July 7th, 2025
3:00 PM – 4:30 PM
Zoom

TCB School-Based Workgroup July Meeting Agenda

- **Welcome & Introductions**
- **TCB Updates**
  - Overview and Updates of 2025 Legislative Session
  - Workgroup updates
- **Trauma-Informed Multi-Tiered System of Support (TI-MTSS)**
  - Q&A

School-Based Workgroup
July 7th, 2025
3:00 PM – 4:30 PM
Zoom

July TCB School-Based Meeting Summary

Attendees:			**TYJI Staff:**
Edith Boyle	Kate Bohannan	Drew Lavalle	Erika Nowakowski
Katarina Vlahos	Miriam Miller	Aracely	Emily Bohmbach
LaToya Hinto	Tricia Orozco	Kim Traverso	Jacqueline Marks
Yann Poncin	Melanie-Wilde	Christina L. Morales	Stacey Olea
Kris Robles	Susan Israel	Grant Daniels	
Melanie	Hilary May	Carli Rocha-Reaes	
Claudio Gualtieri	Allison Vanetten	Dana Bossio	
Reena Kelly	Ricardo Arocha	Robyn Moran	

Agenda:

- **Welcome and Introductions**
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- **Trauma-Informed Multi-Tiered System of Support (TI-MTSS)**
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Meeting Summary:

TCB Updates:

1. **Overview and Updates of 2025 Legislative Session**
   a. At the July 7th meeting, the TCB Senior Project Manager provided an overview of the 2025 legislative session, including providing an update on legislation that passed, including HB 7287 Section 369 and HB 5001 Section 14, and an overview and outcomes from the TCB Recommendations in brief, such as amended legislative language.
2. **Workgroup Updates:**
   a. The TCB Senior Project Manager shared updates on the four workgroups, such as the speakers and the topics that were presented, and next steps.

3. **Trauma-Informed Multi-Tiered System of Support (TI-MTSS) Presentation**

a. Life Bridge Community Services started the presentation with a video on Healing from toxic stress by Dr. Nadine Burke Harris. The presenter elaborated that this video shows possible coping mechanisms that can be taught to children and adults in a toxic environment. The presenter then provided an overview of the three types of stress, including positive stress, tolerable stress, and toxic stress.
b. The presenter continued the presentation by touching upon the high prevalence of trauma and how it affects childhood experiences, especially in Bridgeport, Connecticut.
    a. The presenter elaborated that in 2024, Life Bridge started screening every child and adolescent for trauma. Over half (53%) of the children and adolescents served experienced six or more traumatic events.
    b. Additionally, the presenter shared that 43.6% of youth mental health emergency visits in Bridgeport resulted in inpatient admission, compared to the statewide average of 18.4%.
c. The presenter then elaborated on the following slides, describing the Trauma-Informed Multi-Tier System of Support and its positive impact on schools throughout Connecticut.
    a. Bridgeport schools are addressing the impact of trauma exposure by resisting punitive responses and providing practical skills and support to manage traumatic stress reactions. There has been a 34% decrease in adverse events in schools since the implementation of TI-MTSS.
    b. The TI-MTSS is comprised of three levels: tier 1 - Universal, focusing on equipping staff with knowledge about the effects of trauma; tier 2 - Targeted, which involves social-emotional learning within wellness classes; and tier 3 - Intensive, providing mental health counseling for students with higher needs.

Q&A

d. During the Q&A segment, Life Bridge confirmed that they operate both as a community-based clinic and in partnership with schools, allowing them to bill Medicaid for services. They described how referrals are managed through online systems and morning huddles with clinicians to avoid duplication of services. When asked about collaboration with school staff, they emphasized the importance of streamlined processes, close communication, and the use of tools such as electronic referral forms. They also noted that funding remains a challenge but highlighted successful federal grants that have enabled them to expand staff and support.

Next Meeting: September 8th, 2025, ZOOM 3 PM – 4:30 PM

Tow Youth Justice Institute

Making connections. Informing solutions.

School Based Workgroup July Meeting

July 7th, 2025

Agenda

- **Welcome & Introductions**

- **TCB Updates**
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  - Workgroup updates

- **Trauma-Informed Multi-Tiered System of Support (TI-MTSS)**
  - Q&A

Legislative Session Overview & Updates

Overview and Outcomes of 2025 TCB Recommendations

Legislation that Passed Involving TCB:

Bill Number and Section:	Overview/ task Assigned:	Language:	Included in TCB Recommendations in Brief (Y/N)
HB 5001, Section 14:	The TCB will submit a report to Education and Children's Committees that examines and provides recommendations about behavioral health issues affecting special education students.	Not later than January 1, 2027, the Transforming Children's Behavioral Health Policy and Planning Committee shall submit a report, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to education and children. Such report shall consist of the committee's examination of and recommendations for behavioral health issues impacting students in the state receiving special education that includes, but is not limited to, the following: (A) The behavioral intervention methods utilized by private providers of special education services and the feasibility and impact of requiring such private providers to utilize evidence-based interventions that are proactive and highly individualized, such as the Assessment of Lagging Skills and Unsolved Problems, including, but not limited to, the feasibility and impact of requiring staff at such private providers to be trained in such evidence-based interventions with an emphasis on problem-solving as the primary goal; and (B) Best practices for the monitoring and random audits by the Department of Education of the use of physical restraint and seclusion pursuant to section 10-236b for students receiving special education, including, but not limited to, best practices for (i) ensuring the accuracy and consistency of the annual compilation of incidents of physical restraint and seclusions reported to the department pursuant to subsection (l) of said section, (ii) intervention by the department in schools and special education programs that report a high incidence of physical restraint and seclusion, (iii) enforcement of the laws relating to physical restraint and seclusion, such as through site visits of seclusion spaces and review of incident reports and parental notifications, (iv) mandatory training of staff and administrators to reduce reliance on physical restraint and seclusion, and (v) development of uniform rules or regulations applicable to physical restraint and seclusion of any student.	N

