

Cover Sheet

Study of Educational Transition Services

June 26, 2006

Executive Summary

The goal of the study was to identify ways that educational staff in Child Mental Health (CMH) and Youth Rehabilitative Services (YRS) programs could improve transition outcomes for students with disabilities returning to their home schools or employment following discharge. Outcome data was collected for the 77 students ages 14 years and older who transitioned back to public schools between June and December 2005 following enrollment in CMH (18 students) and YRS (59 students) services for at least 60 days.

For the 18 CMH students, 4 transitions were rated as successful –22%-, 3 as poor but still enrolled in school, 9 as failing, of which 6 students returned to CMH services, and 3 disappeared or aged out. Contact was made with the student's parent/guardian and/or receiving school staff for the 18 students. The second phase of the study followed 59 students discharged from the YRS services at Ferris School, and Grace and Snowden Cottages. Of the total 59 students discharged, 20 reenrolled in school. Four months later, only 9 of the 59 students were still enrolled. Thus only 15% of the students discharged continued their education in school. Of these 59 students, 19 had an identified special education disability and of these, 6 remained reenrolled in school—though in Intensive Learning Center segregated program. School staffs for these students were interviewed concerning their recommendations for improving the process.

Recommendations have been developed based upon the review of outcome data, and interviews of CMH, school staff, and parents in terms of:

- What can be done to improve transition outcomes?
- What supports will be needed by
 1. CMH/YRS Educational Services?
 2. School Districts?

It should be noted that the reviewer concentrated upon the educational transitioning process, and thus the reader should not generalize the findings in terms of the mental health program therapeutic services. Though the 77 students are a reasonable size sample on which to base a review of the current educational program transition efforts, a larger sample and longer study period should be considered if a higher level of validity is desired.

DISCUSSION

The goal of the study was to identify ways that educational staff in Child Mental Health (CMH) and Youth Rehabilitation Services (YRS) programs could improve transition outcomes for students with disabilities returning to their home schools or employment following discharge. From the review of data found later in this report, the following recommendations are made in terms of the role of education within CMH and YRS programs.

What can be done to improve transition outcomes?

- Reformat the current **follow-up process** to become more assertive by:
 - Establishing clear staff responsibility for initiating follow-up contact within 5 days of a student's return to their home school.
 - Utilizing email and telephone contacts to monitor student progress at 5, 10, and 15 day intervals rather than the current 30/60/90 day interval.
 - Establishing internal protocol for educational staff to communicate in a timely manner with CMH/YRS case managers and probation officers if they learn the educational placement is deteriorating.
 - Instituting a means to verify the accuracy of data reported in the FACTS system through verification of student enrollment via DELSIS.

- Maximize the use of current electronic communications for **linking** the CMH/YRS educational programs with the home school or district of the student while in DSCYF care. This could include:
 - Email communications between the CMH/YRS educational staff and home school educational diagnosticians/guidance counselors/special education teachers from the time of student admission through discharge. The student's district of residence is always responsible for the student even though the student is temporarily in DSCYF care.
 - Use of the eSchoolPlus pupil accounting system to transfer records to and from the home school.

- Establishment of a teacher-to-teacher email connection between the CMH/YRS teachers to enable joint problem solving of issues that arise following transition back to the home school. Obtaining/sharing email addresses should thus be part of the discharge process.

Students experienced educational success in the smaller more controlled settings in CMH/YRS programs, and much of what teachers learned about dealing with students both educationally and behaviorally needs to be shared with home school teachers when the students transition back to what is usually a much larger environment.

- Explore the adoption of a **Personal Futures Planning Model** for student self-determination and empowerment that could be instituted while students are in DSCYF care. More information on this model can be found at DOE. Every effort needs to be made to focus student, family, and staff attention on planning the next steps for the student's education and life.
- Maintain and improve the student's **academic levels** while in DSCYF care. If at all possible, secondary high school credits should be earned and awarded as quickly as possible, and then transferred back to the home school. Two additions that could possibly compliment currently provided programs are:
 - Measures of Academic Performance (MAPs), an assessment program that is aligned to the Delaware Content Standards, and is being piloted in several Delaware school districts (Brandywine and Christina) and charter schools. This program allows student performance to be assessed four times per year with a 24 hour turn around in scoring. See www.nwea.org for more information.
 - Twilight Learning Centers which are also currently operating in several Delaware school districts (Lake Forest, Milford, Appoquinimink) and allow for computer based instruction to be provided at any time and place –including evening community programs. More information at nga.org/cda/
- Explore various options to address the **vocational options** for students who are returning to school or who may wish alternate placements.

