

WESTPORT BOARD OF EDUCATION

***AGENDA**

(Agenda Subject to Modification in Accordance with Law)

PUBLIC SESSION/PLEDGE OF ALLEGIANCE:

7:30 p.m., Staples High School, Cafeteria B (Room 301)

ANNOUNCEMENTS FROM BOARD AND ADMINISTRATION

PUBLIC QUESTIONS/COMMENTS ON NON-AGENDA ITEMS (15 MINUTES)

MINUTES: October 10, 2016; October 16, 2016; and October 18, 2016, *pages 1-2*

DISCUSSION/ACTION:

- 1. Appointment of a New Board of Education Member Mr. Michael Gordon
- 2. Approval of Tentative Agreement with the Westport Intermediate Administrators Association Mr. John Bayers
- 3. Milone and MacBroom - Proposal for Scope of Services for a Comprehensive Enrollment Projections Study, *pages 3-30* (Encl.) Dr. Colleen Palmer
- 4. Coleytown Middle School - Mold Remediation Costs Incurred to Date, *page 30* (Encl.) Mr. Elio Longo
- 5. Approval of FY 2018 Budget Preparation Calendar, *page 31* (Encl.) Mr. Elio Longo

DISCUSSION:

- 1. Board of Education Establishment of FY 2018 Budget Guidelines: Goals and Priorities Dr. Colleen Palmer

UPDATE:

- 1. Dialectical Behavioral Therapy, *pages 33-56* (Encl.) Mr. Mike Rizzo
Dr. Valerie Babich
Dr. Alycia Dadd
- 2. Health and Medical Insurance Revenues and Expenses; Projected Year-End Balance in Health Reserve Account, *pages 57-59* (Encl.) Mr. Elio Longo
- 3. Quarterly Financial Report: July 1, 2016 – September 30, 2016, *pages 61-66* (Encl.) Mr. Elio Longo

ADJOURNMENT

*A 2/3 vote is required to go to executive session, to add a topic to the agenda of a regular meeting, or to start a new topic after 10:30 p.m. The meeting can also be viewed on cable TV on channel 78; AT&T channel 99 and by video stream @www.westport.k12.ct.us

PUBLIC PARTICIPATION WELCOME USING THE FOLLOWING GUIDELINES:

- Comment on non-agenda topics will occur during the first 15 minutes *except* when staff or guest presentations are scheduled.
- Board will not engage in dialogue on non-agenda items.
- Public may speak as agenda topics come up for discussion or information.

- Speakers on non-agenda items are limited to 2 minutes each, except by prior arrangement with chair.
- Speakers on agenda items are limited to 3 minutes each, except by prior arrangement with chair.
- Speakers must give name and use microphone.
- Responses to questions may be deferred if answers not immediately available.
- Public comment is normally not invited for topics listed for action after having been publicly discussed at one or more meetings.

WESTPORT BOARD OF EDUCATION MINUTES - DRAFT 1

Board Members Present:

Michael Gordon Chair
Jeannie Smith Vice Chair
Elaine Whitney Secretary
Mark Mathias
Karen Kleine
Vik Muktavaram

Administrators Present:

Colleen Palmer Superintendent of Schools
Elio Longo Dir. of School Business Operations
Jennifer Allen Dir. of Secondary Ed. & Research
Julie Droller Dir. of Elementary Education
John Bayers Dir. of Human Resources & General Admin.
Michael Rizzo Director of Pupil Services

PUBLIC CALL TO ORDER: 7:03 p.m., Staples High School, Room 333, Pupil Services Conference Room

EXECUTIVE SESSION: Discussion of possible ratification of the Tentative Agreement with the Westport Intermediate Administrators Association

Karen Kleine moved and Elaine Whitney seconded to go into executive session to discuss possible ratification of the Tentative Agreement with the Westport Intermediate Administrators Association; passed unanimously (5-0). All Board members were present; Mark Mathias arrived at 7:08 p.m. Colleen Palmer, John Bayers and Elio Longo were present at the invitation of the Board. The executive session adjourned at 7:29 p.m.

RESUME PUBLIC SESSION/PLEDGE OF ALLEGIANCE: 7:35 p.m., Staples High School, Cafeteria (Room 301)

ANNOUNCEMENTS FROM BOARD AND ADMINISTRATION

MINUTES: Elaine Whitney moved to approve the minutes of the meeting of September 29; seconded by Michael Gordon and passed unanimously.

PUBLIC QUESTIONS/COMMENTS ON NON-AGENDA ITEMS

DISCUSSION/ACTION:

Approval of Tentative Agreement with the Westport Intermediate Administrators Association

Discussion and vote deferred by consensus.

DISCUSSION:

1. Results of Standardized Testing: 2015-16 School Year
2. Discussion of District-Wide Implementation of Guiding Principles

3. Superintendent's Update

- Current District Work
- Budget Development
- Facilities – CMS Mold Remediation
- Conversation with the Superintendent October 26 at 7:30 p.m.

ADJOURNMENT: Mark Mathias moved to adjourn at 9:29 p.m; seconded by Jeannie Smith and passed unanimously.

Respectfully submitted,

Elaine Whitney, Secretary
(Minutes written by Lisa Marriott)



Proposal

Westport Public Schools Comprehensive School Enrollment Analysis and Projections *Westport, Connecticut*

Demographics

- ✓ Population
- ✓ School-Aged Population
- ✓ Household Sizes
- ✓ Live Births



Housing

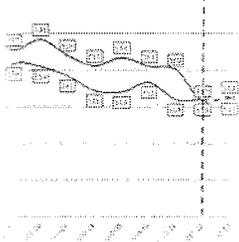
- ✓ Changes in Number of Units
- ✓ Development Potential/Projected Growth
- ✓ Housing Turnover



Enrollment Patterns and Projections

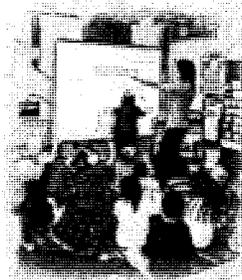
- ✓ Enrollment Trends & Projections
- ✓ By School
- ✓ By Grade

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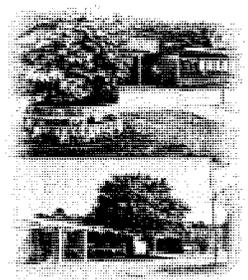
Educational

- ✓ Programmatic Review
- ✓ Trends - National, State, Region



Classroom Facilities

- ✓ Facility Inventory
- ✓ Utilization
- ✓ Condition



Mr. Elio Longo
August 1, 2016
Page 2

We look forward to the opportunity to work on this exciting and important assignment for Westport Public Schools.

Sincerely,

MILONE & MACBROOM, INC.



Michael Zuba, AICP, Associate
Director of Planning

Summary of Qualifications

Summary of Qualifications

Westport Public Schools Comprehensive School Enrollment Analysis and Projections

GIS MAPPING AND ANALYSIS

Milone & MacBroom has led the field in the application of GIS to both planning and engineering assignments. With over a dozen years of experience in GIS applications, the firm has provided creative GIS solutions to a variety of public and private clients. Our GIS capabilities extend to applications that require data development and collection, data modeling and analysis, and cartographic design and mapping. Milone & MacBroom uses GIS for all school enrollment assignments.

PUBLIC MEETINGS AND OUTREACH

Milone & MacBroom provides comprehensive public involvement services to obtain input from various constituencies and build consensus. Public involvement is invited by way of online and print publications, media relations, meeting facilitation, surveys, and other means. Our firm's extensive and diverse work experience has afforded us a solid comprehension of successful ways to interact with a variety of audiences, including resident and parent groups, neighborhood associations, business groups, and local boards and commissions.

DESCRIPTION OF KEY PERSONNEL AND RESPONSIBILITIES

Our project team's diverse school planning experience makes us uniquely qualified to successfully complete this assignment. The following staff are assigned to this project. Full resumes are included in Section 4.

Mike Zuba, AICP, Associate, will serve as the Principal-In-Charge and the key contact to Westport Public Schools on the project ensuring that the quality and timeliness of all project deliverables meet the standards of both the firm and Westport Public Schools. He is the Director of Planning for Milone & MacBroom's public, private, and educational planning and development projects. Since 2000, Mr. Zuba has assisted more than 30 Connecticut and Rhode Island public school systems on a variety of projects, ranging from enrollment projections and redistricting to long-range facilities plans. He has designed and implemented GIS models for not only school systems but also a variety of public and private clients.

Rebecca Augur, AICP, Principal Planner, will serve as Project Manager, overseeing all project tasks and serving as lead contact with Westport Public Schools. She has more than 10 years of experience as a community planner and has contributed to most of the firm's school planning projects over the last 5 years. She has led several school planning projects including a Comprehensive Enrollment Analysis and Projections Study for Newtown and School Redistricting Study for Middletown Public Schools. Ms. Augur's previous experience as a municipal and regional planner aids her understanding of neighborhood and community-level dynamics in a variety of planning efforts.

This team will be supported by the following staff:

Redistricting
Housing & Economic Analysis

Patrick Gallagher
Timothy Baird, AICP

PROJECT MANAGEMENT PROCESS

Milone & MacBroom has an internal project management system which involves weekly meetings to review scheduling requirements for the next 2-week period and to assign appropriate personnel to specific projects. At points where the workload or project schedule intensifies, additional staff assignments are made consistent with the level of work required.

As is customary with all projects, a Principal of the firm will serve as the Principal-in-Charge and will be responsible for project oversight to ensure quality control. A senior licensed Project Manager is also assigned to ensure adequate staff and resources are assigned to the project and that schedules and budgets are adhered to. A weekly email report will be issued to the Project Team noting current progress, anticipated schedule, and any outstanding issues.

Technical Proposal

Westport Public Schools Comprehensive School Enrollment Analysis and Projections

Our proposed Scope of Services for this assignment is provided below. We understand the complexities of conducting an enrollment balancing plan of this nature. Having completed numerous Redistricting and Reconfiguration Plans, Long Range Plans, and Comprehensive Enrollment Projections over the past decade, we have developed a systematic approach to the school planning process, producing high-quality solutions for our clients. While we rely on systematic processes, our approach to each school planning assignment is tailored to meet the specific concerns and issues faced by each unique school system. The following proposed Scope of Services represents our assessment of the work necessary to complete an elementary and middle school redistricting plan to the satisfaction of the Westport Board of Education (BOE).

PHASE I – COMPREHENSIVE ENROLLMENT PROJECTIONS

TASK 1.1 – PROJECT INITIATION

An initial project scoping meeting with Westport Public School staff will occur at the outset of the project. The meeting will cover project tasks and frame the master schedule for all subsequent meetings, deadlines for deliverables, and associated review periods. Milone & MacBroom will confirm sources of necessary information; discuss methodologies, procedures, and assumptions; and review expected deliverables.

Westport Public Schools will provide Milone & MacBroom with the following from the town's GIS database: parcel data with assessment information; street centerlines; and boundaries of the existing school districts. In addition, Westport Public Schools will furnish the following: an enrollment database by student address, grade, school, and other characteristics for the current year and each of the past 4 years; request for birth records for the past 10 years; relevant studies and reports; and school system operational and contractual capacities, including staffing requirements and architectural floor plans of school facilities as well as any facility evaluation studies.

If not available in digital GIS format, the Project Team will generate the school district boundaries from paper maps and street address lists from district. The district boundaries along with the school locations will be added to the town's digital parcel map. All work will be prepared using ESRI ArcGIS software.

TASK 1.2– EXISTING ENROLLMENT PATTERNS

The Project Team has in-depth, hands-on experience incorporating detailed enrollment data from student information systems such as PowerSchool into their GIS-based enrollment management plan system. This interface will allow for student characteristics to be incorporated into the analysis. The existing student inventory will be address-matched to the town's base map and referenced by student ID only in order to protect the identity of individual students. Maps will be generated to display the geographic distribution of the student population by school.

TASK 1.3 – HISTORIC ENROLLMENT PATTERNS AND TRENDS

The Project Team will analyze and visualize historical enrollment data from the past decade by school for purposes of identifying trends and enrollment patterns, as well as to facilitate discussion. This will include an analysis of Westport students that opt to attend nonpublic schools.

In addition to understanding the enrollment trends at each school, a sound base of historic enrollment data facilitates the development of enrollment projections under the "what-if" scenarios generated during the Redistricting Options Task.

TASK 1.4 – DEVELOPMENT PATTERNS AND DEMOGRAPHICS

Understanding housing, economic, and demographic trends, characteristics, and forecasts is crucial to the school planning process. This information provides the background by which future changes and development within a community can be anticipated and planned for accordingly.

Technical Proposal

Westport Public Schools Comprehensive School Enrollment Analysis and Projections

The cohort-survival method, with some modifications, will be used to develop enrollment projections. The cohort-survival methodology is a standard method for projecting populations and student enrollments and relies on observed data from the recent past in order to predict the near future. The base enrollment forecast will be developed from an analysis of historic variables, including school-age population, Westport Public Schools enrollments, birth records, and estimates of migration. The estimated student generation from any external growth factors including newly constructed residential development is then added to the base school forecast.

A presentation inclusive of graphs, maps, and charts will be prepared to illustrate the geographic distribution of enrollment patterns, new births, migration patterns, residential development impacts on enrollment, and changes in Westport's demographics over the last decade. Projected enrollments will be presented by scenario and grade level, and at both the aggregated districtwide level and for individual schools.

TASK 1.7 – FACILITY CAPACITY & UTILIZATION

An update of the inventory of standard classrooms, special purpose rooms, and core facilities space of each elementary facility will be prepared from school records, floor plans, classroom rosters, schedules, and interviews with staff. The evaluation will establish current room usage and ascertain school capacity at each school facility relative to other buildings in the system under current conditions in order to determine building capacity and utilization.

Using the enrollment projections, the current school system, and facilities will be evaluated relative to shifts in enrollment patterns, capacity, and compliance with state educational mandates, including racial balance. These evaluations will be based on a 5- and 10-year horizon. This task will identify important trends that will influence the redistricting process. All assumptions and methodologies will be clearly outlined.

This task will be accomplished in close consultation with designated school system staff.

TASK 1.8 – PUBLIC MEETINGS AND WORKSHOPS

Milone & MacBroom will attend one Board of Education Meeting to present the findings from the enrollment projections and facility utilization component.

PHASE I DELIVERABLES

The project team will produce a Comprehensive Enrollment Projection Report inclusive of demographic, housing, and economic trends and findings; districtwide and individual school enrollment projections; and a facility utilization assessment.

As part of the planning process, key findings, analyses, and alternatives will be summarized in a series of PowerPoint presentations for use in Board of Education and public discussions. Presentations will be inclusive of all appropriate maps, graphics, concepts, tables, and graphs for purposes of creating discussion documents. All documents under this task will be furnished in a format appropriate for posting on the Schools' website.

PHASE I TIME SCHEDULE

The overall estimated time required to perform the above services is approximately 3 months from notice to proceed. It is envisioned that the enrollment projection update will begin around the start of the 2016-17 school year in order to leverage the most recent enrollment data. A formal schedule will be developed at the outset of the project.

Technical Proposal

Westport Public Schools Comprehensive School Enrollment Analysis and Projections

PHASE II - DELIVERABLES

The Project Team will update Westport's address list reflecting the adopted elementary and/or middle redistricting scenario; maps in a format appropriate format for digital and print publication; ArcGIS database of new districts; and, a spreadsheet of current students with redistricted school identified in a format compatible with Westport's PSIS. As part of the planning process, key findings, analyses, and alternatives will be summarized in a series of PowerPoint presentations for use in Public Outreach.

Presentations will be inclusive of all appropriate maps, graphics, concepts, tables, and graphs for purposes of creating discussion documents. All documents under this task will be furnished in a format appropriate for posting on the Schools' website.

PHASE II - TIMELINE AND PROJECT SCHEDULE

The overall estimated time required to perform these Phase II services is approximately 2 to 3 months from notice to proceed largely to accommodate the public outreach component. We anticipate beginning work on Phase II as soon as the Enrollment Projections are in preliminary format.

SCHOOL FEASIBILITY ANALYSIS (OPTIONAL)

At the request of Westport Public Schools, the Project Team will assess the feasibility/potential for expansion, reconfiguration, or new construction at selected school(s) and/or potential future site(s), including evaluating site suitability, circulation, environmental, cost, and locational considerations. At this time, the scope of work for these services is unknown. This additional optional work will be performed in accordance with the terms and conditions of our original contractual agreement with fees and schedules based on mutual agreement of the parties and definition of final scope.

FEE PROPOSAL

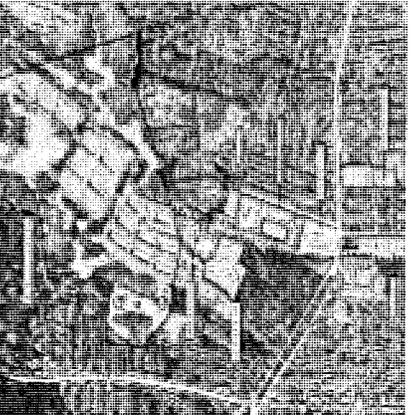
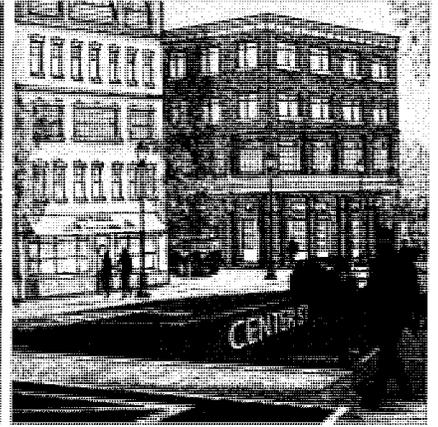
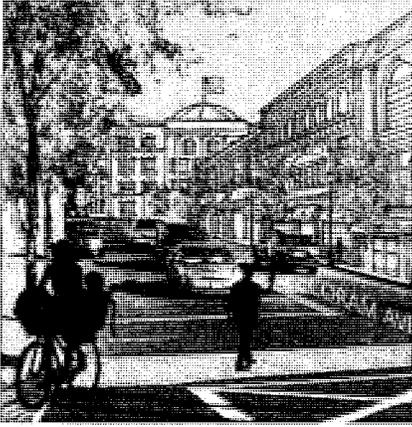
Milone & MacBroom will provide the Scope of Services described in Phase I (above) for a lump sum fee of \$23,500 and will provide the Scope of Services described in Phase II (above) for a lump sum fee of \$40,000. The fee proposal presented is based upon the tasks outlined above and reflects Milone & MacBroom's past experience. To the extent that the consultant effort is increased or decreased, the fee will be adjusted accordingly. The consultant is flexible in modifying the Scope of Services to meet the school district's objectives.

Additional public meetings beyond what is specified in the scope above will be provided for a fee of \$1,750 per meeting, including preparation, travel, and associated expenses.

In any event, the fee of \$63,500 is the maximum fee for the above Scope of Services.

The Project Team will complete this assignment following the timing outlined in the Scope of Work. Billings will be submitted monthly on a percentage of completion basis. Any additional services requested would be compensated on a per diem fee basis per the Milone & MacBroom preferred fee schedule in effect at that time.

Milone & MacBroom offers this proposal for 120 days.



PLANNING

Planning is the framework from which present and future challenges are addressed in a thoughtful stakeholder-driven process. The complexity of challenges requires a diversity of professional training and experience. At Milone & MacBroom, each assignment is directed by senior planning staff that have the resources of our entire organization available to them.

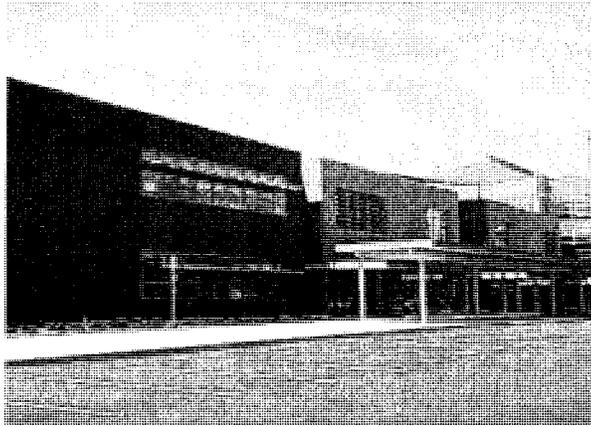
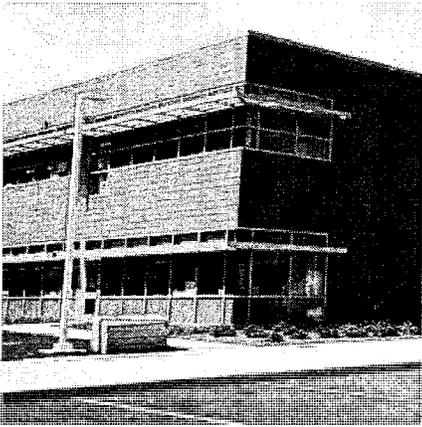
Planning is not a linear, rigid process, but rather evolves during the planning period with input from the community and stakeholders and analysis of data. As “what ifs” and “whys” emerge, our staff provides creative solutions based on sound analysis using GIS, mapping, public outreach, and traditional and new media resources. Our staff members pride themselves on their ability to work effectively with public and private sector stakeholders, as well as the general public, to forge consensus and achieve the desired outcome for every assignment on which they work.

