



Connecticut Therapeutic Day Schools and Special Education Outplacement

Presented by:

Dr. Neal Pearson, Ed.D., CAGS

Assistant Principal

Solterra Academy

New Britain, CT

Email | npearson@solterraacademy.com

Introduction to Special Education in Connecticut

- Special Education in Connecticut operates under federal mandates such as the Individuals with Disabilities Education Act (IDEA), which guarantees all children with disabilities the right to a free appropriate public education (FAPE) in the least restrictive environment (LRE).
- The Connecticut State Department of Education (CSDE) oversees special education programs and ensures compliance across public and private institutions.
- Outplacement options like therapeutic day schools and APSEFs are vital components when in-district programs cannot meet a student's complex educational and behavioral needs.


Understanding FAPE and LRE

- FAPE stands for Free Appropriate Public Education, ensuring educational services are tailored to individual student needs at no cost to the parent.
- LRE refers to Least Restrictive Environment, meaning students with disabilities should be educated alongside their non-disabled peers to the maximum extent appropriate.
- The decision to place a student in a therapeutic or private setting is made only after less restrictive options have been explored and found insufficient.





Eligibility for Special Education Services

- Eligibility is determined through a comprehensive evaluation process initiated by a referral, often from teachers, parents, or physicians.
 - A student must have one or more of the 13 disability categories defined by IDEA, such as Autism, Emotional Disturbance, Specific Learning Disability, or Other Health Impairment.
 - The disability must adversely affect the child's educational performance, and the child must require special education and related services.
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The IEP and PPT Process



An Individualized Education Program (IEP) is developed during a Planning and Placement Team (PPT) meeting. The team includes educators, specialists, and parents—and may include physicians.



The IEP outlines the student's current performance, goals, services, accommodations, and placement decisions.



Physicians contribute by sharing relevant medical diagnoses, evaluations, or therapeutic recommendations that support the IEP's development.

What is Outplacement?

- Outplacement refers to sending a student to an educational setting outside of their home district when the district cannot adequately meet their needs.
- This may include therapeutic day schools or Connecticut-approved private special education facilities (APSEFs).
- Outplacement decisions are made by the PPT based on comprehensive evidence, often including evaluations and behavioral/academic data.

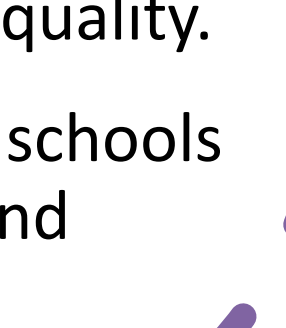
Therapeutic Day Schools Overview

Therapeutic day schools combine academic instruction with intensive therapeutic services including counseling, behavioral support, and occupational or speech therapy.

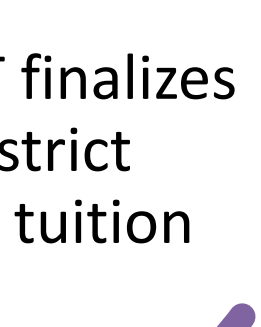
They are designed for students with emotional, behavioral, or mental health challenges that impact their ability to succeed in a traditional school environment.

These programs maintain lower student-to-staff ratios and a high degree of structure and support.

Connecticut Approved Private Special Education Facilities (APSEFs)

- APSEFs are private institutions approved by the Connecticut State Department of Education to provide specialized services for students with disabilities.
 - These facilities undergo rigorous oversight to maintain compliance with educational standards, staff credentials, and service quality.
 - A directory of approved schools is maintained by CSDE and regularly updated.
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Process for Outplacement to APSEFs

- Once a student is identified as needing services beyond what the district can offer, the PPT refers the case to one or more APSEFs.
 - These facilities conduct their own assessments and determine if the student is an appropriate fit based on services offered and the student's needs.
 - Upon acceptance, the PPT finalizes the placement, and the district assumes responsibility for tuition and transportation.
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Legislation and Funding for Outplacement