- Connect with the Delaware Division of Vocational Rehabilitation (DVR) to assist with the vocational training needs of students with disabilities, i.e., begin student application process while student is in DSCFY care.
 - Standardize the in-class vocational offerings and career explorations available in various educational settings.
 - Staff is interested in establishing real work community based programming. Much more planning needs to occur prior to undertaking such an initiative.
- **Planning** is vital to a successful transition. Discharge Summary Reports prepared by CMH/YRS appear to be complete, but a clearly identified contact person needs to be known to all parties in case the placement deteriorates –most placements begin failing almost immediately. Meeting with schools need to be timely enough so that school personnel can make preparations for the student’s return.

What supports will be needed by CMH/YRS staff?

Follow-up Process: The prioritized assignment of staff time/duties should allow for a more assertive follow-up process to be quickly implemented. The home school staff is usually listed along with telephone or email addresses on the school web-site. Phone contact is usually best made in the mid morning time period after the start of the school day. Larger schools tend to have an Educational Diagnostician (ED) who could be the contact person. Otherwise, direct contact could be made with the principal or guidance counselor.

Electronic linking of staffs: CMH/YRS have some level of internet connection. This is an area that will need to be upgraded prior to implementing some of the suggested system changes. Staff has already attended the eSchoolPlus training, and DOE is providing the software at no cost. Instructional staff expressed a willingness to work with the home school staff during the transition period.

Personal Futures Planning Model: Staff from the Department of Education have conducted training sessions on Personal Futures Planning for the past several years. Contact can be made directly with

mchamberlin@doe.k12.de.us to arrange for future training sessions. There is also a student organization available to assist with Model implementation. The Model may likely complement self control and management programs already utilized in CMH/YRS.

Maintaining/improving student academic levels: The MAPs program is being expanded throughout Delaware this coming year, and may be officially adopted as a component of the DSTP student assessment system. More information about MAPs is available at www.nwea.org. DSCYF should visit the Twilight Learning Center programs to determine if such an effort would complement current instructional materials so as to better meet student needs.

Vocational options: Students within the CMH educational program appear to meet the IDEA and Section 504 requirements as persons with a disability. Thus they would be eligible for services from the Delaware Division of Vocational Rehabilitation (DVR). For students over age 16, and for whom a return to school does not look promising, CMH educational staff should assist parents to make direct application to DVR. A meeting with Ms. Andria Guest, DVR Director should be scheduled to establish liaison with DVR, and to develop protocols for application of services and priority determination.

Staff at the CMH educational programs is eager to expand their limited options in the area of vocational assessment and exploration. There is strong feeling that an effective vocational initiative will aid students to more successful transition to the world of employment. Counter balancing this interest is the reality that facilities and staff time are limited, students frequently move in and out of the programs, and real world type community based employment experiences would involve both supervision and security issues. Further work is needed to bridge these desires and concerns.

Planning: The discharge planning process should be reviewed and updated to facilitate the sharing of educational and staff contact information. Once completed, this update protocol should not require additional attention. The meetings being scheduled with home schools need to allow sufficient time for the school to prepare for the student's arrival.

What supports will be needed by home school staff?

Follow-up Process: School principals will need to be aware of the need for the process, and be supportive of the staff time needed to respond in a timely manner. It would appear from the high level of transition failures, that the students are already active cases with the principals.

Electronic linkage of staffs: All Delaware schools are wired for internet services, and teachers have access to email. Thus additional equipment should not be an issue. Hopefully the awareness and assistance from contact with a fellow teacher in meeting the needs of the student will encourage teachers to utilize the connection.

Personal Futures Planning Model: Futures Planning Model has been successfully implemented in a number of schools throughout the state in support of student empowerment for students with disabilities. Some orientation maybe needed in specific schools where the Model has not yet been introduced.

Maintaining/improving student performance: Receiving schools should be appreciative of the additional assessment information available on the student due to participation in the MAPs system.

Vocational options: Comprehensive high schools in the state often have very limited capacity for vocational programs, thus any comments made in transition planning need to be realistic as to the availability of actual services.

Planning: Sufficient time needs to be allocated to the discharge meetings for school staff to become aware of the needs and level of services needed by the student. There must be a clearly identified 'Go To' person for the student to contact, and for teachers to contact in case of problems.