Overview and Outcomes of 2025 TCB Recommendations

Legislation that Passed Involving TCB:

Bill Number and Section:	Overview/ task Assigned:	Language:	Included in TCB Recommendations in Brief (Y/N)
HB 7287 – Section 369:	The TCB will collaborate with CSDE and DSS to develop a framework and operational guidelines to streamline municipal Medicaid billing for Medicaid-eligible school-based behavioral health services.	Not later than September 1, 2026, the Transforming Children's Behavioral Health Policy and Planning Committee, in collaboration with the Departments of Education and Social Services, shall develop a framework and operational guidelines to streamline Medicaid billing by municipalities for Medicaid-eligible school-based behavioral health services. Not later than October 1, 2026, the committee shall file a report, in accordance with the provisions of section 11-4a of the general statutes, on the framework and operational guidelines with the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, education and human services.	Y

Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Amended Legislative Language:
Medicaid Rates Recommendation: It is recommended that effective October 1st, 2025, the legislature and the Governor should adequately fund the Department of Social Services to implement an increase of Children's Medicaid behavioral health reimbursement rates based on access needs. The Children's Medicaid reimbursement rate increase should include: a. Adjustment to meet peer-state benchmark rates for children's behavioral health where an applicable benchmark is available, and funding is needed to address access issues. Where a benchmark rate is not available, DSS should recommend a methodology for equitably distributing rate increases to address any access issues/needs. **Medicaid Rate Study Recommendation:** The Department of Social Services should conduct an additional Medicaid Rate Study that specifically evaluates children's behavioral health and compares codes to peer states. The report shall describe how Medicaid investments are reducing the number of codes remaining below the benchmark and evaluating access needs. This study should report the following to the TCB by October 1st, 2025: i. The breakdown of children's behavioral health spend, and where clinic codes are located, ii. After each investment to children's behavioral health (FY '25, '26), the Department of Social Services should evaluate if CT is closer to peer Fiscal Impact/ Children's Committee state benchmarks on a code basis and total spending amount, and iii. Identify the proportion of the system that was not matched in the Phase 1 Medicaid Rate Study and provide the TCB a set of recommendations regarding how to approximate access needs for those codes. **Feasibility Determination and Fiscal Analysis of Workforce Billing Codes:** It is recommended that the Department of Social Services conduct a feasibility determination and fiscal analysis to estimate adding a billing code to help off-set initial costs for on-boarding and training clinical staff in evidence-based models, before they can bill for services (e.g. "observation and direction"). This should include: a. Potential Medicaid reimbursement for training and ramp-up, where extensive clinical training in an evidence-based model is needed before billing can occur. b. Feasibility assessment and fiscal analysis estimate should be submitted no later than October 1st, 2025.	Not specifically included in legislative language.

Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Amended Legislative Language:
Mobile Crisis Funding Recommendation: It is recommended that effective July 1, 2025, the Department of Children and Families should sustain 24/7 mobile crisis expansion initially funded through ARPA	The sum of eight million six hundred thousand dollars is appropriated to the Department of Children and Families from the General Fund, for the fiscal year ending for mobile crisis intervention services. The sum of eight million six hundred thousand dollars is appropriated to the Department of Children and Families from the General Fund, for the fiscal year ending June 30, 2027, for mobile crisis intervention services.
Urgent Crisis Centers Insurance Review: The Department of Social Services should promote Medicaid and commercial billing for UCC services by refining the interim model and rates established for UCCs (as needed) and report on provider billing status under Medicaid to the TCB by Oct 1st , 2025. The Office of Health Strategy (OHS) should submit to the TCB a report on any updates in commercial coverage of UCCs, including changes to plans and contracts, and claims data. The report should be submitted to the TCB by Oct 1st, 2026.	The bill requires the Transforming Children's Behavioral Health Policy and Planning Committee, in consultation with the behavioral health advocate and DCF and insurance commissioners, to convene a working group to (1) review private health insurance coverage for children's treatment at urgent crisis centers, (2) identify potential barriers to commercial insurance coverage and reimbursement, and (3) make recommendations to address any barriers. The behavioral health committee must report, by October 1, 2025, on the working group's findings and recommendations to the Appropriations, Children, and Human Services committees and the Office of Policy and Management secretary.

Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Amended Legislative Language:
CCBHC Planning Grant: The Department of Social Services should include as part of the Certified Community Behavioral Health Clinics (CCBHCs) planning and designing grant the following: i. the development of separately payable acuity-based care coordination service to improve outcomes of children, ii. a value-based payment model that holds providers accountable and rewards them for improved outcomes, iii. and navigation support	The Commissioner of Social Services, in consultation with the Commissioners of Mental Health and Addiction Services and Children and Families, shall include in the Certified Community Behavioral Health Clinics Planning Grant support for development of: Reimbursement for acuity-based care coordination service to improve behavioral outcomes for children, a value-based payment model that provides financial incentives to providers when outcomes improve for children in their care and holds them accountable for poor outcomes, and a system to help providers and clients better navigate behavioral health care resources and requirements. Not later than September 1, 2025, the Commissioner of Social Services shall file a report, in accordance with the provisions of section 11-4a of the general statutes, with the joint standing committees of the General Assembly having cognizance of matters relating to children, human services and public health on the status of the planning grant and any benefits of changes made to the grant pursuant to subsection (b) of this section .

Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Amended Legislative Language:
IICAPS Model Development and RCT:	
It is recommended that the Department of Social Services and Intensive In Home Child and Adolescent Psychiatric Services (IICAPS) Model Development and Operations (MDO) at the Yale Child Study Center, review and design levels of the IICAPS model for consideration. This should be reported back to the TCB by October 1st, 2025. i. Such a model should consider the needs and time demands placed on families and children, and the ability to deliver positive outcomes sustainably. It is recommended that TCB contract with IICAPS Model Development and Operations (MDO) at the Yale Child Study Center to i. determine what additional federal funding and reimbursements may be available to IICAPS MDO and the IICAPS network as an evidence based/promising practice treatment program, and if determined prudent, ii. conduct a randomized controlled trial (RCT) of IICAPS for the purpose of qualifying iii. IICAPS federally as an evidence based treatment program. Interim recommendations to TCB by October 1st, 2025.	The Commissioner of Social Services shall consult with the Yale Child Study Center to review IICAPS and other evidence-based alternatives that focus on delivering positive outcomes for children with behavioral health issues in a sustainable manner while considering the needs and time demands on children and families enrolled in the center's IICAPS program. Not later than October 1, 2025, the commissioner shall report, the results of the review to the Transforming Children's Behavioral Health Policy and Planning Committee established pursuant to section 2-137 of the general statutes. The report shall include recommendations concerning IICAPS models that may be used to deliver Medicaid-funded behavioral health care in the state. (c) The Transforming Children's Behavioral Health Policy and Planning Committee, within available appropriations, may contract with the Yale Child Study Center to determine what additional federal funding and reimbursements may be available for IICAPS model development and to conduct a randomized trial of the Yale Child Study Center model to determine whether it may qualify federally as an evidence-based treatment program.

Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Amended Legislative Language:
Amending Age of Insurance Coverage for individuals with ASD Utilizing ABA Therapies: The TCB recommends an amendment to Sec. 38a-514b (group coverage) and Sec. 38a-488b (individual coverage) of the general statues section to strike through the age of insurance coverage of ABA from 21 to 26, effective January 1st, 2026.	"Behavioral therapy" means any interactive behavioral therapies derived from evidence-based research and consistent with the services and interventions designated by the Commissioner of Social Services pursuant to subsection (e) of section 17a-215c, including, but not limited to, applied behavior analysis, cognitive behavioral therapy, or other therapies supported by empirical evidence of the effective treatment of individuals diagnosed with autism spectrum disorder, that are: (A) Provided to children [less than twenty-one] under twenty-six years of age; and (B) provided or supervised by (i) a licensed behavior analyst, (ii) a licensed physician, or (iii) a licensed psychologist. For the purposes of this subdivision, behavioral therapy is "supervised by" such licensed behavior analyst, licensed physician or licensed psychologist when such supervision entails at least one hour of face-to-face supervision of the autism spectrum disorder services provider by such licensed behavior analyst, licensed physician or licensed psychologist for each ten hours of behavioral therapy provided by the supervised provider

Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Amended Legislative Language:
Crisis Continuum Review: It is recommended that TCB conduct a study to review utilization and anticipated demand of the children's BH crisis continuum, which includes 211/988, mobile crisis, Urgent Crisis Centers (UCCs), Sub-Acute Crisis Stabilization, and ED, to assess and advance optimal capacity utilization. i. Studies should include current utilization of services, marketing efforts, and outreach strategies, referral pathways, and resource allocation. ii. TCB should submit a report of recommendations by November 1st, 2025.	The Transforming Children's Behavioral Health Policy and Planning Committee established pursuant to section 2-137 of the general statutes shall conduct a study concerning existing behavioral health services for children and anticipated demand for such services in the future. Such study shall include, but not be limited to, (1) the rates of utilization of the United Way of Connecticut 2-1-1 Infoline program, 9-8-8 National Suicide Prevention Lifeline, mobile crisis intervention services, urgent crisis centers, as defined in section 19a-179f of the general statutes, subacute crisis stabilization centers and hospital emergency departments for such services, (2) outreach and marketing strategies utilized by the service providers listed in subdivision (1) of this section, (3) common sources of patient referrals to such service providers, (4) the allocation of state and other financial resources to such service providers, and (5) the anticipated demand for behavioral health services for children into the future. Not later than January 1, 2026, the Transforming Children's Behavioral Health Policy and Planning Committee shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to developmental services, public health and children. Such report shall include an analysis of (1) data collected in conducting the study required pursuant to subsection (a) of this section, and (2) recommendations to improve the delivery of behavioral health services for children and meet anticipated demand for such services into the future.

Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Revised Legislative Language:
School-Based Health Center Study: It is recommended that TCB contract with an outside entity to conduct a School Based Health Center (SBHC) study for i. Developing and administering a survey to better understand current data collection practices and the anticipated challenges and opportunities in implementing a more robust data and QI system. ii. Identifying effective reporting standards for SBHC's to report to the Department of Public Health (DPH). iii. The study will be designed and piloted in collaboration with the Department of Public Health (DPH) and the department of Children and Families (DCF). iv. A standardized definition of SBHCs. It is recommended that all School Based Health Centers (SBHCs) report to DPH The following effective January 1st, 2026, annually thereafter i. Establish comprehensive reporting across all SBHCs to inform targeted investment by utilizing the reporting mechanisms outlined in the study above.	The Transforming Children's Behavioral Health Policy and Planning Committee established pursuant to section 2-137 of the general statutes, shall (1) in collaboration with a state-wide association of school-based health centers, develop a survey for administration at such centers that is designed to obtain information concerning existing data collection practices and the anticipated challenges and opportunities presented by the implementation of more comprehensive data collection systems at such centers, and (2) in collaboration with the Commissioner of Public Health, develop appropriate reporting requirements for school-based health centers to determine and respond to the needs of school-based health centers. The committee may contract with a consultant to develop the survey required pursuant to this subsection. (b) Not later than January 1, 2026, the Transforming Children's Behavioral Health Policy and Planning Committee shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health. Such report shall include, but need not be limited to, the survey and reporting = requirements developed pursuant to subsection (a) of this section.

