Study on Statewide Expansion of the Wright School

Session Law 2017-57, Section 11F.12

Report to the

Joint Legislative Oversight Committee
On Health and Human Services
And
Fiscal Research Division

By

North Carolina Department of Health and Human Services

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Executive Summary

Background and Overview

Background: In Session Law 2017-57 section 11F.12, the North Carolina General Assembly (NCGA) directed the Department of Health and Human Services (DHHS) to study the statewide expansion of the Wright School as well as provide recommendations on the appropriate locations of any additional facilities. DHHS welcomed the opportunity to study and report on the Wright School, one of fourteen state-operated facilities within DHHS and overseen by the Division of State Operated Healthcare Facilities (DSOHF). The Wright School, located in Durham, N.C., which uses the Re-education philosophy and principles, first opened its doors in 1962. The school serves students ages 6-13 and has a bed capacity to serve a maximum of 24 students at a time. The typical student is a NC resident who has three psychiatric diagnoses, has had two hospitalizations in the year before coming to Wright School and takes three psychiatric medications. The Wright School program supports each family and community in building their capacity to meet their child's special needs in home, in school and in their community[1], and provides an ecological approach to ensure:

- Parent support through in-home meetings and monthly workshops
- Professional trainings for parents, schools, and community service providers
- Structured daily activities, led by highly qualified staff
- Individualized special education programming by master's level teacher/counselors
- Group meetings for planning, problem-solving and evaluation
- Services of a board-certified child psychiatrist, clinical social worker, speech language pathologist, reading specialist and occupational therapist

DHHS began studying the expansion of the Wright School in August 2017, following the ratification of the biennial budget bill. We convened a group of stakeholders including individuals and organizations involved in the treatment of children with severe emotional disturbances (SED) and mental illness (MI), educators, advocacy, property and construction as well as family members familiar with Wright School's services.

Program Outcomes

Because the Wright School serves youth who frequently cycle in and out of Emergency Departments and Inpatient Hospitals, the utilization of crisis service was a critical component of the outcome analysis used for this report. Specifically, we examined students that attended the school from 2012-2016 and compared their utilization of these two crisis-related services for the two years prior to and following their attendance at the Wright School. An analysis of that data demonstrated a 64% reduction in Emergency Department visits to address a behavioral health need, and a 56% decrease in Inpatient Hospitalization for a behavioral health need. The savings related to these decreases in crisis services is estimated to be $5.4 million. Other areas of

[1] A more comprehensive section including an introduction and background section on Wright School can be found beginning on page 4 of this report.

evaluation included the number of youth admitted to a N.C. Department of Justice Detention Facility post-treatment, the number of youth who remain enrolled in a North Carolina Public School setting, as well as parent and guardian testimonials. When considered collectively, they indicate that the Wright School is an effective intervention at reducing crisis utilization, improving family dynamics, increasing student self-worth/self-value and preparing youth to better manage their behavioral health symptoms. Absent the Wright School, it is likely that the frequency and severity of symptoms among the studied youth would likely escalate over time.[2]

Site Expansion

The workgroup put considerable time in compiling data and information relative to the effectiveness of the Wright School, exploring whether additional sites are warranted, and discussing the location of any future sites. In exploring the need to expand the program, the workgroup considered many factors., including:

- Number of individuals on the wait list for the Wright School
- Distance that families would have to travel to drop off/pick up children for weekend programming
- Ability to recruit and retain qualified staff/educators
- Costs to build vs. remodel
- Location near other State-operated facilities to enable cost sharing (Human Resources, maintenance, IT, etc.)
- Location of student population/referral base
- Ensuring access for both rural and urban populations

Considering these factors and relying upon the data compiled specifically for this report, the workgroup determined that the Wright School should be expanded to two additional locations.

The estimated cost to build a single, new 24-bed facility is $12,178,000, excluding the cost of furniture and equipment. The NC Office of Property and Construction (P&C) will be able to calculate a more detailed and precise construction budget once site selection process has been completed. The annual, recurring operating cost per new facility is estimated to be $3.35 million. That's in addition to one-time start-up costs estimated at $350,000 per facility. Cumulatively, each new Wright School facility (including construction, operating and one-time start-up costs) is estimated to cost $15.9 million[3]. Because the Wright School is not licensed and is not enrolled in the Medicaid program, its expenses are entirely supported with state funds.

[2] Information regarding this data can be found in the Outcomes section of this report beginning on page 12 of this report.

[3] Details on cost estimates can be found beginning on page 19 of this report.