Child Mental Health (CMH)

The Silver Lake Treatment Center, Northeast Treatment Center, and the Seaford House Treatment Center programs examined in this study provide basic instructional services to students whose mental health needs are being therapeutically addressed. The outcomes for 18 students who had been enrolled in the CMH educational programs for at least 60 days, were age 14+, and had been discharged/transitioned since June 2005 were examined in depth to identify factors related to later student success. Though the function of educational services is secondary to the therapeutic intervention, education provides a critical component to the ultimate success of the student in either reenrolling in their home school program, or in benefiting from job training and placement services. Based on the follow-up of the 18 students, the basic questions we addressed within this study are.

1. What happened to the students after transitioning?
2. How did the current transition process aid the student to successfully rejoin their fellow students?
3. What were the levels of relationships with home school officials in terms of being supportive of the student's transition back?
4. What can be done to improve the chances of future students' being successful?
5. What types of educational and vocational services were available to students in CMH programs? What could be added within the limited facilities and staffing available?

CMH TRANSITIONING

The 18 students in the study all had significant emotional and behavioral issues that impacted their lives to the extent that they required specialized day and residential therapeutic services. Often these issues are life long and may impact the students' ability to return to their former (home or) school setting. In examining the CMH educational program, the working definition of successful transitioning was that the student (1) returned to school and was actively participating in their educational program (attended class regularly, had passing grades, and no interfering behaviors), (2) was

participating in a vocational training program, or (3) was gainfully employed.

As indicated (later) in Table 1, of the 18 students discharged between June 2005 and March 2006, 4 met the definition of a successful transition, 3 were still enrolled in school but doing poorly, 2 were in correctional programs, 6 had returned to CMH for more intensive services, and 3 aged out.

Discussion of CMH Transition Findings

Adjusting to larger school environments: From educational staff interviews, all of the students appeared to have done well while enrolled in the CMH educational programs based on their grades and attendance. Moving back to a large public school was a major adjustment problem for many students. The teacher receiving Student #11 reported the student was simply “overwhelmed” by the school. The teachers of Students #2, 3, and 17 all reported student problems with adjusting to school size and complexity.

- **Transfer meetings and communications:** All students received a transfer discharge meeting back to their home school as reported by the parent and/or district staff, though the amount of information shared at the meetings varied –staff working with Student #17 reported a definite lack of information whereas staff working with Students #7 & 16 sited the value and depth of information provided. There appears to be a number of staff at these meetings, but often the receiving teachers who will actually work with the student are not present but represented, instead, by the school guidance counselor or ED. Receiving school staff reported that the discharge summaries are excellent in terms of behavioral and educational information–this was sited by the teachers of Students #7 & 16. An ED working with Student #7 appreciated knowing, “What I can watch for....” Likewise the lack of comprehensive discharge information was sited as a contributing factor to the failure of Student #17. Though school staff overall reported they had a CMH contact to call if/when issues developed, staff serving Student #3 reported not knowing who to specifically call, and after calling for help, staff working with Student #15 did not know if anything happened. Both CMH educational staff and parents reported that resident school staffs were not fully aware of

the services provided at the 3 CMH education sites, nor, at times, the level of needs of the returning students. This was specially a factor in the placements that had failed.

Suggestion: It would be valuable to establish an email communications link between the CMH educational staff and the home school teachers concerning the student. This form of teacher-to-teacher contact could aid the total educational process for the student, and allow teachers to jointly problem solve as new issues arise for the student. What was successfully employed at CMH may or may not be possible now, but at least options can be jointly explored. This would also address the concern of staff working with Student #2 that the filtering of educational information through mental health staff led to communication breakdowns. Additionally, a district teacher working with Student #1 indicated that a visit by the CMH teacher to the new school within the first two weeks could greatly assist in (1) assuring the student that "they are not out there alone", (2) addressing any teacher concerns that have developed since the placement, and (3) clarifying information in the discharge summary. At the transfer meeting, email addresses could be shared. It should be noted that this is being done at some meetings as reported on Student #17.

In terms of inter-agency communications, an additional effort may be needed to build awareness among district and school staff as to the level of educational services provided in the CMH centers, as well as services available in the receiving schools. It may be possible to initiate this process at the county level through the DOE bi-monthly sponsored county special education leadership meetings, as well as through the development and dissemination of informational materials on the 3 CMH programs.

