



**Special Education and Pupil Personnel Department
Mental and Behavioral Health Report
to the Shrewsbury School Committee
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*"You don't have to see the whole staircase, just take the first step."
-Dr. Martin Luther King, Jr.*

The Special Education and Pupil Personnel Department continues to prioritize equity and access for all students. This ongoing work has ensured that the Shrewsbury Public Schools continue to meet high expectations with efficient and thoughtful resources and programs to meet the needs of all learners. Student mental health is a shared responsibility and commitment for all members of the school community. Everyone is included in a community of care and compassion with equitable implementation of all efforts to promote and protect mental health.

Mental Health Trends

Child and adolescent mental health has been deemed a public health emergency by many experts following the COVID-19 pandemic. According to the [American Psychological Association \(APA\) 2023 Trends Report](#), feelings of sadness, hopelessness and thought and behaviors around suicide increased by 40% among young people. These preexisting trends were only exacerbated by the pandemic, particularly for females, LGBTQ+ youth, and minorities subgroups. Suicide is the second leading cause of death among 15-24 year olds ([National Alliance for Mental Illness](#)).

The latest from The Center for Disease Control (CDC)'s [Youth Risk Behavior Survey](#) (YRBS) yields similar data concerns. This survey is completed every two years and assesses a variety of

risky health-related behaviors including substance abuse, mental health, and suicide. While overall drug and alcohol use has shown a 10 year data trend decrease, mental health concerns are on the rise. Nationally, the percentage of students who seriously considered suicide has increased by 6% over the last 10 years. Statistically, out of the reported figure, 24% are students who identify as female and 37% are LGBTQ+ students made a suicide plan in the preceding year, and 3% of total students made a suicide plan that resulted in injury, poisoning or overdose.

The 2021 Regional Youth Health Survey (RYHS) data trends from [Shrewsbury High School](#) align with the national statistics. At the time of the survey, 38% of students reported feeling hopeless almost every day for 2 or more weeks in a row which impacted their usual activities while 17% had seriously considered attempting suicide during the 12 months prior. Another 11% of Shrewsbury High School students had made a plan about how they would attempt suicide, 5% actually attempted suicide, and 2% made a suicide attempt which resulted in injury. All areas of data were elevated for male students versus their female counterparts and for students identifying as African American, Multi-Racial, Hispanic, or Other.

One thing is clear that schools can play a vital role in helping children and adolescents feel safe and secure by connecting students to vital services. CDC data supported that when youth feel connected to school they are less likely to experience poor mental health, sexual health risks, substance abuse, and violence.

Shrewsbury Public Schools Clinical Department

The Shrewsbury Public Schools Clinical Department consists of 35 staff members, including School Psychologists, School Adjustment Counselors, Clinical Coordinators, and the District Social Worker. For the 2022-23 school year, the district supported the addition of an adjustment counselor at Oak Middle School, two additional adjustment counselors at Shrewsbury High School, two additional District Clinical Coordinators, a District Social Worker, and a director level position. As a district we are proud to say that each building, Grades K-12, has a minimum of one school psychologist and one school adjustment counselor and that each class at SHS has their own dedicated adjustment counselor. The [American School Counselor Association \(ASCA\)](#) recommends that schools maintain a ratio of 250 students per counselor. Across the country, the average student to school counselor ratio is 464 per counselor. Shrewsbury Public Schools now fall under the recommended ASCA ratio except for SHS, which still falls below the national average.

Director of Counseling and Mental Health Services

Jamie Millett serves as the Director of Counseling and Mental Health Services for the district. This new role is responsible for the supervision of all clinical staff members and oversight of all mental health Multi-Tiered Systems of Supports (MTSS). MTSS is a framework for enhancing

the implementation of evidence-based practices to achieve important outcomes for every student. The MTSS framework builds on a public health approach that focuses on organizing the efforts of adults within systems to be more effective. This includes coordination of data to inform practices, determine efficacy of interventions, and monitor progress at the student and district level. The Director aids in the design and implementation of policies and procedures that will support delivery and sustainability of inclusive practices, mental health services, and trauma sensitive training practices across all settings. This has included designing and implementing various professional development within the Clinical Department and across the district. The Director facilitates professional learning communities through full clinical department meetings and leveled clinical based team meetings on a monthly basis. This role is also responsible for coordination of referrals for Clinical Rounds, Clinical Coordinators, District Social Worker, and Shrewsbury Youth and Family Services. The Director is a member of the BRYT (Bridging Resilient Youth in Transition) supervision team. Additionally, the Director provides clinical consultation during crisis situations including the filing of 51As with the Department of Children and Families (DCF) or determining appropriate level of care for students experiencing a mental health emergency.