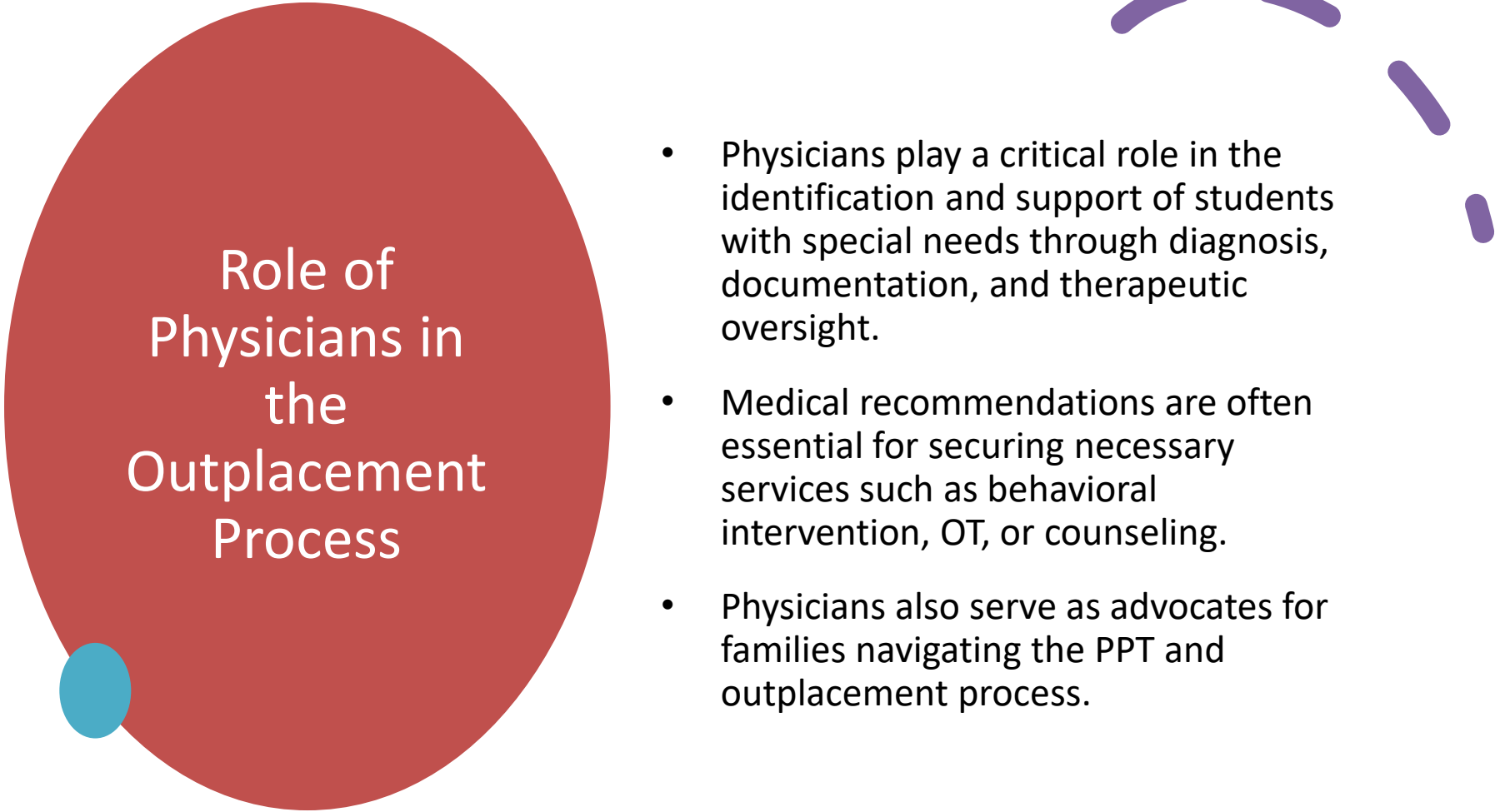
Special education funding is a major policy issue in Connecticut. Recent proposals include Senate Bill 1288 (capping tuition) and SB 1244 (encouraging in-district program development).



Governor Lamont proposed increasing funding by \$54 million to support rising outplacement costs and growing special education needs.



Debates continue over balancing local district resources with equitable access to high-quality special education services.



Role of Physicians in the Outplacement Process

- Physicians play a critical role in the identification and support of students with special needs through diagnosis, documentation, and therapeutic oversight.
- Medical recommendations are often essential for securing necessary services such as behavioral intervention, OT, or counseling.
- Physicians also serve as advocates for families navigating the PPT and outplacement process.



Eligibility Categories Under IDEA

- The 13 categories include:
 - Autism, Deaf-Blindness, Emotional Disturbance, Hearing Impairment, Intellectual Disability, Multiple Disabilities, Orthopedic Impairment, Other Health Impairment, Specific Learning Disability, Speech/Language Impairment, Traumatic Brain Injury, Visual Impairment, and Developmental Delay.
- Each category has distinct criteria and must show adverse impact on educational performance.

Steps in the Referral Process

Teacher or parent notices difficulty.