Recommendations

Through the collection of data and input from key stakeholders, the report suggests the need for additional State-operated facilities at two undetermined locations - one each in the western and eastern parts of the state. The workgroup proposes to expand one facility at a time to allow for a thoughtful and consistent transfer of Wright School philosophy, knowledge and culture. The workgroup also recommends that the first facility be constructed in western NC.

The Department is deeply appreciative of the efforts undertaken by the workgroup and the recommendations they have forwarded. They reflect a high level of support for program and its effectiveness in addition to a desire to make it more geographically accessible.

We believe additional analysis is warranted to determine whether additional sites are needed and, if a need is confirmed, where the new facility(ies) should be located. The additional analysis will also help the Department confirm whether wait list data maintained by the Wright School or the results of an LME/MCO survey is the better or more reliable predictor of need. Also needed is a more comprehensive cost-benefit analysis of building a new facility versus remodeling an existing structure. To the latter point, the Department would like to explore whether the soon-to-be-vacated building on the current Broughton Hospital campus (in Morganton, NC) could serve as viable location for an additional program site.

A. Background and Introduction:

In Session Law 2017-57 section 11F.12., passed during the 2017 long session, the North Carolina General Assembly (NCGA) directed the Department of Health and Human Services (DHHS) to study the statewide expansion of the Wright School as well as provide recommendations on the appropriate locations of any additional facilities. This legislation required DHHS to study and report on Wright school state-wide expansion to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by March 1, 2018.

The Wright School is weekday residential program located in Durham, North Carolina, is designed to serve children ages 6-13 from across NC, and has a capacity of 24 beds. The Wright School is a 6-month program focused on returning the child to their home and community. The program is based on family involvement and requires in-person parent skills training coupled with children returning home every weekend to practice and integrate newly learned strategies and skills. Families living far away from the program may find it difficult to access the programming available at the Wright School given the requirement that they pick up their child every Friday and return them in time for the start of each week.

This report is the result of the workgroup's review of "the feasibility and cost of, and any obstacles to, establishing additional State-operated facilities throughout the State to:

(i) provide statewide access to best practice, cost-effective, residential mental health treatment to children, ages 6-13 with serious emotional and behavioral disorders and

(ii) support their families and communities in building the capacity to meet their children's special needs at home, at school, and within their local communities."

B. Wright School Program Description:

Philosophy

The Wright School, opened in 1962, is one of fourteen state facilities within DHHS and overseen/managed by the Division of State Operated Healthcare Facilities (DSOHF). The school program is based on the National Institute of Mental Health research of Dr. Nicholas Hobbs [4] for the treatment of children with serious emotional disorders.

Dr. Hobbs and his colleagues developed what would come to be called the "Re-education of Emotionally Disturbed Children," or Project Re-ED (Re-ED). The Wright School was one of two programs opened and dedicated to the provision of this evidence-based approach to help children with the most severe disorders. Re-ED is a pioneering treatment approach that focuses on the child's family and community system. The model strongly advocates that the child cannot be treated in isolation, and does not require the child be "cured" prior to return to their home and community; rather, the focus is on developing the family system in an integrated manner to alleviate dysfunction in the system, not in the child. The Re-ED approach believes that "curing" the mental illness is not necessary to return the eco-system to health.

The Wright School recognizes that the mental health of children and their families is innately linked, and one impacts each other. When one member of this human "ecosystem" (child or family) is struggling, all members are impacted. Over time the family system can become so damaged that it can no longer heal itself. As such, the Wright School's goal is to work with members of the ecology, together and individually, to restore the system's ability to help itself. Adherence to the Re-ED approach is recovery-oriented as the model encourages hope and focuses on strengths. In the end, the underlying belief is that *all* families want to be successful.

The Re-ED model implemented by the Wright School integrates treatment into the daily lives of the children and is based on the philosophy that successful living must occur across their lives in the home, school and community. Because children in the latency age group (ages 6-13) spend considerable time in school, success in school plays a vital role in developing a sense of mastery and competence. Much of the treatment at the Wright School occurs in the classroom.

As a treatment modality, Re-ED is focused on the present moment in time. There is a conscious shift away from the exploration of past events and issues towards the development of skills to support the current family situation. This approach differs from some therapeutic models that encourage deep exploration of the past including generational issues.

[4] The Troubled and Troubling Child. Nicholas Hobbs, Jossey-Bass, 1982 - 397 pages.