District Social Worker

Felicite Boisvert serves as the District Social Worker. The role of the District Social Worker is to provide strategies, interventions, referrals, and wraparound support. Referrals include issues surrounding substance abuse, physical, emotional or sexual abuse, neglect, foster care, violence, pregnancy as well as healthcare, legal services, food, clothing, and housing needs. The District Social Worker collaborates with building administration, school counselors, school adjustment counselors, psychologists, nurses, and Clinical Coordinators as well as with community partners, to help support students and families. Through March 17, 2023, the District Social Worker has received 52 referrals: 22 (grades PK-4), 10 (grades 5-8), and 20 (grades 9-12).

The District Social Worker also serves as the McKinney Vento Homeless Education Assistance Act point of contact for the district. McKinney Vento is a program that works to ensure enrollment, attendance and the opportunity to succeed in school for homeless children and youth. This program collaborates with other state agencies and community providers to support homeless families and their students.

As the foster care point of contact, the District Social Worker is responsible for attending Best Interest Determination meetings with the Department of Children and Families for students in the foster care system, along with collaborating on transportation needs as they arise.

The District Social Worker also attends the Human Services Leadership Team Meeting to collaborate with other Shrewsbury town departments, as well as to build relationships with other area community agencies such as:

1. St Anne's Food Pantry helps SPS families obtain food and also provides gift cards, clothes, toys and games.
2. Andy's Attic is utilized for students who find themselves in need of clothes. Often this need has arisen when a family experiences homelessness, financial hardships, or when kids have been placed in foster care.
3. Department of Transitional Assistance program including SNAP food benefits, emergency shelter placements, MassHealth, and Social Security.
4. Connecting Shrewsbury residents with legal aid is an area of need. The District Social Worker has made referrals to many different legal aid agencies to help with issues from domestic violence, housing issues, and immigration status.

Clinical Coordinators (4)

The Clinical Coordinators are Master's level Board Certified Behavior Analysts who work with all students across the district. This year two additional Clinical Coordinators joined the department. Between the four Clinical Coordinators, two staff members are assigned PreK-4, and two remaining support Grades 5-12. They have been able to support students who are demonstrating challenging behaviors due to the severity of their disability or acute mental health challenges. The Clinical Coordinators serve as district consultants to guide staff in the implementation of evidence-based behavioral strategies and prevention intervention to purposefully re-engage students in their learning. This support may be provided through any of the following: consultation, staff training, conducting behavioral observations or more formalized evaluations, and/or the development of positive behavior support plans. The primary responsibilities within special education is to develop instructional procedures, develop data collection and analysis procedures, collaborate with home support programs, consult to district-wide programs, and provide professional development. In addition, the Clinical Coordinators work closely with building administrators, school psychologists, adjustment counselors and other service providers, using a problem-solving model to support students.

School Psychologists (12)

The school psychologists are responsible for assessing students who are initially referred to special education and re-evaluating students who are receiving services a minimum of every three years. They also meet with individual and small groups of students to provide counseling and social skills services, and may oversee support staff. The school psychologists help coordinate care with parents, guardians, and other outside providers. This may include interactions with representatives from state agencies such as the DCF, Department of Mental Health (DMH), Department of Developmental Services (DDS), or Department of Youth Services (DYS).

