





**CREC SCHOOLS
DIVISION OF STUDENT
SERVICES**



*Sandy Hook Commission
January 17, 2014
Tim Carroll, Director
John J. Allison Polaris Center*


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WHO ARE WE?

- CREC Birth to Three
- Positive Parenting Program
- Farmington Valley Diagnostic Center
- Hartford Juvenile Detention Center
- John J. Allison, Jr. Polaris Center
- Lincoln Academy (at Polaris)

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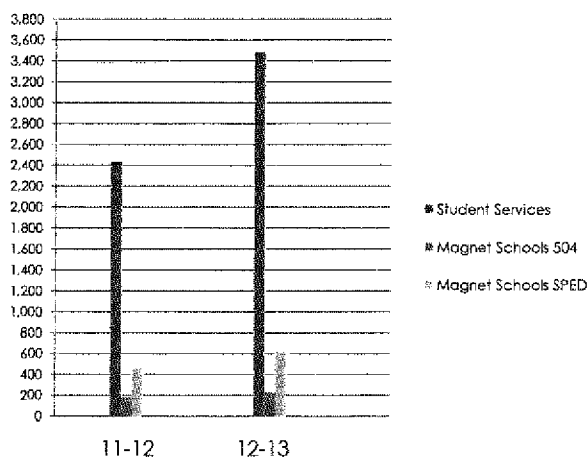
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WHO ARE WE?

- River Street School
 - Children's Therapy Services
 - Integrated Program Model
- Soundbridge
- STRIVE (Southern Transition Real-World Independent Vocational Education)
- Services to Students with Disabilities in Magnet Schools

Student Services 11-12 and 12-13 School Year

Student Services Division
Comparison School:
Year 11-12 and 12-13





Total Number of Students with Disabilities Served

2011 – 2012 School Year	3,136 students
2012 – 2013 School Year	4,338 students



Infants and Toddlers and Families

- The CT Birth to Three system has not been developed as a preventive service delivery model but one of eligibility based on delay or disability
- There has been focus on identification and treatment of social-emotional concerns for infants and toddlers referred to the Birth to Three System in the last year
- Often a referral for the Birth to Three system will be based on mental health needs of parents – child does not qualify but parent needs assistance
- It is difficult to access insurance reimbursement for social-emotional intervention for young children





Infants and Toddlers not eligible for Birth to Three Services

- Often access to services is difficult due to language and transportation barriers
- Often home visiting is the most effective option, but not available
- There are long waiting lists for some services
- Services for infants/toddlers and their families are not well connected or coordinated leading to fragmented service delivery
- Training is needed for child care providers, physicians and in-home service providers in screening for mental health issues



Preschool Aged Students

- CREC preschool programs and our member districts identify an increase in the number of young children with significant social emotional challenges and the severity of the behaviors they represent
- In our magnet schools we see children with high rates and intensity of aggression towards peers and adults, property destruction, off-task behavior and non-compliance,
- Children have difficulty regulating emotions, calming themselves, engaging with others and are presenting with a history of complex trauma
- Often, the behaviors create a risk to the child or to others





Preschool Aged Students (cont.)

- These children may or may not have participated in the Birth to Three System
- Many of the children are coming in to their first structured experience, and are not identified
- The child's profile is often complicated by parent and family need, including need for mental health services
- There are limited options for services, and often limited willingness of the family to access services if they are available
- If family is willing to access services, they still have the barriers of language, transportation, and funding



Preschool Aged Students (cont.)

- This year CREC established an Intensive Intervention Team (ITT) to assist schools with responding to the needs of students with extremely challenging behaviors
- The three member team consists of a social worker, Board Certified Behavior Analyst and behavior interventionist
- So far this year the ITT has been involved with assessment, intervention development, ongoing support, training for staff and parents/guardians and identification of community resources





School Aged Students

- Our 19 magnet schools serve 7,198 students in grades Pre-k through 12
- There has been an increase in the number of students with suicidal ideation
- CREC conducts a risk-assessment to make a clinical determination of the viability of the threat of self-harm and to plan an appropriate course of action
- During 8/2013-12/2013, sixty-four risk assessments were completed
- 17 of the assessments resulted in the utilization of 211 (Emergency Mobile Psychiatric Services)



School Aged Students (cont.)

