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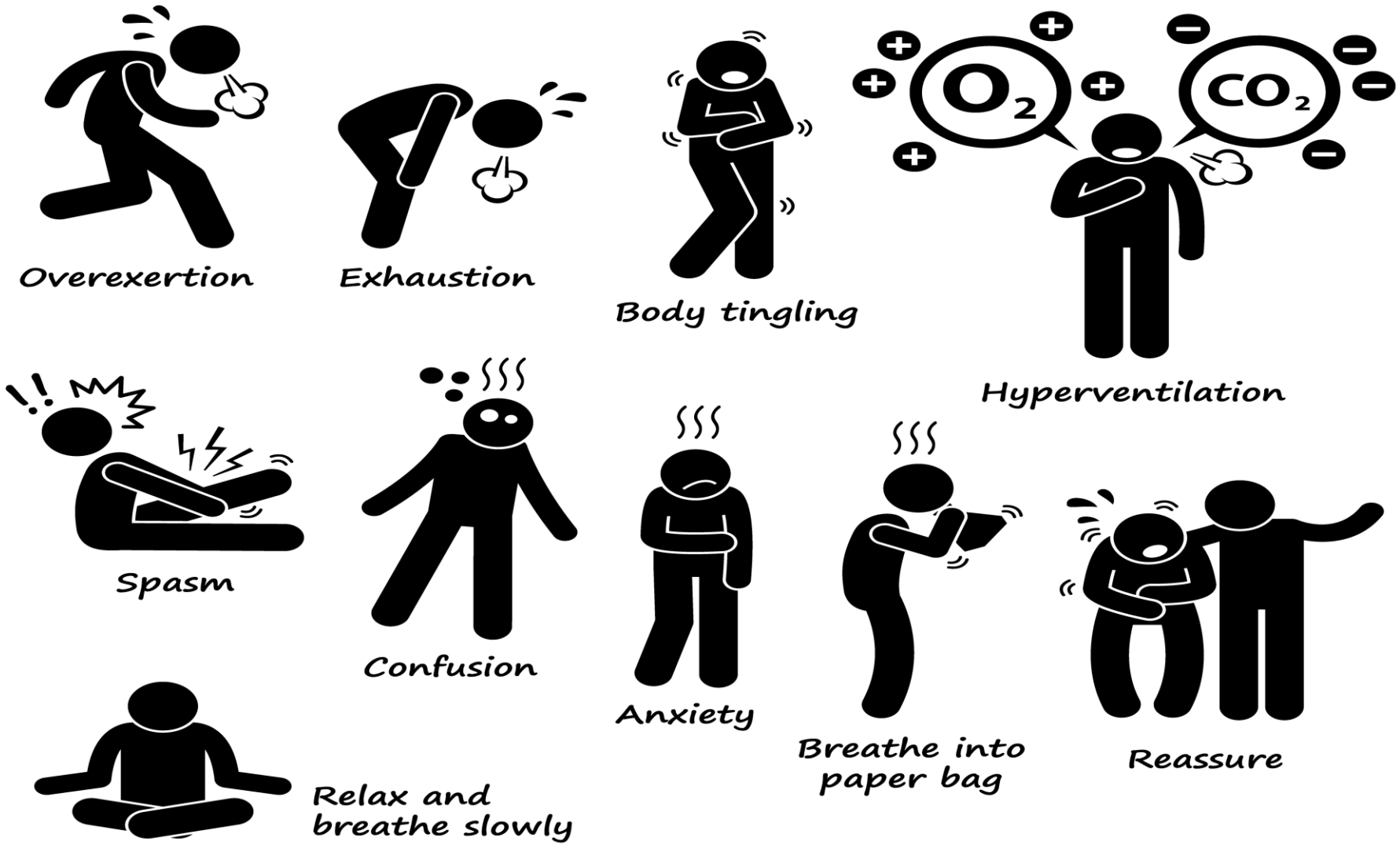
How Can a School Nurse or Residential Treatment Facility Help KT?