School Adjustment Counselors (18)

Adjustment counselors, available at the elementary, middle schools, and high school, play a vital role in identifying, supporting and intervening when students exhibit social, emotional or mental health related challenges in the school environment. They meet with the whole class, small groups of students, and individually in order to provide evidence-based therapeutic support. This may include consultation to the student and/or family to assist with any potential school or home issues that may prevent the student from achieving their academic potential. The adjustment counselors interact regularly with staff, guardians, and administrators in an effort to build relationships that will foster positive learning environments. They may also interact with representatives from state agencies such as the DCF, Department of Mental Health (DMH), Department of Developmental Services (DDS), or Department of Youth Services (DYS).

The following chart highlights our current building based staffing model:

Building:	<i>Parker Road</i>	<i>Beal</i>	<i>Paton</i>	<i>Floral</i>	<i>Spring</i>	<i>Coolidge</i>	<i>SMS</i>	<i>Oak</i>	<i>SHS</i>
Staff:	Psych	2 Psych 1 SAC	1 Psych 1 SAC	2 Psych 1 SAC	1 Psych 1 SAC	1 Psych 1 SAC	1 Psych 3 SAC*	1 Psych 4 SAC*	2 Psych 4 SAC*
Enrollment:	203	609	291	519	308	247	948	944	1823
Ratio Student:Staff	203:1	203:1	145:1	173:1	154:1	124:1	237:1	189:1	303:1

**Ratio does not include BRYT Clinical Coordinators.*

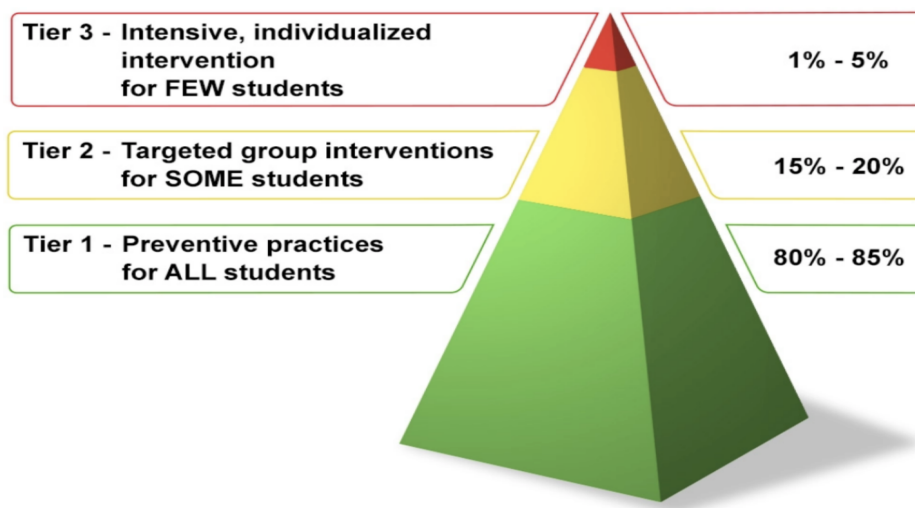
Shrewsbury Public Schools Clinical Department Data Analysis

Multi-Tiered Systems of Support Approach

A collaborative approach is taken to working with students presenting with mental health, emotional, social, and/or behavioral challenges. School teams consisting of school psychologist(s), school counselor(s), school adjustment counselor(s), administrators, educators, and consultation with Director of Counseling and Mental Health Services, Clinical Coordinators, and District Social Worker, work together to identify students with identified needs in these areas and provide recommendations, interventions, and support, and closely monitor cases.

Identification of students is accomplished by a variety of means, which includes at a minimum, a staff to an MTSS team. In SPS these teams are called either the Early Intervening Teams (EIT) or Student Support Teams (SST), referrals by individual faculty members. Once a student has been identified, an individualized intervention plan is designed to meet a student’s mental health

needs. This may include, but is not limited to, offering evidence-based interventions and strategies, progress monitoring, counseling in a group or 1:1 setting, or communication with families and outside providers. Evaluations can also be conducted within the district to answer questions related to a student’s area of suspected educational disability. Finally, the district may assist families in obtaining outside mental health services as appropriate, via individual insurance policies.



Tier 1 Supports

All students access Tier 1 social emotional learning instruction. The district has adopted Character Strong and Advisory curriculum to be explicit and intentional with this topic. Tier 1 support may also include a clinical staff member helping to support whole group instruction or help create a targeted lesson within the classroom based upon teacher observation.