SERVICES

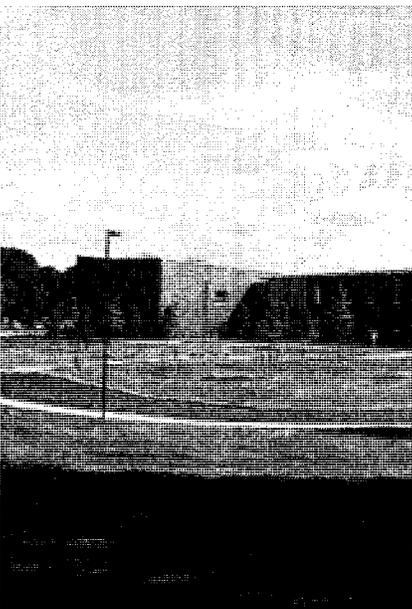
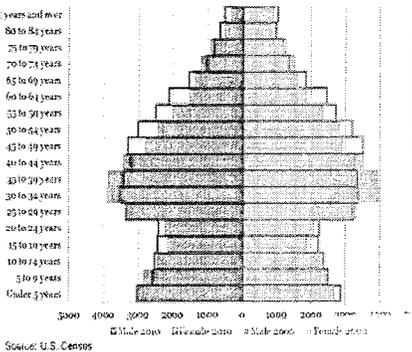
- Comprehensive Plans
- Regional, Community, & Neighborhood Planning
- Zoning Regulations/Analysis
- School Enrollment, Redistricting, & Facility Planning
- Urban Planning
- Economic & Market Analysis
- Fiscal Impact Analysis
- Hazard Mitigation Planning
- Grant Application Preparation
- GIS Based Analysis
- Public Outreach
- Federal Housing & Community Development
- Transit Oriented Development
- Low Impact Development
- Public/Private Development

RELATED SERVICES

- Master Planning
- Landscape Architecture
- Corridor Management
- Multimodal Transportation Integration & Planning
- Low Impact Development Planning
- “Complete Streets” Design
- Bikeway, Greenway, & Multi-Use Trail Design
- Land Use Permitting
- Environmental Impact Assessment



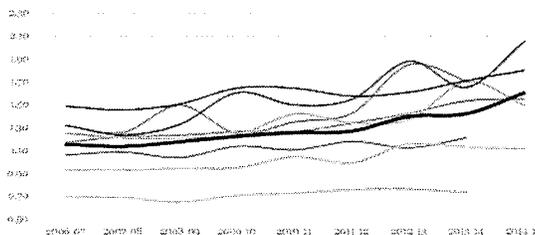
Norwalk Population Change, 2000 - 2010



SCHOOL ENROLLMENT PROJECTIONS

Milone & MacBroom has provided enrollment projections to support facility planning and feasibility studies, staffing and budgeting, and school construction grant applications in over 30 communities since 2010. Milone & MacBroom's approach to enrollment studies leverages our overlapping areas of expertise in demography, housing and economic analysis, and geographic information systems (GIS) to accurately capture the variety of factors influencing enrollment change in Connecticut communities. The use of a GIS enrollment management system allows project teams to track how students enter school systems and connect new arrivals to housing sales and live birth data. The end product of these studies is a set of comprehensive enrollment projections under multiple future economic scenarios providing district administrators with information to inform budgetary plans, prepare for future instructional space needs, guide school feasibility studies, and meet school construction grant requirements.

Fairfield County Birth-K Ratios, 2006-07 to 2014-15



PROJECTS

- Groton Public Schools
- Stonington Public Schools
- New London Public Schools
- Clinton Public Schools
- Regional School District 13
- Regional School District 15
- Regional School District 11
- Hartford Public Schools
- Manchester Public Schools
- East Hartford Public Schools
- Tolland Public Schools
- Hamden Public Schools
- Meriden Public Schools
- Newtown Public Schools
- Brookfield Public Schools
- New Milford Public Schools
- Monroe Public Schools
- Stratford Public Schools
- Milford Public Schools
- Stamford Public Schools
- Norwalk Public Schools
- Greenwich Public Schools
- Bethel Public Schools
- Trumbull Public Schools
- Ridgefield Public Schools
- Wilton Public Schools
- Waterford Public Schools
- Middletown Public Schools
- Bristol Public Schools
- Darien Public Schools
- South Windsor Public Schools
- Vernon Public Schools

Fairfield Public Schools Redistricting Study & Racial Balance Plan Fairfield, Connecticut

Milone & MacBroom was contracted by Fairfield Public Schools to examine redistricting options that would address racial imbalances at its elementary schools and align with the District's long term facilities plan. Milone & MacBroom also prepared enrollment projections for existing districts, as well as each redistricting option. The Board of Education created a redistricting committee that established the goals and guiding criteria of the study. The ultimate goal of the study was to comply with State of Connecticut racial balance standards at all elementary schools. This was a particularly challenging task given the high utilization of school buildings and the District's commitment to neighborhood-based elementary schools.

The project began with an assessment of the Town's demographic, housing, and economic trends. This was compared to historic enrollment and birth data to determine any relationship to public school enrollments. Milone & MacBroom conducted a GIS analysis of five years of geocoded school enrollment data and ten years of geocoded birth data. This allowed the project team to assess enrollment trends at the neighborhood level, and create grade-level enrollment projections for District's eleven elementary schools, three middle schools, and two high schools.

The project team reviewed facility floorplans and determined the capacity of each school building. Milone & MacBroom also reviewed the long term facilities plan and noted any future changes in building capacities to ensure the "right sizing" of elementary school districts. The project team then developed and analyzed redistricting alternatives that would help mitigate racial imbalances under a no-build, partial build, and full-build scenario corresponding to different implementations of the school facilities plan. The alternatives assessed the impacts of each scenario on racial balance, overcrowding, high school and middle school feeder patterns, and redistricting impacts. Enrollment projections were developed for each scenario to ensure that they were sustainable for the next ten-year period. The project team determined that only the full-build alternatives – which was predicated on the renovation and expansion of two school buildings – could mitigate racial imbalances at all elementary schools. Milone & MacBroom presented the findings of the study to the Fairfield Board of Education and the State of Connecticut Department of Education.

SERVICES PROVIDED:

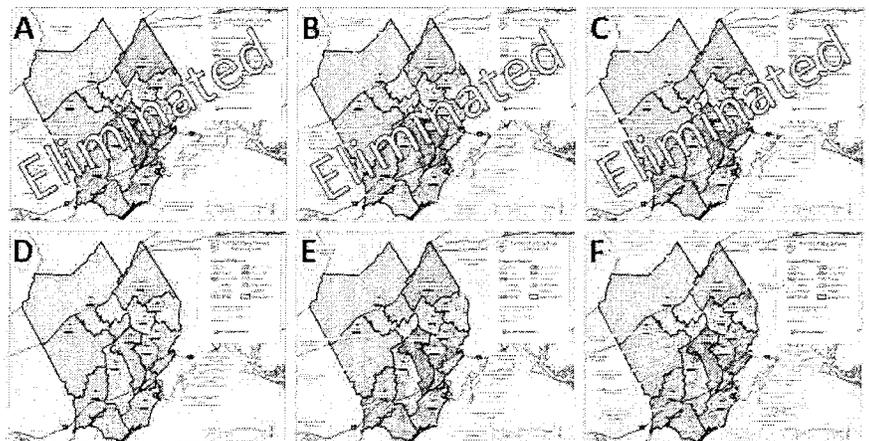
- Redistricting Study
- Demographic Analysis
- Enrollment Projections

CLIENT:

Fairfield Public Schools
Fairfield, Connecticut



Scenario Comparison



6/7/2016

MILONE & MACBROOM

Draft for Internal Discussion

13

Comprehensive Enrollment Analysis & Projections Newtown, Connecticut

Milone & MacBroom was contracted by Newtown Public Schools to conduct a comprehensive analysis of key demographic, housing, and economic factors affecting enrollments and to prepare districtwide and school-specific enrollment projections. The study includes a quantitative and qualitative analysis of local real estate trends to understand the impacts of recent events on the housing market and enrollment trends.

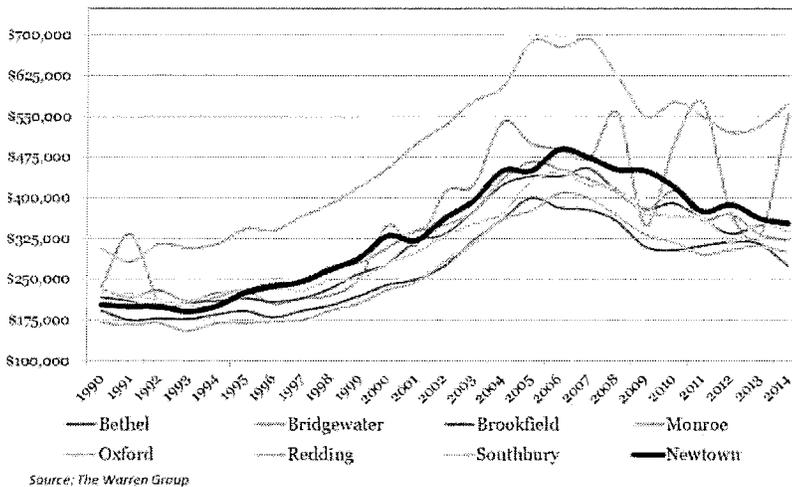
SERVICES PROVIDED:

- Enrollment Projections
- Housing Analysis
- Public Outreach

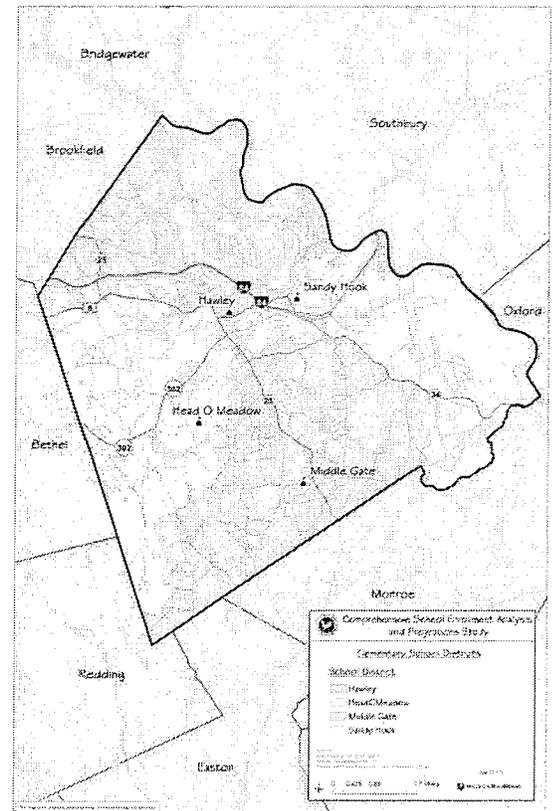
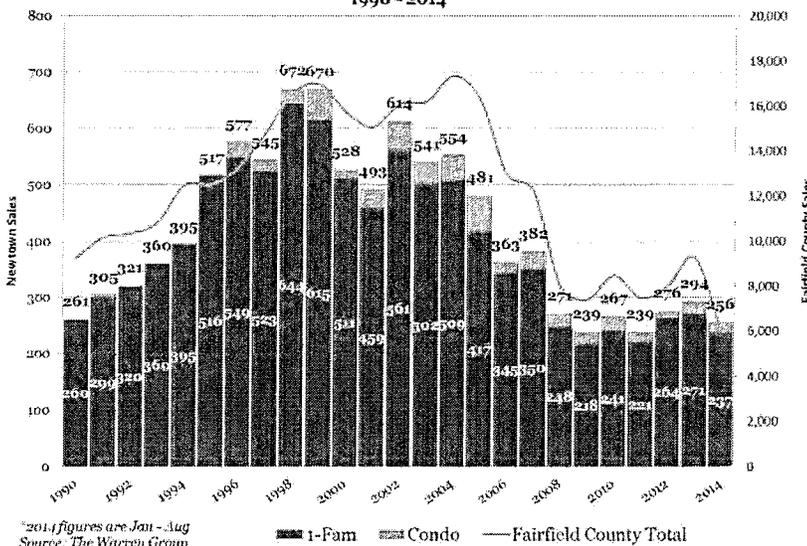
CLIENT:

Newtown Public Schools
Newtown, Connecticut

**Median Sales Prices for Single-Family Homes,
Newtown and Surrounding Towns**



**Newtown Housing Sales
1990 - 2014**



Comprehensive School Enrollment Analysis Ridgefield, Connecticut

Milone & MacBroom provided annual enrollment projections for Ridgefield Public Schools to inform school budget process and facilities planning initiatives. As part of this study, the project team reviewed recent housing growth and worked with town officials to determine areas with residential growth potential, planning initiatives, and development approvals that may impact enrollment levels. An analysis of enrollment patterns and trends coupled with demographic and housing analyses provided the foundation for projecting districtwide and school-specific enrollments over the next decade. The project updated enrollment projections using Milone & MacBroom's Geographic Information Systems (GIS) enrollment management system. This system allowed Milone & MacBroom to track how students enter the Ridgefield Public Schools system and connect new arrivals with housing sales data and live birth data. The analysis resulted in a set of comprehensive enrollment projections for the Ridgefield Public Schools under three future economic scenarios and created a primer on how district administrators can and should make adjustments to these models if the current residential market changes significantly, including the future addition of large-scale developments.

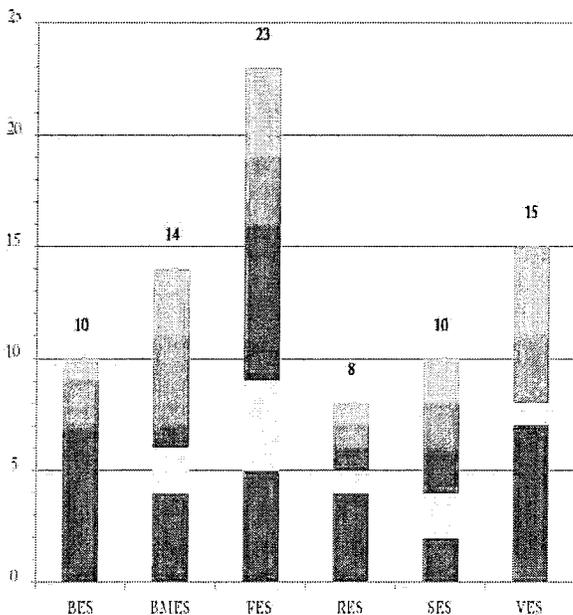
SERVICES PROVIDED:

- Comprehensive Enrollment Analysis
- Real Estate Analysis
- Enrollment Projections

CLIENT:

Ridgefield Public Schools
Ridgefield, Connecticut

Students Generated from Housing Sales by Elementary School,
January to September 2013

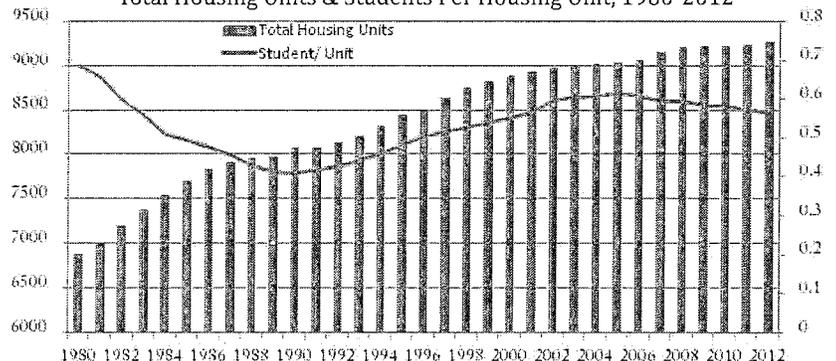


Source: MMJ analysis of data from The Warren Group and Ridgefield School District 2013-14 enrollments

TABLE 14

Ten-Year Enrollment Projections (Medium)																
School Year	Birth Year	Births	K	1	2	3	4	5	6	7	8	9	10	11	12	PK
2014-15	2009	191	285	300	342	349	358	404	440	427	422	432	445	442	430	50
2015-16	2010	166	247	263	341	353	357	408	415	442	410	422	449	448	449	50
2016-17	2011	167	249	263	313	351	361	366	419	418	447	419	428	450	450	50
2017-18	2012	157	234	265	372	332	359	370	376	423	421	457	415	429	451	50
2018-19	2013	152	237	249	374	380	329	368	380	379	426	430	453	476	428	50
2019-20	2014	151	225	341	257	332	288	319	376	363	382	416	426	454	417	50
2020-21	2015	152	229	219	249	265	268	293	246	301	386	391	432	437	455	50
2021-22	2016	158	236	243	247	237	271	295	301	249	284	295	337	433	428	50
2022-23	2017	163	247	251	251	254	263	278	303	303	352	399	391	388	434	50
2023-24	2018	174	281	283	259	259	260	270	286	305	306	360	389	392	389	50
Medium Projections			K-1st		K-5th		6th-8th		9th-12							
School Year	TOTAL	% Change	TOTAL	% Change	TOTAL	% Change	TOTAL	% Change	TOTAL	% Change	TOTAL	% Change				
2014-15	3,178	-1.70%	1,109	-1.95%	1,370	0.47%	1,709	-0.72%								
2015-16	2,936	-2.41%	1,059	-4.99%	1,260	-0.16%	1,779	-1.12%								
2016-17	2,924	-2.47%	1,002	-5.37%	1,284	1.75%	1,749	-1.83%								
2017-18	2,793	-2.99%	1,022	-4.45%	1,219	-5.33%	1,782	0.26%								
2018-19	2,641	-3.28%	1,257	3.50%	1,185	-2.37%	1,725	-1.31%								
2019-20	2,584	-1.98%	1,628	6.08%	1,142	-3.67%	1,721	0.23%								
2020-21	2,581	-0.13%	1,563	-4.18%	1,112	-2.90%	1,705	-1.05%								
2021-22	2,528	-1.93%	1,549	-0.90%	1,034	-7.64%	1,643	-3.77%								
2022-23	2,408	-4.71%	1,544	-0.31%	958	-7.93%	1,606	-3.50%								
2023-24	2,349	-2.42%	1,371	-11.1%	897	-4.66%	1,570	-2.25%								
1st 5-YR Percent Change			-10.4%		-16.1%		-4.7%		-8.9%							
2nd 5-YR Percent Change			-11.2%		-4.4%		-21.5%		-11.7%							
10-YR Percent Change			-22.8%		-25.5%		-24.4%		-15.0%							

Total Housing Units & Students Per Housing Unit, 1980-2012



Source: DECD, CED:R

Comprehensive Enrollment & Facility Utilization Analysis Greenwich, Connecticut

Milone & MacBroom completed a comprehensive enrollment and facilities analysis for the Greenwich School System (8,900 students). Facing stable overall enrollments but divergent neighborhood trends, the district sought assistance to address enrollment imbalances among schools, as well as racial balance concerns identified by the state. Milone & MacBroom analyzed demographic and housing trends, live birth data, and private school enrollments, which provided the foundation for district-wide and by school enrollment projections. In addition, all school facilities were inspected and evaluated for capacity and utilization at current and potential programming levels.

Using the enrollment projections and facilities utilization analysis, the project team worked with the Administration and Board of Education to explore potential enrollment management strategies including reconfiguration; traditional, choice, or zonal choice redistricting; and/or facility investments.

Since completion of the facility utilization study, Greenwich Public Schools has moved forward with planning and design of a new elementary facility. Milone & MacBroom planners prepared enrollment projections for the new facility to include in a school construction grant application.

SERVICES PROVIDED:

- Facility Utilization Study
- Enrollment Projections
- Comprehensive School Planning
- Redistricting & Reconfiguration

CLIENT:

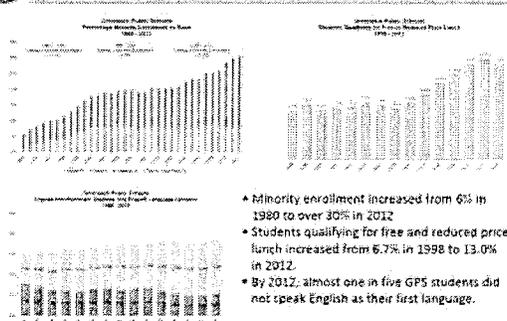
Greenwich Public Schools
Greenwich, Connecticut

FOUNDED ZONES FOR REDISTRICTING

ZONE 1	ZONE 2	ZONE 3
New Leb Glenville Western Part of Parkway (Follows Middle School Split)	Ham Ave North Cos Cob Eastern Part of Parkway (Follows Middle School Split)	Curtiss Riverside Old Greenwich ISD North Mianus
Total Students: 855 Total Minority: 330 % Minority: 38.60%	Total Students: 1,250 Total Minority: 480 % Minority: 38.43%	Total Students: 1,048 Total Minority: 387 % Minority: 36.93%

Includes placement of K-5 only - requires siting of PK.
Does not include cross-zone attendance options.

