



Special Education and Pupil Personnel Department  
Mental and Behavioral Health Report  
to the Shrewsbury School Committee  
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*"There is no normal life that is free of pain. It's the very wrestling with our problems that can be the impetus for our growth." — Fred Rogers*

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 continues 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.

### Key Areas of Responsibilities

The Clinical Department in Shrewsbury Public Schools (SPS) plays a vital role in promoting the well-being of students and creating a supportive environment for academic success. The following highlights the areas of key impact.

- I. **Comprehensive Support Services:** The Clinical Department offers a range of services including whole class, small group, and individual mental health services. This ensures that students with varying needs receive appropriate support.
- II. **Data-Driven and Evidence Based Interventions:** The team utilizes student data to design individualized interventions, which allows for targeted support tailored to each student's needs.

- III. Crisis Response: The department is an integral part of the district crisis team, indicating preparedness to support schools and students in times of student, family, and community crises.
- IV. Collaboration with Partners: Collaboration with various community partners strengthens the social, emotional, and behavioral health support available to students using a wrap-around approach.
- V. Commitment to Safe and Supportive Environments: The district is committed to creating safe and supportive learning environments where mental health is valued, and trusted adults are readily available to support students.
- VI. Recognition of the Connection between Well-being and Academic Success: There's an acknowledgment of the critical connection between social, emotional, and behavioral health and academic success. This holistic approach recognizes that student well-being is fundamental to their ability to thrive academically.
- VII. Impact on Student Engagement and Success: Social, emotional, and behavioral health support positively impacts various aspects of student development including engagement, learning ability, self-advocacy, self-esteem, relationship-building skills, and decision-making abilities.
- VIII. DESE Social, Emotional, Mental Health Grant (311) SEL: SPS was awarded a competitive grant of \$22,855 to support enhanced professional development. This fiscal year we targeted evidence-based Tier 2 interventions: Cognitive Behavioral Therapy, [TRAILS to Wellness](#); and alternatives to discipline: [Collaborative Problem Solving](#), Restorative Circles. Next fiscal year SPS will participate in a pilot of [Character Strong Tier 2 curriculum](#).

### 2023 Regional Youth Health Survey (RYHS) Trends

The RYHS is heavily modeled after the national Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System that is tailored to meet the needs of the school district. The questionnaire is designed to gather information on the important issues facing youth in the town of Shrewsbury and towns and cities in the Central Massachusetts Regional Public Health Alliance (CMRPHA) district. Topics include substance use, violence and safety, dietary behavior, and sexual health. This is the fifth iteration of the RYHS at Oak Middle and Shrewsbury High School (2015, 2017, 2019, 2021, 2023).

The RYHS was made possible through partnerships with the Shrewsbury Public Schools, the Worcester Division of Public Health, the UMass Prevention Research Center and the Daniel's Foundation. Participation in the survey is voluntary, which research has found increases the likelihood that students respond truthfully.

The 2023 Regional Youth Health Survey (RYHS) data trends from Shrewsbury High School (SHS) and Oak Middle School align with the national statistics. At SHS 23% students and 16% of Oak students reported feeling sad or hopeless almost every day which impacted their usual

activities while 9% of SHS students and 9% of Oak students had seriously considered attempting suicide during the 12 months prior. Another 6% of SHS students had made a plan about how they would attempt suicide. At the time of the survey, 3% of Oak students had reported trying to kill themselves at some point in their lifetime. 9% of Oak students and 10% of SHS students reported in the past twelve months engaging in self injurious behavior and attempts to hurt or injure themselves on purpose without wanting to die.