Tier 2 and Tier 3 Supports

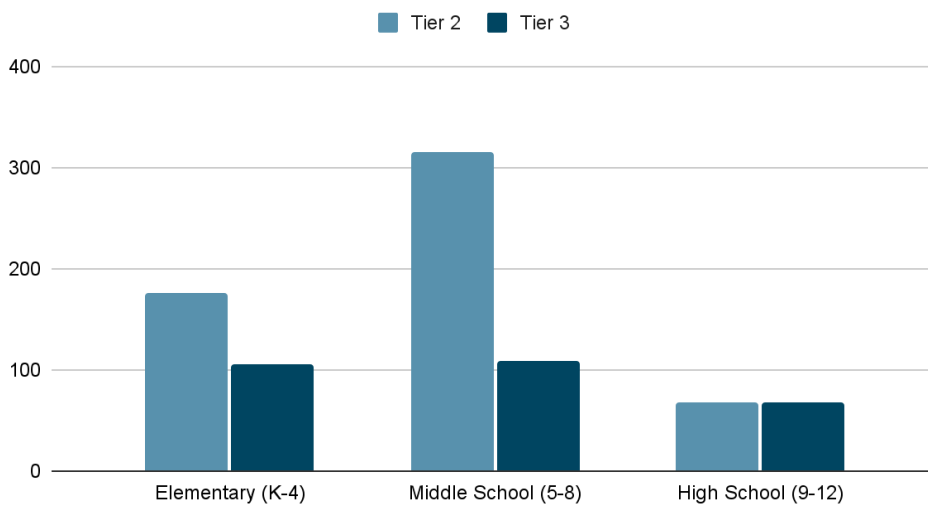
Some identified students may require more instruction and interventions based upon the individual child’s current social-emotional and behavioral needs. This does not include replace accessing Tier 1 supports. Rather, it is in addition to Tier 1.

Data collected this school year through March 1, 2023 reflects that 791 students across grades K-12 accessed benefited from Tier 2 or Tier 3 behavioral and mental health supports. This accounts for 13.9% of all students across the district accessing clinical staff members for support services.

Tier 2 services are defined as drop in or as needed counseling support, short term counseling, or short term groups. “Short term” is defined as less than a trimester or 12 weeks. Tier 2 services may be provided by school counselors (high school only), school adjustment counselors (K-12) or school psychologists (PK-12). These interventions can include all students regardless of disability status.

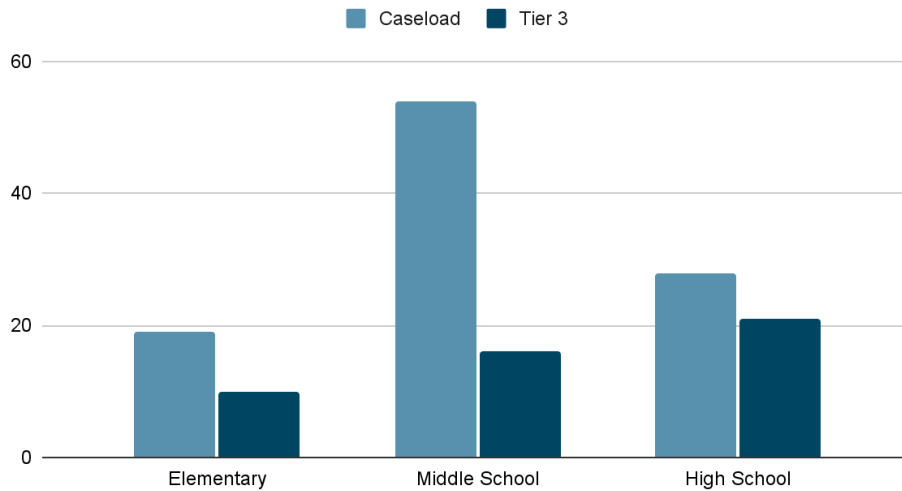
Tier 3 services are defined as scheduled 1:1 counseling sessions, long term regularly scheduled groups, or intensive case management. These may include Individual Education Plans (counseling services on service delivery grid with accompanying goal), 504 Accommodation Plans, or general education students. Tier 3 services may be provided by school adjustment counselors (K-12), school psychologists (Prek-12), District Social Worker, or a Clinical Coordinator. The graph below indicates data collected through March 1, 2023.