KT's School Nurse Visits for 2019

- 8 visits to nurse for abdominal pain
- 4 visits for headaches
- 1 visit for scrapes on wrist- nurse noted multiple scrapes/cuts to both arms
- 2 visits wanting a pregnancy test (Only been in school 4 months)
- 1 visit "teacher sent her to the nurse for slurred speech and sleeping in class"
- Nurse noted bruising to both upper arms on two visits
- 2 episodes of a Panic Attack

Hyperventilation



When the Nurse's Office is a Refuge

The majority of school nurses' office visits consist of children often referred to as "somatizers" or "**frequent flyers**," who over-utilize school health services due to frequent, vague physical complaints (Joost, Grossman, McCarter, & Verhulst, 1993; Wolk & Kaplan, 1993) which **may be masking mental health concerns**.

ACE Study

The Relationship of Adverse Childhood Experiences and Adult Health

Source: Adverse Childhood Experiences (ACE) Study. Information available at http://www.cdc.gov/ace/index.htm

What is an Adverse Childhood Experience / ACE?

Growing up experiencing any of the following conditions in the household prior to age 18:

Do you think KT has experienced any ACEs in the past 16 years?

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Sexual abuse
4. An alcohol and/or drug abuser in the household
5. An incarcerated household member
6. Family member who is chronically depressed, mentally ill, institutionalized, or suicidal
7. Mother is treated violently
8. One or no parents
9. Physical neglect
10. Emotional neglect

RISK FACTORS NOTED FOR KT

1. 16 years old in the 9th grade
2. History of foster care
3. History of running away
4. Shoplifting Vape Paraphernalia
5. Suspicion of trafficking
6. History of drug possession
7. Drug use at school
8. Living with mother's ex-boyfriend's cousin
9. Parental substance abuse
10. Overdose- possible suicide attempt

ACE Study Findings

- Of the 17,000+ respondents…
- More than 25% (4,250) grew up in a household with an alcoholic or drug user
- 25% (4,250) had been beaten as children
- Two-thirds (11,300) had 1 adverse childhood event
- 1 in 6 (almost 2,000) people had four or more ACES

- Source: Adverse Childhood Experiences (ACE) Study. Information available at http://www.cdc.gov/ace/index.htm

ACE Study Findings
ACE Scores Linked to Physical & Mental Health Problems

Compared with people with no ACEs, those with four or more ACEs were:

- Twice as likely to smoke
- Seven times as likely to be alcoholics
- Six times as likely to have had sex before age 15
- Twice as likely to have cancer or heart disease
- Twelve times more likely to have attempted suicide
- Men with six or more ACEs were **46** times more likely to have injected drugs than men with no history of adverse childhood experiences

Source: Adverse Childhood Experiences (ACE) Study. Information available at http://www.cdc.gov/ace/index.htm

Untreated Adverse Early Childhood Events Only Exacerbate Over Time

Source: Adverse Childhood Experiences (ACE) Study. Information available at http://www.cdc.gov/ace/index.htm