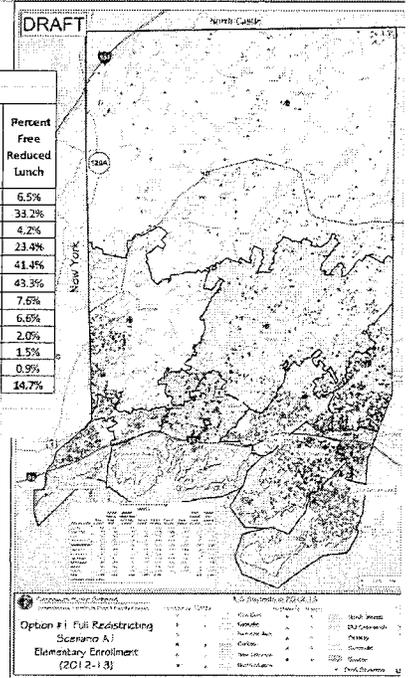
CHANGING DEMOGRAPHIC TRENDS



Option 1: Full Redistricting

Percent Capacity	Available Capacity*	Minority Students	Percent Minority	District % Minority	Racial Imbalance	Free/Reduced Lunch Students	Percent Free Reduced Lunch
93%	449	112	26.9%	34.6%	-7.6%	27	6.5%
96%	351	105	49.0%	34.6%	14.4%	112	33.2%
89%	351	106	34.0%	34.6%	-0.6%	13	4.2%
97%	429	174	41.5%	34.6%	7.4%	97	23.4%
102%	450	239	52.3%	35.0%	17.3%	189	41.4%
96%	273	159	60.5%	34.6%	25.9%	114	43.3%
97%	449	154	37.5%	34.6%	3.0%	33	7.6%
88%	479	109	25.8%	35.0%	-9.2%	28	6.6%
92%	479	89	20.1%	35.0%	-14.9%	9	2.0%
94%	357	73	21.7%	35.0%	-13.2%	5	1.5%
95%	468	107	24.2%	34.6%	-10.4%	4	0.9%
99%	4,317	1,497	35.0%			631	14.7%

Resident Students were in their current schools



Comprehensive School Enrollment Analysis & Projections Wilton, Connecticut

Milone & MacBroom was contracted by the Wilton Board of Education to develop enrollment projections for Wilton Public Schools to guide facilities investments, including a planned elementary school construction project. As part of this study, the project team reviewed recent housing growth and worked with town officials to determine areas with residential growth potential, planning initiatives, and development approvals that may impact enrollment levels. An analysis of enrollment patterns and trends coupled with demographic and housing analyses provided the foundation for projecting district-wide enrollments over the next decade. The project updated enrollment projections using Milone & MacBroom's Geographic Information Systems (GIS) enrollment management system. This system allowed Milone & MacBroom to track how students enter the Wilton Public Schools system and connect new arrivals with housing sales data and live birth data. The analysis resulted in a set of comprehensive enrollment projections and projected elementary classroom requirements for Wilton Public Schools under three future economic scenarios. Additionally, the analysis created a primer on how district administrators can and should make adjustments to these models if the current residential market changes significantly, including the future addition of large scale developments.

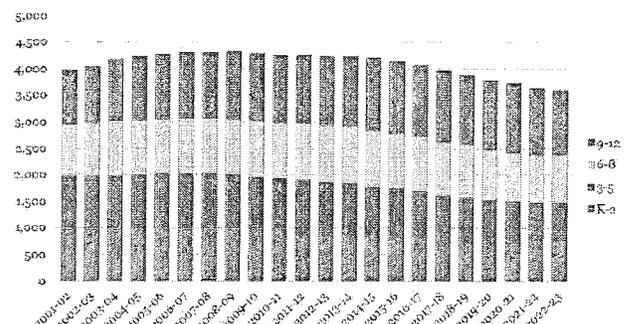
SERVICES PROVIDED:

- Comprehensive Enrollment Analysis
- Real Estate Analysis
- Enrollment Projections

CLIENT:

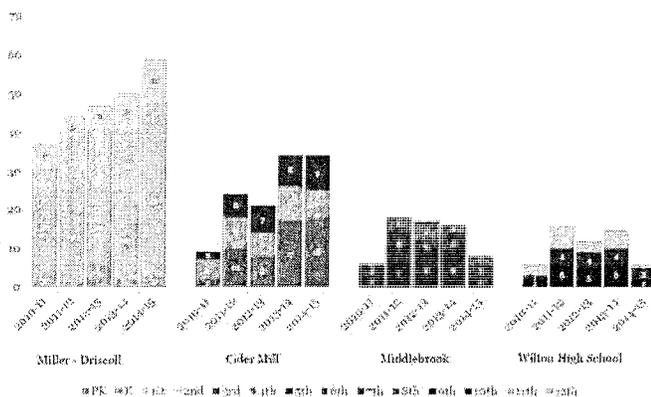
Wilton Board of Education
Wilton, Connecticut

Actual and Projected Enrollments
Medium-Growth Scenario
Wilton Public Schools



Sources: CT Dept. of Education CeDar, Wilton Public Schools, and MMI projections

Students Generated from Sales (Jan-Sept) by Grade and Year



School Redistricting Plan Bristol, Connecticut

Milone & MacBroom completed a Comprehensive School Redistricting Plan for Bristol's kindergarten through 8th grade school facilities, as the city had two new K-8th facilities under construction, recently closed one K-5th grade elementary school, and intended to close two additional K-5th grade and 6th-8th grade schools. As part of this plan, a comprehensive analysis of housing and population, birth history and projections, historic enrollment patterns and trends, and enrollment projections using live births was conducted. Redistricting scenarios were generated to meet the school's targeted enrollments for an 8-year planning horizon and weighted against demographic and enrollment trends and projections, space utilization, transportation objectives, programmatic requirements and state mandates to determine the optimum elementary school district configuration and middle school feeder system. The Bristol Board of Education unanimously adopted the elementary and middle school redistricting plan that redistricted nearly 2,500 students.

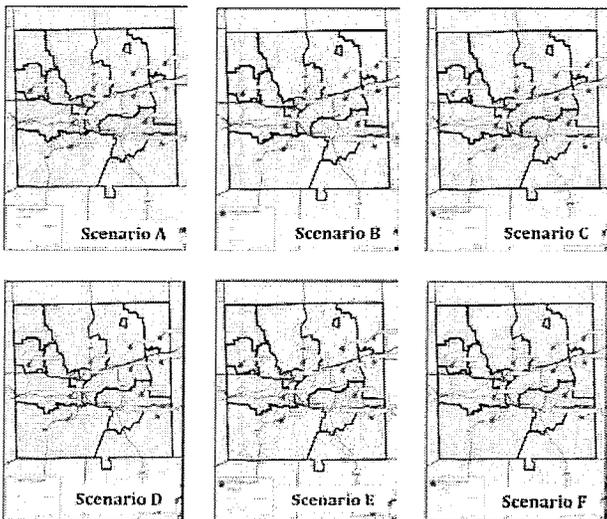
SERVICES PROVIDED:

- School Enrollment Projections & Demographic Analysis
- Redistricting & Reconfiguration
- Public Outreach

CLIENT:

Bristol Public Schools
Bristol, Connecticut

Elementary Scenarios Explored



Long-Range School Facilities & Demographics

East Hartford, Connecticut

Milone & MacBroom, during the past 5 years, has provided assistance to East Hartford Public Schools to determine the optimal configuration of grade structure based on size, space utilization, demographic and enrollment trends and projections, programmatic requirements, and facility needs. Projects include enrollment projections, school redistricting, and grade level and programmable reconfiguration to support the district's educational vision and mission.

SERVICES PROVIDED:

- Reconfiguration Options
- Redistricting Services
- Demographic & Enrollment Trends Analysis

CLIENT:

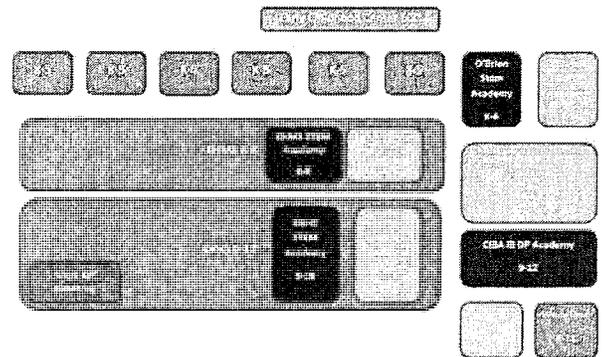
East Hartford Public Schools
East Hartford, Connecticut

Potential Redistricting



Phase I

- Movement Towards District Vision
- Preparation for Phase II



Long-Range School Planning & Demographics

Stratford, Connecticut

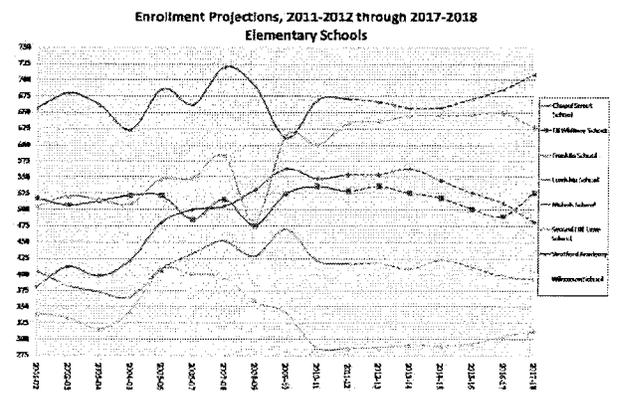
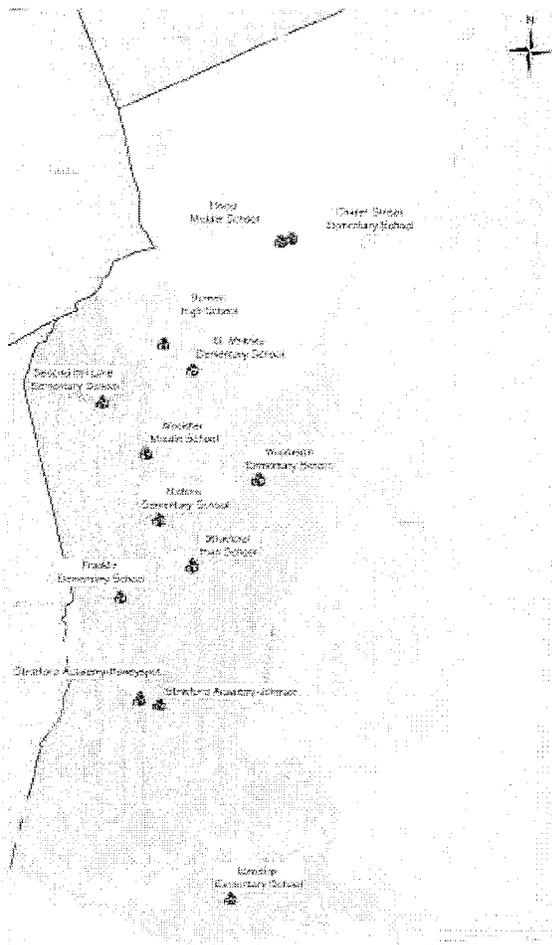
Milone & MacBroom conducted a Long-Range Comprehensive School Planning Study for Stratford's kindergarten through 12th grade school facilities to determine the optimal configuration of the grade structure based on size, space utilization, fiscal implications, demographic and enrollment trends and projections, programmatic requirements, and facility needs. As part of this study, enrollment projections for each elementary school were evaluated to determine potential impact on capacity, staffing, and state mandates over the next 8 years. Milone & MacBroom facilitated a task force meeting to synthesize information regarding school enrollment capacities and projected enrollments into a comprehensive analysis of the near-term and long-term future school system, provided analysis and identified areas of particular concern that are recommended for further study and evaluation.

SERVICES PROVIDED:

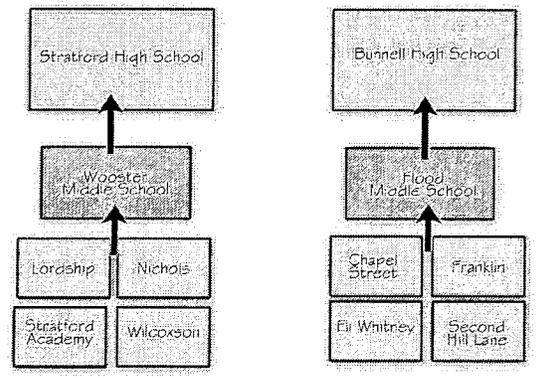
- Comprehensive School Planning Study
- School Enrollment & Demographic Analysis
- Analysis of Housing & Population
- Redistricting & Reconfiguration

CLIENT:

Cooperative Educational Services



Stratford School Feeder System



School Facility Utilization and Redistricting Study

New Milford, Connecticut

Milone & MacBroom was contracted by New Milford Public Schools to conduct an enrollment and facilities analysis. Facing declining enrollments, New Milford Public Schools sought to align its existing facilities to projected educational needs. For this study, Milone & MacBroom prepared a comprehensive demographics and existing conditions analysis, projected enrollments districtwide and by school under current economic conditions and under an economic turnaround situation, evaluated facilities, and worked with a task force committee to explore alternative grade configurations and potential school consolidation.

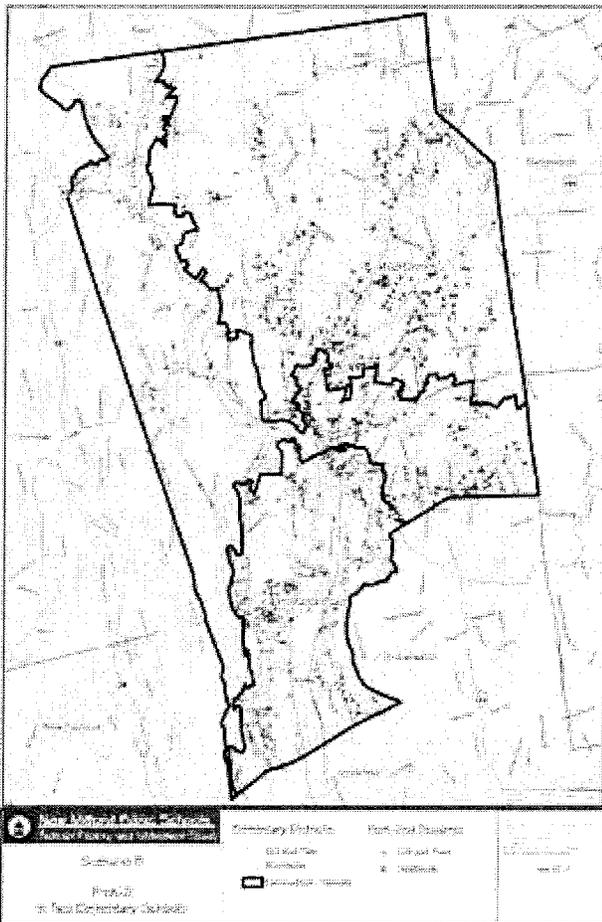
Since completion of the original utilization study, New Milford Public Schools has moved forward with plans to consolidate an elementary school, reconfigure grade structure, and redistrict. The school system engaged Milone & MacBroom to assist in developing final redistricting plans.

SERVICES PROVIDED:

- School Enrollment & Demographic Analysis
- Enrollment Projections
- Comprehensive School Planning
- Redistricting & Reconfiguration

CLIENT:

New Milford Public Schools
New Milford, Connecticut



	SCHOOL	PreK	K	1st	2nd
2014-15	H&P	15	17	17	19
	NES	15	18	19	18
	DISTRICT	15	18	18	19
2015-16	H&P	15	17	18	17
	NES	15	18	19	18
	DISTRICT	15	18	18	18
2016-17	H&P	15	19	18	18
	NES	15	18	18	18
	DISTRICT	15	18	18	18
2017-18	H&P	15	19	17	18
	NES	15	19	19	18
	DISTRICT	15	19	18	18
2018-19	H&P	15	18	17	17
	NES	15	19	17	18
	DISTRICT	15	18	17	18
2019-20	H&P	15	17	18	17
	NES	15	18	19	19
	DISTRICT	15	18	19	18
2020-21	H&P	15	17	18	18
	NES	15	18	19	19
	DISTRICT	15	17	18	19

Elementary and Middle Schools Facility Utilization Analysis and Redistricting Study Waterbury, Connecticut

The City of Waterbury contracted with Milone & MacBroom to conduct a facility utilization and redistricting study for the city's elementary and middle schools. The study intended to assess current facility utilization and projected enrollments and make recommendations regarding changes in districts and/or the city's school facility portfolio. Facing historic high enrollments, Waterbury's elementary schools are overcrowded. At the same time, the city's recent school construction program began the conversion to PK-8 neighborhood schools, resulting in a mix of PK-5, 6-8, and PK-8 schools in the district. The project team conducted a thorough analysis of enrollment patterns and trends to identify neighborhood enrollment trends and school facility needs. In addition, a detailed inventory of all existing elementary and middle schools facilitated a benchmarking and utilization analysis to determine the functional seat capacity of the district's current buildings compared to current and projected enrollments. The analysis identified a need for approximately 1,000 more seats in the district.

SERVICES PROVIDED:

- Facility Master Plan
- Comprehensive Enrollment Analysis
- Facilities Utilization Analysis
- School Redistricting

CLIENT:

City of Waterbury
Waterbury, Connecticut

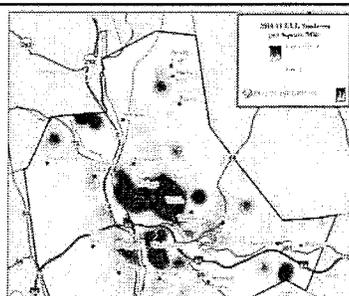
The project team then developed and analyzed several alternatives for new construction and/or renovation and expansion of existing facilities to not only add capacity to the elementary and middle school system, but also further the district's movement towards the PK-8 neighborhood school model. The analyses examined the impacts to school district boundaries and enrollments and facilities, in addition to providing cost estimates. The project team discussed these alternatives at multiple Board of Education and Board of Aldermen public meetings prior to writing a final report and recommendations.



Districtwide Language Needs

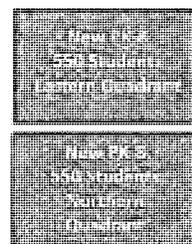
Highest concentrations of existing ELL and bilingual students in close proximity to following schools:

- ◊ Diggs
- ◊ Hopeville
- ◊ Reed
- ◊ Walsh
- ◊ Washington
- ◊ Wilson



Option A

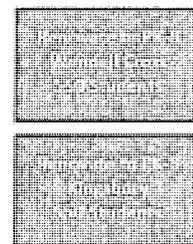
Phase I



Relieves Chase, General, Bucks Hill, Wilson, Wallace and North End

2019-20

Reduces total PK-8 projected seat deficit to deficit of 25



Further relieves North End and Wallace

2022-23

Reduces total PK-8 seat projected deficit to surplus of 270



Option A – Phase I Impacts (2014-15 Enroll)

School	Functional Capacity	Existing Conditions			District A			Net Change in Students
		Existing Enrollment	Impacts from	> District A	Projected Enrollment	Capacity Deficit	% District A	
Chase	714	876	150	134%	651	63	91%	-145
General	582	665	137	109%	544	5	93%	-59
Glennville ^{1,2}	484	555	71	105%	453	13	94%	-23
Hopeville	467	475	7	102%	430	27	92%	-43
Wendell Case ²	430	385	34	92%	359	41	83%	-77
Kingsbury ²	400	382	118	98%	301	69	75%	-131
Lyngree	430	468	37	109%	389	41	90%	-72
Reed	323	279	150	109%	207	16	73%	-79
North End MS	397	1,016	133	133%	261	36	86%	-143
Wallace MS ²	939	1,129	100	120%	993	120	104%	-140
North End (New) ²	350	...	...	...	343	7	98%	-13
East End (New) ²	530	...	...	...	549	1	104%	29

1. Classroom Size of a PK-8 total enrollment table by all grades

2. Wendell Case and Kingsbury will be converted to PK-8 schools. K-8 enrollment total seat - 430

Middletown Facility Utilization & Redistricting Plan Middletown, Connecticut

Middletown Public Schools contracted with Milone & MacBroom to conduct a comprehensive enrollment and redistricting study for the city's elementary schools. The study assessed current facility utilization, projected future enrollments, and made recommendations regarding changes in districts. The district was facing several challenges, including overcrowding at one of its elementary schools, underutilization at other schools, and significant racial and socioeconomic discrepancies between its eight elementary school districts. The analysis began with a detailed assessment of the City's demographic, housing, and economic trends. This was coupled with a GIS analysis of six years of geocoded school enrollment data and ten years of birth data. Milone & MacBroom worked closely with the project steering committee to develop guiding criteria that would address the district's enrollment challenges.