Number of Students Supported by Tier



The typical clinical caseloads vary by level. To date, average caseloads at the elementary school are averaging 19 students with a mix of both Tier 2 and Tier 3 support with an average of 10 students accessing Tier 3. Elementary clinical staff also teach whole classroom social emotional learning lessons. At the middle school level the average caseload size is 56 students. Many of these students receive Tier 2 support often in the form of short term counseling or drop in support as needed. The average Tier 3 long term counseling caseload at the middle school level is 16 students. High school clinical caseloads are averaging 28 students. This is a mix of short term Tier 2 support such as short term counseling or drop in support as needed and Tier 3 long term counseling support. The average Tier 3 caseload for high school clinicians is 21 students.

Average Active Caseload & Tier 3 Clinical Support



BRYT (Bridge for Resilient Youth in Transition) Program: Sherwood, Oak, & SHS

Partnering with The Brookline Center for Community Mental Health, BRYT provides Tier 3 clinical support, academic coordination, family support, and care coordination services to students at Sherwood, Oak Middle, and Shrewsbury High School who are transitioning back to a full schedule after missing extensive amounts of learning due to serious mental health, medical, and/or life transition challenges. BRYT is a short-term, intensive general education program open to students with and without disabilities; its supports are customized to each student's needs. These services pride themselves in being culturally competent, clinically informed, and flexible. Program staff strive to coordinate resources with the wider community, and partner effectively with families, to help each participating student make the most efficient transition possible and finish the school year on track for graduation.

Core BRYT Services:

- *Direct clinical support to students:* intentional/planned clinical supports that are customized to each student; on-demand supports; crisis intervention where needed.
- *Academic coordination:* direct academic support along with communication with a student's teachers to modify assignments and/or secure direct teacher support as needed for the student to demonstrate sufficient mastery to accrue credits.
- *Family engagement:* consistent, culturally-appropriate two-way communication with guardians about student progress needs; provision of support, learning, and leadership opportunities for family members.
- *Care coordination:* consultation and collaboration with all in-school supports and collateral providers available to each student to maximize her/his success.

Currently, Sherwood Middle School has 5 active students and 1 alumni student (drop in/as needed) while Oak Middle School has 6 active students and 12 alumni students accessing the program. Through March 1, 2023, SMS had a total of 9 referrals and OMS had 20 (with two students being referred twice). One third of students at SMS and half of the students at OMS were referred for mental health reasons with a high rate of absences related to being seen for mental health treatment through inpatient or partial hospitalization programming. Respectively, 44.44% and 25% were referred for functionally absent (attending school, but extended time out of the classroom or unable to access curriculum due to behavioral health symptoms). No students at SMS and 10% of students who were referred at OMS were due to medically related absence (i.e. extended illness, surgery, concussion).

BRYT at Shrewsbury High School currently has 19 active students, 10 alumni, and two pending intakes. At the mid-year point, a total of 48 students accessed the SHS BRYT for support. Out of the 48 students: 10 students were referred for concussion; 6 students for medically related absences. In addition, 68% of students were referred for mental health and 53% were admitted as proactively as “preventative” measures to support students to continue to access academic demands.

Emergency Response Services

The clinical staff are trained in assessing student mental and behavioral health. At times, a student may be struggling with an acute need. Emergency services may be called if a student presents with suicidal ideation, suicidal threat, self-injurious or self-harming behavior, or homicidal threat. Staff use Youth Mobile Crisis Intervention (YMCI) or Emergency Mental Health (EMH) in these cases.

Data collected throughout the clinical department validates trends of increased demand and need for therapeutic support services within a school setting. As of March 1, 2023, 19 students (0 elementary, 8 middle school, and 11 high school) across the district required inpatient level of care compared to 24 students last school year (February 2022 data). Another 17 students (0 elementary, 7 middle school, and 10 high school) may not have met inpatient criteria but rather were recommended for partial hospitalization or day programs. This specific data point was not tracked last school year. Students are recommended for a higher level of care (inpatient or partial hospitalization program) via an outside provider, Youth Mobile Crisis Intervention (YMCI) or Emergency Mental Health (EMH) referrals.