Program Design

The Wright School is a program where children are in the residential school Monday through Friday and in their home environment two days a week. Children arrive for school on Monday morning and return home on Friday evening. During the week, they participate in school as well as an evening programming designed to assess strengths and opportunities for growth. This provides an individualized approach at building competencies in both the academic and social arenas. At the same time, their parents work with Liaison Teacher Counselors (LTCs) to develop skills that better support their children in the home and community. When students are home on the weekends, they practice their new skills with their families in the home until new positive patterns take hold and the ecology begins to recover. To facilitate the transition back to their schools and community, the Wright School provides face-to-face meetings and written discharge summaries that include academic and behavioral progress, assessment information, behavioral and academic strategies and any other relevant information that supports the child and family with continued growth. The goal for all families at the end of 6 months of treatment is successful home and community living in the least restrictive, educational setting possible. This is only possible if the home, school and community have the skills and confidence necessary to support the child's success.

Students

The Wright School serves students who are between the ages of 6-13 and their families. A *typical* student:

- Has three psychiatric diagnoses
- Takes three psychotropic medications
- Has had two hospitalizations in the year before coming to Wright School
- Has average to above-average IQ

Children admitted to the Wright School typically exhibit needs and challenges in every life domain, but specifically in learning and behavior. Some struggle with significant learning needs and previous academic failures. Other children may be more capable with academics, but may struggle with emotional regulation. They may also experience disproportional behavioral responses to unexpected or upsetting life events. And almost all Wright School students struggle with maintaining positive relationships and demonstrating age-appropriate self-control.

Entrance requirements

All students served at the Wright School must:

- Be approved for admission by their local Managed Care Organization (MCO)
- Have verbal reasoning abilities and can use language to problem-solve (typically a verbal IQ of 70 or above, but each referral is evaluated comprehensively with IQ considered as only one of many data points)

- Have an identified "family" who is: 1) seeking treatment voluntarily; 2) able to accommodate weekend visits by the child; 3) willing to provide transportation to and from school every week; and 4) able to commit to meeting face-to-face with the Wright School treatment team and/or LTC, at least monthly, to work toward making changes in the home that will support the child's success.
- Be screened for a history of sexualized predatory behaviors and/or runaway behaviors to determine whether the Wright School can maintain individual and group safety for all participating students.

Program Components

i. Assessment

The core of the Wright School treatment and education program lies in identifying and meeting the individual needs of each child. The assessment process is initiated at admission by a team of professionals (both contract and full-time staff) who have specialized training in the use of diagnostic instruments to assess:

- academic and learning capacities
- language development
- communication strengths and needs
- analysis of behavior reports from parents, teachers and care givers
- self-reports by children of their thoughts, feelings and behaviors

This results in an assessment that is compared to typically developing age peers. Assessments are usually performed in one-on-one sessions to maximize each child's opportunity to demonstrate his or her optimum potential. Assessment team members are trained to interpret the assessment prior to admission (to the Wright School) as a part of the historical referral information. In addition to the diagnostic information collected by members of the assessment team, each member of a child's treatment team has assessment responsibilities upon a child's entry in their treatment group.

As part of the Re-ED model, a comprehensive assessment is completed by the LTC. This includes an analysis of the roles and involvement of family members, other care providers, the school and relevant community members. The LTC seeks to not only define the child's treatment needs and identify child and family strengths, but also to identify resources in the child's ecology that can contribute to the treatment process and continue to provide positive support after graduation from the Wright School.

Evening Teacher-Counselors observe the child in the afternoon and evening setting to learn more about the child during leisure time. This includes their social interactions with peers, social and problem-solving strategies, language development, communication skills, independent self-care abilities and capacity for self-control. Observation is also done during school hours to evaluate the child's response to academic expectations in the classroom. This information gathering results in learning and behavior data that enhances the more formal academic achievement

information collected. All data collected through the assessment process supports the multidisciplinary treatment team meeting held during the 5th week of treatment. This meeting helps ongoing treatment planning that is both child-and family-specific.

The multidisciplinary, ongoing assessment process enables Teacher-Counselors to collaborate and craft an effective academic and behavioral program that includes accommodations and modifications to support the academic and social success of the child which, in turn, increases opportunities for success that can be identified and encouraged. Individualized curricular modifications address the child's learning styles, needs and preferences. This reduces incidents of problematic behaviors and increases the child's engagement in learning.

It is important to note that assessment does not stop at admission. Rather, it is an ongoing process and is updated as additional information is learned, when changes occur in the ecology, and as the child learns new skills and strategies.

ii. Academic Program

Although the Wright School's primary goal is mental health treatment, it is also a public school within the Local Education Agency of DHHS and is credentialed by the North Carolina Department of Public Instruction (DPI). The school provides instruction in all core academic areas. Most students have been identified as being eligible for exceptional children's program and, as a result, have an Individualized Education Program (IEP).

