Professional Learning and Attendance Specialist & LEAP Coordinator, July 18, 2023, Watch recording!



#### https://portal.ct.gov/SDE/Chronic-Absence/Talk-Tuesdays







## **High School Affinity Groups**

## Student Voice & Belonging January 25th 9:30-11:30am SERC Office in Waterbury (175 Union Street) 40 Participants Maximum

(prior registrants do not need to register again)

2-hour session will include: specific resources aligned to the Bright Spots: Improving High School Student Attendance in Connecticut Report, student voice panel with students on their experiences, perceived sense of belonging and connectedness in high school.

STATE EDUCATION RESOURCE CENTER

https://eventactions.com/eareg.aspx?e a=Rsvp&invite=09528shakn9kb1gz6a7h z95p12p6bhxyzb64zytp5p0wym1f1274

#### More Info Contact:

Registration: Holli Ryan <u>ryan@ctserc.org</u> Content: Ann Marie Cordisco <u>Cordisco@ctserc.org</u>





**Featured Speakers** 

# **Mobile Crisis and Urgent Crisis Centers**

Stephanie Bozak, Psy.D., Behavioral Health Clinical Manager of Children's Mental Health at Department of Children and Families

Rosa Baldino, LCSW, Project Coordinator at Wellness Behavioral Health

Cathi Newmark, Vice Principal at Crosby High School (Waterbury)

Brittni Lourenco, Clinical Supervisor at Mobile Crisis







**MOBILE CRISIS INTERVENTION SERVICES** A Community-Based Option for Serving Children with Mental and Behavioral Health Needs



# What is Mobile Crisis Intervention Services (Mobile Crisis)?

- Mobile Crisis Intervention Services (Mobile Crisis), formerly Emergency Mobile Psychiatric Services – EMPS, is the same service just with a new name.
- Mobile Crisis is a state-wide, community based and family supportive clinical intervention service for children & adolescents experiencing a behavioral or mental health crisis.
- Mobile Crisis provides rapid emergency crisis stabilization for children and their families as well as short-term follow-up care and connection to other services.
- Mobile Crisis is available to respond wherever the child is in the community 24/7/365

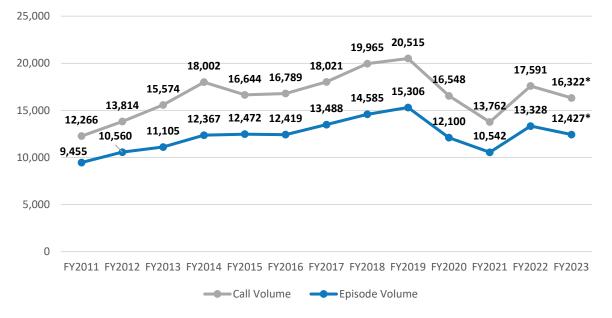


## Who Can Receive Mobile Crisis Services?

- Mobile Crisis is available to all Connecticut children and youth ages 17 or younger in a mental health or behavioral crisis (can serve 18 and older if still enrolled in high school).
- Mobile Crisis is available for children in crisis, even if they are already receiving community based mental/behavioral health services such as individual or family therapy, day treatment, etc.
- Anyone can call for Mobile Crisis services on behalf of a child or youth with a mental or behavioral health crisis.



## FY 2023 Call and Episode Volume Over Time



<sup>\*</sup>Includes calls that came in during expanded hours beginning in January

- In FY2023, there were 16,322 calls to 211 and 12,427 episodes of care for Mobile Crisis.
- Call and episode volume both decreased 7% compared to FY2022, when volume had started increasing towards pre-pandemic levels.
- There were 11,996 episodes of care during the traditional Mobile Crisis hours, and 431 episodes of care during the expanded hours that began in January



## When To Call Mobile Crisis?

#### Call 211-1-1 for Mobile Crisis when:

- Child threatens or is at risk for suicide
- Child threatens or is at risk for violence
- Child has been victimized/traumatized
- Harm is likely to occur without immediate assistance
- Child is behaviorally "acting out" or out of control
- Child is in distress and uncommunicative
- Child is depressed and you are worried
- The child is having any other behavioral health crisis



## How Do You Access Mobile Crisis Services?

- Dial 2-1-1 on your phone and then, at the prompt, press "1" for "crisis" and then at the next prompt press "1" again for "mobile crisis."
- Not pressing "1" at the two prompts can result in delays in accessing Mobile Crisis.

Dial 2-1-1

Mobile Crisis can also be accessed by dialing 988.