ACES Impacts Learning

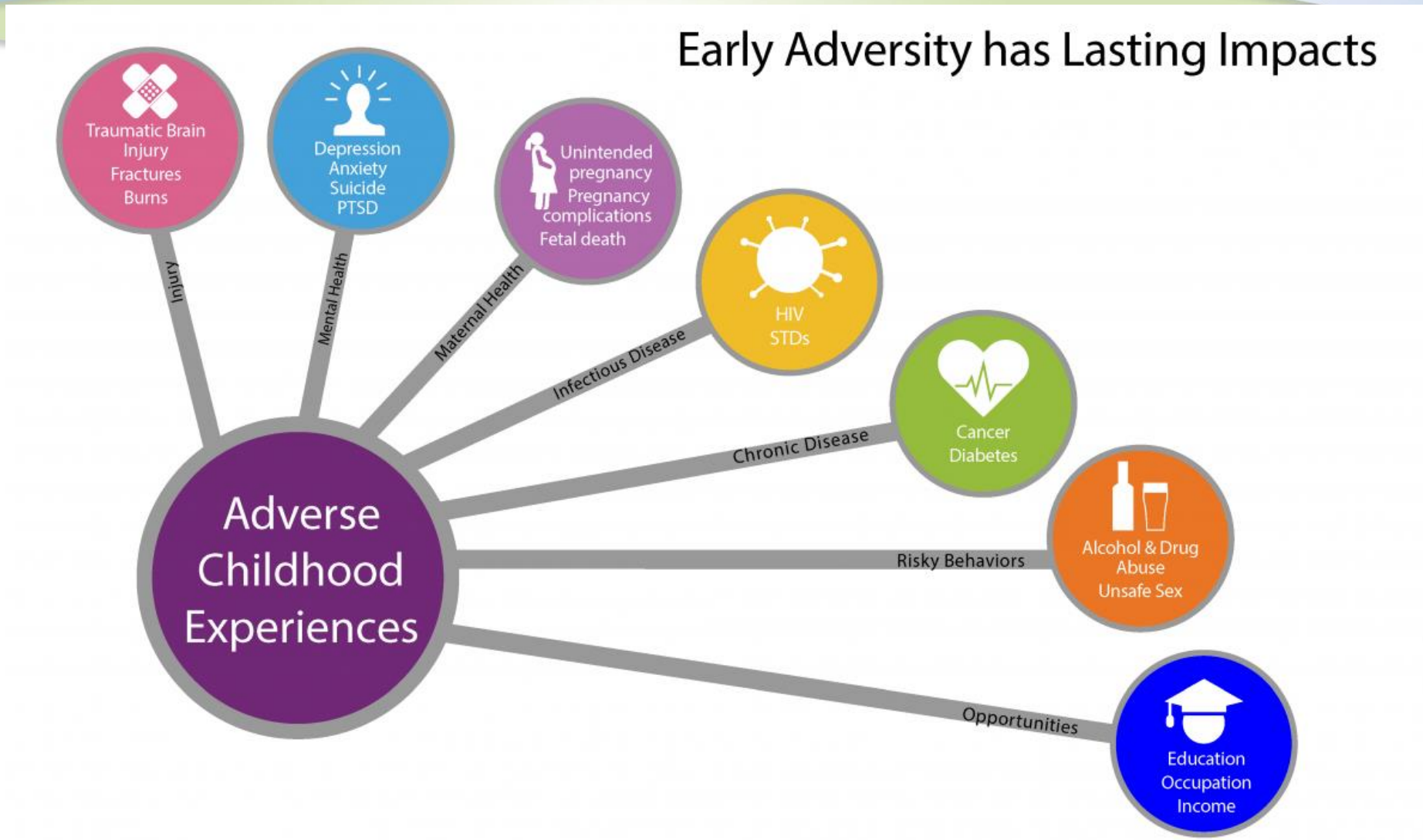
51% of children with 4+ ACE scores
had learning and behavior problems in school

Compared with only 3% of children with NO ACE score

Source: Burke, N.J., Hellman, J.L., Scott, B.G., Weems, C.F & Carrion, V.C. (June 2011). "The Impact of Adverse Childhood Experiences on an Urban Pediatric Population," Child Abuse and Neglect, 35, No. 6.

Beyond Behavior

I am looking for help with my 12-year-old son. He was diagnosed with ADHD about 2 years ago. Since then the schools he attended was only focused on trying to correct his behavior and not his academics. He is in 6th grade where his grades are struggling and he is at least 2 years behind in his grade level. His lack of focus is what's keeping him behind and even though he is on medication it only helps to keep his behavior in check which leaves him left in cracks academically. What I want to know is what kind of help can I get for him and where should I turn to? Any help be appreciated.



"We will lead the nation in improving student achievement."

ACES: Impacts are widespread

How many students in our schools, group homes, residential treatment facilities or youth detention centers are the result of unhealed earlier traumas?

The presence of protective factors, particularly safe, stable and nurturing relationships, can often ease the consequences of ACEs.