A typical student at the Wright School has experienced multiple social and academic failures in school prior to enrollment in the program. These failures have created an underlying belief that they cannot succeed, which can result in significant stress and anxiety in the academic and social setting of school. This often leads to a self-perpetuating cycle of failure. At the Wright School, Teacher-Counselors create a learning environment with engaging lessons, based on previous and ongoing assessments, to support the student's learning style, time management and organizational needs by incorporating technology, hands-on activities, and experiential learning. Students are encouraged to share their strengths and interests in their group with a goal of increasing participation and confidence. The academic program at the Wright School provides students with the structure to learn, practice, and normalize the skills necessary to meet academic and behavioral expectations.

iii. Evening Program

The evening program is designed to create a safe, structured, and supportive environment for students outside of academic day. Routines and rituals are created to help students grow, learn, and experience joy, while preparing them to implement these skills into their homes after discharge. These routines and rituals are incorporated into the afternoon evening schedules. In the evenings, there are opportunities to utilize evidence-based social interaction strategies that teach skills in the moment, including:

- self-control
- emotional regulation

- problem solving
- stress management
- social skills

Developmentally appropriate, cutting-edge, and hands-on activates provide experiential opportunities for students to practice and master their skills. Teacher-Counselors also work with students to increase their ability to be successful in everyday life, including: hygiene routines, meal time expectations, manners, homework strategies, chores, responsibility for personal items, and assuming accountability for choices and behaviors.

Students are also engaged in team building activities that teach the importance of finding their role and place in a group. This exercise is expanded to address their role in the family environment, the school and community. School-wide activities, field trips, and community member visits to the school help further facilitate this experience. The evening program also provides time for students to reflect about struggles they had during the previous weekend at home and to problem solve the challenges of the weekend to come.

iv. Family Community Liaison Program

The primary role of the Liaison Teacher-Counselor (LTC) is to work with parents to build competence and repair relationships between the child, their family, school, and community. During a child's treatment, the LTC uses the information learned about the students during the academic and evening programs to work with the family to incorporate successful interventions in the home. The goal is to "better the fit" between a child and their ecology so that the troubling behaviors are better managed. Often, when a parent first comes to Wright School, they are exhausted, struggling, and lack confidence in their ability to parent their child at home or advocate for their child in the school. The LTC works with parents to recognize their own strengths, their child's strengths and to feel empowered to create a positive change in their family.

This is achieved by LTC home visits prior to the child's first day at the Wright School and at a minimum, once a month. These visits, along with the academic and evening programs at the school, inform the action plans that are created to provide the skills and supports necessary to enhance overall functioning of the child within their ecological system. Parents must attend monthly parent workshops at the Wright School that offer information, strategies and skills as well as parent-to-parent support. These services help to diminish feelings of isolation and inadequacy. Families work with the LTC to create a home environment that is better equipped to support success; an environment where expectations, routines, and schedules are reasonable, predictable, consistent, and concise.

To link the community school system with the improvements in the home, the LTC helps facilitate the transition back to the community school. This may include participation in Individualized Education Plan (IEP) meetings at the Wright School and in the community school. The student's public-school teachers are invited to observe students at the Wright School

and the LTC may arrange student "visits" to the school they will attend after graduation. This helps the parents and school staff build or rebuild relationships that will support the student's long-term success.

v. Wright School Staffing

Wright School's success is dependent on the quality of its front-line staff and their ability to understand and implement the Re-Ed model.

Re-ED programs are staffed with LTCs who are empowered and supported to make real treatment decisions for the children and families they work with. The Wright School cross-trains education and mental health professionals to ensure there is a focus on treatment in the school, home and community. Dr. Hobbs best described the attributes of a teacher counselor as:

> "Most of all, a teacher counselor is a decent adult; educated, well trained; able to give and receive affection, to live relaxed, and to be firm; a person with private resources for the nourishment and refreshment of his own life; not an itinerant worker but a professional through and through; a person with a sense of the significance of time, of the usefulness of today and the promise of tomorrow; a person of hope, quiet confidence, and joy; one who has committed himself to children and to the proposition that children who are disturbed can be helped by the process of re-education."[5]

Wright School is a 15,500-square foot facility located on 22 acres in Durham, North Carolina. Staffing at the Wright School is organized into either three treatment groups of eight children or four groups of six, depending on the facility structure. For the purposes of this report, staffing was based on three groups of eight children. Each group includes:

- One Day Teacher-Counselor (a licensed teacher),
- One Evening Teacher-Counselor (a master's level professional with a background in counseling or social work),
- One Liaison Teacher Counselor (LTC), a social worker,
- One Clinical Coordinator (Treatment group oversight).