This school year, 43 students (9 elementary, 22 middle school, and 12 high school) across the district were recommended by Shrewsbury Public School clinical staff for an emergency mental health evaluation either via YMCI or EMH. This is compared to 73 students last school year (February 2022 data). It is important to note that this data point does not include students who

were assessed by district clinical staff and other interventions were deemed most appropriate., i.e. safety plan, parent/guardian contact, outpatient provider contact.

All Shrewsbury Public School employees are mandated reporters. Massachusetts law requires mandated reporters to immediately make an oral report to the Department of Children and Families (DCF) when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect. To date, the district has reported 37 cases to DCF (6 at elementary, 15 at middle school level, and 16 at high school). It is not the responsibility of a school employee to investigate and determine if there is abuse or neglect; DCF performs that function.

Clinical Coordinators

A formalized referral process was updated for staff to access Clinical Coordinator support. Referrals are reviewed by the team of clinical coordinators along with consultation with District Social Worker and Director of Counseling and Mental Health Services and appropriate tiered intervention follow up is determined. This may include Tier 2 support such as short term consultation or student observation, and/or Tier 3 support such as long term consultation, parents/guardian meetings, functional behavior assessments, or development of behavior support plans. Through March 17, 2023, 37 referrals were made for Clinical Coordinator support: 17 referrals were within the PreK-elementary level; 14 at the Grades 5-8;, and 6 at Grades 9-12+. Currently there are 65 students actively receiving clinical coordinator support: 29 students (PK-4); and 36 students (5-12+).

Clinical Rounds

SPS maintains a contract with Dr. Kim Kusiak, consulting Child and Adolescent Psychiatrist, and a Fellow through the UMass Psychiatry Department. Twice per month, Dr. Kusiak and a UMass Fellow meet with clinical staff, administration, teachers, and other support staff to provide clinical consultation for referred student cases. Clinical Round referrals have decreased in comparison to previous year's data likely as a result of the addition of two Clinical Coordinators who are able to provide behavioral consultation and Tier 3 intervention support. Through March 25, 2023 there have been 16 clinical round referrals with four cases requiring additional follow up consultations with Dr. KIm Kusiak.

Universal Mental Health Screeners

Currently, Shrewsbury Public Schools is actively utilizing mental health and social emotional learning (SEL) screening tools. Mental health screening tools assess the burden of psychological symptoms that may interfere with a student's ability to succeed and learn. Social emotional learning screeners evaluate competencies necessary for students to participate and interact effectively.

Screening is a process of helping staff gather data on student needs, and then using the data and information to plan supports and interventions for students to improve their well-being and functioning in school. Screening helps staff be more proactive, than reactive, in supporting students' success. The screening in social, emotional, and behavioral functioning is a brief rating scale completed by the student. This information is helpful to us to make effective plans at the whole schools, class, and individual level.

In Grades 3 through 12, students participate in a SEL screener through [Panorama Education](#). Panorama helps schools and districts transform their approach to education, so that every student thrives in school, every student benefits from an excellent education, and every student graduates prepared with the knowledge, skills, and mindsets they need to thrive in the modern, ever-changing world. SPS uses the Panorama surveys to gain information about students' competencies in the areas of emotional regulation, self efficacy, and self advocacy as well as the domains of cultural awareness and sense of belonging.

Grades 7 and 10 participate in SBIRT (Screening, Brief Intervention and Referral to Treatment) utilizing the CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) tool to assess adolescent substance abuse. CRAFFT is administered by school adjustment counselors in collaboration with the Nursing Department.

Signs of Suicide (SOS) curriculum is delivered through Health classes in Grades 8 through Grade 11. As part of the curriculum, students complete the BSAD (Brief Screen for Adolescent Depression). School adjustment counselors at Oak and school adjustment counselors in collaboration with school counselors at SHS provide follow up for students who score in a clinically significant range for symptoms of depression.