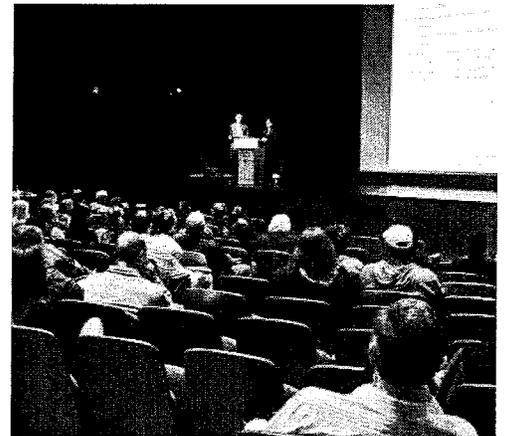
SERVICES PROVIDED:

- Comprehensive Enrollment Analysis
- Facilities Utilization Analysis
- Redistricting & Reconfiguration Scenarios

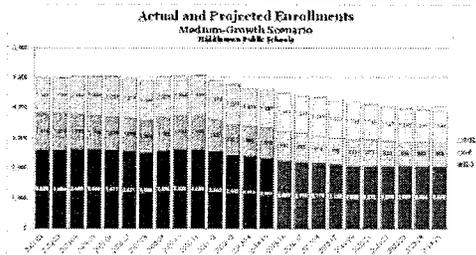
CLIENT:

Middletown Public Schools
Middletown, Connecticut

The project team then developed and analyzed several short-term and long-term alternatives that would help address the committee's guiding criteria. Several short-term redistricting scenarios were presented that could be implemented for the next school year. Long-term alternatives such as the creation of an Intradistrict Magnet School, and the reconfiguration of grades to a K-2 and 3-5 paired school model were also examined. The alternatives assessed the impacts of each scenario on racial, socioeconomic and utilization balance, as well as impacts to students and families. The project team is currently soliciting public input by hosting a series of public workshops. Following the public involvement process, the team will work with the steering committee to develop final recommendations to be presented to the Board of Education.



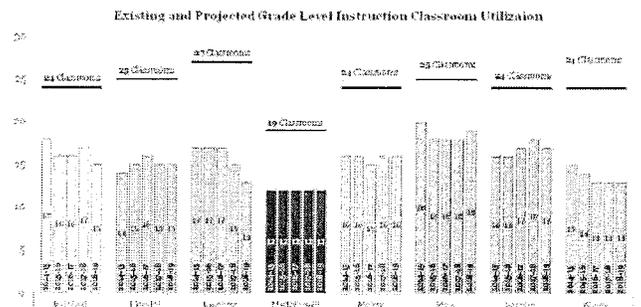
Enrollment Projections



School	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Benedict	252	237	226	222	221	220	219	218	217	216	215	214	213	212	211	210	209	208
Peru Hill	492	509	526	542	557	571	584	597	609	620	630	640	649	658	667	676	685	694
Lovewell	314	346	378	409	439	468	495	521	546	569	590	609	626	642	657	671	685	699
MacDonough	418	417	416	415	414	413	412	411	410	409	408	407	406	405	404	403	402	401
Massey	441	438	435	432	429	426	423	420	417	414	411	408	405	402	399	396	393	390
Shaw	323	308	296	285	274	263	252	241	230	219	208	197	186	175	164	153	142	131
Spencer	274	278	281	284	287	290	293	296	299	302	305	308	311	314	317	320	323	326
Wheeler	240	273	311	350	387	424	461	498	535	572	609	646	683	720	757	794	831	868
TOTAL	2,274	2,427	2,624	2,840	3,072	3,319	3,581	3,848	4,120	4,397	4,679	4,965	5,255	5,549	5,847	6,149	6,455	6,765



Scenario H – Utilization



District Wide & School Specific Enrollment Projections Hartford, Connecticut

Milone & MacBroom provides annual enrollment projections for Hartford Public Schools' School Building Committee to facilitate planning for school construction projects. The Connecticut State Department of Education requires 8-year enrollment projections as a critical factor for determining reimbursement eligibility and project size.

The Hartford Public Schools (HPS) system consists of four different school models: neighborhood schools, choice schools (schools open to students from within one of four zones in the city), open choice schools (open to students from anywhere within the city or from within the region on a lottery basis), and regional open choice schools (magnet schools open to anyone from Hartford or the region on a lottery basis). Due to the regional component in HPS enrollments, Milone & MacBroom prepared a demographic analysis of the city and region. In addition, the enrollment analysis examined not only HPS enrollment trends, but also other regional educational providers' enrollment trends in order to account for competition in the regional educational market.

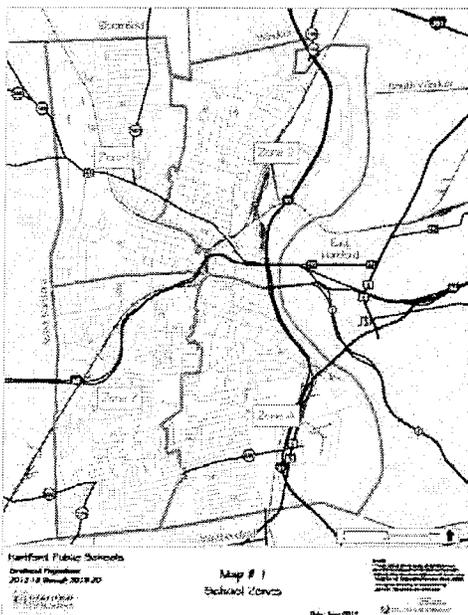
Milone & MacBroom developed modifications to the standard cohort-survival projection methodology in order to incorporate non-traditional external factors on enrollments, such as regional competition among educational providers. Enrollment projections were broken down into component pieces: Hartford resident students in HPS schools, HPS students attending regional or private schools, and regional students in the HPS system.

SERVICES PROVIDED:

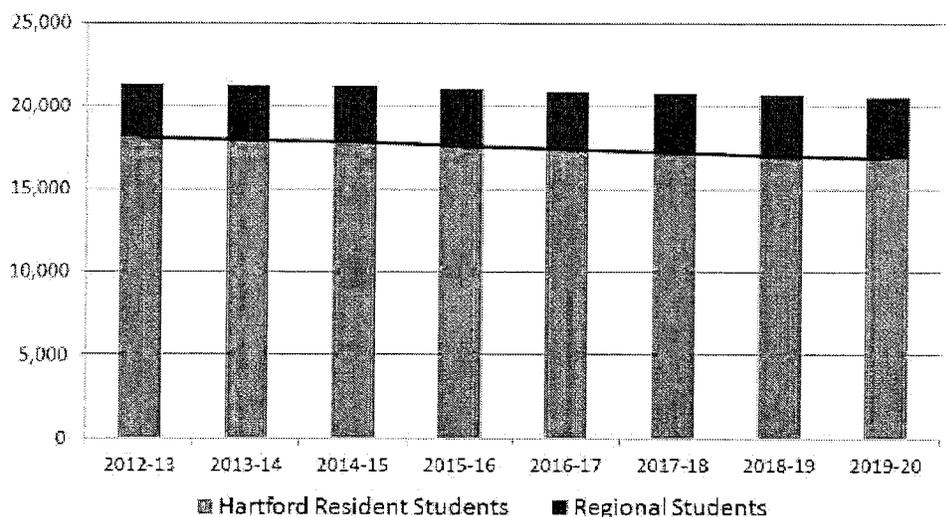
- School Enrollment & Demographic Analysis
- Enrollment Projections

CLIENT:

Hartford Public Schools
School Building Committee
Hartford, Connecticut



**Hartford Public Schools PreK-12
Enrollment Projections, 2012-13 to 2019-20**



Vernon Public Schools Feasibility Study

Vernon, Connecticut

Milone & MacBroom contracted with Vernon Public Schools to conduct enrollment projections, facility utilization and assess reconfiguration options that aligned with the district's long range vision for education. The study examined the demographic, birth housing and regional school patterns that influence Vernon Public Schools enrollments and facilities utilization, current and anticipated educational programming needs, and potential alternatives for future operations.

The study identified concerns over imbalances in elementary school utilization. To alleviate these concerns, three alternatives were tested. The first was whether redistricting elementary schools, without any change in grade configuration or to facilities, could alleviate overcrowding. The second alternative involves creating a PreK Center elsewhere in Town, thereby opening space in each existing elementary facility. The final alternative is to reconfigure grades to a PreK-4 and 5-8 system, moving 5th grade up to the middle school.

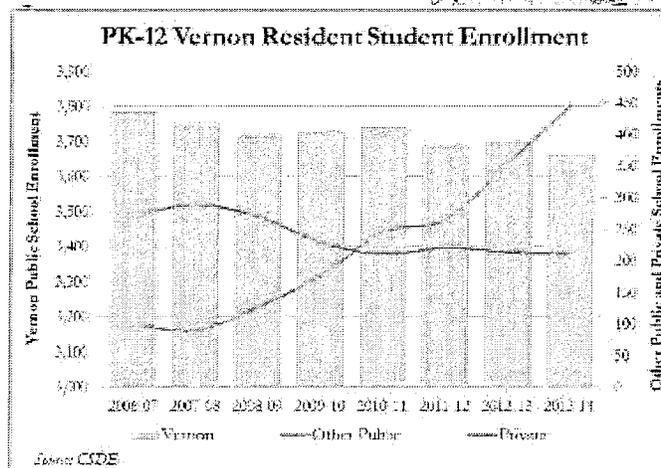
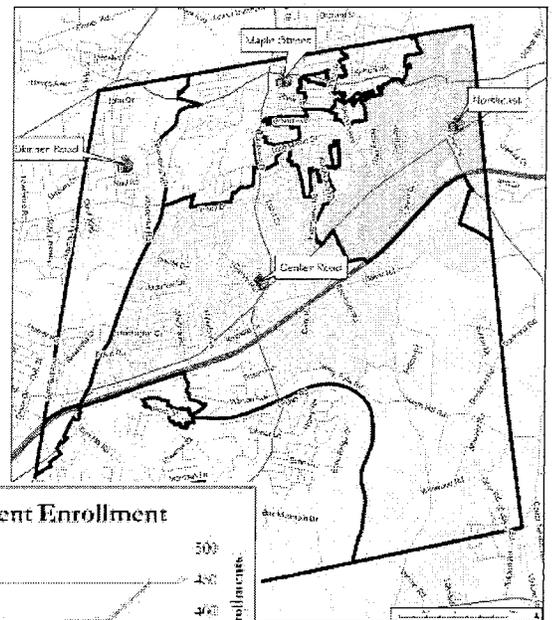
SERVICES PROVIDED:

- Enrollment Projections
- Facility Utilization
- Redistricting

CLIENT:

Vernon Public Schools
Vernon, Connecticut

The best alternative for Vernon Public Schools depends on the community's priorities in terms of addressing overcrowding versus addressing utilization disparities. If the community wants to alleviate overcrowding, then moving a grade (whether PreK or 5th grade) out of each elementary building may provide the relief sought. However, if the community wants to better balance neighborhood enrollments with respect to the capacity of each elementary school, then redistricting, or program shifts and new construction are required. Redistricting, while not generally favored by the parent community, is easier to implement than new construction. The District needs to weigh the costs and benefits of redistricting, grade reconfiguration, or a combination of grade reconfiguration and redistricting to determine the best fit with its educational objectives. The district is currently in the process of weighing these options.



Project Team Resumes

Newtown Public Schools Enrollment Projections (2014)

Newtown, Connecticut

Project Manager responsible for conducting a Comprehensive School Enrollment Analysis and Projections for Newtown Public Schools.

Demographic Study and Population Growth Analysis (2014)

Brookfield, Connecticut

Supervised the completion of a comprehensive demographic and housing study for the Brookfield Public Schools. Finally, these three components and their subsequent findings were used to develop and inform public school enrollment projections for the Brookfield Public Schools.

Comprehensive School Enrollment Analysis (2014-Present)

Ridgefield, Connecticut

Project Manager for enrollment analysis study that analyzed enrollment trends, housing and economic conditions in order to develop 10-Year Enrollment Projections. Guided public outreach efforts to inform the board of education and community on impacts to school facilities.

Trumbull Public Schools Comprehensive Analysis and Redistricting (2014)

Trumbull, Connecticut

Project Manager responsible for conducting a demographic and housing analysis in support of enrollment projections. Assisted in evaluating facility utilization and developing redistricting options that address security concerns with current portable classroom usage, as well as school overcrowding concerns.

Groton Public Schools Long-Range Facilities Plan (2013-2016)

Groton, Connecticut

Project Manager for a Long Range Planning process to provide recommendations for the design of a school system that reflects the system's long-term vision and takes into consideration educational programs, budgets, facilities, and demographic changes.

Wilton Public Schools Enrollment Projections (2015)

Wilton, Connecticut

Project Manager responsible for conducting a Comprehensive School Enrollment Analysis and Projections for Wilton Public Schools in order to inform the Miller Driscoll Building Project.

Stonington Public Schools Enrollment Projections (2015)

Stonington, Connecticut

Prepared enrollment projections as part of a pre-referendum masterplan for Stonington Public Schools.

New London Public Schools Master Plan (2015-16)

New London, Connecticut

Project manager overseeing enrollment projections to guide New London's Master Plan for City's magnet schools system.

Greenwich Public Schools Ten Year Enrollment & Space Utilization Study (2013)

Greenwich, Connecticut

Project Manager for a Comprehensive Enrollment Analysis and Facility Plan to identify changes in demographics and develop an enrollment management plan to achieve enrollment balancing objectives and meet state-mandated racial balance.

Stamford Public Schools Ten Year Enrollment & Space Utilization Study (2013)

Stamford, Connecticut

Project Manager for this facility plan that aims to identify changes in enrollment patterns and demographics, assess space utilization, and develop recommendations for enrollment balancing and reconfiguration options for the Stamford Public School System.

Rebecca Augur, AICP, Associate Principal Planner

Years of Experience:

With This Firm: 6
With Other Firms: 7

Education:

M.A., Regional Planning
University of Massachusetts
Amherst, MA
B.A., International Studies
Marlboro College
Marlboro, VT

License/Certification:

Connecticut Chapter
American Planning Association
(CCAPA)
Certified Planner, American
Institute of Certified Planners
(AICP), 2007
Member, American Planning
Association
National Charrette Institute

Professional Affiliations:

Executive Committee,
Connecticut Chapter American
Planning Association (CCAPA)
National Charrette Institute



Ms. Augur is an emerging leader in land use and community planning in Connecticut. As Communications Committee Chair for the Connecticut Chapter of the American Planning Association, she is actively involved in promoting and supporting the profession. Ms. Augur offers diverse experience as a consulting, regional and municipal planner. Her technical skills in zoning regulation development, GIS analysis, and public outreach enhance the capabilities of the firm's Planning Group. She is experienced in a variety of community and school planning projects. Her training and experience as a regional and municipal planner contribute to her deep understanding of the complex demographic, housing, and social factors influencing community plans and decision-making, as well as her ability to facilitate the public planning process.

Highlights of Ms. Augur's project experience include:

Hartford Public Schools Equity 2020 Facilities Study (2016) **Hartford, Connecticut**

Responsible for districtwide and individual school enrollment projections, generating alternatives for facilities utilization, and public outreach.

Vernon Public Schools Feasibility Study (2015) **Vernon, Connecticut**

Responsible for comprehensive enrollment analysis and projections, facility utilization analysis and evaluation of alternatives.

Waterbury Public Schools Facility Utilization and Redistricting Study (2015) **Waterbury, Connecticut**

Assisted in analyzing demographic, housing, and enrollment trends; preparing enrollment projections; and generating long-range alternatives to alleviate overcrowding in the system's elementary and middle schools.

Middletown Public Schools Redistricting Study (2015) **Middletown, Connecticut**

Responsible for preparing comprehensive enrollment analysis and projections, analyzing elementary facility utilization, facilitating committee-led planning process, and generating and evaluating redistricting alternatives to address the district's primary concerns surrounding overcrowding and racial balance.

Newtown Public Schools Enrollment Projections (2014) **Newtown, Connecticut**

Responsible for conducting a Comprehensive School Enrollment Analysis and Projections for Newtown Public Schools.

Hartford Public Schools Enrollment Projections (2014) **Hartford, Connecticut**

Updated district-wide enrollment projections report from 2012 with current demographic, housing, economic, and enrollment data and assisted in preparing new districtwide enrollment projections. Prepared school-specific enrollment projections in conformance with the CT Department of Education requirements for school construction grants for the planned Weaver High School.

Bethel Public Schools Comprehensive Enrollment Analysis (2012-2013)

Bethel, Connecticut

Completed an analysis of demographic and enrollment trends for the Bethel Schools System. Assisted in completing a buildout analysis, analysis of live births, and the preparation of enrollment projections for an 8-year horizon.

Groton Public Schools Redistricting Plan (2012)

Groton, Connecticut

Completed an elementary school redistricting plan in order to achieve enrollment balancing objectives and state mandated racial balancing requirements. Assisted in the analyses of demographic, birth, and enrollment trends and the preparation of nine alternative redistricting scenarios including public outreach efforts that helped distill alternatives down to a final recommended redistricting plan.

Hartford Public Schools Enrollment Projections (2012)

Hartford Connecticut

Assisted in the preparation of districtwide enrollment projections and individual school enrollment projections in support of construction grant applications. Refined a projection methodology that accounts for the influence of intradistrict and regional choice educational programming on Hartford Public Schools' enrollment.

Meriden Public Schools Enrollment Analysis (2012)

Meriden, Connecticut

Assisted in the preparation of an enrollment trends analysis and projections for Meriden elementary schools with an eye towards identifying potential school closing opportunities.

Region 15 Schools Enrollment and Facilities Study (2011-2012)

Middlebury/Southbury, Connecticut

Completed a plan to redistrict elementary and middle schools in order to accommodate full-day kindergarten. Assisted in the enrollment analysis and development of projections as well as the generation of alternative scenarios. Worked with administrators, the Board of Education, and the Schools Task Force to fully evaluate potential redistricting options and build consensus around the final recommended plan.

Bristol Public Schools Redistricting Plan (2011-2012)

Bristol, Connecticut

Assisted in preparing a school redistricting study for the City of Bristol. Helped refine and geocode district enrollment data, analyze population growth and building trends, and used GIS to analyze the affects of potential school district reconfigurations as alternatives were developed in concert with schools' staff, the Board of Education, and the public.

Waterbury Public Schools Enrollment Projections (2011)

Waterbury, Connecticut

Prepared enrollment projections for school construction grant applications. Assisted in completing districtwide enrollment projections and a redistricting study for the City of Waterbury. Used standard projection techniques to produce 8 years of enrollment projections by grade. In addition, assisted with geocoded current and historic enrollments to analyze and report on enrollments related to school construction projects.

Stratford Public Schools Redistricting Study (2011)

Stratford, Connecticut

Prepared a demographic analysis and 5- to 7-year projection of school enrollments. Linked the demographic analysis to geospatial data in order to identify redistricting opportunities. Analyzed potential district reconfigurations.

Hamden Public Schools Redistricting Study (2011)

Hamden, Connecticut

Prepared a demographic analysis and 5-year projection of school enrollments and analyzed school district imbalances. Prepared maps and tables for presentation to Board of Education.

Timothy Baird, AICP

Planner I

Years of Experience:

With This Firm: 3
With Other Firms: 3

Education:

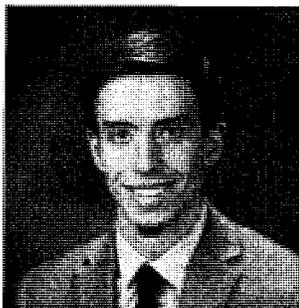
M.S., Community and Regional
Planning
University of British Columbia
Vancouver, BC
B.S., Political Science,
Certificate in Environmental
Studies
University of Wisconsin
Madison, WI

License/Certification:

Certified Planner, American
Institute of Certified
Planners (AICP), 2015

Professional Affiliations:

American Planning Association



Mr. Baird is a Planner with expertise in school enrollment projections and facilities planning, geographic information systems, land use planning, and comprehensive community planning. He is experienced in all aspects of the schools planning process, including demographic and housing analysis, development of enrollment projections, school capacity and utilization analysis, development of redistricting scenarios, and conducting public outreach efforts.

In addition to his experience with Milone & MacBroom and the City of Vancouver, BC, Mr. Baird has presented research on active transportation and travel choices at venues including the Transportation Research Board, MIT, and Metro Vancouver's TransLink.

Highlights of Mr. Baird's project experience includes:

School Facility Utilization Plan Darien, Connecticut

Prepared mapping and analysis of demographic and housing market trends. Geolocated births and student enrollments and assisted in preparing districtwide and elementary school enrollment projections.

Comprehensive Enrollment Projections Wilton, Connecticut

Prepared demographic and housing analysis, including estimates of student generation and migration. Developed districtwide enrollment projections and estimate of classroom space needs for potential building project. Conducted public outreach.

School Facility Utilization Study New Milford, Connecticut

Prepared mapping and analysis of demographic and housing market trends. Assisted in conducting facility utilization analysis and projecting utilization under school redistricting and consolidation scenario.

Demographic, Enrollment, and Utilization Study Brookfield, Connecticut

Assisted in preparing a demographic analysis and 10-year projection of school enrollments. Conducted buildout analysis to identify potential future housing growth. Analyzed potential grade reconfiguration scenarios and impacts on facility utilization.