In addition, the program employs Youth Program Educational Assistants (YPEA), an entry-level position requiring a college degree, during the day and evening shifts. Seven YPEAs (three during the day, three during the evening, and one who supervises the third shift) are employed by the program. Additionally, a licensed teacher supports the evening academic program. This comprises the Resource team that fills in when there are Teacher-Counselor absences or vacancies and provides crisis management support. Wright School's educational program is supported by an Assessment Team that consists of an Educational Diagnostician, a Speech and Language Pathologist, a Clinical Social Worker and an Assessment Coordinator.

[5] The Troubled and Troubling Child. Nicholas Hobbs, Jossey-Bass, 1982 - 397 pages

Wright School contracts with a board-certified child psychiatrist for four hours a week to support medication management, as well as contracting with other specialists (Occupational Therapist, Physical Therapist, etc.), on an as-needed basis.

The facility is also staffed by one cook, one housekeeper, two maintenance employees and a general utility worker.

In total, the Wright School is currently staffed with 43 FTEs at a yearly cost of $2.5 million.

C. Workgroup Process:

Work began on this report in August of 2017. DHHS reached out to key stakeholders for input throughout the process. Those stakeholders included individuals/organizations involved in the treatment of children with serious emotional disturbances (SED) and mental illness (MI), advocacy personnel, educators, property and construction staff, as well as families familiar with services provided at the Wright School. Data was collected from various sources (see outcomes section) to form the recommendations offered by the workgroup.

D. Data and Research

Background Data:

The Wright School may have some similarities to other services including Youth Development Centers (YDC), and Psychiatric Residential Treatment Facilities (PRTF), but it would be inaccurate to compare the outcomes achieved by the Wright School to outcomes achieved at any of these named programs. That's because the Wright School is an intermediary level of care that provides the support necessary to resolve the family's immediate crisis, stabilize the family unit and return the child to their families, communities and local schools through a program that integrates all pieces of the ecosystem, throughout the six months of treatment.

Without the Wright School, it is likely these children would continue to escalate, be placed out of home in a long-term facility 24/7, and encounter the juvenile justice system at an early age.

The school supports children with the most severe behavioral and educational problems who often are cycling in and out of crisis services (Emergency Departments/Inpatient Hospitalizations), facing numerous suspension from school[6], and are facing family disruption or legal challenges. While cycling in and out of crisis services, youth experience disruption in their daily life and school/academic progress. These disruptions are likely to increase an individual's level of sadness, anxiety, anger and overall mood instability. Additionally, youth may experience stigma related to their current mental health status. This stigma may bring with it

[6] High school students face long term suspensions but not those between 6-12. See report http://www.ncpublicschools.org/docs/research/discipline/reports/consolidated/2015-16/consolidated-report.pdf

feelings of shame or embarrassment, a negative self-valuation, and the perception of being treated differently by others. Without an effective intervention, these symptoms are likely to escalate over time. The workgroup studied the effectiveness of the Wright School in breaking this cycle.

Wright School Outcomes

i. **Utilization of Crisis Services**:

The workgroup acknowledged the value of this program and sought to explore the outcomes derived from the program. A study of students who attended the Wright School from 2012-2016 was conducted to compare pre-and post-intervention of specific crisis services, including both Emergency Department visits and Inpatient Hospitalizations. Other available outcome data was also considered.

Students were removed from the study cohort if they were identified to have private insurance, if they remained enrolled at the Wright School, or if their discharge from the Wright School occurred less than one year prior to the start of the study. A total of 92 students (48% of the original cohort) were removed due to one of these identified reasons. The final study cohort included 100 students that attended the Wright School between 2012-2016. Student-level data was provided by the Wright School and was cross-sourced to data maintained by Community Care of North Carolina (CCNC): IC Website 7.9[7], as well as several Department of Public Instruction data bases.

Emergency Department Utilization

Behavioral Health ED Utilization (Primary Diagnosis at Discharge)		
Total Number of Paid Behavioral Health ED Visits in the 2 years prior to treatment at Wright School (PRE)	Total Number of Paid Behavioral Health ED Visits in the 2 years following discharge from treatment at Wright School (POST)	Difference of:
94	**34**	**- 64%**

*ED Visits that occurred while student was enrolled at Wright School were excluded from calculations.