Pre-referral interventions are attempted.

If no progress, a referral is made.

Evaluations are conducted within 45 school days.


Evaluations and Assessments

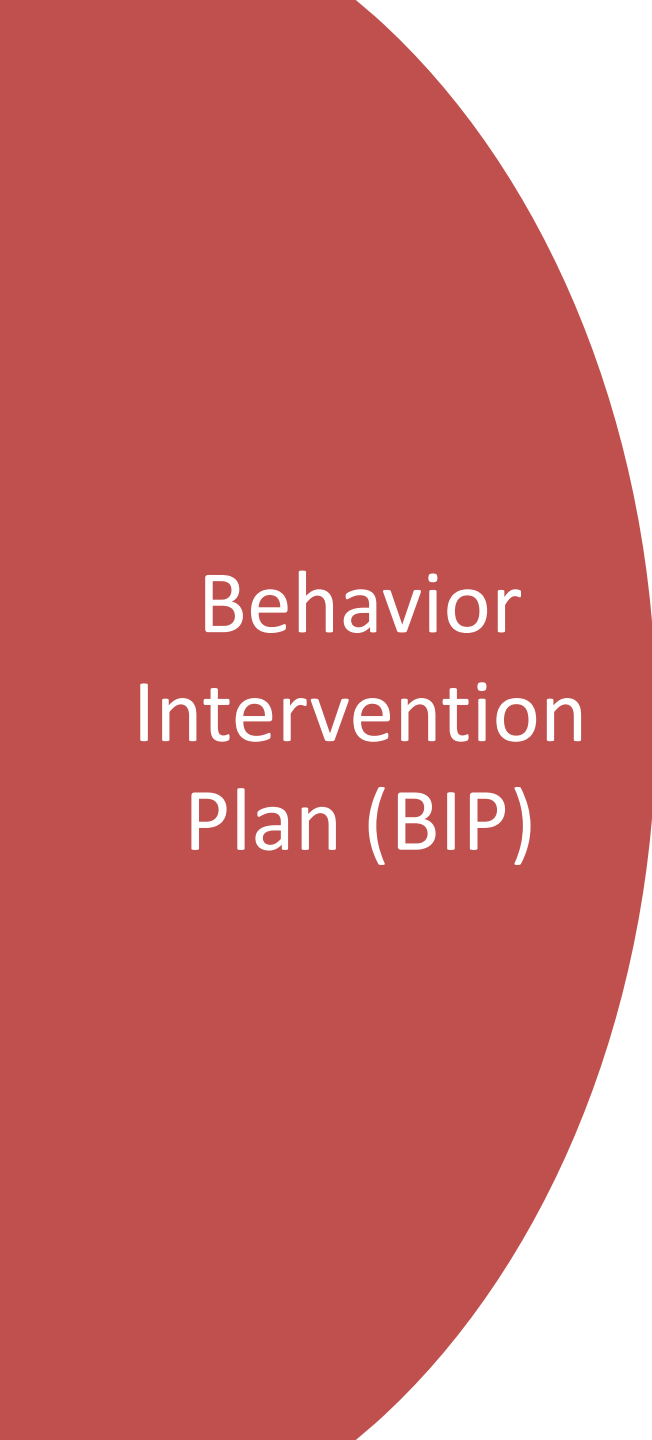
- Evaluations may include psychoeducational testing, speech/language, OT, behavioral observations, and medical reports.
- Parental consent is required, and independent evaluations can be requested.




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IEP Goal Development

- IEP goals are SMART:
Specific, Measurable,
Achievable, Relevant, and
Time-bound.
 - Progress toward goals must
be documented and
reported regularly.
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Behavior Intervention Plan (BIP)

- Required when behavior impedes learning. Includes triggers, interventions, and consequences.
 - Often developed with input from school psychologists and behaviorists.
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Mental Health in Schools



THERAPEUTIC SCHOOLS ADDRESS ANXIETY, DEPRESSION, PTSD, AND ADHD.



ONSITE THERAPISTS DELIVER INDIVIDUAL AND GROUP COUNSELING.

Understanding Emotional Disturbance



This eligibility is complex and includes anxiety, depression, and mood disorders that affect school performance.



Outplacement is often necessary due to behavioral regulation needs.

Daily Life at
a
Therapeutic
Day School

Structured schedule,
individualized instruction,
therapy sessions, and
behavior tracking.

Students receive 1:1 or
small group support.