- The majority of the 211 calls resulted in emergency room visits and on-going mental health treatment
- The remaining cases resulted in parents and the school team creating safety plans and referrals for treatment as needed
- Twenty-two of the sixty-four risk assessments were for elementary aged students
- Same issues in accessing services as with preschool aged students – fragmented service system, need for transportation and translation services, willingness of parents to participate in services
- Parents may see the behavior as a school issue and look to the school to resolve the issues





School Aged Students (cont.)

- There is a need for training all school personnel in how to respond to students with challenging behaviors, and understanding of the impact trauma has on these behaviors
- There is a need for strengthening the requirements for Emergency Mobile Psychiatric services to collaborate and share information with schools and service providers
- There is a need for services for students who are not identified as disabled. Often the referral to special education is seen as the only way to access services in the school
- There is often overlap at the middle and secondary level with mental health and substance abuse. There are limited comprehensive treatment programs for adolescents and often the programs are seen as "optional" so they have no teeth to require participation



Students with Mental Health Issues

- Frequently long-standing mental health needs that are under-served or misdiagnosed
- Behaviors or emotional issues often impacted by experiences of complex trauma
- Trauma understanding and intervention strategies, while more prevalent in the system of mental health providers, is sorely lacking in schools
- Families struggling with socioeconomic stressors, parental mental health and/or substance use issues, histories of legal involvement and incarceration





Mental Health Issues

- Fear or distrust of social services and educational systems
- Coordination of care continues to be a major struggle
- Students, parents and families often live with these issues in isolation



Services for Students on the Autism Spectrum

- Difficulty with proper diagnosis in a timely manner – limited providers
- Evaluators need to have expertise in differentiating diagnosis of autism versus other mental health issues and possible co-morbidity
- Limited training and support for schools and families on dealing with challenging behaviors
- Limited professionals with expertise in medication management and impact on behavior
- Limited providers and funding for counseling – both individual and family
- Many alternative non-researched based interventions – inaccurate information on internet





Autism Services (cont.)

- Lost time from work for families who have no other responsible care givers for their child
- Need for extended day programs, extended summer services, respite care
- Very limited in-patient hospitalization services – often no bed for student/family in crisis, or student who needs medication stabilization, even if student poses threat to self or others



Students who are Deaf or Hard of Hearing

- Access to appropriate mental health services for students with hearing loss regardless of method of communication (spoken or sign language) is difficult
- There is a lack of trained and experienced personnel with knowledge of impact of hearing loss and language delays on social-emotional development
- There is limited access to services due to what insurance plans are willing to cover





Students who are Deaf or Hard of Hearing (cont.)

- Many students with hearing loss have other disabilities – may be reported under another disability category
- There is often a need for social emotional support through pre-teen and adolescent years due to issues related to having to wear technology that is a visible sign of one's difference from peers
- Delays in language development due to hearing loss may also mean delays in social-emotional development for this population
- Last year Soundbridge served 750 students with hearing loss. We estimate 15-30% of these students needed access to mental health supports. Approximately 3-5% needed ongoing counseling or psychiatric care.



Transition Services

- Difficulty with transition services – limited for all but extremely limited for students who do not have an intellectual disability as a manifestation of their disability
- No entitlement to services, limited funding and supports available
- Limited options for independent living and employment
- No system for long term planning for individuals with senior adult care givers





Summary

- There is a fragmented system of service delivery for youth and their families
- For students who do not qualify as a student with a disability, there are very limited options
- It is difficult for families to access services due to lack of information on services and programs, insurance funding, transportation, and linguistically and culturally sensitive providers
- If families are not willing to participate, there is very little that the school can do
- There are limited options for youth with severe behavior or psychiatric needs in crisis – limited hospitalization
- There is limited expertise and programs for very young children to intervene intensively and proactively at a young age
- For students with specific disabilities, there are limited providers with expertise on the identification of and impact of mental health needs in these populations
- There are very limited services for all students and families once they leave the educational system



Questions?

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