Workgroup Updates and Administrative Updates

TYJI

Tow Youth Justice Institute

Workgroup Upcoming Meetings and Focus Areas

Workgroup	Upcoming Meeting Date	Meeting Topics/ Focus Areas for Upcoming Months
System Infrastructure Workgroup	July 15th, 2025 3-4:30PM (ZOOM)	• The last workgroup meeting consisted of presentations from Gary Blau, Ph.D., Judith Meyers, Ph.D., and Jeff Vanderploeg, Ph.D. Presentations were focused on history of systems of care in CT, process of embedding systems of care, and current landscape in CT • The workgroup will spend the next few months focusing on Systems of Care in CT and other States.
Services Workgroup	July 16th, 2025 2-3:30PM (ZOOM)	• The Services Workgroup had a presentation from CHDI and DCF on what data currently is being collected regarding the crisis continuum recommendation at their June Meeting.
Prevention Workgroup	July 17th, 2025 3-4:30PM (ZOOM)	• The Prevention workgroup finalized their presentation on Early Childhood Mental Health, as well as had a discussion around social determinants of health at their June meeting.

Tow Youth Justice Institute

Making connections. Informing solutions.

Next Meeting

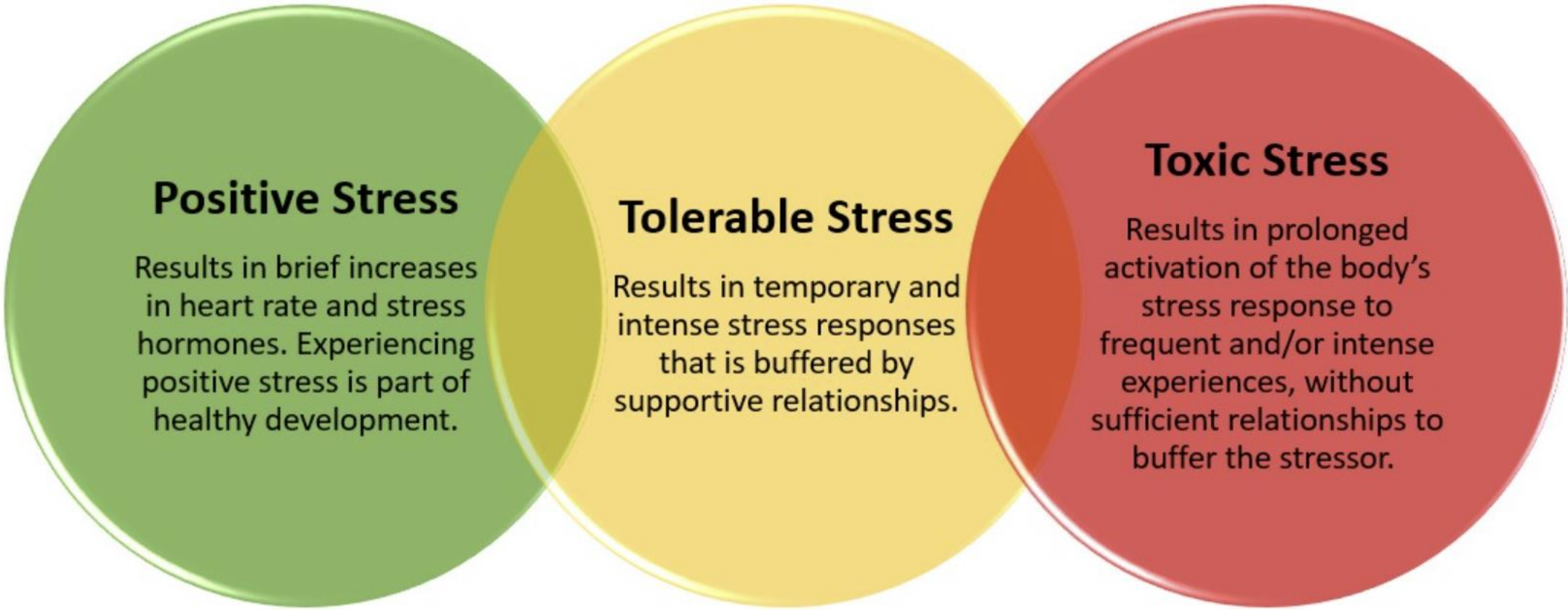
September 8th, 3:00-4:00 (ZOOM)

Trauma-Informed Multi-Tiered System of Support (TI-MTSS)

LifeBridge Community Services

CELEBRATING OVER 170 YEARS OF SERVICE

Adversity Is Not Destiny


Positive Stress
Results in brief increases in heart rate and stress hormones. Experiencing positive stress is part of healthy development.
Tolerable Stress
Results in temporary and intense stress responses that is buffered by supportive relationships.
Toxic Stress
Results in prolonged activation of the body's stress response to frequent and/or intense experiences, without sufficient relationships to buffer the stressor.