## **Overall Goals of Mobile Crisis**

- Be Highly Mobile: Go to where the youth is
- Be Responsive: Arrive within 45 minutes or less
- Convenient Hours: Mobile response is available 24/7/365
- High Volume: Reach all in need
- Promote widespread community awareness that a rapid clinical crisis response is available



## **Crisis Care Continuum**

- Established crisis lines accepting all calls and dispatching support based on the assessed need of the caller – 211 and 988
- Established Mobile Crisis teams dispatched to wherever the need is in the community
- Building crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources. These services are for any child, anywhere and anytime.



## **Mobile Crisis Providers**

Middlesex Hospital- Jennifer Blakeslee

Phone: 860-358-3401

United Community and Family Services - Emily Morse/Samantha Robinson

Phone: 860-822-4317

Wellmore- Rosa Baldino

Phone: 203-756-7287 x7108

- Child & Family Guidance Center Sylvadra Ellis
   Phone: 203-650-9553
- Clifford Beers Gerry Baird

Phone 203-772-1270x1218

Community Health Resources – Amy Evison/Melissa Brown

Phone – 860-416-7437

#### **Dial 2-1-1**

## **Additional Resources**

- https://www.preventsuicidect.org/get-help/ct-988/
- https://www.preventsuicidect.org/get-involved/regional-advisory-boards/
- https://www.mobilecrisisempsct.org/
- https://uwc.211ct.org/mental-health-crisis-intervention-servicesconnecticut/



Urgent Crisis Centers

January 2024

# <u>Urgent</u> response for children's mental health crises.

- Thoughts of suicide or self-injury
- · Feelings of depression, anxiety or hopelessness
- Out-of-control behaviors
- Substance misuse
- Any mental health crisis

No appointment needed









### YaleNewHaven**Health** Yale New Haven Children's Hospital

# Why Urgent Crisis Centers?

#### Children's Behavioral Health Plan (2014):

 Recommended expanding crisis-oriented behavioral health services to address high utilization rates in emergency departments. Specifically, explore alternative options to ED's, through short-term (e.g., 23 hour) behavioral health assessment/crisis stabilization centers.

# Children's Behavioral Health Urgent Care and Crisis Stabilization Unit Workgroup (2021):

- EDs are routinely overwhelmed by the numbers of patients presenting for care, resulting in overtaxed staff resources and significant wait times for patients.
- A significant percentage of youth who present to an ED with a behavioral health need could be effectively assessed and treated in another setting. This is supported by the fact that these youth are not ultimately admitted to an inpatient hospital.
- EDs vary regarding the behavioral health expertise of their staff, and in their familiarity with local systems of care and their ability to connect youth to ongoing community services. This can sometimes increase the chances of youth being referred for continued hospitalization.

# Why Urgent Crisis Centers?

#### Short-Term Solutions to Behavioral Health ED Volume Workgroup -- Family Input

(family surveys administered through family advocacy organizations and local community collaboratives):

- Create alternatives to Emergency Departments for youth experiencing behavioral health needs:
  - Expanding Mobile Crisis services
  - Create alternate places to receive care (e.g., Urgent Crisis Center)
- Improve the behavioral health care in Emergency Departments for youth who need to go there:
  - Add more staff with behavioral health expertise
  - Create separate space appropriate for serving children with behavioral health needs
  - Improve timeliness of assessments
  - Improve referral process from ED to other services
  - Better communication between EDs, community-based providers, and schools

# Why Urgent Crisis Centers?

SAMHSA National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit:

• Regional Crisis Call Hub Services:

#### Someone To Talk To

• Mobile Crisis Team Services:

#### Someone To Respond

• Crisis Receiving and Stabilization Services:

#### A Place to Go

UCC Catchment Region	Program Location	Included Cities	Daily Service Capacity
North Central	Hartford	Hartford / Manchester / Meriden New Britain / Enfield	24
Southern	New Haven	Bridgeport/ Norwalk Stamford / New Haven/ Milford	24
Eastern	New London	New London / Willimantic Norwich / Old Saybrook	12
Western	Waterbury	Waterbury / Danbury Torrington	12

## Multi-System Implementation

- Department of Social Services
  - Program-Specific Billing Codes and Fees
  - Medicaid State Plan Amendment
- Department of Public Health
  - Protocols for Ambulance Transport to UCC in Consultation with Hospital Medical Staff
- Department of Education
  - Statewide Meeting of School Superintendents
  - Statewide Special Education Conference

# Making an Impact

- Utilization
  - How many youth & families access the services?
  - From where are youth & families referred to UCCs?
  - What are the presenting challenges & needs of the youth & families?
  - Are there disparities or barriers to youth and families accessing the UCCs?
- Youth & Family Experience of Care
  - Do youth & families experience engagement, connection, and affirmation in UCCs?
  - Do youth and families believe the UCCs were helpful to them?
- Outcomes
  - Are youth and families able to successfully stabilize and manage their crisis?
  - Are youth and families able to be connected to the follow-up care they need?
- Systems Issues
  - What services do youth & families most often need after UCCs? Are these services available?
  - Do UCCs contribute to fewer youth presenting unnecessarily to EDs?
  - Do EDs experience fewer instances of overcapacity?