Enrollment Projections & Facility Master Plan Norwalk, Connecticut

Conducted analysis of demographic and housing trends, including developing residential enrollment multipliers to estimate student generation from new development. Assessed facility capacities, prepared districtwide and by-school enrollment and utilization projections, and evaluated alternatives. Assisted in conducting public outreach.

Enrollment Projection Update Trumbull, Connecticut

Prepared an update to previous districtwide and middle school enrollment projections.

BOE CARRYOVER ACCOUNT

FY 15 Deposit	\$	223,763.00
FY 16 Facilities Projects	\$	<u>(205,826.00)</u>
FY 15 Ending Balance	\$	17,937.00
FY 16 Deposit	\$	<u>513,957.00</u>
Current Balance	\$	531,894.00

Requesting approval for:

Milone and MacBroom	\$	(23,500.00)
CMS mold remediation	\$	<u>(93,822.50)</u>
Revised Balance	\$	414,571.50

**WESTPORT PUBLIC SCHOOLS
BUDGET CALENDAR FOR FISCAL YEAR 2017-2018 (DRAFT)**

October 13, 2016	Superintendent holds budget discussion with Principals and distributes forms and Handbook to Administrators (Room 307/309 at 2:00 Principals Mtg)
Oct/Nov 2016	Administrators work with staff to develop budget plan(s)
October 28, 2016	Administrators submit budget plans, Pentamation input and required forms to Director of School Business Operations. Request Narrative from Administrators
Nov. 10 & 14, 2016	Superintendent and TSO Administrators meet with Cost Center Administrators to review budget requests (Agenda in Handbook)
December 5, 2016	Board of Ed meets with Board of Finance and RTM Education and Finance Chairs for preliminary budget discussions, including major budget assumptions (such as enrollment, capital projects etc.)
December 29, 2016	Superintendent's Proposed Budget distributed to Board of Education
January 3, 2017	Board of Education Meeting – Superintendent presents Executive Summary of Superintendent's Proposed 2017-18 Education Budget
January 6, 2017	Board of Education Meeting – Budget Discussions (all day meeting beginning 8:30 am) McManus Room, Westport Public Library
January 9, 2017	Board of Education (Regular Meeting) – Budget Discussions • Invitees include: Board of Finance; RTM Education and Finance Committee Chairs; and Health and Medical Insurance Consultant (For discussion of health and medical insurance) for Discussion of Health Insurance and Capital Projects
January 17, 2017	Board of Education (Regular Meeting) – Budget Discussions
January 23, 2017	Board of Education (Regular Meeting) – Budget Discussions
January 30, 2017	Board of Education (Regular Meeting) – Board Approves Budget Submission
*February 6, 2017	Board of Education (Special Meeting –Snow Date) – Board Approves Budget Submission
February 10, 2017	Board of Education Submits Budget Request to Town of Westport
March 2017	Board of Finance Meeting <ul style="list-style-type: none">• Budget Workshops (<i>dates determined by BOF</i>)• Acts on Board of Education Budget (<i>dates determined by BOF</i>)
April 3, 2017	Board of Education (Regular Meeting) – Determine need for restoration request
April 2017	Board of Finance Restoration meeting, if needed
April 2017	Representative Town Meeting (RTM) – Budget Workshops with Sub-Committees (<i>dates determined by RTM</i>) Restoration request as needed April 10-14 Spring Recess
May 2017	Representative Town Meeting (RTM) – Adopts Budget (<i>dates determined by RTM</i>)
May/June 2017	Board of Education (Regular Meetings) - Adopts 2017-2018 Budget

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DEPARTMENT OF PUPIL SERVICES
WESTPORT PUBLIC SCHOOLS
72 North Avenue
Westport, Connecticut 06880-2721

MICHAEL RIZZO
DIRECTOR OF PUPIL SERVICES

(203) 341-1253
FAX (203) 341-1295

TO: Dr. Colleen Palmer
FROM: Mike Rizzo, Dr. Valerie Babich, Dr. Alycia Dadd
SUBJECT: Dialectical Behavioral Therapy
DATE: October 24, 2016

We last presented to the Board of Education on March 16, 2015, regarding our plans to implement a program using the principles of Dialectical Behavior Therapy (DBT) at Staples High School. As you recall, DBT is a research based approach that has been adapted from the clinical setting so that it can be used in schools to teach students coping skills, strategies for emotional regulation, interpersonal effectiveness skills, and mindfulness, enabling students to effectively function and contribute in the school setting.

We are pleased tonight to update you on the progress of the program, including an overview of the tenets of DBT and how this work is directly aligned to the district's Guiding Principles. Twenty-seven students participated in the program during the 2015-16 school year and we have gathered and will review qualitative and quantitative data which reflects their growth and progress. Finally, we will discuss with you next steps in our development of this very exciting initiative.



BROWN



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A Lifespan Partner

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Highlights...

In this month's top lead, Dr. Natalie Zervas explores the effects of DBT on treating NSSI, suicidality, and other impulsive behaviors in adolescents.



Keep Your Eye On... See page 2

- Suicide risk screening tool for emergency departments
- Daily marijuana use on the upswing among teens

What's New in Research... See pages 3-5

- "Sense of coherence" a protective factor for health effects of bullying victimization
- Screen time-ADHD behavior link, but more research is needed on causality and mechanism

Editor's Commentary

- To tweet or not to tweet ... is that even the question?

— By Gregory K. Fritz, M.D.

See page 8



Free Parent Handout...
**Holiday Stress: A
Guide for Parents**

C A B L

DBT with Adolescents

Demystifying DBT with adolescents

By Natalie Zervas, Ph.D.

One of the benefits of working in the mental health field today is that the availability of evidence-based treatments has greatly increased in recent years. This increase can be a double-edged sword, however. With this greater variety of effective treatments comes the need for increased training on the part of providers and increased understanding of the treatments by consumers. This understanding can be particularly difficult to achieve in the treatment of less studied mental health problems faced by our children and adolescents. Non-suicidal self-injury (NSSI) and suicidality are examples of such problems. Seen with growing frequency by schools, families, pediatricians, and mental health care providers, detailed information about effective treatments for these presenting

problems has not been adequately disseminated to either the professional community treating these youth or the families who love and care for them.

Dialectical Behavior Therapy (DBT) is a treatment with growing empirical support that has been found to be effective in treating NSSI and suicidality, as well other problematic impulsive behaviors in adults, with promising research support in adolescents as well (Groves et al., 2012; Mehlum et al., 2014). Unfortunately, solid understanding of its treatment rationale and structure remains lacking among mental health professionals. Without the understanding of what comprises effective DBT, providers and families are ill served as they seek appropriate services. To address the current *See DBT with Adolescents, page 5...*

Late Talking

What does it mean when a child talks late?

By Stephen Camarata, Ph.D., CCC-SLP

Up to 10% of all children have not yet begun using meaningful words by the time they reach their second birthday. Naturally, when a child begins speaking late, this can be the source of great anxiety for parents. The situation has become even more important in recent years with the implementation of early-screening identification for autism and autism spectrum disorder (ASD) as recommended by the American Academy of Pediatrics. This is especially true because one of the most salient early markers for autism is late onset of talking. However, late onset of speech is not a specific marker for ASD, as the late talking may be a symptom of not only autism,

but also intellectual disabilities (formally known as mental retardation), hearing loss, speech/pronunciation difficulties, language disorders, or social communication disorder as well. In addition, for the overwhelming majority of late-talking children, the delayed onset is simply a passing developmental stage with no long-term adverse consequences for communication, achievement, or intellectual development.

The challenge for physicians and other clinicians is providing accurate information to parents with regard to what the late talking can mean. It is especially important to complete a comprehensive *differential* *See Late Talking, page 6...*



Editor: Gregory K. Fritz, M.D.
Professor of Psychiatry and Director of the
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Founding Editor: Lewis P. Lipsitt, Ph.D.

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1931, Bradley Hospital (www.bradleyhospital.org) was the nation's
first psychiatric hospital operating exclusively for children. Today
it remains a premier medical institution devoted to the research
and treatment of childhood psychiatric illnesses. Bradley Hospital,
located in Providence, RI, is a teaching hospital for the Alpert Medical
School of Brown University and ranks in the top third of private
hospitals receiving funding from the National Institutes of Health.
Its research arm, the Bradley Hasbro Children's Research Center
(BHCRC), brings together leading researchers in such topics as:
autism, childhood sleep patterns, infant development, eating disorders,
depression, obsessive-compulsive disorder, and juvenile fire-setting.
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Keep your eye on...

...suicide risk screening tool for emergency departments

A network of hospital emergency departments is currently developing and testing a personalized, computer-based suicide risk screening tool for teenagers, the National Institute of Mental Health (NIMH) announced in September. ED-STARS — the Emergency Department Screen for Teens at Risk of Suicide — is going to help predict which youth are most likely to attempt suicide, said Cheryl King, Ph.D., principal investigator of the NIMH-funded project. "After it's validated, this screen will be made available to emergency departments nationwide as an ED- and patient-friendly tool for screening, risk stratification and triage," said King, who is at the University of Michigan. Suicide is the leading cause of death among teens aged 12-17; as many as 2.7% of high school students made a suicide attempt resulting in injury or overdose last year, 8% of students made at least one suicide attempt in the past year, and 13.6% said that they had a plan for committing suicide. NIMH funded the ED-SAFE study for suicide prevention in adults five years ago; in 2013, NIMH announced a grant for pediatric suicide prevention in ED settings; the ED-STARS funding resulted. In the project's first study, 6,000 youth will be screened, and researchers will follow up on those who score high and low on risk factors. The result will be used to develop a computerized adaptive screen for predicting suicide attempts, and then will study the predictive value of the tool.

...daily marijuana use on the upswing among teens

Daily marijuana use by teens is continuing its upward climb, and monthly use is up as well, according to the National Survey on Drug Use and Health released in September by the Substance Abuse and Mental Health Services Administration (SAMHSA). "We do see daily marijuana use increasing since 2002," said Peter J. Delany, Ph.D., director of the Center for Behavioral Health Statistics and Quality at SAMHSA. "The answer to why it's happening is really a complex issue. We have seen for a number of years decreasing perceptions of risk for marijuana for both adults and youth is helpful while at the same time it is perceived to be the most available illicit drug." From a public health perspective, he said, marijuana is the "primary driver for illicit drug use in the country so it draws attention to the need to look both at how we work to prevent the initiation of the marijuana, as well as reaching out to those who do not see this as a problem." The good news, he said, is that overall marijuana use among 12-to-17-year-olds is declining. "It has been suggested that the increased attention to reducing tobacco use among youth may be having a spillover effect," he said. "That is a plausible theory and one worth exploring further." [<http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>]

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What's New in Research

"Sense of coherence" a protective factor for health effects of bullying victimization

Victims of bullying have higher levels of physical and psychological symptoms, regardless of whether the bullying itself is physical or psychological. However, teens with a strong "sense of coherence," or SOC, were significantly less likely to experience psychological or physical suffering from being bullied, researchers in Spain found in a study published last month in the *Journal of School Health*.

Sense of coherence is the central construct in the salutogenic theory of Aaron Antonovsky, which focuses on what supports health and well-being rather than what causes disease. SOC is, the researchers write, quoting Antonovsky's 1987 book on health and stress, "a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that: 1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable (comprehensibility); 2) the resources are available for one to meet the demands posed by the stimuli (manageability); and 3) these demands are challenges, worthy of investment and engagement (meaningfulness)."

A strong SOC is associated with an increased ability to choose appropriate coping strategies, and a decreased tendency to view situations as threatening. Even when there is a valid reason to feel stressed, a strong SOC is thought to reduce negative health effects.

This was the first study on the role of SOC in bullying victimization.

Other studies have found that coping strategies can either put a stop to bullying attacks or perpetuate them — assertively telling the bully to stop or ignoring the bully is more effective than helplessness or self-blame — so strong SOC in adolescents means they have higher confidence in their own abilities to cope, which in turn can prevent future bullying.

Bullying is defined by three characteristics: it is intentionally harmful, it is repeated, and the bully is more powerful than the victim. Whether the bullying is physical, verbal, or relational, or even, to a lesser extent,

cyberbullying, there are negative consequences for the child.

Being bullied in traditional ways has well-known adverse effects: victims are more depressed, lonely, and anxious, and have lower self-esteem. Less is known about cyberbullying, according to the study authors.

Researchers are now looking at coping strategies used by victims, because these can feed into the bullying. Helplessness and fighting back with counter-aggression lead to continued bullying, while asking for help, asking the bully to stop, or ignoring the bully may help. Simply by being anxious, hostile, or sensitive, children may trigger bullying.

Study details

The researchers selected 7,580 adolescents ages 13 to 18 from the 2010 edition of *Health Behaviour in School-aged Children* in Spain. They used measures of bullying, physical and psychological complaints, and SOC. The SOC data was divided into quartiles to distinguish between strong (quartiles 1 and 2) and weak (quartiles 3 and 4) SOC.

Results

Bullying victimization had increasing effects on physical and psychological symptoms in weak-SOC adolescents, with the psychological symptoms the most pronounced. Strong-SOC adolescents who were bullied, on the other hand, did not have any increases in physical complaints at all, and their psychological complaints were less intense than those of weak-SOC adolescents.

The results are consistent with Antonovsky's concept that strong-SOC individuals would have fewer negative health effects even in the face of significant stressors.

In this study, however, bullying only covered the prior two months. There was no ability to distinguish between the effects of short- and long-term victimization. Some studies have indicated that long-term victimization can lead to a weakened SOC.

Rumors or gossip (10.5%), sexual jokes (9.6%), and being made fun of (9.5%) were the most common types of bullying, with cyberbullying with computers (4.0%) or mobile phones (3.6%) the least common.

Traditional bullying victimization affected 14.5% of the sample; about 5% were victims of cyberbullying, most frequently in combination with physical or psychological abuse, or both.

Physical victimization was more prevalent among boys; that was the only main difference between boys and girls. The effects of bullying victimization on physical and psychological complaints were similar in boys and girls.

Limitations

One of the main limitations of the study was that it could not analyze bullying duration and severity; in addition, there were small sample sizes for the subgroups of passive victims compared to provocative victims (bully-victims). The vast majority of victims are passive; however, the small proportion of provocative victims may be prone to aggressive and hostile behavior. In addition, the researchers could not rule out the possibility that weak SOC is a result of being bullied, not a cause of its persistence.

Implications

The study's contribution to the role of SOC in bullying victimization is significant, the authors write, because it suggests "the potential of SOC to protect from bullying victimization and to buffer or attenuate its negative consequences." In addition, it "breaks ground to future research on this topic." In particular, the role of SOC on the four groups in bullying research — not involved, bullies, victims, and bully-victims — could be studied, with severity and duration and other aspects of the victim experience included.

In addition, strengthening SOC could be a useful strategy for school-based initiatives aimed at preventing bullying victimization and the negative health effects. Previous research has shown that when teachers, classmates, and parents support adolescents, SOC is stronger; therefore, the authors conclude, "school health interventions that encourage these aspects are not only expected to foster a more positive school climate and students' school satisfaction, but may also be beneficial to reduce bullying victimization prevalence and its negative consequences on health."

♦ ♦ ♦

García-Moya I, Suominen S, Moreno C. Bullying victimization prevalence and its effects on psychosomatic complaints: Can sense of coherence make a difference? *J Sch Health* 2014 Oct; 84(10):646-653. E-mail: irenegm@us.es.

Screen time—ADHD behavior link, but more research is needed on causality and mechanism

Children's media entertainment has changed significantly over the past 40 years; it's still cartoons, TV shows, and computer games, but its tone has become more fast-paced and violent. At the same time, there has been a significant increase in the diagnosis of attention-deficit hyperactivity disorder (ADHD). There have been many studies looking at the link between "screen time" and ADHD, but no conclusive results. Researchers are still not sure whether media use and ADHD and related behaviors (attention problems, hyperactivity, and impulsivity) are connected, and, if so, in what ways. However, there are many theoretical reasons why such a link may exist.

To address the gap in the literature on ADHD and media, researchers in Amsterdam and Ohio identified six hypothetical reasons why ADHD might be connected to media use in general, and fast-paced or violent media content in particular, and then conducted a meta-analysis of 45 research studies of ADHD and media use in children and adolescents.

They found a small but significant relationship between media use and ADHD-related behaviors, but the studies were too limited, and more research is needed to ascertain whether there is a causal connection, and how it works.

The researchers focused on the cluster of three behaviors to look at the relationship between media and attention problems, hyperactivity, and impulsivity among the general child and adolescent population.

Six hypotheses

For the meta-analysis, the researchers included all studies that looked at these three possible links to determine whether a potential media effect should be attributed to the violence or fast pace, or to the overall time spent as suggested connections between ADHD and media use. The researchers developed six distinct hypotheses, which they named, for how media use could lead to ADHD-related behaviors:

1. Violence-induced script hypothesis;
2. Violence-induced arousal-habituation hypothesis;
3. Scan-and-shift hypothesis;

4. Fast-paced arousal-habituation hypothesis;
5. Displacement hypothesis; and
6. Impaired-language development hypothesis.

There are two ways violence may lead to ADHD-related behaviors, the researchers suggested. One, which they call the violence-induced script hypothesis, suggests that violence is impulsive and that exposure to it leads to poor self-control, resulting in attention problems, hyperactivity, or impulsivity. Under the second hypothesis, which the researchers call the violence-induced arousal-habituation hypothesis, violence would induce ADHD-related behaviors by arousing the children, who, after repeated exposure, become desensitized to the violence. The desensitization may then lead to a state of underarousal whenever the children are not exposed to media violence, and that underarousal causes attention problems, hyperactivity, and impulsivity.

There are also two hypotheses that could explain how fast pace leads to ADHD-related behaviors. The scan-and-shift hypothesis, as named by the researchers, says that the child adjusts to the frequent use of cuts and edits by "scanning and shifting," a style that makes sustained attention difficult. A second hypothesis, the fast-paced arousal-habituation hypothesis, says that arousal is increased by the frequent attention shifts, and that children become habituated to this arousal, which decreases their baseline arousal level. Similar to violent media use, the underarousal felt without the stimulation of the fast pace may lead to ADHD-related behaviors.

Finally, the amount of screen time may lead to ADHD-related behaviors by two different means. Under the displacement hypothesis, frequent screen time displaces activities that help develop cognitive abilities, such as imaginative play. And the impaired-language development hypothesis says too much screen time inhibits language development because of the media's reliance on visual processing and language not aimed at the child's cognitive ability. Without language skills, children may not be able to self-regulate, leading to ADHD-related behaviors, the researchers write.

There are differences between video games and television viewing. While both have been implicated in ADHD-related behaviors by some researchers, video games allow for interactivity, are usually a primary

activity, and may allow for more identification with a character. Television viewing, by comparison, is more passive, often a secondary activity, and has less chance for the child to identify with a character because the child has no control over the plot. The researchers looked at both forms of media.

Younger children may be particularly sensitive to media; if younger than about 7, they can't distinguish between fantasy and reality, and increased screen time may lead to stronger effects in the "real" world. Because of this, they may be more upset by violent media content than older children and less able to regulate their arousal levels. The researchers expected the link between media use and ADHD-related behaviors to decrease with age.

Boys have more ADHD-related behaviors than girls, spend more time on media, and are more attracted to violent media. However, that doesn't necessarily mean there is a causative link, because in general, boys are more aggressive than girls and have a stronger preference for media violence. The researchers examined the gender link in their meta-analysis.

Study details

For their meta-analysis, the researchers considered studies that were based on ADHD diagnoses, as well as studies measuring the three ADHD-related behaviors of attention problems, hyperactivity, and impulsivity. They defined attention problems as being easily distracted, hyperactivity as excessive physical activity, and impulsivity as being unable to control immediate action.

Web of Science and PsycINFO database searches through September 2013 yielded 45 studies of media and ADHD-related behaviors that met the researchers' inclusion criteria.

There were four outcome variables for each study: attention problems, hyperactivity, impulsivity, and ADHD composite.

Results

The meta-analysis of the 45 studies, 38 including television viewing and 17 including video games, covered 155,000 participants, ranging in age from 0 to 18 years. Twelve of the studies looked at violent content, and three looked at pacing. Most looked at screen time.

Few studies included a measure that reflected one of the three ADHD-related behaviors; there were only seven indepen-

dent effect-size estimates for attention problems, one for hyperactivity, and seven for impulsivity.

There was no meta-analysis for the sole hyperactivity study, but that study did find a positive correlation between media use and hyperactivity.

The meta-analysis found a moderate correlation with attention problems and media use, and a small but significant positive correlation between impulsivity and media use.

Most of the studies included did use composite measures of ADHD-related behaviors, and the meta-analysis of these studies showed a positive relationship between all three measures of media use and ADHD-related behaviors.

Although the researchers had expected to find an age effect, they didn't. They were not able, however, to directly compare effect sizes for different age groups because most of the empirical studies reported for a sample that comprised a large age range.

Gaps in the literature

Future research is needed to fill this gap in the literature, the authors said. The meta-analysis was limited: several analyses could not be conducted at all due to the low number of available effect sizes for the three separate ADHD-related behaviors. This also shows that more research is needed on this topic. "This is important because the study of the relationship between television and

ADHD-related behaviors has been characterized by an ephemeral research interest," they write. "Researchers contributed with at most one or two studies, after which they disappeared from the field again."