High Prevalence of Trauma

In 2024, over half (**53%**) of the children and adolescents served had experienced **six or more** traumatic events

- **Acute Trauma:** A single incident
- **Chronic Trauma:** Series of incidents repeated or prolonged
- **Complex Trauma:** Exposure to multiple, prolonged, or repeated traumatic events, often of an interpersonal nature, such as ongoing abuse
- **Developmental Trauma:** Exposure to adverse experiences, such as abuse, neglect, or chronic exposure to stress, during critical periods of a child's development
- **Intergenerational/Historical Trauma:** Unaddressed disturbing experiences and their emotional and behavioral legacy passed down from parent to child; beyond a single family to a community caused by historical, systematic abuse and injustice

Adverse Childhood Experiences (Including Systemic Inequities) Impact on Learning

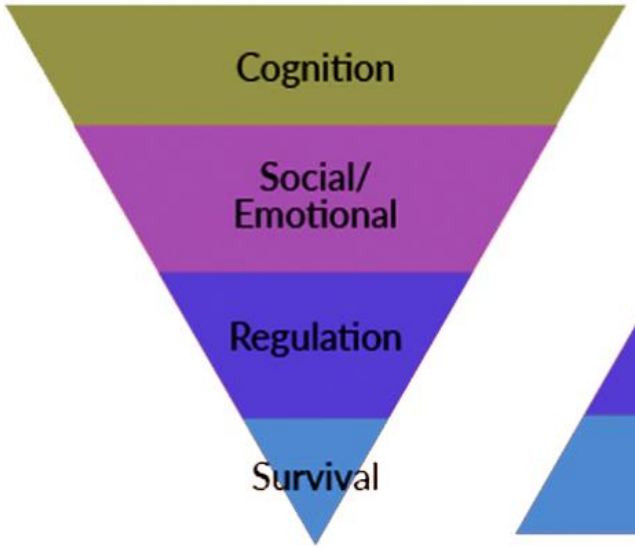
	Bridgeport School District	Fairfield School District	Westport School District	Statewide
Median Household Income	$56,584	$161,749	$236,892	$93,760
Per Pupil Expenditures	$18,922	$24,113	$26,864	$22,054
Suspensions or Expulsions	7.9%	2.4%	1.8%	7.0%
Chronic Absenteeism	29.1%	8.3%	6.2%	17.7%
Graduation Rate ***(Target = 94)***	75.1	94.7	95.8	88.9
College Entrance ***(Target = 75)***	52.0	86.4	85.7	68.4
Free Reduced Price Meals	87.5%	17.7%	2.8%	44.8%
Overall Performance	58.7	80.8	83.6	70.8
Hispanic/Latino	61.1%	14.4%	8.6%	32.1%
Black	26.7%	3.4%	2.1%	12.4%
White	7.7%	70.2%	75.7%	45.1%

- Federally recognized Mental Health Professional Shortage Area (MHPSA), facing a **critical shortage of mental health professionals**.
- **71% report limited access** to mental and behavioral health care.
- **43.6%** of youth mental health emergency visits in Bridgeport **resulted in inpatient admission**, compared to the statewide average of 18.4%.
- **High prevalence of trauma**

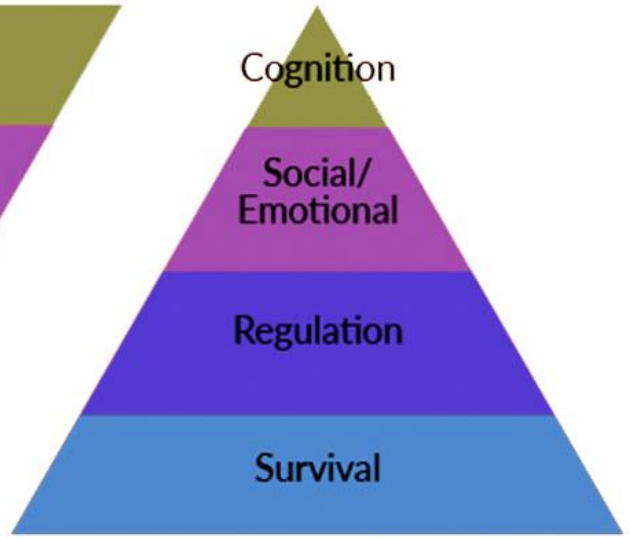
Trauma & Brain Development

- Reptilian Brain
- Limbic System
- Neocortex

Typical Development



Developmental Trauma



“…repeated trauma in childhood forms and deforms the personality. The child trapped in an abusive environment is faced with formidable tasks of adaptation. They must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for or protect themselves, they must compensate for the failures of adult care and protection with the only means at their disposal, an immature system of psychological defenses.”

“Many abused children cling to the hope that growing up will bring escape and freedom. But the personality formed in the environment of chaos and unpredictability is not well adapted to adult life.”

- Judith Lewis Herman

What is a trauma-informed school?