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

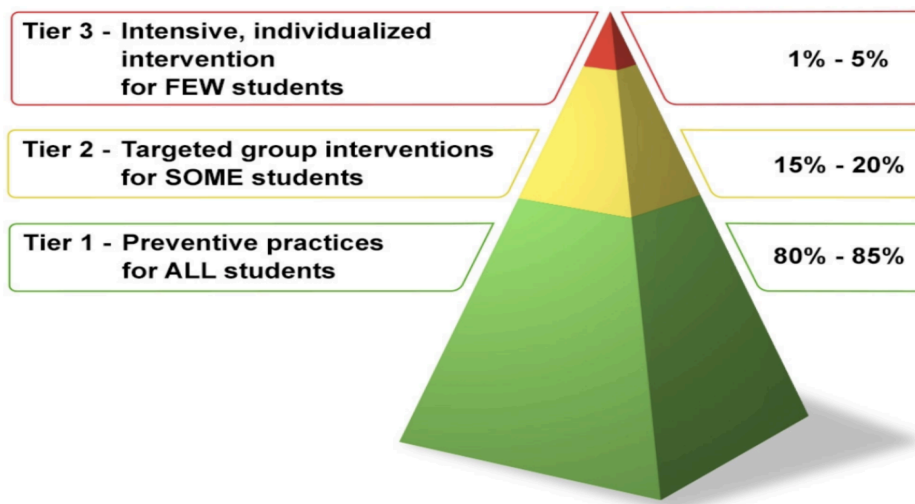
### Shrewsbury Public Schools Clinical Department Data Analysis

#### *Multi-Tiered Systems of Support (MTSS)*

The Shrewsbury Public Schools Clinical Department consists of 35 FTE clinicians which include School Psychologists, School Adjustment Counselors, Clinical Coordinators (who are Board-Certified Behavior Analysts, or BCBAs), and a District Social Worker. A collaborative approach is taken when 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 the Director of Counseling and Mental Health Services, Clinical Coordinators, and District Social Worker, work together to identify students with targeted needs and provide recommendations, interventions, and support to closely monitor cases and student well-being.

#### *Tier 1 Supports*

All students access Tier 1 social emotional learning instruction. The district has adopted Character Strong and Advisory as a general education 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 or concern.



### *Universal Screeners*

Screening is a Tier 1 process for 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 student success and well-being. 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.

Mental health screeners assess the overall psychological well-being and ability to cope with symptoms that may impact a student's ability to succeed and learn. Social emotional learning screeners focus on teaching students skills and competencies such as self-awareness, self-management, social awareness, relationship skills, and responsible decision-making, which are important for students to participate and interact effectively with others in both academic and personal settings. Both mental health and SEL are important aspects of student well-being and success in education.

Families have the option of not having their child participate in the mental health or social and emotional screening processes. Letters are sent to all families which includes the ability to opt their child out of participating. For mental health screeners, the letter outlines to guardians that they will be notified in the event of a safety concern or if their child scores in the clinically elevated range. Guardians are encouraged to reach out to their child's counselor if they wish to discuss their child's responses. 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.

Below highlights how the district has outlined the specific grade levels to annually assess using a universal social and emotional learning screener and multiple universal mental health screeners.

|                                      | PK | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--------------------------------------|----|---|---|---|---|---|---|---|---|---|---|----|----|----|
| <b>SBIRT/<br/>CRAFFT</b>             |    |   |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>SOS/<br/>BSAD</b>                 |    |   |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>GAD-7</b>                         |    |   |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>PSWQ-C</b>                        |    |   |   |   |   |   |   |   |   |   |   |    |    |    |
| <b>PANORAMA:<br/>STUDENT<br/>SEL</b> |    |   |   |   |   |   |   |   |   |   |   |    |    |    |

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

*Panorama Student SEL*

In Grades 3 through 12, students participate in a social emotional 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.

*SBIRT: Screening, Brief Intervention and Referral to Treatment*

Mental health screening tools assess the burden of psychological symptoms that may interfere with a student’s ability to succeed and learn. Grades 7 and 10 participate in SBIRT 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.

*General Anxiety Disorder 7:GAD-7: Oak Middle School 7th Grade*

In the 2022-23 school year the GAD-7 was piloted with 7th grade students as a universal screening tool. This school year, the GAD-7 has continued to be utilized as an evidenced based tool to assess symptoms related to anxiety and depression. Completing the screening is voluntary. If students are deemed at moderate to high risk with 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. In January and February of 2024, 405 7th grade students completed the screener. 26 students, 6.42% reported high moderate to severe levels of anxiety and received follow up with a school adjustment counselor. Out of the 26, 10 students opted into a short term, solution

focused Tier 2 group to target anxiety utilizing the TRAILS to Wellness, a Cognitive-Behavioral Therapy (CBT) curriculum.