Transition Planning

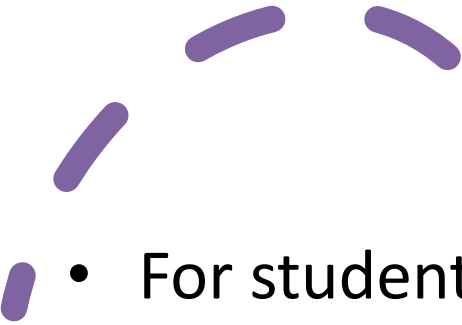
- By age 14 (or earlier), IEPs include goals for post-school outcomes including work, education, and independent living.
- Transition coordinators often assist with community-based experiences.


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Vocational Training

Programs like Solterra offer in-house work experience and external job placements.

Important for students with intellectual or developmental disabilities.

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- For students who risk regression during breaks, ESY provides academic and related services during summer.
 - Eligibility is determined annually by the PPT.



Extended School Year (ESY)

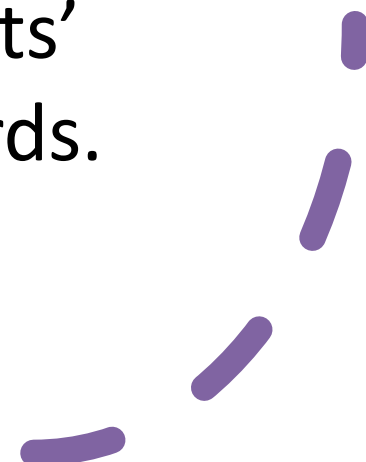


Family Involvement

- Parents are vital team members. Regular communication, training workshops, and family counseling are common supports.
- Advocates and mediators may assist in conflict resolution.

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Dispute Resolution Options

- Mediation, due process hearings, and state complaints are available when disagreements arise.
 - IDEA outlines parents' procedural safeguards.
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Reasons for
Outplacement

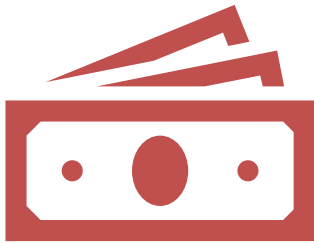
Emotional/Behavioral
Disorders

Autism Spectrum
Disorders

Safety Concerns

Lack of Resources In-
District.

Data: Cost of APSEFs



Annual tuition can range from \$60,000 to \$120,000 per student.



Districts may spend millions annually on outplacement if in-district supports are insufficient.

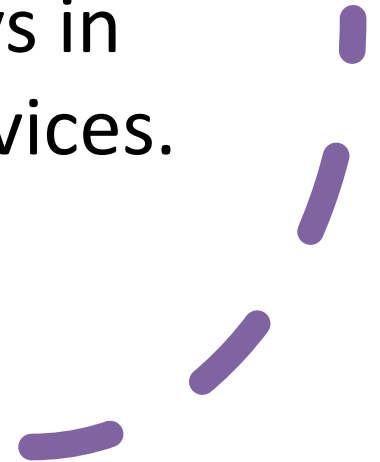
Connecticut Education Budget Trends

Over the past 10 years, special education budgets have outpaced general education growth by 2.5x.

Local funding disparities drive inequity in access to outplacements.

Impact of COVID-19

- Increased social/emotional needs and academic regression triggered spikes in outplacement referrals.
- Districts faced delays in evaluations and services.



District Perspectives on Outplacement

While districts aim to educate in-district, some students' needs exceed available services.

Outplacement decisions balance student success, legal compliance, and financial limits.

Physician Collaboration Examples

A pediatric neurologist recommended a sensory diet which was included in an IEP.

A psychiatrist's documentation led to placement in a therapeutic program with wrap around supports.

Best Practices for Physicians

- Submit detailed reports, participate in PPTs, and communicate directly with school staff when needed.
- Ensure medical input aligns with educational needs.




The Future of Therapeutic Education

Innovations include trauma-informed instruction, virtual therapy, and AI-assisted progress tracking.

More inclusive models are emerging, blending therapy with mainstream opportunities.


Conclusion and Key Takeaways

- Understand the full scope of outplacement, from IEP to APSEFs.
 - Physicians are integral partners in identifying and supporting students with special needs.
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Dissertation
Focus

“Optimizing Outcomes in Child Psychopharmacology: Investigating the Role of School Special Education Teachers in the Management of Psychotropic Medications for Students with Serious Emotional Disturbance.”