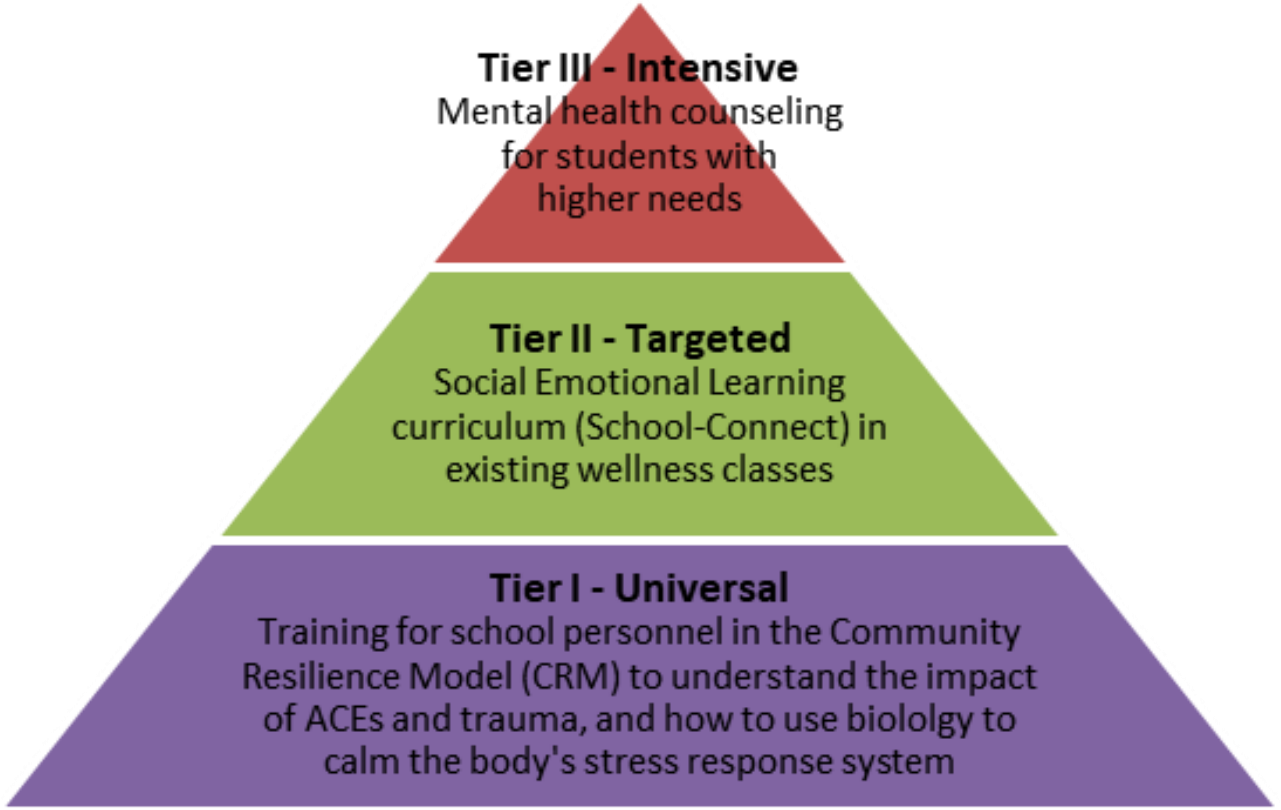
"It's not a thing you do;

It's how you do your thing."

Addressing the impact of trauma exposure by **resisting punitive responses** and **providing practical skills and supports** to manage traumatic stress reactions.

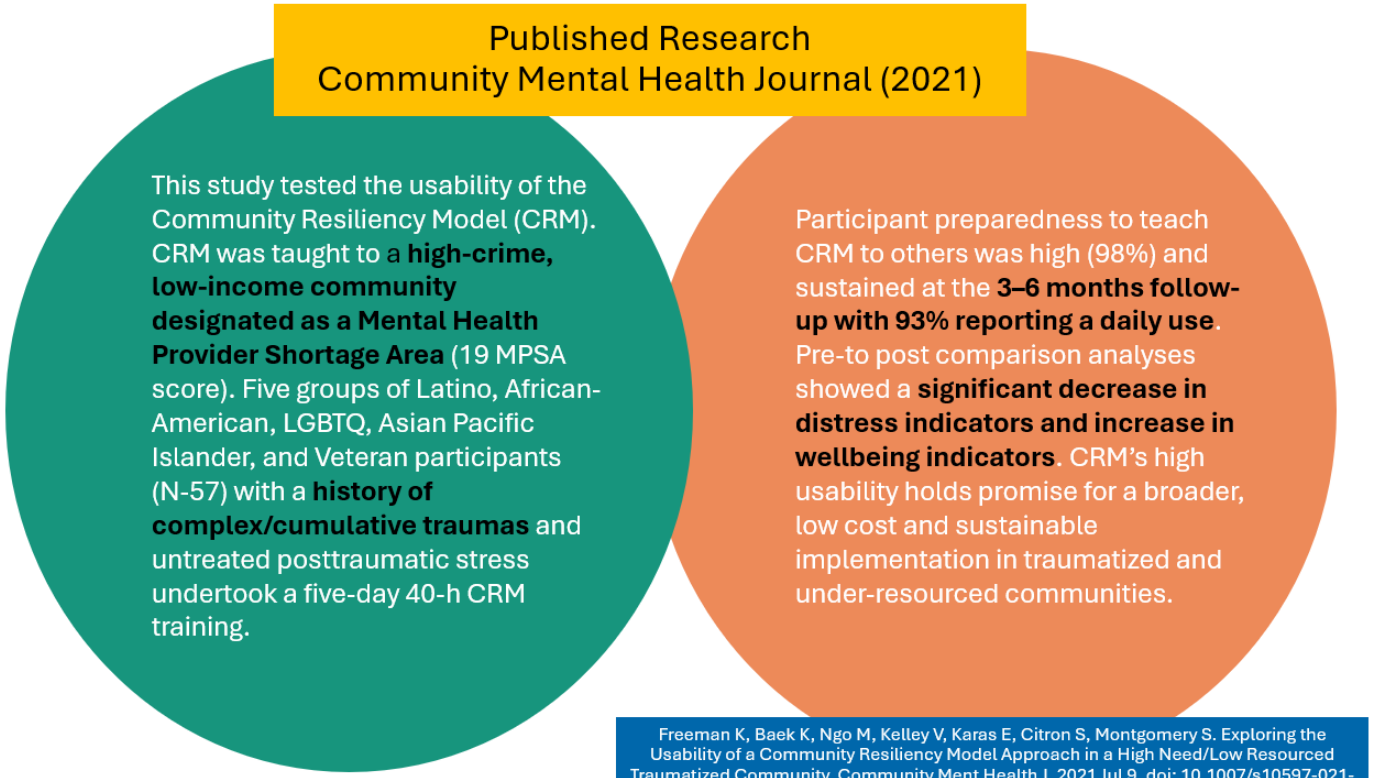
Trauma-Informed Multi-Tiered System of Support (TI-MTSS)