*Brief Screen for Adolescent Depression:BSAD: Sherwood Middle School (6th Grade), Oak Middle School (8th Grade), & Shrewsbury High School (9-11th Grades)*

Signs of Suicide (SOS) curriculum is delivered through Health classes in Grades 6, 8, 9, 10 and 11. SOS is an evidence-based youth suicide prevention program that has demonstrated an improvement in students’ knowledge and adaptive attitudes about suicide risk and depression. SOS teaches students how to identify signs of depression and suicide in themselves and their peers, while providing materials that support school professionals, parents, and communities in recognizing at-risk students and taking appropriate action.

As part of the curriculum, students complete the BSAD. School Adjustment Counselors at Oak and SMS and School Adjustment Counselors in collaboration with School Counseling Department at SHS provide follow-up for students who score in a clinically significant range for symptoms of depression within 48 hours. Students who answer “yes” to questions expliciting assesing suicidal ideation in the past four weeks and any prior suicide attempt receive same day follow up by a clinical staff member (School Adjustment Counselor or School Psychologist). The table below includes data on students by level who required additional support based upon their responses.

| Grade Level | # of Students Screened | Required Same Day Follow Up: Suicidal Ideation / Attempt | 48 Hour Follow Up Elevated Score |
|-------------|------------------------|--|----------------------------------|
| 6th         | 308                    | 31 students (10%)  | 10 students (3%)                 |
| 8th         | 388                    | 15 students (4%)   | 24 students (6%)                 |
| 9-11th      | 619                    | 39 students (6%)   | 23 students (4%)                 |

*Tier 2 and Tier 3 Supports*

Based upon data collected and reviewed using universal screeners, 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, it is in addition.

This school year, the Clinical Department is utilizing an electronic health record, August Schools. The data analyzed through this platform indicates that for this school year, 3,196 individual students were encountered by a School Adjustment Counselor, School Psychologist, or Clinical Coordinator/BCBA. This accounts for 55% of all students across the district accessing some degree of support from clinical staff. An “encounter” is defined as a consultation,

direct service (i.e. established counseling or social-emotional check in), crisis/emergency intervention, or collateral contact with parent/guardian or outside provider.

Below is further analysis of the data collected and the level of support students required to maintain their social, emotional, and behavioral well-being.

| Grade Level             | 8 or more encounters | 20 or more encounters |
|-------------------------|----------------------|-----------------------|
| Elementary School (K-4) | 264 students (13%)   | 88 students (9%)      |
| Middle School (5-8)     | 294 students (16%)   | 122 students (7%)     |
| High School (9-12)      | 209 students (11%)   | 59 students (3%)      |

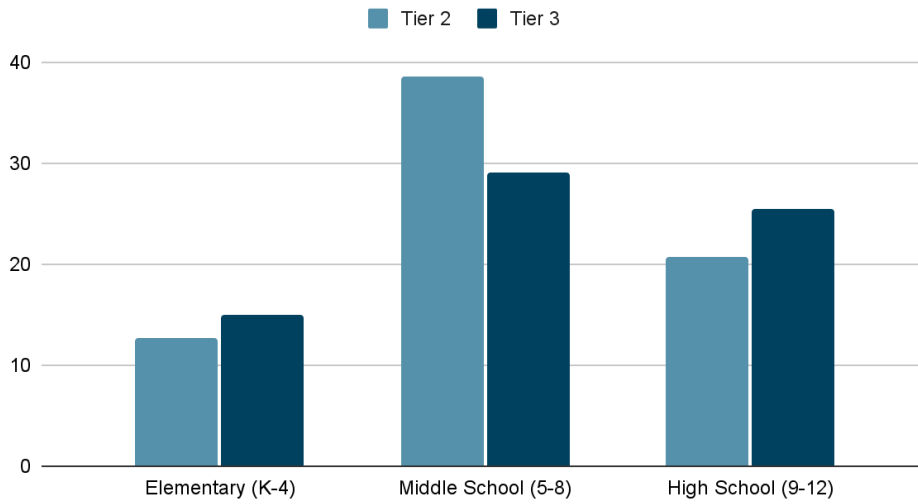
Tier 2 services are defined as “drop-in” or as-needed counseling support, short term counseling, or short term groups. “Short term” is defined as less than a trimester or 12 weeks. Tier 2 services may be provided by School Counselors (high school only), School Adjustment Counselors (K-12), or School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