Inpatient Hospitalizations

Behavioral Health Inpatient Hospitalizations (Primary Diagnosis at Discharge)		
Total Number of Paid Behavioral Health Inpatient Hospitalizations in the 2 years prior to treatment at Wright School (PRE)	Total Number of Paid Behavioral Health Inpatient Hospitalizations in the 2 years following discharge from Wright School (POST)	Difference of:
70	**31**	**-56%**

*Hospitalizations that occurred while student was enrolled at Wright School were excluded from calculations.

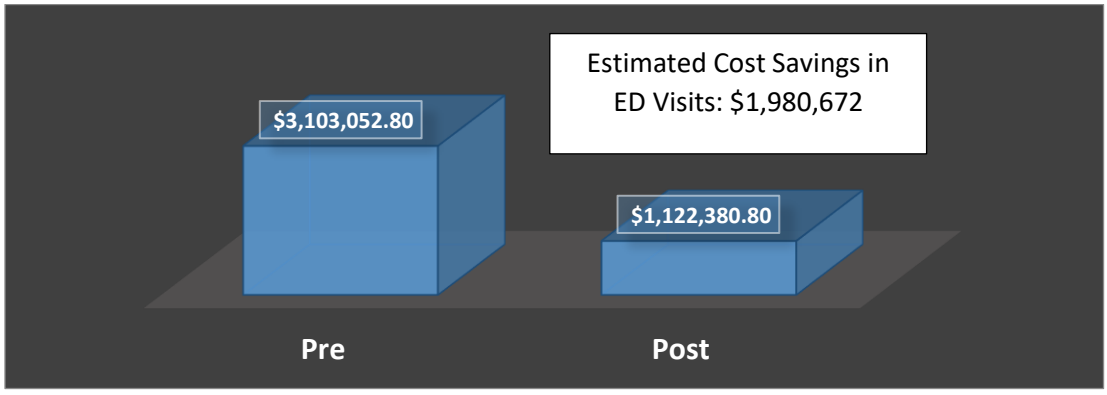
7 Community Care of North Carolina (CCNC): IC Website 7.9: https://ic.n3cn.org/.

Data results demonstrate a 64% reduction in Emergency Department utilization to address a behavioral health need in the two years post-intervention than in the two years prior to admission to Wright School. Similarly, these youths experienced a 56% drop in Inpatient Hospitalizations in the two years post-intervention. This suggests that the Wright School was an effective intervention in significantly reducing crisis utilization for these youths.

In addition to the substantial clinical impact that a reduction in crisis utilization has on a youth's mental health and family dynamics, there are also cost savings to consider. Quantifying the cost of an Emergency Department visit can be difficult due to the variations between treatment received and length of stay while waiting for follow-up care, including an inpatient bed. According to a study conducted by Singhal Zhu in 2016, the length of stay for psychiatric visits was significantly longer than for non-psychiatric visits, generally 4x the average length of stay. Additionally, the cost associated with caring for psychiatric patients in the Emergency Department averaged $2,000 more per patient/per day than non-psychiatric patients (this is in addition to general medical care). Some of these additional costs include consultations from specialists such as child /adolescent psychiatrists, behavioral psychologists, mental health professionals, case managers, security and law enforcement officers who often provide transportation to and from facilities.

The American College of Emergency Physicians conducted a study in 2016 that calculated the cost of an Emergency Department visit to be $3,158.00/day (includes all levels of ED care). The same report identified that patients remain in the Emergency Department an average of 1.6 days. Based upon this study, the workgroup used the following formula to estimate cost-savings without analyzing actual claims data.