The researchers found a positive relationship between media use and ADHD-related behaviors but noted that future studies are needed to address questions of causality, individual susceptibility, and the mechanisms of the media use-ADHD relationship.

Nikkelen SW, Valkenburg PM, Huizinga M, Bushman BJ. Media use and ADHD-related behaviors in children and adolescents: A meta-analysis. *Dev Psychol* 2014 Sep; 50(9):2228-2241. doi: 10.1037/a0037318. Epub 2014 Jul 7. E-mail: s.w.c.nikkelen@uva.nl.

DBT with Adolescents

From page 1

need among youth and families, this article provides a practical overview of the fundamentals and treatment components of effective DBT for adolescents (DBT-A).

DBT background

Dialectical Behavior Therapy (DBT) is an empirically-supported treatment developed by Marsha Linehan, Ph.D., ABPP, over 20 years ago (Linehan, 1993a, 1993b). It grew out of a need for an effective treatment to help a difficult to treat population for whom standard cognitive behavioral therapy (CBT) and supportive therapies were not beneficial. DBT is a modification of standard CBT that balances the *change* focus of CBT (i.e., the need to stop engaging in NSSI) with the *acceptance* strategies of other types of therapy (i.e., validating that NSSI works for you temporarily). The balance between these acceptance and change strategies in DBT forms the fundamental "dialectic" that resulted in the treatment's name. In brief, dialectic is the existence or action of opposing ideas or concepts.

Originally developed to treat chronically suicidal adults also suffering from borderline personality disorder (BPD), DBT has since been found to be especially effective for individuals with suicidality, NSSI, and other dysfunctional behaviors (e.g., eating disorders, substance abuse), with the core problem being extreme emotion dysregulation. With these individuals, research has shown DBT to be effective in reducing sui-

cidal behavior, psychiatric hospitalization, treatment dropout, substance abuse, anger, and interpersonal difficulties (Linehan, et al., 1999). After identifying a need for an effective treatment for suicidal and self-injurious adolescents, Alec Miller, Psy.D. and Jill Rathus, Ph.D., along with Marsha Linehan, successfully adapted the treatment for use with adolescents (Miller, Rathus, & Linehan, 2007). Notably, DBT has been successfully implemented across a variety of ethnic and socio-economic backgrounds (Rathus & Miller, 2002), with research on the efficacy of DBT-A being ongoing.

DBT Treatment Overview

Below are some key points for providers and families to know about DBT as they consider the appropriateness of the treatment. Please note that the information provided below is based on an outpatient DBT-A program. Other types of DBT-A treatment are available (e.g., inpatient, residential, etc.) and may have different structures of treatment. For a thorough overview of DBT-A please refer to Miller, Rathus, and Linehan (2007).

What problems does DBT-A treat? DBT-A addresses five major problem areas through a variety of treatment modes and specific skills (addressed below). These five areas include:

1. Confusion about Self (Identity confusion, unawareness of emotions, dissociation, emptiness)
2. Emotion Dysregulation (emotional lability, angry outbursts)
3. Impulsivity (NSSI, substance abuse, aggression, suicidal threats/actions)

4. Interpersonal Problems (unstable relationships, interpersonal conflict, social isolation, loss)
5. Parent-Teen Dilemmas (poor problem solving, rigid thinking, poor communication)

DBT-A addresses problems in a structured way. When an adolescent is in individual DBT-A, their life-threatening behaviors are addressed first, often utilizing behavior chain analysis as a way to better understand the problematic behavior (e.g., NSSI, suicidal ideation). From there, behaviors that negatively impact therapy (e.g., lateness, missed sessions, limited engagement in sessions) are addressed, followed by behaviors that negatively impact the adolescent's quality of life (e.g., depressed mood, conflict with peers, anxiety).

DBT-A is a multi-modal treatment. When DBT-A is provided in a comprehensive, evidence-based way, it includes three main modes of treatment:

1. Individual (and Family) Therapy
 - Sessions occur 1-2 times per week for 45-50 minutes with the adolescent's individual therapist.
 - This modality exists to help adolescents build motivation to work toward change and apply the skills they learn during group sessions to their daily experiences.
2. Multi-Family Skills Group
 - Sessions occur weekly for ~2 hours. They include parents and other adolescents/parents and are run by two leaders.

Continued on next page...

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- This modality exists to teach adolescents and parents new skills to help them move closer to achieving their treatment and life goals.

3. Phone Consultation

- This modality exists to promote skills generalization by helping adolescents implement skills in real-life situations and in real-time. Adolescents are encouraged to call their individual therapist for skills coaching when they are "in crisis" (e.g., urges arise to engage in maladaptive behaviors) prior to engaging in a problematic behavior (e.g., NSSI). Similarly, parents are encouraged to call their assigned skills group leader when they are in need of coaching to use skills learned in group (e.g., during a conflict with adolescent).

DBT-A is a team treatment. An additional component of DBT-A exists to help ensure therapists are providing the best possible care for adolescents and families. This is called *Consultation Team* and is a weekly meeting attended by all DBT therapists on a team during which guidance and support is provided to all therapists by all therapists.

DBT-A utilizes a "Diary Card." An essential component of individual DBT-A is an adolescent's completion of a diary card. This tool is a way for adolescents to self-monitor their behavioral urges and actions, as well as their emotions week to week. The diary card is then shared during individual sessions, providing a "snap shot" of the week. Notably, it is something meant to be shared between an adolescent and their provider only, and not shared with parents (within the general limits of confidentiality and safety).

DBT is a principle based treatment, rather than a manualized treatment. This means that it follows general principles throughout its course with flexibility to address relevant topics within its structure.

It is important to note that, should an adolescent enter into DBT-A, the best resource of information regarding the specific structure of their treatment will be their provider. More

specific information would be provided to the adolescent and family on each of these topics once the treatment began.

Treatment Options

Finding thoroughly trained DBT-A providers can be difficult. Locating comprehensive DBT treatment in your area can be even more challenging. At present, there are several online resources for locating quality treatment providers in your area. The following websites provide access to providers specializing in DBT (in addition to other treatments):

- Association for Behavioral and Cognitive Therapies (ABCT): <http://www.abctcentral.org/xPAT/>
- The Linehan Institute - BehavioralTech: <http://behavioraltech.org/resources/crd.cfm>

In deciding on appropriate treatment for an adolescent, consultation with and among professionals is invaluable. To provide some additional and specified guidance, included below are some questions to consider when contemplating whether an adolescent might benefit from DBT-A:

- Are they chronically suicidal and/or engaging in NSSI?
- Are they chronically emotionally dysregulated?
- Are they engaging in repeated problematic, self-destructive impulsive behaviors?
- Do they have difficulty making or keeping interpersonal relationships?
- Have they had difficulty remaining in other standard types of therapy?

Additionally, here are some questions to keep in mind when choosing a provider and/or treatment program:

- Are they licensed to provide mental health treatment?
- What type of degree do they have?
- What is their DBT training (were they intensively trained and by whom)?
- Do they practice as part of a DBT Consultation Team?
- What components of DBT do they offer (individual, group, phone coaching)?

Choosing effective mental health treatment for adolescents remains a challenging and often confusing task. No formula exists for who might benefit from a particular type of therapy and many factors go into what makes a treatment ultimately effective. While this complexity is likely to persist, the importance of disseminating accessible information about what constitutes evidence-based DBT-A and for whom this treatment could be effective cannot be overstated. Hopefully, an increased understanding by practitioners and consumers will come along with this improved communication, and adolescents and families struggling with the problems addressed by DBT-A will begin to receive more effective and appropriate treatment.



Natalie Zervas, Ph.D., is a staff psychologist in outpatient and crisis services at Bradley Hospital specializing in the treatment of nonsuicidal self-injury and suicidality in adolescents. She is also a clinical assistant professor in the Department of Psychiatry and Human Behavior at the Alpert Medical School of Brown University.

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Late Talking

From page 1

diagnosis to determine whether the late talking is simply a developmental stage with

a high probability of spontaneous recovery or whether it is a symptom of long-lasting developmental disabilities such as autism. Key supplemental markers include non-verbal social skills, nonverbal intellectual abilities, and receptive language ability.

This means that it is essential to evaluate whether a late-talking child interacts with parents and others (within the broad constraints of their reduced or absent ability to produce meaningful speech); whether they are able to solve puzzles and engage in

developmentally appropriate play; and how much they understand, both in terms of words and in terms of multiple-step verbal directions that are reasonable for the child's age level. For autism, additional markers include the extent to which the child becomes upset when routines or ritual play activities are disrupted and to what extent the child actively resists verbal and non-verbal social overtures from parents and others. Finally, the sheer amount of vocalizations a child produces and the variety of the speech sounds in these localizations are both important markers. Increased vocalization that sounds like real words (e.g., dada, ba, da, gaga, etc.) is a positive predictor for subsequent recovery, whereas low amounts of vocalizations that do not contain consonants or recognizable syllables are less favorable.

After a differential diagnosis has been completed, seeking and obtaining proper intervention is of paramount importance. Unfortunately, there are quite a number of questionable or even fraudulent treatments being offered to parents. For example, Andrew Wakefield promulgated a fraudulent "cause" for autism: namely, an adverse reaction to routine vaccinations. He and his followers advocated "biomedical" treatment for the supposed "vaccine insult." Sadly, a number of laypeople and, worse, physicians and other clinicians adopted and promoted treatments based at least in part on what subsequently proved to be a fraudulent view of autism. Other examples include "facilitated communication," which is now being promoted as "supported typing." Primary care physicians and other clinicians working with a family with a late-talking child should be monitoring the intervention landscape as well as monitoring the differential diagnostic process. Clinicians should always ask themselves what the diagnosis would be if the child could talk. In autism and intellectual disability, the symptoms persist *even when a child can speak*. Many toddlers who walk on their toes, are picky eaters, and throw tantrums, etc., are properly not diagnosed with ASD or other clinical conditions because they are within the typical developmental range for toddlers. Most important, they can talk and understand and are otherwise socially appropriate. One can't help but wonder whether these same children would receive a confirmatory diagnosis of ASD if they were late-talking.

When first words are late to appear, families often seek answers from a primary care physician or mental health professional. The toddler is then screened for ASD, but this may be a "confirmatory" diagnosis wherein the clinician uses a checklist that explores autism symptomology exclusively without considering alternative conditions associated with late talking (such as hearing impairment, speech and/or language disorder, or social communication disorder). After the "confirmatory" diagnosis, the child is then enrolled in early-intervention services designed to treat autism. This is fine if the child actually does have autism but can be problematic if the child does not because autism symptoms require autism-specific treatment. This can involve introducing prompting and food rewards in order to increase a child's motivation to speak.

Although appropriate for severe ASD, these techniques may not be useful or can even be harmful in children who do not have ASD. An additional complication is that erroneous beliefs in treatment effects can arise if these interventions are applied to nontalking children who will spontaneously recover. That is, unless a treatment actually is inhibitory or harmful, these children will recover regardless of the intervention provided. It is likely that the testimonials supporting various vitamin regimens, special diets, chelation, altered auditory input, and so on, are the incidental product of spontaneous recovery in children who were misidentified as having autism or some other severe condition. Moreover, many "popular" treatments have not been subjected to randomized clinical trials or have been shown to be ineffective when tested in fair randomized clinical trials.

For those late-talking children requiring treatment, the parents should be included in the intervention plan to the extent they are able to contribute. Many studies have shown that parent training is an effective treatment for a variety of disabilities associated with talking late. Also, there are literally hundreds of studies showing that the most effective interventions directly target talking, social skills, speech, and/or the specific behavioral traits the late-talking child needs to learn. Unfortunately, there are quite a number of treatments pushed on parents that teach skills that are only indirectly related to a child's specific deficit areas. For example, some interventions and/or computer-based treatments target "timing and

rhythm" or "oral-motor skills" or "auditory processing." One widely marketed treatment teaches children to clap their hands and tap their feet in time to a metronome. Others teach children to blow whistles, blow bubbles and/or use an electric toothbrush to strengthen and stimulate the tongue and related oral structures. Another intervention includes sensory brushing of a child's arm, wearing a weighted vest, and/or putting the child's hands into shaving cream or other messy substances in order to improve "sensory integration." None of these activities are supported by credible scientific evidence, whereas teaching a child to talk, participate in conversations, and comprehend words and more complex phrases all have a strong evidence base.

Clearly, there is no one-size-fits-all diagnosis for late-talking children. Nor is there a single treatment approach for the problem of delayed speech. A "wait-and-see" approach is fine when a child has nonclinical late talking that will spontaneously recover. But "wait and see" could squander precious intervention time if a child has ASD or another dire condition. Strict prompting and rewards may be needed for children with classic autism. But these techniques could hamper social development in late-talking children who do not have ASD. A developmental team that includes physicians, mental health professionals, speech pathologists, special educators, and, if motor intervention is needed, occupational therapists — as well as parental input — is needed to properly diagnose and, if warranted, treat late-talking children. Parents are entitled to accurate diagnoses and evidence-based treatment.



Stephen Camarata, PhD CCC-SLP, is a professor of Hearing & Speech Sciences and a professor of Psychiatry at Vanderbilt University School of Medicine and is the author of the recently published book *Late-Talking Children: A Symptom or a Stage?* (MIT Press).

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Dialectical Behavior Therapy with Multi-Problem Adolescents in a School Setting

By Dawn Catucci

We all have had those students who are our frequent flyers; you know the ones who are in constant crisis at school, at home, and with friends? They may be acting impulsively, failing classes, depressed, arguing, fighting and maybe even self-harming. Counseling seems to always be focused on putting out the latest fire, leaving little time developing new skills to prevent the next meltdown. The saddest part is that these students are suffering, and as school psychologists, we are often the first to offer counseling and support. Because these students may be resistant to seeking and accepting help, the school setting provides a way to reach kids who might not seek help otherwise. These are the students that come up each week at our team meetings. Because these students present with multitude of difficulties and they are very resistant to treatment, teachers, administrators, guidance counselors, and school psychologists become frustrated in our multiple attempts to help.

A few years ago, my colleagues and I were mulling over this very question. We had attended some workshops on Dialectical Behavior Therapy (DBT). DBT was developed by Marsha Linehan, and is a complex form of cognitive behavioral therapy that teaches pro-social skills. It was originally developed for and used with adults who were diagnosed with Borderline Personality Disorder and were chronically suicidal. More recently DBT has been used with individuals who are diagnosed with various mental and emotional disorders (Dimeff & Linehan, 2001). After becoming familiar with Alec Miller's work, we learned that DBT was being used with multi-problem adolescents. As soon as I opened his textbook Dialectical Behavior Therapy with Suicidal Adolescents (Miller, Rathus, & Linehan, 2007), I knew that these were the skills that our students were lacking and that if this treatment could be done in our school, these kids might actually begin to, dare I say it... get better (or in DBT language, act more skillfully).

DBT is inherently dialectic. Simple, pro-social skills are taught and practiced to help teens with: coping strategies and skills to help them to gain control of their emotions (distress tolerance and emotion regulation skills); teach them to be less black and white or rigid in their thinking (walking the middle path); helping them to communicate better with others (interpersonal effectiveness) and most importantly at the core of DBT, teaching them to quiet their mind and to focus on one thing at a time (mindfulness skills), (Miller, Rathus, & Linehan, 2008). While these skills seem simple as shown in the treatment manual, learning how to implement DBT is highly complex, hence the first dialectic.

Next we "DEAR MANNED" (a DBT acronym for an interpersonal effectiveness skill of asking for what you want without hurting the relationship) our administrators to fund our training to gain their support in implementing this treatment in a school setting.

We were one of the first schools to implement a comprehensive DBT program. In talking with our administration, we pointed out that DBT is a research-based cognitive behavioral approach and in alliance with the Response to Intervention (RTI) initiative. At the high school level, the majority of our referrals to the Committee on Special Education are for emotional and behavioral reasons. Also, these students can take up an exorbitant amount of staff resources as they are often in crisis. Not only are these students seen in the guidance offices, they are also in the Assistant Principal's office for disciplinary reasons. These students are also failing and at times interrupting classes, missing school and even hospitalized. In some cases, these are the students who would be sent out of district to other more restrictive environments because everything we tried has been to no avail. Needless to say, we have fantastic and supportive administrators who agreed to let us move forward with this treatment model for our most at risk students. We contacted Alec Miller, who trained our entire team and consulted with us as to how we might implement this treatment program in our school. We came up with a plan to get one of Alec Miller's colleagues from Cognitive Behavioral Consultants of Westchester to train and supervise us with this treatment model. Sarah Steinberg has been our advanced trainer now for the past three years. She is highly skilled and has been an amazing resource for us. Initially, she met with us twice per month for an hour to teach us how to utilize this treatment manual. Several months later we ran our first groups. Sarah's supervision continued for the next two years. This past year we had supervision several times throughout the year and next year, it will continue with intermittent supervision. We are now going into our fourth year of using DBT in our high school and we are seeing amazing results. Sarah is now training our middle school team in DBT. Other local school districts in Westchester County have since been trained and are utilizing DBT in their schools.

The number of students that have been in our DBT is generally very small, around a dozen or so per year that complete the program. However small the number, the effects have been remarkable. We have found that the students who have been through DBT have had a decrease in the number of disciplinary referrals (at least a 50% drop in our first pilot year of DBT). These at risk students have been maintained in their home school district and are acting more skillfully as they navigate through their teenage years. As clinicians, we can attest to far less crisis with these students and that they are more skillful in their approach to the world around them. For the clinicians, DBT has changed how we work with every student, even those not in DBT. We are more skillful in our approach to the students, spending more time on therapeutic commitment strategies and being mindful within each session.

Now for the next dialectic, while DBT as utilized within our school setting has been amazing, it is an enormous undertaking in

terms of training and applying DBT within this setting. The commitment of the clinicians that is extensive. As school psychologists, we are pulled in many directions; adding DBT to our already demanding jobs has been very difficult at times. In implementing DBT we have a weekly DBT team meeting, weekly DBT groups, individual counseling for every student in the DBT group, monthly parent training, and supervision with our DBT advanced trainer. On the other hand, the DBT skills are perfect for a school setting in terms of "teaching" these skills and having a very structured group. We have had to make some accommodations for how DBT is utilized in a school setting that is different from standard DBT, while attempting to maintain the integrity of DBT. We have found that DBT has been a worthwhile commitment and that it has helped many kids over the past four years that were struggling and suffering in terms of how they were living their life. These skills have given them a way to cope, tolerate and communicate better with those around them, helping them to "create a life worth living".

If you are interested in learning more about Dialectical Behavior Therapy here are some suggestions:

1. behavioraltech.org offers training opportunities, books, videos and training modules.
2. Read *Dialectical Behavior Therapy with Suicidal Adolescents* (Miller, Rathus & Linehan, 2007)
3. Check out the *Skills Training Manual for Treating Borderline Personality Disorder* (Linehan, 1993) - note that these skills are for adults.

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Dawn Cantor is a School Psychologist for the Ardsley School District in Westchester County, NY and she is the NYASP Chapter Alternate Representative.

The DBT team at Ardsley High School includes Dawn Cantor, M.S., Ed.D., M.Ed., M.Ed., M.Ed., M.Ed., Monique Johnson, C.S.W. and Michelle Belmont, M.S., NCSP.

Educating the Whole Child...

(continued from p. 11)

are most welcome in giving us the best hope for the future of all children. I extend a special word of thanks to Dr. Mark Barth in the NYSED for his years of leadership in mentoring the Metro SEL group, and for his endurance in seeing this project to its final phase. Please visit the following web sites, only a small taste of what is contained in the Guidelines, and WELCOME to the adventure of SEDL.

Resources:

www.casel.org (Collaborative for Social Emotional Learning)

www.isbe.state.il.us/ils/social_emotional/standards.htm (State of Illinois SEL Standards)

www.search-institute.org/developmental-assets (Search Institute Developmental Assets)

www.esmational.org (Educators for Social Responsibility)

<http://smhp.psych.ucla.edu/> (UCLA Center for Mental Health in the Schools)

www.sel.eboard.com (Long Island Social Emotional Learning Forum) Ψ



WELLNESS SEMINAR AT STAPLES HIGH SCHOOL

BASED ON DBT PRINCIPLES

DBT: WHAT'S WITH THESE THREE LETTERS AND WHAT DO THEY MEAN?

- What does dialectical mean: 2 opposite ideas can be true at the same time.
 - There is always more than one way to think about a situation.
 - All people have something unique and different to offer.
 - A life worth living has both positive and negative aspects (happiness, sadness, anger) and all of these aspects are necessary and valuable.
- Dialectical Behavior Therapy (DBT):
 - Is an effective treatment for people who have difficulty controlling their emotions and behaviors.
 - Addresses the relationship between the individual and his/her environment (family, school, peers).
 - Aims to replace problem behaviors with skillful behaviors.