In planning for this school year, the district partnered with community agencies to strengthen our Tier 2 interventions. During the fall of 2023, clinical staff received training from OpenSky on implementing Cognitive Behavioral Therapy (CBT) interventions in a small group or 1:1 setting. Staff were also introduced to [TRAILS to Wellness](#), a short term evidence based CBT group-based curriculum designed to explicitly target anxiety and depression.

Tier 3 services are defined as scheduled 1:1 counseling sessions, long-term regularly scheduled groups, or intensive case management. These may include students who are eligible for special education services, 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 Clinical Coordinator.

The graph below highlights the average caseload sizes for students receiving Tier 2 and Tier 3 services from clinical staff. Please note that data on support from the School Counseling Department (formerly known as the Guidance Counseling Department) at Shrewsbury High School is not included.

### Average Caseload by Level



Clinical caseloads vary by level. To date, average caseloads per clinician at the elementary school are averaging 12 students at Tier 2 support with an average of 15 students accessing Tier 3 interventions. At the middle school level the average caseload per clinician size is 65 students. Many of these students receive Tier 2 support often in the form of short term counseling or drop-in support. The average Tier 3 long term counseling caseload at the middle school level is 29 students. High school clinical caseloads per clinician are averaging 37 students. The average being 16 students accessing Tier 2 support and 21 students accessing Tier 3.

### Current Staffing Structure

|                   | <b>Paton</b>                     | <b>Spring Street</b>             | <b>Coolidge</b>                  | <b>Floral</b>                     | <b>Beal</b>                      | <b>SMS</b>              | <b>Oak</b>                       | <b>SHS</b>                       |
|-------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------------|
| Enrollment        | 266                              | 281                              | 291                              | 549                               | 662                              | 922                     | 946                              | 1857                             |
| Clinical Staffing | <u>2 FTE</u><br>1 SAC<br>1 Psych | <u>2 FTE</u><br>1 SAC<br>1 Psych | <u>2 FTE</u><br>1 SAC<br>1 Psych | <u>2 FTE*</u><br>1 SAC<br>1 Psych | <u>3 FTE</u><br>1 SAC<br>2 Psych | <u>3 FTE**</u><br>3 SAC | <u>5 FTE</u><br>4 SAC<br>1 Psych | <u>6 FTE</u><br>4 SAC<br>2 Psych |

\*1 open FTE psychologist all year

\*\*1 open FTE psychologist since December

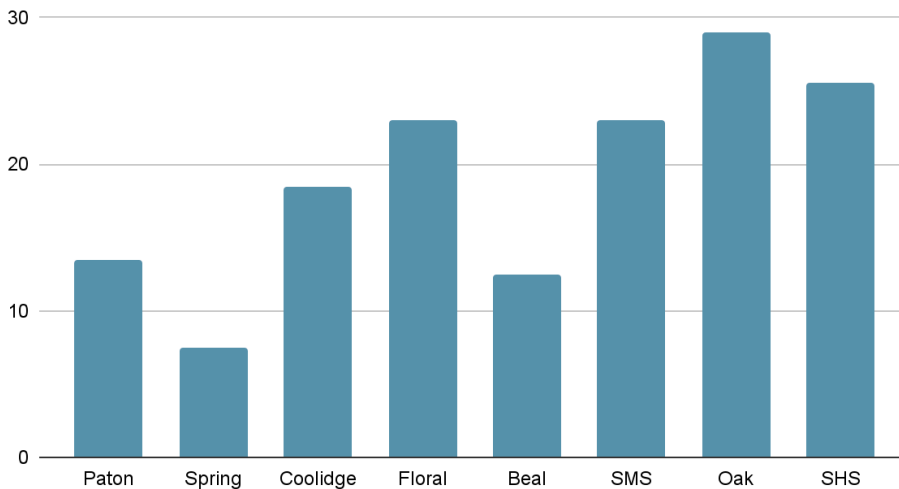
SAC-School Adjustment Counselor

Psych-Psychologist



The graph below highlights the average Tier 3 caseload per clinician by building. This data reflects caseloads of building based school adjustment counselors and school psychologists providing substantial direct services.