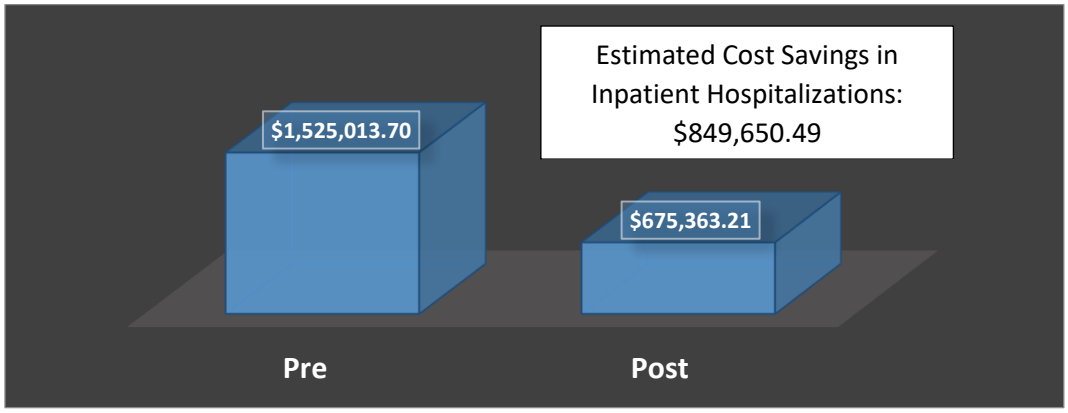
Calculation Assumes the Following:
*Average Length of Stay (ALOS): 1.6 Days;
*ALOS for psychiatric visits are 4x the ALOS for non-psychiatric visits
*Daily Rate: $3,158.00 + Avg. Additional Daily Cost, Psychiatric Patients: $2,000
*94 Visits (Pre); 34 Visits (Post)



When considering Inpatient Hospitalizations, the three hospitals most often utilized by individuals included in the cohort were:
1. Central Regional Hospital in Butner, North Carolina (a state-operated facility);
2. Holly Hill Hospital in Raleigh, North Carolina;
3. Strategic Behavioral Health in Garner, North Carolina.

Looking at the most recent 2 years of data for these three facilities identified, the ALOS was 28.3 days. An average daily rate was also calculated using the three top hospitals' daily rates and the cost savings is calculated below.

Calculation Assumes the Following:
*ALOS: 28.3 Days
*Average Daily Rate: $769.82
*70 Stays (Pre); 31 Stays (Post)



Total Cost Savings Calculation:

	Total Cost Savings by Service	Cost Savings by Patient (N=100)
Emergency Dept.	$1,980,672.00	$19,806.72
Inpatient Hospitalization	$849,650.49	$8,496.50
Cost Savings (study cohort)	$2,830,322.49	$28,303.22
All Students Cost Savings: Crisis Utilization (N=192)	**$5,434,218.24**	$28,303.22

This analysis is an estimated calculation for 100 students that attended Wright School between 2012-2016. Given that there were 192 students that were included in the original cohort, it would be fair to assume that this estimate is significantly below what the total cost savings would be.

In addition to the savings related to crisis utilization, cost savings related to the following should also be considered:

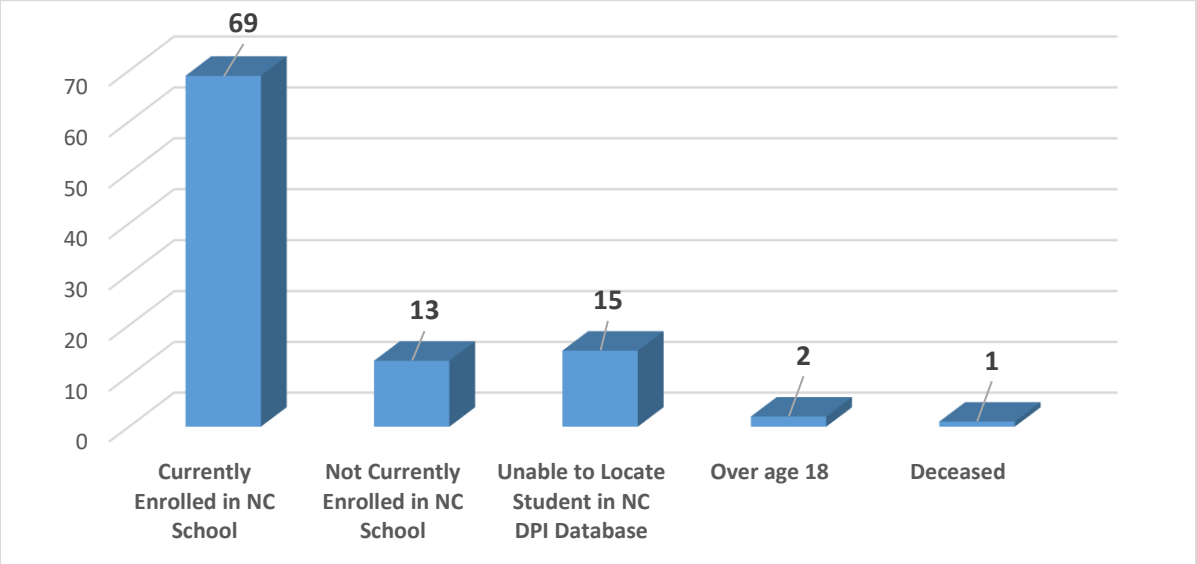
- Treatment(s) that students may receive while waiting for admission to Wright School.
  - Level II Residential: $25,440/child*
  - Youth Development Center (YDC): $122,445/child*
- Alternative educational placements;
- Community treatment modalities the youth may participate in, many of which are costly;
- Long-term juvenile justice/probation involvement and legal difficulties that may be avoided with expedited admission.