Grade 7 Universal Screening Pilot

The universal screening tool, General Anxiety Disorder 7 (GAD-7), is an evidenced based assessment to be used with students in Grade 7 students at Oak Middle. This tool is used to assess symptoms related to anxiety and depression. Completing the screening is voluntary. Students may choose not to answer any or all of the screening questions. Results are confidential, but are not anonymous as emails will be collected with receipt of response. If students are deemed at moderate to high risk of symptoms related to anxiety and/or depression, a support staff member will follow-up with the students to provide resources and help identify trusted adults (both in and out of school).

Families have the option of not having their child participate in the mental health screening process. A letter was sent to all families which includes the ability to opt their child out of participating. Within the letter, it was outlined to guardians that they will be notified in the event of a safety

concern or if their child scores in the clinically elevated range. Parents/guardians are encouraged to reach out to their student’s counselor if they wish to discuss their student’s responses.

Universal Mental Health Screener and Universal Social and Emotional Learning Screener

	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
SBIRT/ CRAFFT														
SOS/ BSAD								SY 23-24						
GAD-7									SPRING 2023					
PSWQ-C						TBD								
PANORAMA: STUDENT SEL														

CRAFFT: adolescent substance abuse
 BSAD: brief screen for adolescent depression
 GAD-7: generalized anxiety symptom screener
 PSWQ-C: penn state worry questionnaire for children
 PANORAMA STUDENT SEL: social awareness, self-efficacy, emotional regulation

Social Emotional Behavioral Academy (SEB)

The Department of Elementary and Secondary Education’s Social Emotional Behavioral Academy’s goal is to support schools and districts across Massachusetts to build evidence-based, data-driven, and culturally responsive systems of supports using an MTSS approach. Through this process SPS receives intensive coaching and technical assistance, and the opportunity to participate in professional development and peer-sharing events. The SEB Academy is a three-year process. The Social Emotional Learning and Mental Health Track focuses on integrating and aligning social emotional learning and mental health supports with the existing priorities, systems, and practices of the school and whole district. Throughout this process SPS will be supported in assessing and prioritizing, implementing and improving, and/or scaling and sustaining SEL and mental health supports across all intervention Tiers.

SPS has been partnered with a consultant/technical assistant from the Education Development Center (EDC). EDC is a global educational consultancy focused on building resilience and empathy to advance lasting solutions to education challenges. Our consultant meets with the SEB

team monthly and coaches the team through the work of the Academy. The final result of this partnership will be a rejuvenated comprehensive SEL MTSS system within each building.

Protocols/ Procedures

Policies, practices, and procedures continue to be reviewed at the district level. It is anticipated that in the next few years, revisions and updates may be made to protocols and procedures in an effort to universalize systems of support. To date this year, consent forms for therapeutic services were designed to ensure transparency of clinical services provided to students including regulations around confidentiality. This form was reviewed by our consulting attorney before full department implementation. Potential abuse and/neglect of children reporting (51A) was streamlined starting January 1st through a formalized district reporting process to assist in systematic follow up from District Social Worker, clinical staff, and building administrators. Additionally, the district's Emergency Response Plan was reviewed and updated to include mental health related crises and responses per new mental health legislation [An Act Addressing Barriers to Care for Mental Health](#).

Professional Development

Staff training on trauma-informed education for paraprofessionals in October and for elementary staff in February was completed. Training was developed by the District Social Worker and Director of Counseling and Mental Health Services. Both facilitated the training in October for all paraprofessionals in the district. In February, the training was adapted and implemented for elementary school staff across the district during a faculty meeting. Facilitators included District Social Worker, Director of Counseling and Mental Health Services and various school adjustment counselors. In April, elementary school staff will be provided a follow up training to include de-escalation and Tier 1 behavior management. This training is being facilitated and organized by Clinical Coordinator, Rob Parry-Cruwys. Learning objectives included understanding trauma, how trauma can present in student behavior, and practical trauma informed behavior management strategies. The goal is to implement trauma-informed training in additional grade levels in the 2023-24 school year.