34% decrease in adverse events in the schools since the implementation of TI-MTSS (8 months)



Tier 1 - Universal

- **Training for school staff in the Community Resiliency Model (CRM)** helps them understand the effects of adverse childhood experiences and trauma, offering insights into the reasons behind challenging behavior and how to calm the body's stress response.



Tier 1 – Results

- Five (5) trainings in 6 months
- **141** participants
- **36.6%** improvement in knowledge and understanding
- **90.8%** satisfaction

Tier II - Targeted

- Age-appropriate, evidence-based **Social, Emotional, Learning (SEL) Curriculum** incorporated into existing classes.
  - School-connectedness is a leading protective factor
  - Skills for success require context-specific modeling and practice.

School-Connect 4.0

Preparing Students for High School, College, and Work

Mod 1: School-Connect Foundations
Mod 2: Improving Communication Skills
Mod 3: Boosting Academic Skills & Motivation
Mod 4: Collaborating on Group Projects
Mod 5: Supporting Empathy & Inclusion
Mod 6: Building Relationships & Resolving Conflicts
Mod 7: Setting & Achieving Long-Term Goals
Mod 8: Skill-building for Mental Health & Well-being
Mod 9: TEEN GUIDE to Surviving a Tech World
Mod 10: Developing Employability Skills
Mod 11: Planning for Higher Education
Mod 12: Preparing for Adulthood

200+ LESSONS & BOOSTERS

Tier II - Results

- Three (3) high schools (4 months)
- Initial: 110 students, Final: 106

What TEACHERS say...

"You tell students to 'be calm', 'be respecful', 'be invested in their education' but you've never taught them what that actually means - that's what School-Connect does."

- Will Harper, Teacher, Washoe CSD, NV

- **25.4%** ⬆ "When I'm stressed, I can calm myself down"
- **24.7%** ⬆ "I am able to calm down when something angers me"
- **18.7%** ⬆ "When I have a problem, I think before I act"
- **9.6%** ⬆ "I am able to walk away when someone annoys me"
- **8.9%** ⬆ "I do not quit, even when I face a challenge"
- **3.3%** ⬆ "When faced with a problem, I think about ways to deal with it"
- **2.0%** ⬆ "I give my best effort, even after I mess up"
- **1.7%** ⬆ "I try hard even if I think I might fail"

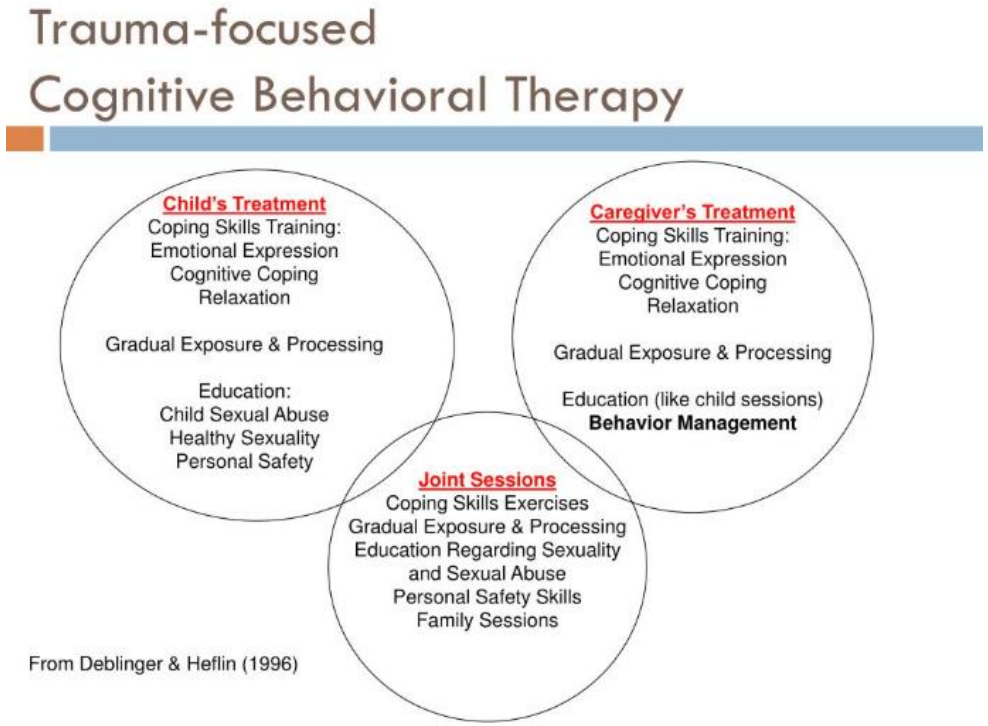
Student Survey Results

What have you learned from this class?