- **Follow-up:** The current CMH educational follow-up process is for someone to contact the receiving school 30, 60, and 90 days after the placement. There is a need for this to be a more assertive follow-up process. (This is particularly important in that) Home school staff reported problems arising within days/weeks of the transfer of Students #4, 5, 8, 9, 15, 16 & 17. Thus this follow-up process should include set-time contacts, i.e., 5, 10 or 15 days. And e-mail or voice contact between the home school staff and CMH personnel. Realistically, CMH staff time will always be in demand, as new

clients are admitted as soon as the current client moves out. Likewise, the educational staff constantly has a full class load, i.e., 2 teachers at Seaford House report serving 18 full time students. If a discharged student is not being successful in their community placement (either school or vocational), then they are more likely to place greater demands on residential services either as children or adults –Students # 5, 8, 9, 13, 16 & 18 returned to CMH services, and Students #2 & 17 entered services of the Detention Center.

Suggestion: It is more cost effective to support and maintain a school or work placement than to return the student to a residential CMH setting. Thus more assertive follow-up is critical. The marker for follow-up may need to be every 5-10 days for the first month, then each month thereafter. CMH needs to clearly assign the responsibility for follow-up contact to a staff member who can “ring the bell” that a placement is deteriorating. Also, the teacher-to-teacher email system may alert CMH staff to developing problems.

Student movement: Placement of a student into a CMH day or residential program is considered to be a short term therapeutic intervention. Throughout the year, a large number of students move in and out of the system. While in the Day and Residential Programs, students must attend the on site school program provided by 2 to 6 Delaware certified teachers. Students identified as having a disability (66% of our sample) receive the full protections of IDEA including having student IEPs and being served by special education teachers. The average most recent placement time for students in the study was 7 months, with a range of 2 to 7 months (Note: To be in the study required minimum enrollment of at least 60 days.)

The transitory nature of the student population leads to a constant shuffling of records between locations and sites. For the 18 students studied, 10 returned after CMH to the district attended previously, but only 7 students returned to the same school. Thus 60% of the students were discharged to a totally new and unfamiliar educational setting. Upon (re)admission the site teachers make a request by phone or email to the home school of the student for their records and IEP. CMH staff at all 3 sites reported that school response to their requests was mixed at best. As one CMH teacher stated, “some are quick, and others are not.” When the student returns to their home school, records and files are once again in motion, and subject to mishandling. Teachers and ED’s involved with Students #10, 11, & 17,

reported that late arrival of records impacted the school's ability to provide services.

Suggestion: The State Department of Education is moving toward the universal adoption of the eSchoolPlus student accounting system. DSCYF staff has participated in training on the system, and should be able to access this valuable resource within the coming year to manage electronically the flow of information to and from the home districts. It is recommended that DSCYF conceptualize a service model whereby the student is always a member of his/her resident district except for short term placements within CMH. Thus, within each region there would be an electronic contact and alert system to keep the resident district and educational staff aware of the placement, progress, and pending return of the student. This would also aid in the follow-up activities after the student returns to their home school.

Planning, planning, planning...: In examining the successful versus unsuccessful placements, it is evident that the degree and commitment to planning was a primary factor. Though this study focused on the educational transitioning of students, almost all of the receiving school staffs identified planning as critical. It was most apparent to staff working with Student #17 that what they perceived as a lack of planning led to failure with the student's placement. This planning by CMH must ensure that there are adequate resources present at the home school to support the placement. For example, Student #9's failure in her first attempted placement at Newark High School was rectified in a second attempt months later by adding the services of a 1:1 paraprofessional. An ED working with Student #7 said that pre-planning allowed him to better communicate with teachers on his staff to welcome back the returning student who will be graduating this June.

Suggestions: Communications with the student's resident district and future school needs to be on-going during the time the student is enrolled in CMH educational services. This concept could be further reinforced as the concept of resident district primary responsibility for educational services of all district students is explored with DOE. The actual scheduling of discharge/transition meetings by CMH staff must sufficiently pre-date the change of placement to insure that the staff at the receiving school can be prepared.

Role of education at the CMH setting: In order for a returning student to more likely be successful in their home school, the student must at least

maintain their academic skills while at the CMH facility. This was reinforced by school personnel. As one district teacher plainly stated, in reference to Student #7, “Just keep the student’s academic skills up so that they can experience success upon returning”. The teacher of Student #2 felt that the chances of success were greater if the student “earned credits” while at CMH and then carried those credits into their receiving school. See further discussion of Table 2 data under student performance.