Parent/Guardian Workshops

Parenting Strategies

The Clinical Department is pleased to be offering a Parenting Strategies Workshop for the 10th year. SPS Clinical Coordinator, Daryl Rynning, and District Social Worker, Felicitie Boisvert, along with Dr. Kim Kusiak, SPS Consulting Child and Adolescent Psychiatrist, will be hosting a seven part Zoom series on useful information and tips for understanding developmental behavioral norms, behavior strategies, healthy social media habits, and resilience skills.

Safety Care for Families

Safety-Care is a crisis prevention training. However, Safety-Care is more than crisis management training; it provides the skills and competencies necessary to effectively prevent, minimize, and manage behavioral challenges with dignity, safety, and the possibility of change. Safety-Care for Families is a training program for family members and other stakeholders working with behaviorally challenging individuals in a home or home-like setting. SPS Clinical Coordinator, Rob Parry-Cruwys and Beal Educational Learning Center (ELC) Coordinator, Colleen Callahan, will lead this innovative course. It provides an adapted version of the Safety-Care curriculum, designed to provide parents, family members, and others with the skills and interventions needed to improve behavior and to prevent, minimize, and manage potentially dangerous incidents in the home or home-like setting.

Community Partnerships

Shrewsbury Public Schools values partnerships in our community and with national organizations in order to provide a variety of support and resources to our students, staff and families. Our partners include:

1. Shrewsbury Public Schools continues its longstanding partnership with Shrewsbury Youth and Families Services (SYFS) to provide school-based counseling services and wraparound case management.
2. The district and the town of Shrewsbury continue to contract with William James College INTERFACE referral system. This service helps to provide community members to access support in navigating referrals and connect with outpatient behavioral health health providers. This past year, this service was extended to any resident of Shrewsbury. Last year, it only supported SPS students.
3. Massachusetts Partnership for Youth (MPY) membership has given all staff the ability to access various professional development opportunities in various areas of social, emotional, and behavioral health and wellness. The professional development designed by MPY is targeted to support both adult and student wellness.
4. Shrewsbury Public Schools has partnered with [The JED Foundation](#) for review of existing practices, policies and procedures. JED will provide ongoing technical support and recommendations throughout our two year commitment. JED will focus its review on mental health crisis management protocols, discipline practices as they relate to new mental health legislation, and practices around truancy and chronic absenteeism prevention.
5. [The Brookline Center](#) continues to offer consultation and professional development for the BRYT clinical and academic staff.

Recommendations

Shrewsbury Public School's Clinical Department in collaboration with district leadership is committed to increasing the district's capacity to support student social, emotional, and mental health. Therefore, the following have been highlighted as recommendations to prioritize over the next several years:

1. Systematically implement universal mental health and social emotional learning screening tools across the district.
2. Continue to assess and implement universal practices, protocols, and procedures to ensure integrity of a comprehensive and effective Multi-Tiered Systems of Support.
3. Provide additional professional development around social emotional learning best practices and trauma informed education for staff across all grade levels.
4. Design and implement universal policies and protocols with priorities around discipline, truancy, chronic absenteeism to comply with new mental health legislation.
5. Design and implement universal policies and procedures around mental health crisis management.
6. Explore and pilot electronic health record systems for the clinical department to provide a platform for documentation and increase our capacity to make data informed decisions.

Conclusion

Our staff are diligently providing direct whole class, individual and small group student services. They also support each building by facilitating and/or participating in important school teams to design individualized interventions based upon student data. Our Department is an integral part of the district crisis team, responsible for supporting all schools following a community crisis. The department works closely with various partners to strengthen social, emotional and behavioral health support available to our students and schools.

In Shrewsbury, we recognize and acknowledge the critical connection between social, emotional and behavioral health, well-being and academic success. The Clinical Department is composed of licensed behavioral health providers supporting all schools. The District is committed to creating safe and supportive learning environments where mental health is valued and trusted adults are readily available to support student's needs. We work to ensure that ALL students have a safe and supportive school environment where they can be successful. As we know, social, emotional and behavioral health support can have an impact on student engagement, ability to learn, self-advocacy, self-esteem, capacity to build positive relationships, and make healthy decisions.