- "How to apologize"
- "How to manage emotions"
- "Study habits"
- "I've learned that failure is a key to success"
- "I have learned how to manage time"
- "How to fight off victimitis"
- "I have learned how to see the perspective of others"
- "Relationship skills"
- "Relationship management"
- "How not to cause more conflict"
- "How to disagree without being disagreeable"
- "How to create a good first impression"
- "I learned how to organize the classes in the planner"
- "To have a growth, not fixed, mindset"
- "The power of thought"
- "I have learned how to make a real apology"
- "Pop culture's 'beauty' is not true beauty"
- "Eye contact"
- "I've learned to push myself to the goals I want for myself"

Tier III - Intensive

- **On-site mental and behavioral health counseling**

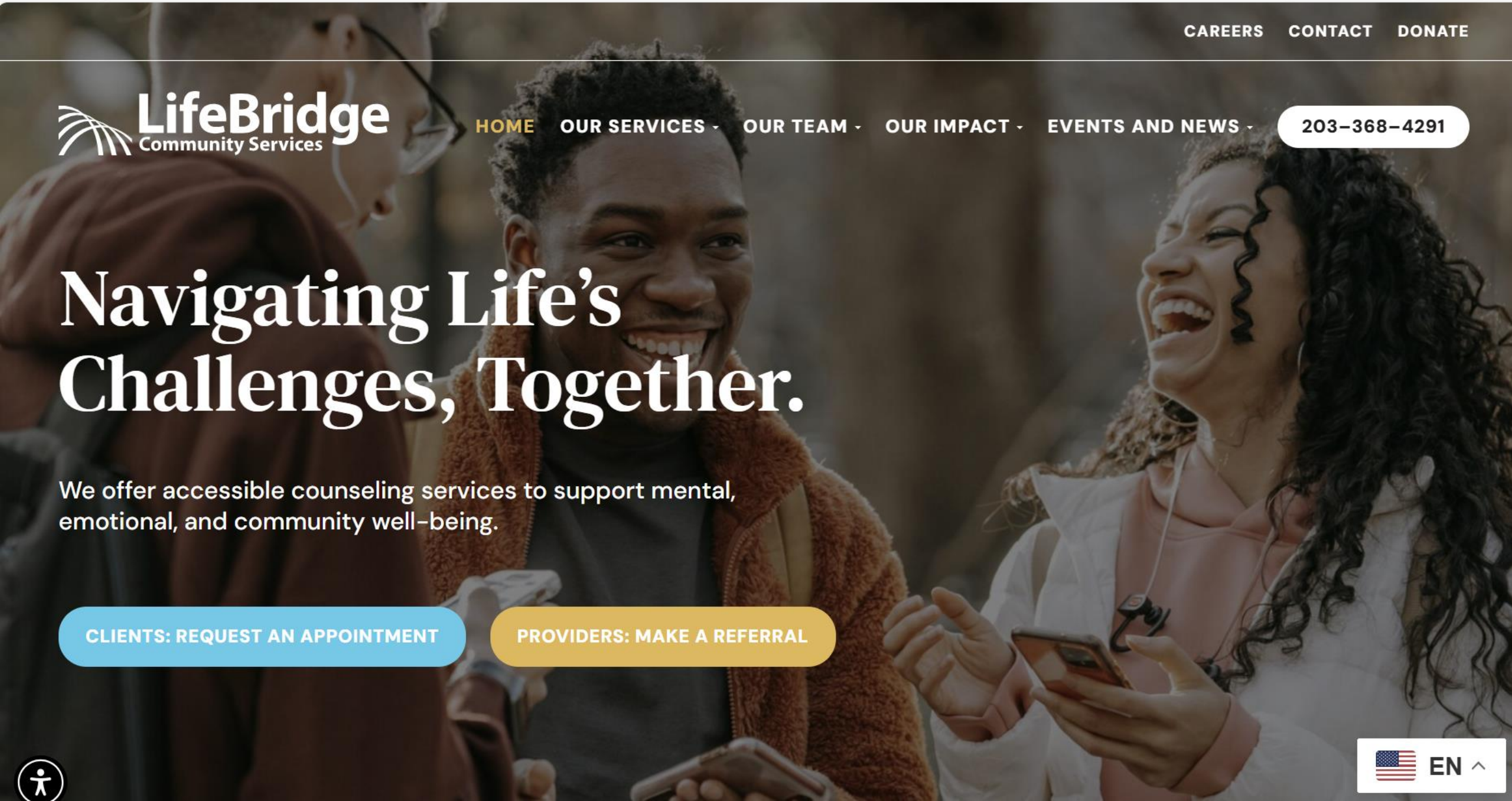


- Over 80% of treated children show improvement over a course of treatment (usually up to 16 sessions).

- Appropriate for children ages 3 to 18
- Children with significant behavioral and emotional challenges related to traumatic experiences

Tier III - Results

- **101** HS youth (13 at Harding High)
- **50.5%** report improvement in their willingness to participate, try new things, and accept challenges
- **46.2%** report improvement in their ability to manage their reactions and emotions



Navigating Life's Challenges, Together.

We offer accessible counseling services to support mental, emotional, and community well-being.

CLIENTS: REQUEST AN APPOINTMENT

PROVIDERS: MAKE A REFERRAL

Contact Information

LifeBridgeCT.org

Bridgeport Location

475 Clinton Ave
Bridgeport, CT 06605

Monday / Tuesday / Friday: 8am - 5pm
Wednesday / Thursday: 8am - 6pm

Fairfield Location

125 Penfield Rd
Fairfield, CT 06824

Monday / Wednesday: 9am - 6pm
Tuesday / Thursday / Friday: 8am - 5pm

Contact Us.

Our Offices
203-368-4291

Emergency Help
Mobile Crisis: 2-1-1
Local First Responders: 9-1-1
Suicide and Crisis Lifeline: 9-8-8

Medical Record Requests
203-368-4291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