# Urgent Crisis Center 24/7/365

### The UCC will:

- receive youth/young adults ages 0-18, experiencing a behavioral health crisis via walk-in (or police or ambulance drop off [coming soon])
- triage youth based on risk and needs;
- provide de-escalation and crisis stabilization services



- offer a thorough assessment to determine appropriate level of care
- develop a crisis safety plan collaboratively with the family
- Provide quality care coordination
- Aftercare/bridge services until next service is available

# **Urgent Crisis Center**

### The UCC Team

The program is staffed by medical and behavioral health personnel:

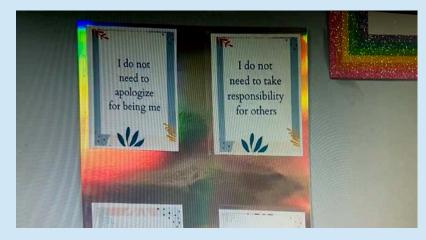
- Psychiatrists
- Advanced Practicing Registered Nurses (APRN)
- Registered Nurses
- Mental Health Clinicians

- Discharge Planners
- Family Navigators
- Behavioral Specialists
- And Administrative Supports













# Hearing from the youth and families...what have they said about their experience at the UCC

ConnectedRelievedHopefulCalmTrustedSatisfiedGratefulSafeMotivatedEmpoweredHeard



Age	0 - 17 and 18 year olds still in high school.	Age	Youth ages 4-18, or up to 21 if in DCF custody.
How to Access Care	Dial 211, press 1, and press 1 again. You can also use 988. (National Suidda Prevention Notlina)	How to Access Care	Call (860) 437-4550 to ensure there is no wait for intervention, or walk-in,
Cost	No out-of-pocket cost, regardless of If the family has insurance.	Cost	All insurance accepted. Sliding scale and fee reduction also available. No unior with denied due to institly to pay
Location	Assessments can take place anywhere in the community; how ever, permission is required to conduct assessments in their homes.	Location	Child and Family Agency of SECT 255 Hempstead Street New London, CT 05320.
Who will meet my child?	A master's level clinician will meet with your child and perform the assessment.	Who will meet my child?	A comprehensive multidisciplinary team.
Guardian Information	While consent from parents/ guardians is required, they do not have to be present if another adult is present. wtiled (also up of) persongenties are assured.	Guardian Information	A legal guardian must be present for the entire assessment. We partner throughout to increase hope, motivation, and empower you to advocate for your families needs.
Length	Assessments take an average of 2 hours.	Length	Assessments take a minimum of 4 hours.
What happens after?	MCIS follows up with current providers, pediatricians, schools, etc. If there are not clinical services in place, we can make referrals, and may stay involved for up to six weeks or until long-term services are able to start.*	What happens after?	UCC follows up with your current provider or support linkage to services in the community, providing a warm hand off to a new provider. We'll follow up with you and your child between your visit and your first provider session.

## **Urgent Crisis Centers**



1680 Albany Avenue, Hartford, CT 06105 (860) 297-0520 thevillage.org/UCC



141 East Main Street, Waterbury, CT 06702 (203) 580-4298 wellmore.org/urgent-crisis-center



255 Hempstead St, New London, CT 06320 (860) 437-4550 childandfamilyagency.org/urgent-crisis-center

> YaleNewHaven Health Yale New Haven Children's Hospital

20 York Street, New Haven, CT 06510 (203) 688-4707 ynhh.org/childrens-hospital/ services/emergency-services

In partnership with:

If a youth needs immediate medical attention, call 9-1-1 or go to the nearest hospital.



### Upcoming Attendance & Engagement Meetings

#### Talk Tuesdays for the 2023-24 School Year

#### <u>2024</u>

- January 23
- February 6
- February 20
- March 5

- March 19
- April 2
- April 30
- May 14
- May 28

#### **Register for Talk Tuesdays**









## Keep in Touch!

Kari Sullivan Custer, CSDE	Kari.Sullivan@ct.gov	
	860-807-2041	
Jay Brown, CSDE	Jay.Brown@ct.gov	
	860-713-6918	
Christine Kuehlewind, SERC	Kuehlewind@ctserc.org	
	860-632-1485, ext. 371	
Stephen Proffitt, SERC	proffitt@ctserc.org	
	860-632-1485, ext. 322	
Ann Marie Cordisco, SERC	cordisco@ctserc.org	
	860-632-1485, ext. 399	



