



## Vermont Family Network Testimony - Mental Health Advocacy Day, January 30, 2019

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Thank you for the opportunity to speak with you today. I am Janice Sabett, and I work at Vermont Family Network (VFN) as a Family Support Consultant. VFN is Vermont's federally-designated Parent Training and Information Center (PTI). Our organization has been supporting families for more than 30 years! PTIs exist in every state and are required by the IDEA (Individuals with Disabilities Education Act). VFN Family Support Consultants are skilled parents of children with disabilities who support families in accessing services for their children in the school and in the community. As required by the IDEA, VFN provides parents with information and resources to help them advocate for the provision of a Free and Appropriate Public Education (known as "FAPE") in the Least Restrictive Environment to which their children are entitled. To achieve the IDEA expectations of a PTI, VFN operates a state-wide telephone helpline, provides in-person support to families, and occasionally attends school meetings with parents. VFN also provides written materials and conducts training on a broad range of topics of interest to families and professionals who work with children with disabilities.

Parents contact us when they have concerns and questions about their child in school. Special education laws and regulations can be very confusing for parents who are already overwhelmed with the daily challenges involved in raising a child with a disability. In 2018, we had over 3,900 contacts with parents and another 700 with professionals who call on behalf of families. Seven hundred forty-eight (748) of those 3,900 contacts with parents were with parents whose children have mental health diagnoses.

Families of children with mental health diagnoses call us about the special education process and eligibility, Section 504, Act 264 - Coordinated Services Planning, and overwhelmingly, behavior issues in school. Four hundred and fifty-five (455) of the 748 parent contacts included behavior as a topic.

Here are some of the issues we see in this population:

- Children are often lacking services, specifically in the form of well-written functional behavioral assessment which could provide behavior supports that would prevent behaviors from occurring or escalating that lead to suspensions or expulsions.
- The school may actually have all the information they need to keep behaviors from escalating including a written behavior plan; however, not everyone at the school is following the plan.
- Teachers may lack knowledge of how a disability manifests, blaming a child (and often the family) for the behavior.
- Children on Section 504 Plans often don't get evaluations before a change of educational placement, which is required by regulation.

I would like to share a few examples with the permission of the families.

Case 1 - A 12-year old boy with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), anxiety disorder, and Post-Traumatic Stress Disorder (PTSD). He was on a Section 504 Plan, although the parent had asked for a special education evaluation several times. Section 504 of the Rehabilitation Act guarantees that students with disabilities who qualify must have equal access to all academic and non-academic activities and programs. The school said that "he's too smart" to qualify for special education. He was suspended for misbehavior on the bus and in school. The parents had to go before the school board to plead his case. The superintendent threatened that the child would not be allowed back on the bus, even though there would be a hardship for the parents to get him to school. While suspended, the child was admitted to the Brattleboro Retreat. The school team held a meeting to determine if the behavior was caused by or directly related to ("a manifestation of") their disability. This type of meeting is called a "manifest determination meeting." The teachers and behavioral support person felt that the student's Section 504 Plan included appropriate accommodations - stating in effect that his behavior was not a result of his not getting enough support. One teacher even said that he was "not anxious." The team asked the social worker to describe how anxiety presented in school, and on the bus. The picture she painted aptly described the behaviors the team had witnessed. The team reconsidered and supported a comprehensive special education evaluation once the child had returned from the Retreat. Unfortunately for this family, the child had to reach a real crisis before action was taken to offer a higher level of support. The school personnel failed to recognize this child's behavior was the direct result of his disability.

Case 2 - An 8-year old boy who had exhibited challenging behaviors for a long period of time. The parents were called numerous times to pick up the child and it got to the point where calls were almost daily. There was no evaluation or functional behavioral assessment conducted. The child then was put on an Educational Support Team (EST) Plan for behavior. Problems continued and the child was told not to return to school until he was "ready to learn." After 10 days, the parent requested tutoring and was informed this only applies to suspensions, and they did not "suspend" the child. The parent then sent another written request for an evaluation and the child was given a "psychological screening," not an evaluation. Following the screening, the child was placed in a district behavioral program, which was also unsuccessful. Following that, the child was again told not to return and home tutoring was later provided (3 weeks later.) The tutoring was to be for 2 hours daily for 5 days per week; however, the tutor was frequently absent. The school told the parent that they "had no one else" and they just can't pull "sub tutors out of a hat."

The parent then was referred to us by the mental health agency. We supported the parent and the child was evaluated, found eligible for special education and began receiving supports. Things are now going well for this child.

This is a success story but only after a lot of struggle to get appropriate services in place.

Case 3 - A 16 year-old boy with an emotional disturbance diagnosis on an Individualized Education Program (IEP) but without a behavior plan had difficulty accessing school. Supports were limited. The student was accused of writing graffiti on the bathroom wall. No one witnessed this; however, based on the fact that the student was seen with a red marker earlier that day and the graffiti was in red, he was accused. The student vehemently denied this, but was told he was suspended for 5 days. When he returned to school the student was taunted by other students who heard the student was suspended for the alleged graffiti. The student swore at the group of students and was told not to return to school. There was no manifestation determination meeting and the school said they would not provide tutoring as it likely "would not work."

The parent then contacted us and we began supports, including a successful re-entry and IEP meeting. However, by that point the student did not want to return to the building and refused to go to school. Other options were presented—all were met with refusal. The parent now has to take unpaid Family Medical Leave to stay home with the student in the hope that he will return to school or agree to another option.

This student should have received appropriate behavior supports from the time he started struggling. The school did not conduct a manifestation determination meeting which could have indicated the need to conduct a functional behavioral assessment. The student was suspended for an offense he may not have been guilty of.

Here are some possible solutions to the problems presented in these examples:

- Annual trainings for new 504 coordinators and classroom teachers since they don't usually have a disability background.
- More training around how to conduct a good functional behavioral assessment; how to write a good behavior plan and how to administer the plan once written.
- Restorative justice practices being implemented and used in schools.
- More mental health funding so that the schools are not bearing the burden of supports. We should be making sure that Multi-Tiered Systems of Support (MTSS) are built on strong foundations, particularly as we are trying to address challenging behaviors sooner and with better results.

Thank you for your time today. Please contact us whenever we can be helpful. If you are interested in learning more about the Parent Training and Information Center or other VFN programs, we invite you to join us at one of our one-hour Meet the Family tours, which we have 2-3 times a month at our offices in Williston.