Suggestion: Following a more in-dept review of currently available curriculum materials at the 3 sites, staff should explore the addition of the MAPs assessment system to determine levels of student performance, and the possibility of adopting a computer based learning system such as is currently used in the Twilight Learning Center program operated in several districts. This is an area for much future examination.

VOCATIONAL OPTIONS: The CMH educational staff has attempted to incorporate vocation components within their education program day. Staff reported doing such vocational activities as career exploration classes, writing resumes, filling-out applications, and conducting employer orientation programs. The difficulty is enhancing the “real word” value of both the vocational assessment and experience for the student.

Suggestion: The main CMH partner for vocational activities needs to be the Delaware Division of Vocational Rehabilitation (DVR). It would appear that almost all of the students exiting CMH would qualify for services from DVR, though no parent and only 1 district staff member indicated that their student was involved with DVR. A meeting with the Director of the Delaware Division of Rehabilitation Services needs to be scheduled to explore the possibility of assigning DVR counselors to CMH program sites, allowing students to complete DVR applications while in the CMH program, and possibly discharging/transitioning students to DVR work training programs. A second area of exploration should involve possible enrollment in vocational and technical high school programs operated on a county basis. Each CMH site has the potential to develop “real work’ satellite locations, but care will need to be exerted if this option is followed.

Youth Rehabilitative Services (YRS) Transitioning

Following the review and analysis of students discharged from Child Mental Health services, DMMS requested that the reviewer follow-up students who had been discharged from Youth Rehabilitative Services (YRS). The sample population included students ages 14+, who had been discharged from the Ferris School, and Grace/Snowden Cottage programs between June 1 and December 31, 2005. Within this scope, 59 students were identified with matched enrollment records between DSCYF FACTS and the Department of Education DELSIS student enrollment systems.

Of the 59 students selected, 19 had an identified special education disability which in most cases was labeled a Learning Disability or Emotional Disturbance --see Table 3. Of the 19 students with disabilities who had been discharged, only 6 reenrolled in school as reported in DELSIS. None of the six students appear to be successfully re-enrolled in a general education school, as all of them were enrolled in Intensive Learning Center settings.

Staff members were interviewed at the schools where the 6 identified special education students were enrolled concerning the academic performance, attendance, behavior, and peer relationships exhibited by the students. As noted (later) in Table 3, attendance and academic performance ranged from good to poor, behavior was usually well controlled due to the structured environments of the ILC settings, and peer relationships were rated as mixed since often students interacted with peers but with negative consequences. When asked what would most improve the possible successful return of future students from YRS, staff indicated, in priority order, the following:

- Need for an assertive and involved Probation Officer (PO) who can respond quickly to situations arising with the student at the school.
- Additional aftercare services to help address the family needs.
- Greater consistency of contact with YRS staff.

Suggestions: The prime area for collaboration in the placement of students back from YRS services was the assertive and continued involvement of the YRS Probationary Officer. Further planning is needed to identify issues and establish a path forward to better connect the public schools with YRS staff.

THE STUDY

Child Mental Health (CMH)

A search of the DSCYF FACTS data base identified 55 students receiving services at Seaford House, Silver Lake, or the Northeast Treatment Centers and who had been discharged since June 2005. Of the 55 students exiting the CMH programs, 18 of the cases met the criteria for inclusion in the study: age 14+, enrolled in the program at least 60 calendar days, and discharged since June '05.

Table 1 contains specific demographic data related to each student who is identified by number for confidential purposes. The age of students ranged from 14 to 17 years with the most common age of 17 years. DSCYF placed grade levels ranged from grades 5 to 12 with grade 10 the most common followed by grade 11 placements. Twelve of the 18 students had been identified as having a disability: predominately Emotional Disturbance. The length of the most recent enrollment in the CMH treatment center program ranges from 2 to 12 months, with a mathematic average of 7 months. It should be noted that a greater number students was served by CMH but the minimum enrollment period for inclusion in the study was 2 months, and that the students had to have been discharged since June 2005. It should also be noted that a number of students in the study had non-continuous placements outside of these most recent dates. Finally, the students represented a wide range of schools and districts from across the state.