Avg. Tier 3 Caseload by Building



*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.

This school year, BRYT across Sherwood Middle School and Oak Middle School have supported 26 students. This includes 24 new referrals and 7 alumni status students who received BRYT support the previous school year or were discharged and continue to receive support as needed from the BRYT clinician. Of the 24 new referrals, 75% were referred due to mental health related concerns and/or hospitalization.

BRYT at Shrewsbury High School has supported 59 students to date this school year. Approximately 90% of the students referred for BRYT support were due to mental health related concerns. Currently there are 22 students who are actively receiving support of the program.

#### *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 April 1, 2024, 80 students received support from a Clinical Coordinator/BCBA support: 37 students in grades K-4, 29 students in grades 5-8, and 14 students in grades 9-12. In addition the RISE Program, our 18-22 year old special education program, receives consultation and support from a Clinical Coordinator/BCBA.

#### *Clinical Rounds*

SPS maintains a contract with Dr. Kim Kusiak, consulting Child and Adolescent Psychiatrist, and a Fellow through the UMass Psychiatry Department. Once a 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. Through April 1, 2024 there have been 18 clinical round referrals.

#### *District Social Worker*

Our District Social Worker has played a vital role in supporting staff, students, and families. 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 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. Shrewsbury has a total of 78 homeless students, of which 59 live in the emergency shelter, with 18 considered “doubled up” as defined by residing with another family temporarily in town.

Total students classified as “homeless” by grade span throughout the academic school year:

| Grade Level | # of Students |
|-------------|---------------|
| PK-4        | 40            |
| 5-8         | 17            |
| 9-12        | 14            |

*This is an ever-moving target as families find secure housing and as more families move into town or are placed into our shelter.*

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.

### Emergency Response Services

The clinical staff are trained in assessing student mental and behavioral health and utilizing the District Emergency Mental Health procedure. At times, a student may be struggling with an acute mental and behavioral health need and poses as a threat to harm themselves or others. 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 our schools. As of April 1, 2024, 21 students needed inpatient care: 2 at elementary, 8 at middle school, and 11 at high school. Additionally, 12 students attended partial hospitalization or day programs: 1 at elementary, 1 at middle school, and 7 at high school.

This school year, there were 44 incidents where students were recommended by SPS clinical staff for emergency mental health evaluations (13 at elementary, 28 at middle school, and 3 at high school). In 4 elementary and 3 middle school incidents, students required transportation to EMH at UMass via Section 12, completed in partnership with Shrewsbury Police Department

due to perceived serious harm or substantial risk to self or others. Note: These data points exclude students assessed by district clinical staff, where other interventions may have been used, such as safety plans or communication with parents/guardians.

#### *Alleged Child Abuse or Neglect: Department of Children and Families (DCF), 51a*

All SPS employees are mandated reporters. Massachusetts law requires mandated reporters to immediately make an oral report to the DCF when in their professional judgment 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 50 cases to DCF. By level 18 cases at the elementary level, 13 cases at the middle school level, and 19 cases at high school level. It is not the responsibility of a school employee to investigate and determine if there is abuse or neglect. That is a function of the social worker team at DCF to screen and investigate.

#### Social Emotional Behavioral Academy (SEB)

SPS is currently in year two of a three year commitment with The Department of Elementary and Secondary Education's (DESE) in participating in a Social Emotional Behavioral Academy. The goal of SEB is to support schools and districts across Massachusetts to build evidence-based, data-driven, and culturally responsive systems of support using a Multi-Tiered Systems of Support (MTSS) approach. Through this process SPS receives intensive coaching, technical assistance, and the opportunity to participate in professional development and peer-sharing events. 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 is supported in assessing and prioritizing, implementing and improving, and/or scaling and sustaining SEL and mental health supports across all tiers of intervention.