Residential Treatment Facilities

What is a Psychiatric Residential Treatment Facility

- PRTFs are programs designed to offer medically monitored intensive, comprehensive psychiatric treatment services for children and adolescents with mental illness or severe emotional disturbance.
- Six of our RTFs are considered a **Psychiatric Residential Treatment Facility** (PRTF): Coastal Harbor, Laurel Heights, Devereux, Youth Villages, Hillside, and Lighthouse Care Center of Augusta

Key Points Regarding the General Requirements for PRTFs

- PRTFs serve residents under 21 years in an inpatient, psychiatric setting.
- PRTF services must be provided under the direction of a physician in the least restrictive, safe, and appropriate environment.
- Individual plans of care must state treatment objectives, prescribe appropriate interventions, and include post-discharge plans.
- The interdisciplinary team develops the plan of care within 14 days of the admission and reviews it every 30 days.

Room, Board and Watchful Oversight

- **The Office of Provider Management (OPM)** contracts with and monitors **Child Caring Institutions (CCI)** and Child Placing Agencies provision of Room, Board and Watchful Oversight (RBWO) services.
- The two types of CCIs that we work with are **Additional Watchful Oversight (AWO)** and **Maximum Watchful Oversight (MWO)**
- Some of our RTFs that are considered a MWO or AWO are Twin Cedars, Kids Peace, Educational Systems Management, Wellsprings, Morning Star, Murphy-Harpst

Additional Watchful Oversight

- A child served in base with additional watchful oversight (AWO) may exhibit the following behaviors:
  - Moderate to occasionally serious emotional and/or behavioral management problems that interfere with his/her ability to function in a family, school, and/or community environment outside of a supervised and structured setting;
  - AWO (CCI) - the child's **behaviors identified for AWO care are frequent and serious**

Child Characteristics of Children in AWO

- Performance not in accordance with ability
- Disruptive and/or disobedient to school rules, which could result in suspension
- Frequent attendance and truancy problems
- Oppositional and defiant in the home and/or school setting
- Use of vulgar and/or provocative language
- Annoying behaviors (picks on peers, repetitive actions or language and taunting)
- Demanding and threatening
- Lack of age-appropriate knowledge of self-care or life skills
- Occasionally assaultive without causing major injuries
- Disregard for the property of others (intentional property damage)
- Occasionally runs away and/or refuses to abide by curfews
- Self-harming behaviors (eraser burns, repeatedly picking at sores, biting fingernails until they bleed and head banging)

Child Characteristics of Children in AWO

- Does not engage in typical peer interactions or recreational activities because of tendency to be picked on or bullied by others
- Often fearful, anxious or sad
- Difficulty identifying and/or expressing emotions; emotionally blunted
- Easily annoyed frequent and intense irritability
- Possible delinquent behaviors and Department of Juvenile Justice (DJJ) involvement
- Child has engaged in substance use, but use does not interfere with daily activities; and/or Impulsive actions that create risk (inappropriate outbursts, plays with fire and/or wanders away).

Medical Needs of Children in AWO

A child served in **AWO programs will have the following medical needs**:

- Minimal to mild medical needs; and/or
- Mild developmental delay that does not coexist with any medical condition

Maximum Watchful Oversight

A child served in the maximum watchful oversight program will have:

- Serious to severe emotional and/or behavioral management problems- the behaviors exhibited by a child interfere with his or her ability to function in the family, school, and/or community outside of a supervised and structured setting
- The **behaviors** identified for MWO children placed in a CCI are identified as **more frequent and severe**.

Child Characteristics of Children in MWO

- Poor school attendance, grades and concentration in school
- Multiple school suspensions/ disciplinary actions
- History of explosive outbursts in schools
- IEP with placement in specialized classes for behavioral or learning disabilities
- May require adaptive learning tools
- Refuses help with schoolwork or tutoring
- Several years behind in the development of age-appropriate knowledge of self-care or life skills
- Verbal aggression
- Oppositional and defiant
- Demanding and/or threatening
- Smearing and/or throwing feces