THE BIOSOCIAL THEORY

- According to the Biosocial Theory: Dysregulation is caused by the interaction between physiological and sociological factors.
- Biological vulnerability to emotions
- High sensitivity
- High reactivity
- Slow return to baseline
- Inability to effectively regulate emotions
- These biological factors transact with social factors: an invalidating environment (IE) communicates what you are feeling, thinking, doing is inaccurate, inappropriate, or wrong.
- Environments include parents, teachers, peers, therapists, etc.
- An IE often rejects, punishes and makes you feel 'less than' -- and then you may begin to invalidate yourself and not trust your thoughts and feelings as valid.

MATCHING PROBLEMS WITH SKILLS

PROBLEM	SKILL
I. IMPULSIVITY Acting without thinking it all through	II. DISTRESS TOLERANCE
III. EMOTIONAL INSTABILITY Fast, intense mood changes with little control, or, steady negative emotional state	III. EMOTION REGULATION
IV. INTERPERSONAL PROBLEMS Pattern of difficulty keeping relationships steady, and getting what you want	IV. INTERPERSONAL EFFECTIVENESS
V. TEENAGER AND FAMILY DILEMMAS Extreme thinking, feeling, and acting, e.g., all or nothing (black and white thinking)	V. WALKING THE MIDDLE PATH

WHO CAN BENEFIT?

DBT was created for students with:

- Emotional Dysregulation
 - Emotional lability
 - Problems with anger
- Interpersonal Dysregulation
 - Problematic relationships
 - Fears of abandonment
- Self Dysregulation
 - Difficulties with sense of self
 - Sense of emptiness
- Behavioral Dysregulation
 - Self-harm behaviors
 - Impulsive behaviors
- Cognitive Dysregulation
 - Dissociative responses, paranoid ideation, black-and-white thinking

DBT ASSUMPTIONS

1. People are doing the best they can.
2. People want to improve.
3. People need to do better, try harder, be more effective and more motivated to change.
4. People may not have caused all of their own problems, but they have to solve them anyway.
5. The lives of suicidal, depressed, anxious and angry teenagers are painful as they are currently being lived.
6. All people must learn new behaviors in different situations in their lives (e.g., home, school, work, the neighborhood).
7. There is no absolute truth.
8. People cannot fail in DBT.

Glad

Odor control for the **TOUGHEST** diaper smells

a

Well

Teaching Your Child Emotional Agility



143



The ability to recognize and manage emotions, known as emotional intelligence, is critical to lifelong success, psychologists say.

CHRISTOPHER CAPOZZIELLO FOR THE NEW YORK TIMES

By KJ DELL'ANTONIA

OCTOBER 4, 2016

It's hard to see a child unhappy. Whether a child is crying over the death of a pet or the popping of a balloon, our instinct is to make it better, fast.

That's where too many parents get it wrong, says the psychologist Susan David, author of the book "Emotional Agility." Helping a child feel happy again may offer immediate relief for parent and child, but it doesn't help a child in the long term.

“How children navigate their emotional world is critical to lifelong success,” she said.

Research shows that when teachers help preschoolers learn to manage their feelings in the classroom, those children become better problem solvers when faced with an emotional situation, and are better able to engage in learning tasks. In teenagers, “emotional intelligence,” or the ability to recognize and manage emotions, is associated with an increased ability to cope with stressful situations and greater self-esteem. Some research suggests that a lack of emotional intelligence can be used to predict symptoms of depression and anxiety.

Emotional skills, said Dr. David, are the bedrock of qualities like grit and resilience. But instead of allowing a child to fully experience a negative emotion, parents often respond with what Dr. David describes as emotional helicoptering.

“We step into the child’s emotional space,” she said, with our platitudes, advice and ideas. Many common parental strategies, like minimizing either the emotion or the underlying problem or rushing to the rescue, fail to help a child learn how to help herself.

ADVERTISEMENT

Dr. David offers four practical steps for helping a child go through, rather than around, a negative emotion and emerge ready to keep going — feel it, show it, label it, watch it go.

Feel It. While it may seem obvious to feel emotions, many families focus on pushing away negative emotions. “When we’re saying ‘don’t be sad, don’t be angry, don’t be jealous, don’t be selfish,’ we’re not coming to the child in the reality of her emotion,” she said. “Validate and see your child as a sentient person who has her own emotional world.”

Show It. Similarly, many families have what Dr. David calls “display rules” around emotions — there are those it is acceptable to show, and those that must be hidden. “We see expressions like ‘boys don’t cry’ and ‘we don’t do anger here,’ or ‘brush it off,’” she said. “We do it with very good intentions, but we are teaching that emotions are to be feared.”

Label It. Labeling emotions, Dr. David said, is a critical skill set for children.

“We need to learn to recognize stress versus anger or disappointment,” she said. Even very young children can consider whether they’re mad or sad, or angry or anxious or scared. “Labeling emotions is also at the core of our ability to

empathize. Ask ‘How do you think so-and-so is feeling? What does their face tell you?’”

As children get older, she adds, we can talk more about emotional complexities. “We can be simultaneously excited and anxious and frustrated, and we also need to learn to recognize that in other people,” she said.

Watch It Go. Even the hardest emotions don’t last forever. Dr. David suggests helping your child to notice that. “Sadness, anger, frustration — these things have value, but they also pass. They’re transient, and we are bigger than they are. Say, ‘This is what sadness feels like. This is what it feels like after it passes. This is what I did that helped it pass.’”

We can also help children to remember that we don’t necessarily feel the same emotion every time we have a similar experience. The high dive is scariest the first time. We might feel a lot of anxiety at one party, or in one science class, but have a different experience the next time.

“We’re very good, as humans, at creating these stories around emotions,” Dr. David said. “‘I’m not good at making friends. I can’t do math.’ Those are feelings and fears, not fixed states. People and things change.”

Finally, she said, help your child plan for experiencing the emotion again. “Ask, ‘Who do you want to be in this situation?’” she said. “What’s important to you about this?” Children feel stronger as they begin to learn that it’s not how they feel, but how they respond to the feeling, that counts.

143 COMMENTS »

More In Well »

Why Is Fish Good for You? Because It Replaces Meat?

A reader asks: Is fish in itself good for you? Or do the benefits come from eating fish instead of meat?

Are Wild Blueberries More Nutritious Than Farm-Raised?

Wild blueberries may contain different levels of nutrients than the store-bought variety, but both can be good for your health.

Too Old to Donate Blood?

In general, you can never be too old to donate blood. Though you can be too young or too thin.

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**Dialectical
Behavioral
Therapy:
SHS Program
Update
October 24, 2016**

DBT Overview

- Teaching skills to help students regulate emotions and behavior
- 5 Modules: Mindfulness, Distress Tolerance, Emotion Regulation, Interpersonal Effectiveness, Walking the Middle Path
- Effective and Research based approach
- Professional Development

Alignment to Guiding Principles

Guiding Principles

Learning Always



Socially and Emotionally Aware



Principled in Thought and Action



Kindness with Sincerity



Example DBT Skills

Mindfulness, Do What Works, Participate Fully

Validation, Emotion Regulation, 3 States of Mind

Radical Acceptance, DEAR MAN, GIVE

ACCEPTS (Contribute, Compare)

Service Delivery Model

Wellness Seminar

General Education Course (semester)

Special Education Course (year long per IEP)

Individual Counseling

Parent Training

Coaching

Data: Quantitative

Ways of Coping Checklist (WCC)

- Skills Usage: increased by 71%
- General Dysfunctional Coping: decreased by 57%
- Blaming Others Scale: decreased by 86%

Difficulties in Emotion Regulation Scale (DERS):

- Total Score: decreased by 50%

Data: Qualitative - Students

"There was a sense of community, and it was a safe environment."

"Everything I was learning, I was sharing at home, especially distress tolerance skills - wise mind, emotional/rational mind."

"In the beginning I expected this to be group therapy, but now I have learned a lot of useful skills."

"I learned so much more than I expected."

Data: Qualitative - Parents

"Seeing the massive change in [student's] self esteem and behavior, his confidence in himself."

"[My child] takes time analyzing situations from different angles (NOT just his own)."

"I am grateful my child and I are involved in such a caring group."

"Extremely helpful tools we can both utilize."

Next steps

Professional Development: Consult with Cognitive Behavior Consultants, Westport Learns, Partnership with Silver Hill Hospital

Integration of skills into larger school community: language, activities, and school climate

Service delivery options

- Consider implementation of DBT STEPS-A curriculum
- “Short term” groups
- Middle School programming

MEDICAL HEALTH INSURANCE FUND
SUMMARY CLAIMS PAID DATA ANALYSIS WITH
END-OF-YEAR FUND BALANCE PROJECTION

As of Sept. 30, 2016

Period: 3 of 12

Claim Type	YTD Claims (\$)	Full Year Claims (%)
Medical and Rx	\$3,954,627	29.1%
Dental	\$275,463	25.1%
TOTAL	\$4,230,090	28.8%

FY17 Quarterly Claims Paid Distribution							
1Q	Cumul.	2Q	Cumul.	3Q	Cumul.	4Q	Cumul.
28.8%	28.8%						
Historical (2 Year) Claims Paid Distribution							
1Q	Cumul.	2Q	Cumul.	3Q	Cumul.	4Q	Cumul.
28.8%	28.8%	20.8%	49.6%	24.6%	74.2%	25.8%	100.0%

FY17 Total Claims Projection	\$14,692,160
YTD Expense	(\$4,230,090)
Remaining Claims to June 30	\$10,462,070
Avg. remaining monthly claims	\$1,162,452
Avg. monthly claims YTD	\$1,410,030

Beginning Cash balance, 07/01/16	\$3,238,887	
Change in Cash balance (proj.)	(\$737,417)	
Ending Cash balance (proj.) 06/30/17	\$2,501,470	17.0%
Target 9% Ending Cash balance	\$1,322,294	9.0%
Excess Cash	\$1,179,176	8.0%
Target 12% Carrying Cash balance	\$1,763,059	12.0%
Excess Cash	\$738,411	5.0%

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**Medical Health Insurance Fund
FY 16-17 Projections
with Claims Cash Draw Data as of September 30, 2016**

	FY 17 Projection		Variance		
	Mar-16	Oct-16		9% Ceiling	Excess
Cash receipts					
General Fund Budget from line 210	12,956,551	12,956,551	-		
Other Fund Contributions	100,000	100,000	-		
Employee Contributions (Active)	2,964,727	2,817,521	(147,206)		
Flex Spending Accounts	-	-	-		
Cobra Participants	17,556	70,051	52,495		
Retirees under 65	395,900	395,900	-		
State Teachers Retirement (TRB)	150,000	150,000	-		
Life Insurance Premiums	25,000	25,000	-		
Retirees over 65	478,374	478,374	-		
Other Contributions (FMLA, Retiree Life, etc.)	64,500	64,500	-		
Prescription Guarantee Adjustment	57,351	57,351	-		
Pharmacy Rebate	248,617	248,617	-		
Total cash receipts	17,458,576	17,363,865	(94,711)		Unfavorable
Cash disbursements					
Medical	11,689,283	11,364,796	(324,487)		
Prescription	2,293,113	2,229,458	(63,655)		
Dental	1,161,944	1,097,906	(64,038)		
Flex Spending Accounts	-	-	-		
Contribution to HSA	1,118,000	1,150,000	32,000		
Medical Administrative	423,212	410,897	(12,315)		
Network Access Fee	160,721	157,978	(2,743)		
Individual Stop-Loss	754,286	745,203	(9,083)		
Dental Administrative	54,127	54,464	337		
FSA Administrative	2,931	2,931	-		
Consulting Fee	45,000	45,000	-		
ACA Related Fees	54,486	53,082	(1,404)		
PCORI Fee	4,197	4,089	(108)		
Retirees over 65	785,478	785,478	0		
Total cash disbursements	18,546,778	18,101,282	(445,496)		Favorable
Change in cash balance	(1,088,202)	(737,417)	350,785		Favorable
Beginning cash balance	3,238,887	3,238,887			
Insurance Fund Draw Down (budget)	(1,532,375)	(1,532,375)			
Insurance Fund Draw Down (YTD delta)	444,173	794,958			
Ending cash balance(deficit)-projection	2,150,685	2,501,470	17.0%	\$ 1,322,294	\$ 1,179,176
Less: Incurred but not reported claims	(952,000)	(968,308)	-6.6%		
Net Position(Deficit) end of year-projection	1,198,685	1,533,162	10.4%		

	Claims Cash Draw Against Insurance Fund Account				Total	Avg. Monthly Claims (Med/Rx/Dental)	Variance	Avg. Monthly Claims-FY 16	
	Medical/Rx	Dental	Flex	Other				(Med/Rx/Dental)	Variance
Jul 2016	\$ 1,021,997	\$ 81,164	4,139	\$ 127	\$ 1,107,427	\$ 1,103,161		\$ 1,136,451	
Aug 2016	\$ 1,641,748	\$ 107,702	4,295	\$ 1,199	\$ 1,754,944	\$ 1,426,306	\$ 323,145	\$ 1,251,815	\$ 115,364
Sept 2016	\$ 1,290,882	\$ 86,597	6,226	\$ 477	\$ 1,384,182	\$ 1,410,030	\$ (16,276)	\$ 1,332,250	\$ 80,435
YTD/Estimate	\$ 3,954,627	\$ 275,463	14,660	\$ 1,803	\$ 4,246,553				
Theoretical YTD Spend Rate	29.1%	25.1%	n/a	n/a					
variance %	25.0%	25.0%	n/a	n/a					
variance \$	4.1%	0.1%							
	\$ 556,064	\$ 986							
FY17 Projection (Oct-16):	\$ 13,594,254	1,097,906							
YTD Expense:	\$ (3,954,627)	\$ (275,463)							
Balance available to June 30:	\$ 9,639,627	\$ 822,443							
Average remaining monthly allowance:	\$ 1,071,070	\$ 91,383	=	1,162,452					

INTEROFFICE MEMORANDUM

TO: DR. COLLEEN PALMER
SUPERINTENDENT

FROM: ELIO LONGO, JR. 
DIRECTOR OF SCHOOL BUSINESS OPERATIONS

SUBJECT: SEPTEMBER QUARTERLY REPORT

DATE: OCTOBER 18, 2016

CC: F. MEILAN, BUDGET FILE

Attached is the September Quarterly Report (1Q) for the 2016-17 fiscal year which reflects a potential fund balance of \$520,916 on June 30, 2017. The potential fund balance represents a 0.46% budget variation to the \$112,607,887 Board of Education adopted 2016-2017 budget.

The projected positive fund balance can mainly be attributed to the cumulative savings in Certified Salary accounts (Object codes 100-119); estimated at \$515,944. The most notable savings resulted from certified staff turnover exceeding the turnover savings estimate.

You will note that we have completed 3 of the 12 months of the fiscal year with nine months of expenditures left in the year. *This means that many of our expenditure projections continue as preliminary.* The differences between the “Adopted Budget” column and the “Adjusted Budget” column reflect the administrative transfers made within each “line item” of the budget as the year has progressed and specific expenditures have been modified. The “Estimated Adjustments” column reflects projected expenditures to June 30, 2017 that were not encumbered as of September 30; some indicative of market forces that have changed since the time the budget was prepared.

We encumber salaries for all full time employees and expenditures for anticipated purchases. Those encumbrances and expenditures account for 93.3% of the total budget. Actual expenditures made to date are 18.2% of total budget with encumbrances representing 75.1% of total budget. The remaining 6.3% of the budget projection represents my best estimate of unencumbered expenditures to be made during the nine months remaining in the fiscal year.

The greatest unknowns at this time are the projected substitute and overtime costs (objects 150 – 156) through the end of the year. It is too early to trend other salary expenditures as only one school month is captured in the 1Q report. Additionally, these accounts have the highest rate of volatility since staff attendance, workers compensation injuries, overtime, illness, and pregnancy cannot be definitively estimated.

The cost of heating fuel (natural gas & oil) and electricity is still an unknown since we have not entered the heating season. We have taken steps to mitigate short-term volatility by purchasing electricity and leveraging via a consortium purchase (Towns and BOEs). While electricity generation rates are fixed for the full fiscal year the delivery charges remain subject to market conditions. We will continue to closely monitor all utility accounts as we enter the 2016-17 heating season.

In Other Purchased Services (Object codes 510 – 580) I am projecting an end-of-year surplus in the amount of \$88,355. The most favorable variance thus far have been realized in competitive bus fuel rates, property and liability insurance renewals, and alternative education tuition. Offsets to favorable variance include a higher than expected out-of-district placement tuition and special education transportation to private schools.

Listed below is a summary of the Line Item projected balances:

LINE ITEM	PROJECTED BALANCE
Total Salaries	\$517,007
Total Benefits	(\$9,683)
Total Purchased Services	\$6,300
Total Property Services	(\$81,062)
Total Other Purchased Services	\$88,355
Total Supplies and Materials	-
Total Equipment	-
Total Other	-
Projected Balance (Deficit)	\$520,916

I welcome the opportunity to review this projection with you.

WESTPORT PUBLIC SCHOOLS
Quarterly Financial Report - 1Q
September 30, 2016
Theoretical Expenditure Rate: 25%

2013-2014 Year-End Expense	2014-2015 Year-End Expense	2015-2016 Year-End Expense	Object Code	Descriptions	2016-2017 ADOPTED BUDGET	2016-2017 ADJUSTED BUDGET	BUDGET ADJUSTMENT	2016-2017 ENCUMBERED TO DATE	2016-2017 EXPENDED TO DATE	YTD %	ESTIMATED ADJUSTMENTS	PROJECTED TO EOY	BALANCE AVAILABLE	Balance Available %
4,791,627	4,854,834	5,123,525	100	Certified Adminstrators	5,331,852	5,331,852	-	4,248,923	1,066,690	20%	-	5,315,613	16,239	0.3%
1,669,694	1,673,540	1,718,389	101	Directors	1,757,830	1,757,830	-	1,429,071	336,485	19%	-	1,765,555	(7,725)	-0.4%
21,922,122	21,903,838	21,947,230	102	Reg Ed Teachers	22,813,507	22,813,507	-	20,441,062	1,981,144	9%	-	22,422,206	391,301	1.7%
11,210,927	11,149,855	11,461,883	103	Special Area Teachers	11,796,760	11,796,760	-	10,720,443	1,046,621	9%	-	11,767,064	29,696	0.3%
3,226,379	3,266,368	3,784,443	104	Support Teachers	4,042,476	4,042,476	-	3,809,209	381,388	9%	-	4,190,597	(148,121)	-3.7%
164,520	153,024	146,684	105	Curr/Instr Resource	162,897	162,897	-	151,909	19,396	12%	-	171,305	(8,408)	-5.2%
885,438	884,215	816,856	107	Library/Media Teachers	916,666	916,666	-	833,730	82,936	9%	-	916,666	-	0.0%
1,373,103	1,363,386	1,375,320	108	Guidance	1,466,455	1,466,455	-	1,266,531	156,661	11%	-	1,423,192	43,263	3.0%
4,284,151	4,307,725	4,352,237	109	Special Ed Teachers	4,532,969	4,532,969	-	4,006,840	506,365	11%	-	4,513,205	19,764	0.4%
1,634,600	1,631,963	1,633,519	110	Psychologists	1,654,604	1,654,604	-	1,436,306	172,542	10%	-	1,608,848	45,756	2.8%
294,526	280,190	287,256	113	Social Workers	295,808	295,808	-	227,202	33,085	11%	-	260,287	35,521	12.0%
1,127,943	1,281,302	1,286,630	114	Speech/Hearing Therapists	1,328,358	1,328,358	-	1,174,925	152,944	12%	-	1,327,869	489	0.0%
161,221	162,192	140,846	115	Staff Dev/Leadership	111,377	111,377	-	87,227	8,593	8%	15,557	111,377	-	0.0%
599,801	643,940	660,281	116	Extra-Curricular	738,126	738,126	-	-	-	0%	700,000	700,000	38,126	5.2%
524,303	525,193	543,223	118	Coaches-Intrmral/Intrschlstic	635,042	635,042	-	-	-	0%	575,000	575,000	60,042	9.5%
228,355	235,348	189,423	119	Curriculum Work/Other	113,395	113,395	-	-	62,900	55%	50,495	113,395	-	0.0%
\$ 54,098,710	\$ 54,316,913	\$ 55,467,744		Sub-Total Certified Salaries	\$ 57,698,122	\$ 57,698,122	\$ -	\$ 49,833,375	\$ 6,007,751		\$ 1,341,052	\$ 57,182,178	\$ 515,944	0.9%
100.0%	0.4%	2.1%			4.0%	4.0%		86.4%	10.4%		2.3%	99.1%	0.9%	
1,223,432	1,245,692	1,391,477	120	Support Supervisors	1,267,584	1,267,584	-	974,607	300,355	24%	-	1,274,963	(7,378)	-0.6%
2,339,269	2,436,337	2,459,950	121	Secretaries	2,506,091	2,506,091	-	1,935,823	589,795	24%	-	2,525,618	(19,527)	-0.8%
1,717,600	1,897,717	1,854,620	122	Paraprofessionals	2,007,997	2,007,997	-	1,725,821	160,183	8%	-	1,886,004	121,993	6.1%
2,176,860	2,448,846	2,500,622	123	Sped Paraprofessionals	2,594,474	2,594,474	-	2,318,094	329,528	13%	-	2,647,622	(53,148)	-2.0%
2,601,906	2,678,600	2,716,638	124	Custodians	2,769,163	2,769,163	-	2,148,095	610,053	22%	-	2,758,148	11,015	0.4%
513,555	551,734	564,720	125	Maintainers	593,217	593,217	-	476,691	117,266	20%	-	593,958	(741)	-0.1%
814,350	836,175	858,574	126	Nurses	887,656	887,656	-	811,056	98,437	11%	-	909,493	(21,838)	-2.5%
215,813	230,624	250,962	127	Nurses Aides	258,220	258,220	-	229,689	25,034	10%	-	254,723	3,497	1.4%
530,271	533,588	553,531	128	Technology Assistants	570,137	570,137	-	439,502	130,359	23%	-	569,860	277	0.0%
63,591	65,251	205,928	129	Security Aides	301,153	301,153	-	270,640	27,535	9%	-	298,174	2,978	1.0%
248,266	219,377	232,492	130	Bus Monitors	225,000	225,000	-	14,227	14,291	6%	206,482	235,000	(10,000)	-4.4%
198,198	198,599	226,626	131	Athletics	210,000	210,000	-	175,062	18,444	9%	16,494	210,000	-	0.0%
109,484	110,596	146,001	133	Other	139,093	139,093	-	116,767	12,301	9%	10,026	139,093	-	0.0%
464,602	487,040	561,861	135	Occupational Therapists	570,665	570,665	-	517,720	74,319	13%	-	592,040	(21,375)	-3.7%
160,465	162,051	170,394	136	Physical Therapists	172,969	172,969	-	150,706	26,953	16%	-	177,659	(4,690)	-2.7%
-	150,000	17,401	140	Adult Ed Mandated	25,000	25,000	-	-	-	-	25,000	25,000	-	-
\$ 13,377,662	\$ 14,252,227	\$ 14,711,797		Sub-Total Non-Certified Salaries	\$ 15,098,419	\$ 15,098,419	\$ -	\$ 12,304,500	\$ 2,534,855		\$ 258,002	\$ 15,097,356	\$ 1,063	0.0%
100.0%	6.5%	3.2%			2.6%	2.6%		81.5%	16.8%		1.7%	100.0%	0.0%	
318,710	267,766	187,191	150	Perm Cert Subs	282,000	282,000	-	204,550	9,800	3%	67,650	282,000	-	0.0%
227,743	168,199	213,519	151	Daily Cert Subs	222,040	222,040	-	18,500	2,993	1%	200,548	222,040	-	0.0%
37,195	49,145	45,634	152	Staff Training Cert Subs	50,000	50,000	-	-	-	0%	50,000	50,000	-	0.0%
39,360	50,196	47,945	153	PPT Cert Subs	45,000	45,000	-	-	600	1%	44,400	45,000	-	0.0%
523,798	736,439	759,758	154	Long Term Subs	565,000	565,000	-	112,179	14,211	3%	438,611	565,000	-	0.0%