Last year we spent our time looking at our data and systems. This year we worked collaboratively in small groups within 4 priority areas: MTSS team data systems, strengthening Tier 2 interventions, redesigning discipline, and chronic absenteeism. The SEB Academy is a three-year commitment. It is the goal that next year SPS will be within full implementation.

#### Professional Development

A priority focus of the 2023-2024 school year was to provide relevant and evidence based professional development opportunities for clinical staff members. To start the school year, clinical staff received training from August Schools to familiarize themselves with utilizing the platform for clinical documentation. September served as a "soft start" to August Schools implementation and additional training with Dr. Kim Kusiak on clinical documentation best practices.

At the close of September, all clinical staff members and administrative personnel district-wide attended an in-person training session on Restorative Justice Practices facilitated by [Mass Partnership for Youth \(MPY\)](#). This initiative persisted as clinical staff members participated in an online self-paced professional development course on Restorative Practices Intervention "Circles" designed by [Novak Education](#) during early release days. Circles tap into our communal nature, and our desire to be in positive relationships with one another. In Circles, no one is seen as dispensable and everyone is valued for their knowledge and unique gifts. In this way, communities remain whole and reciprocal. Circles build accountability between individuals and the larger community.

During September and October, [Open Sky Community Services](#) delivered a two-part in-person training on the implementation of Cognitive Behavioral Therapy (CBT) within a school environment. This training encompassed the integration of the TRAILS to Wellness curriculum.

In November, Dr. Kusiak collaborated with the Director of Counseling and Mental Health Services to deliver training sessions on updated Emergency Mental Health Procedures and Protocols at SPS, which included the utilization of evidence-based assessment tools to evaluate the risk of student safety.

Furthermore, in March and April, clinical staff members are actively engaged in a two-part virtual training program on Executive Functioning and Anxiety organized by MPY. At each building several staff were selected to participate in Think:Kids Collaborative Problem Solving, which was financially supported through the DESE Social, Emotional, and Mental Health Grant mentioned earlier.

### Community Partnerships

Shrewsbury Public Schools values partnerships in our local community as well as 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. This fiscal year, we have contracted 1.0 FTE clinician to target the unique needs of our migrant population.
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 providers. This service was expanded beyond SPS students to any resident of Shrewsbury two years ago.

3. 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 and resilience.
4. [The JED Foundation](#) has reviewed existing practices, policies and procedures. JED will provide ongoing technical support and recommendations throughout this two year commitment. JED focuses 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.

### Elementary Transitions Program (ETP)

This October, members of the Student Services team worked collaboratively to meet an acute need within our elementary schools by establishing the Elementary Transitions Program. ETP was designed to provide clinical and academic support to target social, emotional, and behavioral skill deficits in students transitioning into Shrewsbury Public Schools.

#### Core Features of ETP:

- ***Direct Clinical Support to Students:*** intentional/planned clinical supports to target lagging skill deficits, on-demand supports, & crisis intervention where needed.
- ***Academic Coordination:*** direct academic support and communication with a student's teachers to modify assignments. Programming is fully focused on first decreasing the occurrence of problem behavior before building up tolerance and perseverance to adult-directed activities. While inclusion opportunities are programmed as early as safely and therapeutically possible, the program is to be considered a sub-separate program focusing on identified academics only in supporting the generalization of communication and tolerance skills to their least restrictive environment.
- ***Care Coordination:*** consultation/collaboration with all in-school supports and collateral providers available to each student to maximize student success.

Students who access ETP presented with lagging skills across foundational readiness and social emotional targets. These include but are not limited to responding to their name, following directions, tolerating delayed or denied access, requesting help, emotional identification and regulation, and basic functional communication. In addition, students presented with externalizing behavior that were unsafe to themselves and others, interfered with learning for themselves and others, and put these students at risk for negative social cost. These behaviors

include elopement from the learning environment and building, aggression towards staff, and environmental destruction of the learning environment.

ETP is a short-term program designed to support students in adjusting to the school environment and developing linguistic survival skills and foundational social, emotional, and behavioral learning skills. Students who enter this program access assessment, intensive skill-based treatment, and programming developed by a multidisciplinary team. ETP serves as a short-term placement for students to develop skills essential to stabilize and re-enter the least restrictive learning environment.