High Schools:

Caesar Rodney, Dickenson, Smyrna, Milford, McKean, Glasgow, Christina, Seaford, and Newark

Middle Schools:

Conrad, and Skyline

Combined:

Richard Allen School, and the Western Sussex Academy

Table 1
Student Demographic Information

Student	Age	DSFCYTF		Time		No of Months	Resident	Level	Comments
		Grade Phased	Special Ed	In	Out				
1.	17	12	Y – ed	11/04	11/05	12	Cape Henlopen	Successful	Behavior fine. Aging out this year. No diploma.
2.	17	10	Y – emd	3/05	11/05	8	Milford	Failed	Arrested. Very troubled youngster.
3.	17	10	Y – obi	7/05	12/05	5	Smyrna	Poor	Still enrolled but doing poorly. Peer/teacher relationship good. Skipping classes.
4.	17	11	Y – ed	10/05	12/05	2	Christina	Poor	Still enrolled, poor academic, explosive. Home life deteriorating, police involved.
5.	17	10	Y – ed	4/05	10/05	6	Red Clay Cons.	Failed	With three months. Now in drug rehab.
6.	17	12	No	3/05	12/05	9	Christina	Failed	Withdrew from Christina High School/RCC. May be expecting.
7.	17	11	Y – ed	2/05	11/05	9	CR	Successful	Expected to graduate in June 2006. Long time CR staff is involved.
8.	17	11	Y – ed	9/04	9/05	12	Red Clay Cons.	Failed	Within 2 months. Returned to S.L. Day Program. Cut 274 classes in 2 months.
9.	17	9	Y – ed	4/05	8/05	4	Christina	Failed 1 st placement – Successful now.	Para is making difference
10.	16	10	Y – ed	11/05	1/06	3	Seaford	Successful	Good attendance, few issues, good with peers.
11.	16	10	Y – ed	5/05	11/05	6	Appoquinimick	Poor	Not doing well in school. Attending twilight program.
12.	16	9	No	7/05	11/05	4	Colonial	Failed	No school contact upon discharge 11/05.
13.	16	11	No	1/05	12/05	11	Milford	Failed	Now @ SL.
14.	16	10	Y – emd	2/05	12/05	10	Laurel	Failed	Never showed up for school. Have gone to Truancy Court – no result.
15.	14	8	No	9/05	2/06	6	Red Clay Cons.	Failed	Within one month. Sister was negative influence. Poor academics and behavior.
16.	14	8	No	10/05	3/06	5	Red Clay Cons.	Failed	Within one month. No problems @ school. Don't know why student returned to TDET.
17.	14	5	No	3/05	2/06	11	Brandywine	Failed	Within one and a half weeks. @ Detention Center. Poor adjustment to school. Transition – cutting classes, threatening behavior.
18.	15	8	Y – ed	6/05	3/06	8	Christina	Failed	Placed out of state.

Academic Skills and Educational Program

This issue was examined in 2 ways. What test data indicated the students had maintained their skills during the CMH placement? And what independent data would support this premise? To measure skill maintenance/growth, the educational program administers the KTEA (NU) upon admission and at 6 month intervals thereafter. Table 2 contains the KTEA (NU) Brief grade equivalent scores for the students tested during their most recent placement with CMH. The usual span of time between tests was 6 months. Matched scores were available on 12 of the 18 students. These scores give an overall indication that the students, while enrolled in the programs, at least are maintaining their academic skills and often are improving. 8 of the 12 students maintained or improved their KTEA composite scores, and the loss for most students was a mere month or two. In light of the fact that these students are undergoing therapeutic programs for major mental health issues, it is not uncommon that their academic scores might be lower than those of the normal population over the 6 to 12 months period between the pre-post tests.