- The study explores how special education teachers contribute to the support and monitoring of students with SED who are prescribed psychotropic medications.
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Purpose and Methodology

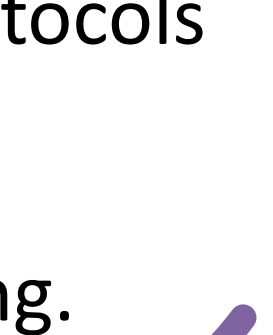
- Purpose: To examine teacher involvement, perceptions, and the systemic barriers in supporting medicated students with SED.
- Methodology: Mixed-methods study combining quantitative surveys (n=138) and qualitative interviews (n=30).
- Frameworks: Ecological Systems Theory, Biopsychosocial Model, Educational Systems Theory.



Key Findings

- Most teachers feel responsible but underprepared to support students on medication.
- Formal communication with healthcare providers is rare; most collaboration occurs informally or not at all.
- Teachers reported observing side effects such as fatigue (48%) and irritability (36%) but lacked structures for documentation and communication.

Barriers Identified

- Lack of training in psychopharmacology (only 18% had any training).
 - Inconsistent district policies and unclear legal guidance (FERPA/HIPAA concerns).
 - No standardized protocols for interdisciplinary collaboration or observation reporting.
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Implications and Recommendations



Increased professional development in mental health and psychotropic medications.

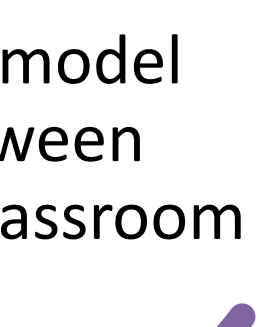


Development of formal policies that define educator roles in medication monitoring.



Creation of communication tools (e.g., digital logs, care team meetings) for better collaboration with healthcare providers.

Impact on Education and Mental Health Systems

- Educators are essential partners in supporting the behavioral and academic needs of students on medication.
 - Policy and practice reforms are needed to recognize and formalize their role in interdisciplinary care.
 - The study contributes a model for bridging the gap between clinical treatment and classroom practice.
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Integrating Educator Insight with Clinical Care

- Findings support the value of interdisciplinary collaboration and the need for clear protocols and training to bridge educational and clinical roles.



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Key Dissertation Takeaways

1. Special education teachers frequently observe behavioral impacts of medication but lack formal roles in communication.
 2. Only 18% reported any formal training in psychopharmacology.
 3. There is widespread interest in professional development and systemic supports for collaboration.
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Proposed Educational Reforms

1. Establish standardized protocols for behavior and side effect tracking.
2. Provide targeted training for special education teachers.
3. Create systems that include educators in care teams, especially for students on psychotropic medication.

Relevance to Special Education Outplacement

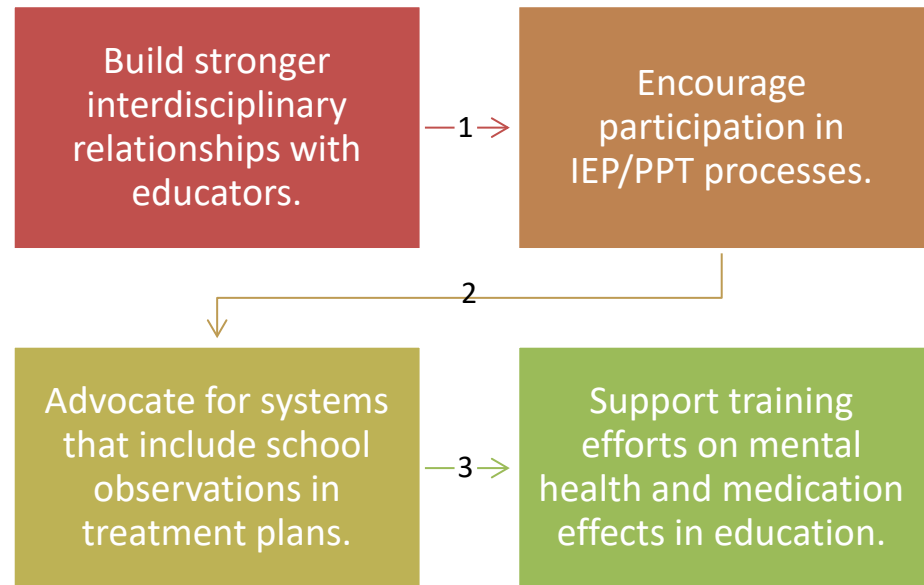


Students in therapeutic day schools and APSEFs often present with complex mental health needs, including those requiring medication.



Integrating teacher observations into treatment models enhances support within these outplacement settings.

Next Steps for Physicians and Educators





Questions,
Comments,
Feedback?