WESTPORT PUBLIC SCHOOLS
Quarterly Financial Report - 1Q
September 30, 2016
Theoretical Expenditure Rate: 25%

2013-2014 Year-End Expense	2014-2015 Year-End Expense	2015-2016 Year-End Expense	Object Code	Descriptions	2016-2017 ADOPTED BUDGET	2016-2017 ADJUSTED BUDGET	BUDGET ADJUSTMENT	2016-2017 ENCUMBERED TO DATE	2016-2017 EXPENDED TO DATE	YTD %	ESTIMATED ADJUSTMENTS	PROJECTED TO EOY	BALANCE AVAILABLE	Balance Available %
203,480	209,479	216,713	155	Non-Cert Subs	200,000	200,000	-	76,936	27,392	14%	95,672	200,000	-	0.0%
316,421	355,379	412,140	156	Overtime	350,000	350,000	-	-	180,090	51%	169,910	350,000	-	0.0%
\$ 1,666,707	\$ 1,836,603	\$ 1,882,900		Sub-Total Other Salaries	\$ 1,714,040	\$ 1,714,040	\$ -	\$ 412,165	\$ 235,085		\$ 1,066,790	\$ 1,714,040	\$ -	0.0%
100.0%	10.2%	2.5%			-9.0%	-9.0%		24.0%	13.7%		62.2%	100.0%	0.0%	
\$ 69,143,079	\$ 70,405,743	\$ 72,062,440		TOTAL SALARIES	\$ 74,510,581	\$ 74,510,581	\$ -	\$ 62,550,039	\$ 8,777,691		\$ 2,665,844	\$ 73,993,574	\$ 517,007	0.7%
100.0%	1.8%	2.4%			3.4%	3.4%		83.9%	11.8%		3.6%	99.3%	0.7%	
13,382,040	14,501,700	14,247,493	210	Health Insurance	12,956,551	12,956,551	-	9,812,251	3,144,300	24%	-	12,956,551	-	0.0%
266,146	279,470	288,098	211	Group Life Insurance	280,712	280,712	-	183,656	104,344	37%	-	288,000	(7,288)	-2.6%
40,760	37,105	47,000	212	Teacher Child Care (WEA)	40,000	40,000	-	1,000	500	1%	38,500	40,000	-	0.0%
38,000	49,500	43,500	213	Health Insurance Waiver	50,000	50,000	-	25,500	-	0%	24,500	50,000	-	0.0%
1,843,251	1,886,312	1,962,571	220	FICA/Medicare	2,077,209	2,077,209	-	1,570,742	285,502	14%	220,965	2,077,209	-	0.0%
26,208	24,623	20,840	240	Course Reimbursement	50,000	50,000	-	2,633	5,275	11%	42,092	50,000	-	0.0%
67,416	19,195	87,866	250	Unemployment Compensation	65,000	65,000	-	56,925	4,469	7%	(6,394)	55,000	10,000	15.4%
444,270	551,512	568,206	260	Workers Compensation	528,000	528,000	-	276,198	264,198	50%	-	540,396	(12,396)	-2.3%
33,208	33,115	39,355	287	Uniform Allowance	45,000	45,000	-	33,200	1,035	2%	10,765	45,000	-	0.0%
28,091	33,613	23,691	290	Other Employee Benefits	25,000	25,000	-	-	20,509	82%	4,491	25,000	-	0.0%
\$ 16,169,390	\$ 17,416,145	\$ 17,328,620		TOTAL BENEFITS	\$ 16,117,472	\$ 16,117,472	\$ -	\$ 11,962,104	\$ 3,830,132		\$ 334,919	\$ 16,127,155	\$ (9,683)	-0.1%
100.0%	7.7%	-0.5%			-7.0%	-7.0%		74.2%	23.8%		2.1%	100.1%	-0.1%	
63,772	55,625	89,522	320	HomeBound	80,000	80,000	-	-	8,550	11%	71,450	80,000	-	0.0%
36,798	47,665	41,118	321	Gifted Activities	40,000	40,000	-	10,094	136	0%	29,771	40,000	-	0.0%
-	-	47,610	322	Educational Interns	75,000	75,000	-	-	-	0%	68,700	68,700	6,300	8.4%
282,257	323,296	362,913	323	Instr Program Improvements	425,190	425,190	-	155,405	69,063	16%	200,722	425,190	-	0.0%
14,258	20,127	15,587	324	Pupil Services	16,000	16,000	-	426	-	0%	15,574	16,000	-	0.0%
141,946	133,768	164,415	325	PPT Consultations	191,000	191,000	-	143,435	44,840	23%	2,725	191,000	-	0.0%
99,148	125,281	85,066	327	Student Evaluations-Outside	105,000	105,000	-	77,334	27,566	26%	100	105,000	-	0.0%
20,000	25,840	22,709	328	Medical Advisors	26,000	29,000	3,000	21,637	7,363	25%	-	29,000	-	0.0%
210,086	171,584	293,353	330	Other Prof/Tech Services	306,525	303,525	(3,000)	111,550	15,909	5%	176,066	303,525	-	0.0%
314,693	353,542	348,761	331	Legal/Negotiations	360,000	360,000	-	300,370	43,806	12%	15,824	360,000	-	0.0%
29,823	66,306	-	332	Licenses & Fees	-	-	-	-	-	-	-	-	-	-
\$ 1,212,781	\$ 1,323,034	\$ 1,471,055		TOTAL PURCHASED SERVICES	\$ 1,624,715	\$ 1,624,715	\$ -	\$ 820,251	\$ 217,233		\$ 580,931	\$ 1,618,415	\$ 6,300	0.4%
100.0%	9.1%	11.2%			10.4%	10.4%		50.5%	13.4%		35.8%	99.6%	0.4%	
89,008	89,427	97,890	411	Water/Sewer	94,107	94,107	-	70,271	22,809	24%	1,027	94,107	-	0.0%
1,729,775	1,803,729	2,058,317	413	Electricity	2,027,097	2,027,097	-	1,393,247	633,850	31%	81,038	2,108,135	(81,038)	-4.0%
1,097,041	1,250,583	947,428	414	Natural Gas	1,101,242	1,101,242	-	946,100	57,700	5%	97,442	1,101,242	-	0.0%
137,515	87,477	12,062	415	Heating Oil	18,390	18,390	-	14,923	577	3%	2,890	18,390	-	0.0%
463,128	466,216	449,416	421	Contracted Maintenance	584,606	584,606	-	266,846	296,077	51%	21,683	584,606	-	0.0%
487,001	408,209	472,140	431	Building Maintenance	395,445	395,445	-	14,771	94,688	24%	285,987	395,445	-	0.0%
161,474	185,375	214,830	432	Grounds Maintenance	293,540	293,540	-	60,825	108,363	37%	124,352	293,540	-	0.0%
71,732	80,204	67,596	433	Repair Equip (Instructional)	94,178	95,628	1,450	16,826	26,652	28%	52,150	95,628	-	0.0%

WESTPORT PUBLIC SCHOOLS
Quarterly Financial Report - 1Q
September 30, 2016
Theoretical Expenditure Rate: 25%

2013-2014 Year-End Expense	2014-2015 Year-End Expense	2015-2016 Year-End Expense	Object Code	Descriptions	2016-2017 ADOPTED BUDGET	2016-2017 ADJUSTED BUDGET	BUDGET ADJUSTMENT	2016-2017 ENCUMBERED TO DATE	2016-2017 EXPENDED TO DATE	YTD %	ESTIMATED ADJUSTMENTS	PROJECTED TO EOY	BALANCE AVAILABLE	Balance Available %
42,513	74,313	59,180	434	Repair Equip (Non-Instructional)	80,000	78,550	(1,450)	\$ 2,861	\$ 3,531	4%	72,158	78,550	-	0.0%
235,810	1,522,111	55,511	435	Building Projects	384,020	384,020	-	\$ 296,384	\$ 55,520	14%	32,116	384,020	-	0.0%
125,536	136,400	55,778	436	Grounds Projects	185,038	192,113	7,075	\$ 50,400	\$ 123,908	64%	17,805	192,113	-	0.0%
298,968	342,984	441,008	437	Restore/Prevent Maintenance	676,194	669,119	(7,075)	\$ 230,810	\$ 311,226	47%	127,083	669,119	-	0.0%
184,303	185,405	170,845	440	Equip Rentals & Copiers	170,798	170,798	-	\$ 149,439	\$ 21,155	12%	205	170,798	-	0.0%
-	34,357	41,599	441	Building Rental	44,140	44,140	-	\$ 29,469	\$ 14,695	33%	-	44,164	(24)	-0.1%
12,579	12,791	8,852	450	Gas/Travel Maintenance	13,860	13,860	-	\$ 7,330	\$ 1,217	9%	5,313	13,860	-	0.0%
202,784	222,009	245,173	451	Custodial Supplies	255,000	255,000	-	\$ 179,000	\$ 59,252	23%	16,748	255,000	-	0.0%
205,196	265,915	278,649	452	Maintenance Supplies	265,000	265,000	-	\$ 18,691	\$ 53,139	20%	193,170	265,000	-	0.0%
64,325	73,897	91,935	490	School Security	75,000	75,000	-	\$ 5,995	\$ 60,045	80%	8,961	75,000	-	0.0%
\$ 5,608,688	\$ 7,241,402	\$ 5,768,207		TOTAL PROPERTY SERVICES	\$ 6,757,655	\$ 6,757,655	\$ -	\$ 3,754,188	\$ 1,944,403		\$ 1,140,127	\$ 6,838,717	\$ (81,062)	-1.2%
100.0%	29.1%	-20.3%			17.2%	17.2%		55.6%	28.8%		16.9%	101.2%	-1.2%	
2,754,137	3,031,623	3,317,099	510	Transportation - Regular	3,585,299	3,585,299		\$ 1,791,374	\$ 1,791,374	50%	2,550	3,585,299	-	0.0%
564,665	652,651	734,356	511	Trans-Spec Ed-Internal	793,324	793,324		\$ 386,338	\$ 348,843	44%	58,143	793,324	-	0.0%
135,617	144,469	163,391	512	Trans-Spec Ed-Public	131,970	131,970		\$ 121,300	\$ (19,486)	-15%	24,156	125,970	6,000	4.5%
240,865	271,964	330,884	513	Trans-Spec Ed-Private	300,983	300,983		\$ 3,145	\$ 37,407	12%	281,754	322,306	(21,323)	-7.1%
29,490	29,731	35,945	516	Trans-Field Trips	38,429	38,429		\$ 15,084	\$ 480	1%	22,866	38,429	-	0.0%
289,667	256,742	173,175	517	Gasoline-Buses	249,375	249,375		\$ 105,000	\$ -	0%	75,000	180,000	69,375	27.8%
169,836	174,755	185,491	520	Property Insurance	194,418	194,418		\$ 77,089	\$ 69,871	36%	-	146,960	47,458	24.4%
11,372	13,362	15,573	521	Flood Insurance	16,352	16,352		\$ -	\$ -	0%	16,352	16,352	-	0.0%
274,430	298,587	308,026	523	Liability Insurance	323,081	323,081		\$ 95,869	\$ 215,181	67%	-	311,051	12,030	3.7%
60,625	75,781	104,410	529	Athletic Insurance	114,851	114,851		\$ -	\$ 109,106	95%	-	109,106	5,745	5.0%
570,691	598,442	424,940	530	Communication Systems	459,624	459,624		\$ 116,434	\$ 150,776	33%	192,414	459,624	-	0.0%
44,709	36,153	42,263	535	Postage	40,000	40,000		\$ 23,770	\$ 9,330	23%	6,900	40,000	-	0.0%
73,890	97,209	48,783	540	Advertising	100,000	100,000		\$ 7,353	\$ 777	1%	91,870	100,000	-	0.0%
27,395	31,486	31,172	550	Printing	40,540	40,540		\$ 3,098	\$ 6,253	15%	31,189	40,540	-	0.0%
1,644,048	1,619,445	1,513,287	560	Tuition-Public	1,700,000	1,700,000		\$ 1,641,108	\$ 636,768	37%	(450,000)	1,827,876	(127,876)	-7.5%
37,827	48,368	46,521	563	Tuition-Court & Agency Placed	100,000	100,000		\$ -	\$ 14,712	15%	40,288	55,000	45,000	45.0%
51,480	44,290	29,324	565	Tuition-Alternative Ed	50,000	50,000		\$ -	\$ -	0%	-	-	50,000	100.0%
467,750	498,900	501,518	567	Tuition-Litigation	425,000	425,000		\$ 183,000	\$ 40,000	9%	202,000	425,000	-	0.0%
20,799	12,055	20,000	569	Tuition-Summer Programs	20,000	20,000		\$ 6,500	\$ 11,555	58%	-	18,055	1,945	9.7%
36,335	29,339	55,881	580	Staff Travel/Mileage	54,820	54,820		\$ 23,856	\$ 4,057	7%	26,907	54,820	-	0.0%
\$ 7,505,628	\$ 7,965,352	\$ 8,082,039		TOTAL OTHER PURCH SERVICES	\$ 8,738,065	\$ 8,738,065	\$ -	\$ 4,600,318	\$ 3,427,003		\$ 622,389	\$ 8,649,711	\$ 88,355	1.0%
100.0%	6.1%	1.5%			8.1%	8.1%		52.6%	39.2%		7.1%	99.0%	1.0%	
891,385	1,016,020	913,069	611	Supplies-Instructional	967,292	965,616	(1,676)	148,840	491,273	51%	325,503	965,616	-	0.0%
591,351	646,077	645,706	612	Software	709,177	714,496	5,319	85,610	559,951	78%	68,934	714,496	-	0.0%
129,224	134,139	170,135	613	Tech Supplies	128,975	127,775	(1,200)	2,667	42,576	33%	82,532	127,775	-	0.0%
35,116	35,646	36,924	615	Graduation Expenses	36,856	36,856	-	-	-	0%	36,856	36,856	-	0.0%
613,915	643,441	633,636	641	Textbooks	650,960	646,342	(4,618)	107,285	233,177	36%	305,880	646,342	-	0.0%
133,066	131,510	118,422	642	Library Books & Periodicals	126,069	126,069	-	23,072	20,178	16%	82,819	126,069	-	0.0%
19,820	14,615	14,856	643	A/V Materials	15,201	15,201	-	1,667	6,538	43%	6,996	15,201	-	0.0%

WESTPORT PUBLIC SCHOOLS
Quarterly Financial Report - 1Q
September 30, 2016
Theoretical Expenditure Rate: 25%

2013-2014 Year-End Expense	2014-2015 Year-End Expense	2015-2016 Year-End Expense	Object Code	Descriptions	2016-2017 ADOPTED BUDGET	2016-2017 ADJUSTED BUDGET	BUDGET ADJUSTMENT	2016-2017 ENCUMBERED TO DATE	2016-2017 EXPENDED TO DATE	YTD %	ESTIMATED ADJUSTMENTS	PROJECTED TO EOY	BALANCE AVAILABLE	Balance Available %
163,114	155,371	156,056	690	Non Instructional Supplies	172,150	174,325	2,175	56,369	53,162	30%	64,793	174,325	-	0.0%
22,036	29,089	27,496	691	Health Supplies	29,239	29,239	-	3,684	2,912	10%	22,642	29,239	-	0.0%
\$ 2,599,027	\$ 2,805,908	\$ 2,716,299		TOTAL SUPPLIES AND MTLs.	\$ 2,835,919	\$ 2,835,919	\$ -	\$ 429,195	\$ 1,409,768		\$ 996,956	\$ 2,835,919	\$ -	0.0%
100.0%	8.0%	-3.2%			4.4%	4.4%		15.1%	49.7%		35.2%	100.0%	0.0%	
76,315	61,690	109,522	731	Equip-New Instructional	115,737	131,616	15,879	2,479	38,356	29%	90,781	131,616	-	0.0%
27,289	51,772	285,141	732	Equip-New Non Instructional	4,136	4,596	460	460	1,605	35%	2,531	4,596	-	0.0%
16,846	26,393	150,279	733	Equip-Replace Instructional	68,442	66,856	(1,586)	13,649	18,807	28%	34,400	66,856	-	0.0%
21,135	8,507	82,622	734	Equip-Replace Non Instructional	11,851	12,598	747	-	12,498	99%	100	12,598	-	0.0%
72,157	105,493	122,380	735	Furniture	179,019	179,019	-	60,285	65,665	37%	53,069	179,019	-	0.0%
1,022,553	1,037,198	1,034,670	736	Tech Equip-Instructional	1,087,964	1,072,464	(15,500)	11,879	586,895	55%	473,690	1,072,464	-	0.0%
37,786	26,729	18,151	737	Tech Equip-Non Instructional	23,982	23,982	-	576	21,819	91%	1,587	23,982	-	0.0%
\$ 1,274,081	\$ 1,317,782	\$ 1,802,765		TOTAL EQUIPMENT	\$ 1,491,131	\$ 1,491,131	\$ -	\$ 89,327	\$ 745,646		\$ 656,158	\$ 1,491,131	\$ -	0.0%
100.0%	3.4%	36.8%			-17.3%	-17.3%		6.0%	50.0%		44.0%	100.0%	0.0%	
73,027	77,075	80,833	810	Dues & Fees	85,022	85,022		8,771	62,309	73%	13,942	85,022	-	0.0%
26,737	27,254	29,950	811	Student Act & Awards	31,995	31,995		14,999	2,156	7%	14,840	31,995	-	0.0%
384,648	399,528	395,590	812	Student Athletics	415,334	415,334		293,055	75,737	18%	46,542	415,334	-	0.0%
\$ 484,412	\$ 503,857	\$ 506,373		TOTAL OTHER	\$ 532,351	\$ 532,351	\$ -	\$ 316,825	\$ 140,202		\$ 75,324	\$ 532,351	\$ -	0.0%
100.0%	4.0%	0.5%			5.1%	5.1%		59.5%	26.3%		14.1%	100.0%	0.0%	
\$ 103,997,089	\$ 108,979,222	\$ 109,737,798		GRAND TOTAL	\$ 112,607,887	\$ 112,607,887	\$ -	\$ 84,522,247	\$ 20,492,078		\$ 7,072,648	\$ 112,086,973	\$ 520,916	0.5%
100.0%	4.8%	0.7%			2.6%	2.6%		75.1%	18.2%		6.3%	99.54%	0.46%	