Table 2
KTEA (NU) Brief Pre/Post Results by Grade Equivalent Scores

Student	Date Tested		Months	Math	Reading	Spelling	Composition	Change
	Pre-Test	Post-Test						
1.	11/04	6/05	8	9.4 12.9	5.1 12.9	3.2 4.4	5.2 8.9	+3.7
2.	4/05	10/05	6	3.1 3.1	10.3 8.7	7.2 7.2	5.2 5.0	-.2
3.	2/05	8/05	6	6.2 6.2	6.1 7.9	7.2 7.0	6.1 7.3	+1.2
4.	12/04	7/05	8	2.1 3.5	3.5 3.5	2.7 4.2	3.2 3.6	+4
5.	9/04	4/05	7	4.3 3.7	5.5 6.6	6.5 8.5	5.0 5.3	+3
6.	4/04	4/05	12	8.1 6.2	7.9 8.7	12.9 12.9	8.9 8.3	-.6
7.	3/05	9/05	6	7.6 9.4	12.9 12.9	12.9 12.9	12.0 12.9	+9
8.	9/04	5/05	8	12.9 12.9	12.3 12.9	10.5 12.9	12.3 12.9	+6
9.	4/05	10/05	6	3.9 4.3	5.1 8.7	6.1 7.2	4.7 5.7	+1.0
10.	Insufficient Results							
11.	Insufficient Results							
12.	Insufficient Results							
13.	Insufficient Results							
14.	3/05	11/05	8	3.9 4.3	2.1 2.7	3.7 4.4	3.3 3.3	0
15.	Insufficient Results							
16.	Insufficient Results							
17.	12/04	7/05	8	3.9 3.7	4.8 3.1	3.6 4.2	3.9 4.5	+6
18.	7/05	1/06	6	5.8 6.2	8.7 9.4	6.8 5.8	6.3 6.1	-.2

An attempt was made to utilize independent data for the 18 students from their past performance on the DSTP in the 1998-2006 timeframe. Unfortunately only partial data was available on 5 of the students, rendering this effort unsuccessful.

Successful Level of Placements

All of the students in the study had significant emotional and behavioral issues that impacted their lives to the extent that they required specialized day and residential therapeutic services. Often these issues are life long, and thus may impact the students' ability to return to their former home, community, and/or school setting. Through interviews with district staff and/or family members, a determination of the level of success for each student's placement was made. The working definition of success was that the student (1) returned to school and was actively participating in the educational program (attended class regularly, had passing grades, and no interfering behaviors), (2) was participating in a vocational training program, or (3) was gainfully employed.

As indicated in Table 1, of the 18 students discharged between June 2005 and March 2006, 4 met the definition of a successful placement, 3 were still enrolled in school but doing poorly, 2 were in correctional programs, 6 had returned to CMH for additional services, and 3 have disappeared or aged out.

Whether the placements were successful or not, parents (#1, 3, 8, 9, & 13) universally gave the CMH and school staff positive reviews for their efforts and support.

Parents uniformly said they attended the transition discharge meetings. They most often identified, as reasons for possible failure of the placement, that (1) it was too much too soon (#8 & 9), (2) the student had many serious problems and school staff didn't realize how serious (#7 & 8) or (3) sufficient resources were not provided (#9).

School personnel identified a number of reasons for failure of placements. The number one reason was the student's having difficulty in a much larger and less controlled setting (#2, 3, 11, & 17). Having a clearly identified 'go-to' person for the teachers to contact at CMH was also identified (#4 & 16).

This is particularly important in that placements deteriorated within days and weeks and then ended in total failure. Supportive services within the school in terms of a Wellness Center (#13 & 17), or an ED/teacher/counselor with interest in the particular student aided in successful placements. And of course, level of student (#2, 3, 6, 8, 12, 14, 15, & 17) and family (#4, 12, 14 & 15) commitment to the effort improved the likelihood of success.

One of the CMH educational staff members had this perspective what was most valuable for the successful placement of a student:

1. IEP and support services being well-planned and in place prior to the placement beginning.
2. Availability of wellness center and/or after school support system.
3. Active involvement of parents and family.
4. Connection with someone at the receiving school who took a real interest in the student.

Our study certainly supports the conclusions of this CMH staff member.

The suggestions made earlier in the report highlight the need for planning, communications, supportive services, and follow-up.

Youth Rehabilitative Services (YRS)

The follow-up of students discharged from YRS services included students ages 14+, who had been discharge from the Ferris School, and Grace/Snowden Cottage programs between June 1 and December 31, 2005. Within this scope, 59 students were identified with matched enrollment records between DSCYF FACTS and the Department of Education DELSIS student enrollment systems.

Of the 59 students selected, 19 had an identified special education disability which in most cases was identified as a Learning Disability or Emotional Disturbance --see Table 3. Of the 19 students with disabilities discharged, only 6 reenrolled in school as reported in DELSIS. Of these six students:

- Student # 20 is at an Intensive Learning Center (ILC) program and will graduate in June.

- Students #29 & 37 are at another ILC and are reportedly doing well.
- Students #25 & 27 have been re-incarcerated and thus withdrawn from school.
- Student #38 is doing poorly in a regular high school and is being transferred to an ILC program.
- None of the reenrolled students appear to be successfully re-enrolled in a general education type school. All of the students are now enrolled in ILC type settings.