Child Characteristics of Children in MWO

- Bedwetting – graduating to intentional urination in places other than the toilet
- Hiding soiled clothing/bed linens
- Limited ability to perform routine tasks of daily living, such as chores and laundry
- Deliberately or impulsively destroying property while in a structured setting (breaking windows, pictures, mirrors; damage to furniture, appliances, clothing, electronics, and vehicles)
- Preoccupation with fire
- History of cruelty to animals
- Sexual acting out with or without aggression that may be opportunistic, situational or planned

Child Characteristics of Children in MWO

- Highly sexualized behaviors, promiscuity, seeking inappropriate relationships with older persons
- Recurrent and/or severe **self-injurious behaviors** and/or **suicidal behaviors** that are under control
- Homicidal and/or suicidal threats
- Physical aggression and/or assault toward adults and/or other children with or without injuries
- Withdrawn behavior or attention seeking behaviors that are excessive
- Fears, worries and anxieties that affect daily activities; frequent and severe headaches, stomach aches and/or refusal to get out of bed

Child Characteristics of Children in MWO

- Impulsive behaviors that present a barrier to maintaining physical safety
- Hearing voices and/or seeing things
- Frequent and/or uncontrollable behavioral outbursts and mood swings
- Seemingly unable to form any meaningful friendships; socially isolated and unable to enjoy activities with peers
- Delinquent behaviors (stealing, burglary, assault and/or battery)
- Fire setting with intent to destroy property or injure others and/or preoccupation with fire
- Intentionally and/or maliciously cruel to animals
- Involvement with gangs and/or gang-like activities
- Poorly prepared for and lacking skills necessary for independent living

Medical Needs of Children in MWO

A child served in **MWO programs will have the following medical needs**:

- Moderate medical needs requiring specialized services
- Generally see two or more physicians for medical needs
- Routine lab work to assess the effectiveness of medications
- Ordered to have physical, occupational, and/or speech therapy one to two times weekly

Children in MWO or AWO Facilities

These children are deemed clinically stable by a physician but are dependent on life-sustaining medications, treatment/procedures and equipment. Children ages 0-12 are not permitted to be placed in a group setting without approval of a DFCS Regional Director. Children 10 and younger require a waiver from the Foster Care Services Director.

O.C.G.A. § 20-2-133

In 2018, the Georgia Legislature passed HB 853.

- This bill amended Section 20-2-133 of the Official Code of Georgia Annotated (O.C.G.A).

- This amendment requires local education agencies (LEAs) to provide the **appropriate and necessary education** to children in the custody of DJJ, DBHDD, DHS or students placed in a psychiatric residential treatment facility by his or her parent or legal guardian pursuant to a physician's order who reside in the school district. The bill does not require local school districts to provide educational services to children residing in a youth development center (YDC).

O.C.G.A. § 20-2-133

Local Districts are required to:

- Provide all educational programs, including **special education and related services, at no charge** as long as the eligible child is physically present in the school.

- Transfer and Request Educational Records to/from other LEAs.
  - LEA is responsible for the transfer or request of **all educational records** of eligible students **within ten calendar days** after receiving notification of enrollment or transfer of child.
  - All educational records include Individualized Education Programs (IEPs), education related evaluations, assessments, social histories, and observations of the eligible child.

O.C.G.A. § 20-2-133(b)

This amendment also:

- Makes **state grant funding available to LEAs with GaDOE approved residential facilities for use in providing educational services to eligible children**.
  - Intended to offset the difference between the actual state funds and the reasonable and necessary costs for educating the eligible child.

LEAs are held harmless by the state for expending local funds for educating eligible students unable to leave the approved residential facility in its geographical area.

LEA Services

- Legislation requires that the **LEA be responsible** for the education of the students in state custody in an approved residential facility within its boundary.

- In order to provide all educational services for the children in the LEA, the LEA retains the QBE allocations earned by the students and provides for the educational needs with these funds.

Hillside Atlanta

Youth Villages Inner Harbor Campus

Devereux
ADVANCED BEHAVIORAL HEALTH

QUESTIONS????

THANK YOU FOR COMING!

REMEMBER TO COMPLETE YOUR EVALUATIONS!