

My name is Kristen Kelleher. I am a case manager for the STARS program through WMCHS. The STARS program serves children in schools with autism and other developmental disabilities. Our program provides a behavior interventionist, board certified behavior analyst and a therapeutic case manager. When a student enters our program, the team focuses on decreasing referring behaviors by collecting and analyzing data, collaborating with team members and implementing a behavior support plan.

This is the most rewarding work I have ever done. I don't do it for the money. Even with a master's degree in educational psychology, I have to work as a waitress to provide for my 8 year old son. Nonetheless, passion is what drives me and has brought me here today.

I know this boy, named Chandler. He was diagnosed with autism at an early age and is now 11. This was Chandler's third summer in the STARS program. He was referred to the STARS program by Barre City Elementary due to significant behavioral issues. By fall 2015, he was receiving psychiatric treatment, engaging in his behavioral support plan and was fortunate enough to have a father utilizing every form of home support offered. Last fall, Chandler was showing major improvements. He was more verbal, had more control over impulsive behavior, and had fewer aggressive outbursts, which made him more available to learn.

As the school year progressed, Chandler's behaviors began to decline. There had been no changes in his medication or any evidence of an underlying medical problem. We realized that there were significant home-life stressors, involving Chandler's mother losing custody of her kids; leaving the younger siblings in foster placements and Chandler's older sister moving into the apartment with Chandler and father full time.

Behaviors were becoming unmanageable, even for Chandler's father with whom he always had a strong relationship. His father did the very best that he could. He let numerous mental health providers into his home and listened to their advice. When Chandler escalated and became aggressive at home, his father took data to help his team figure out the function of his behaviors. It broke my

heart to watch Chandler's dad do all that he could to support his son and to have nothing work.

Chandler's father chose to give DCF custody of Chandler to help speed up the process of acquiring a developmental services waiver. This waiver is crucial for someone like Chandler because he will need services for the rest of his life and this waiver provides long term funding.. Chandler's former respite provider was the only person willing to step up as his developmental home provider.

The WCMHS screeners were called on numerous occasions over the summer due to Chandler's explosive aggressions. There were at least 3 visits to the emergency room. Chandler's developmental home provider could not safely manage his behaviors in her home, which left DCF and WCMH scrambling to find a place for this boy to sleep.

Chandler was able to engage in STARS programming while he was in our care, due to the amount of supports in place and the consistency that we were able to provide. Our program could only offer typical school day hours. It was evident to our team that Chandler was in need of long-term placement to address his complex mental health and neurological needs. There is no facility in Vermont that offers 24 hour ABA programming for youth on the spectrum. Chandler was sent to Hillcrest Educational Center in Massachusetts; a residential facility that specializes in treating youth with autism. Tuition for one year costs \$327,000 per year. <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/osd/special-education-pricing.html>

While this is the type of programing needed for Chandler to be successful; a 3.5 hour drive renders minimal involvement from his family or his Vermont treatment team.

Reintegration and family unification are the long term goals for Chandler. So, when he comes back...**not if, when...** Will we be back right where we started? The Vermont professionals and more importantly, the family will not have had the specific training or experience needed to facilitate reintegration.

This child was removed from the only community he's known with no preparation or explanation. He was placed in an unfamiliar setting with unfamiliar people in order to receive treatment. That's not best practice for these kids. But it was the only opportunity he had.

Chandler is not the only child on the spectrum that is in need of these services. There were 9 autistic youth sent out of state to receive services last year. 9. That is a lot of money coming from **our** tax dollars for **our** kids being invested in an out of state facility.

What is the magic number of Vermont ASD kids to be in crisis for our state to recognize the need for long-term placement? If it's not 9, than what is it?

So I'm asking you today: How many children like Chandler need to experience this? How many parents, like Jim, have to go through this heartache? Is there a way to provide treatment in our own state so that kids like Chandler can stay connected to their families and community? If it's not 9, than what is it?