Again, of the 19 students with disabilities discharged, 13 appear to have never reenrolled in school based on DELSIS records.

A review of the DELSIS data concerning the 40 general education students indicates that 26 of the students never reenrolled in school. Of the 14 who did reenroll, 6 subsequently withdrew, 3 were re-incarcerated, and thus 5 would be considered as successful at least at remaining in school. This is a little more than 10% of the total 40 students discharged.

Staff members were interviewed at the schools where the 6 identified special education students were enrolled concerning the academic performance, attendance, behavior, and peer relationships exhibited by the students. As noted in Table 3, attendance and academic performance ranged from good to poor, behavior was usually well controlled due to the structured environments of the ILC settings, and peer relationships was mixed in that often the students interacted with peers but with negative consequences. When asked what would most improve the possible successful return of future students from YRS, staff indicated in priority order the following:

- Need for an assertive and involved Probation Officer (PO) who can respond quickly to situations arising with the student at the school.
- Additional aftercare services to help address the family needs.
- Greater consistency of contact with YRS staff.

Table 3
Status of Students with Disabilities
Discharged from YRS Services
June – December 2005

Student	Sp Ed Category	YRS Date of Discharge	Date of DELSIS Reenrollment	Where Enrolled	Attendance	Academics	Behavior	Peer Relations	Status/ Comments
20	ED	12/16/05	12/19/05	Richard Allen ILC	Good	Good	Good	Mixed	Will graduate in June 2006. Refused DVR services
21	LD	6/2/05	Not Reenrolled						No DELSIS record of student returning to school
22	LD	11/23/05	Not Reenrolled						No DELSIS record of student returning to school
23	LD	10/31/05	Not Reenrolled						No DELSIS record of student returning to school
24	ED	12/2/05	Not Reenrolled						No DELSIS record of student returning to school
25	LD	7/22/05	9/9/05	Dickinson HS/Cobblestone					Re-incarcerated 2/21/06
26	LD	11/11/05	Not Reenrolled						No DELSIS record of student returning to school
27	ED	11/4/05	12/1/05	Multiple Alternative Programs	Was poor	Was Poor	Was Poor	None	Re-incarcerated. Exhibited depression/bipolar behaviors
28	LD	12/8/05	Not Reenrolled						No DELSIS record of student returning to school
29	OHI	12/22/05	1/3/06	C McCullough ILC	Nil/Miss	Poor	Minor problems	Mixed	Performs well when PO involved

Student	Sp Ed Category	YRS Date of Discharge	Date of DELSIS Reenrollment	Where Enrolled	Attendance	Academics	Behavior	Peer Relations	Status/ Comments
30	EMD	9/9/05	Not Reenrolled						No DELSIS record of student returning to school
31	LD	9/9/05	Not Reenrolled						No DELSIS record of student returning to school
32	EMD	12/14/05	Not Reenrolled						No DELSIS record of student returning to school
33	ED	9/19/05	Not Reenrolled						No DELSIS record of student returning to school
34	ED	11/17/05	Not Reenrolled						No DELSIS record of student returning to school
35	ED	9/9/05	Not Reenrolled						No DELSIS record of student returning to school
36	OHI	11/28/05	Not Reenrolled						No DELSIS record of student returning to school
37	LD	12/5/05	1/4/06	Western Sussex Academy ILC	Good	Ok	Good	Mixed	Enrolled: doing good. Was arrested for possession of pot. Response better when PO involved.
38	LD	11/16/05	12/5/05	Middletown High School	Poor	Poor	Bad	Mixed	Scheduling alternative placement @ Cobblestone.

Based on the examination of what happened to the total 59 students discharged between June 1 and December 31, 2005, only 20 students reenrolled in school. Four months later, only 9 students were still enrolled. Thus 85% of the students discharged were not continuing their education in school. In terms of age, as of January 1, 2006, the sample student population ranged from 14 to 18 years –see breakout by age in Table 4 below. 13 students were below the age of 16, and 29 students were below age 17 –all of these students are within the age of peer students receiving public educational services. It may be unrealistic to expect students who reach the age to drop-out of school to return to this setting upon discharge from YRS. Alternatives for these students needs to be further explored.

Table 4
YRS Discharged Students by Age

Age	Number of Students
14 – 14.5 years	1
14.5 – 15	1
15 – 15.5	2
15.5 – 16	9
16 – 16.5	9
16.5 – 17	7
17 – 17.5	11
17.5 – 18	10
18+	9
Total	59