ETP is supported by a full time Academic Coordinator tasked with planning and delivering academic instruction. As the students have stabilized and re-entered the least restrictive learning environment, the Academic Coordinator plans collaboratively with the classroom teacher to provide meaningful instruction to the students. The Academic Coordinator participates in grade level planning with colleagues and is supported by the Instructional Coach.

ETP is supported by a full time Clinician contracted from Shrewsbury Youth and Family Services who provides individual and group counseling to target social emotional lagging skills. A Clinical Coordinator/BCBA supports ETP with ongoing consultation as it relates to individual and programmatic needs, staff training, and data collection and analysis. There are ABA Technicians whose roles include supporting students, collecting data, and collaborating with the multidisciplinary team supporting ETP. Given the learner profile of the present cohort of students, an English Language Teacher works collaboratively with the Academic Coordinator to provide English language instruction. Currently, all 6 students who have accessed ETP for stabilization and skill building are increasing meaningful inclusion opportunities throughout their day, while systematically decreasing adult support.

It is the recommendation that this program continue to evolve into an Elementary Therapeutic Program to support all elementary school students who are experiencing lagging social emotional and behavioral skills. This programming will be tailored to address the unique needs and challenges of our students. It will incorporate new techniques and modalities based on the latest research and best practices in the field of mental health. The goal is to provide a safe and supportive environment for our students to develop the necessary classroom readiness and social emotional and behavioral skills. Overall, SPS is committed to continuously improving and innovating our therapeutic programming to better serve the needs of our students and help them achieve their goals for mental wellness and personal growth.

### 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, behavioral

and mental health. Therefore, the following have been highlighted as recommendations to prioritize over the next several years:

1. Continue to systematically implement and increase capacity of universal mental health and social emotional learning screening tools across the district.
2. Continue to assess and implement universal best Tiered 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. Continue to provide professional development to expand best practices in response to alternative remedies to discipline. Continue to provide Tier 2 interventions such as Cognitive Behavioral Therapy, Restorative Practices, Collaborative Problem Solving and TRAILS to Wellness curriculum for small groups.
4. Through our SEB work, we will design and implement universal policies and procedures with priorities around alternatives to discipline, chronic absenteeism, promoting evidence-based Tier 2 Interventions, and systematic implementation of the data driven Student Wellbeing Team (SWT) formerly known as Early Intervening Team (EIT) comprised of educators, specialists and administrators.
5. Plan, develop, and implement an elementary level therapeutic program for the 2024-25 school year. The team will collaborate with Dr. Alex Hirshberg, a clinical psychologist specializing in consultation and supervision of therapeutic programs, to design an evidence based program that encompasses best social, emotional, behavioral, and academic practices. The team will identify 1.0 FTE Special Education Teacher and 1.0 FTE School Adjustment Counselor to address clinical and academic support to target social, emotional, and behavioral skill deficits for elementary students. These staff will help design this program that will support students in developing lagging skills so that students can be successful in the least restrictive environment. These staff will assess, design intensive skill-based treatment, and develop programming through a multidisciplinary team, so that students will develop skills essential to stabilize and re-enter the least restrictive learning environment.

### Conclusion

Through our comprehensive approach to mental health services, the Clinical Department within Student Services aims to increase student resilience, reduce mental health stigma, promote positive social-emotional development, and provide meaningful inclusion opportunities. We prioritize prevention and early intervention to address mental health concerns before they escalate, and we collaborate with families and community partners to ensure a student-centered approach to supporting all students.



Our dedicated team of professionals includes school psychologists, licensed social workers, BCBAs, and counselors who are trained to address a wide range of mental health needs. They provide counseling, crisis intervention, behavior support, social skills training, and more to help students thrive. Additionally, our staff participates in ongoing professional development to stay current on best practices and evidence-based interventions.

We remain dedicated to promoting a culture of inclusivity, empathy, and understanding within our schools and community at large. We believe that all students deserve access to high-quality mental health services, and we strive to create a welcoming and supportive environment for everyone. By prioritizing the social, emotional, and behavioral health of our students, we are laying the foundation for their academic success and overall well-being.