(*Rates taken from DPS Annual Evaluation of Community Programs, 2017.)

ii. Education Outcomes:

Outcomes related to education and juvenile justice system involvement are often difficult to quantify due to incomplete data in both arenas. Additionally, every school's Exceptional Children's Program (ECP) and internal policies vary. For example, some school districts maintain policies requiring any child who was in an alternative educational setting at the time of admission to the Wright School, be readmitted to an alternate educational setting, regardless of their educational or behavioral status. This may hinder youth progress as they reintegrate back to their previous educational placement in the local school system.

Of the 100 students included in the study cohort, their academic status, as of November 2017 is as follows:



iii. Parent Experiences:

Along with Liaison Teacher Counselors, parents are also key participants in the programming provided by the Wright School. As such, their experiences are instrumental in gauging the pre- and post-program impact. Excerpts from parent testimonials are captured below:

Pre: "Before the Wright School, *child* got nervous or overwhelmed, he would have meltdowns, which consisted of crying, getting angry or at times, being physically aggressive toward teachers and family members. Afterwards *(after behaviors)* he would often feel guilty and ashamed of his behavior, though he was not able to prevent it from repeating."

POST: "Life is not perfect today, but everyone (his teachers, soccer coaches, his extended family) sees that *child* is now taking more responsibility for himself, that he is happier, and that he truly works harder than ever with his school work…. *child* is now constantly using his coping strategies to deal with the stresses of life better than he has ever done before…. The Wright School has made that type of difference for *child*, our entire family and the community at large."

Pre: "Before the Wright School my son was expelled from the day-treatment program at his public school because his needs were too intense for them to serve him in the school setting. He had multiple suspensions for aggressive behavior, defiant behavior, disruptive behavior. I received calls from the school at least 3 times per week. His grades were poor, and he hated school. We saw these behaviors as well as runaway, risk-taking, aggression and destruction"

Post: "It has now been one year, 4 months since our son was discharged; he is doing remarkably better. This school year he has not had one suspension and I have not been called one time due to his behaviors. He still needs coaching, but he is able to work through many of his feelings and problems now. He readily uses coping skills, and is much more receptive when we give him input. We seldom see any aggressive or destructive behaviors…. he also loves school and he admits that the Wright School taught him how to keep his problems small and how to manage his anger."

Pre: "Before the Wright School, *child* struggled with a high level of anxiety. He would inflict self-harm, destroy his toys, the house, couldn't connect with friends well and had difficulties with school behaviors. He was suspended from kindergarten 7 times. In 2015, we had to bring our child to the Emergency Room (ER) for suicidal ideation. We stayed with him in the ER for 7 days… and inpatient for a little over a week."

Post: "We learned the Wright school could help the parents as well. There were classes that helped us learn how to better help the family. Ms. Richardson was able to meet with us that helped us learn how to better help the family. Since graduation from the Wright School, the entire family has more tools in our tool belts. We have found *child* to be a lot happier. Killing himself is no longer an everyday solution to daily life concerns…. He is playing with children rather than independently. He has not hurt (others) for months. There has been significant less destruction of the house. As parents, we are better equipped to understand his state of mind and pivot to meet his needs."

Pre: "As *child* got older, they had a lot of behavioral and emotional problems…. would punch holes in their bedroom walls and be very destructive. No matter how I reprimanded, nothing worked…. behavioral problems got worse and *child* was constantly disrupting classrooms. Continually getting reprimanded and getting in-school and at-home detentions."

Post: "the Wright School did a lot for me as the "parent" also. When I attended the first workshop/lunch, I found out I wasn't the only parent going through this. It reduced a lot of stress by being able to talk to others. Another plus was the fact that I got re-educated also. I discovered my reprimands were in a negative tone and I learned how to positively reinforce the behavior. The shame is that many more families would benefit from the School but the county schools don't mention it to the parents as an alternative. And with only one school, it can only accommodate a small number of students. I truly believe it kept the boys out of the criminal justice system…my *Child* was able to return to regular classroom. I am proud to say they have now graduated from Job Corps. I truly believe (Wright School) kept the boys out of the criminal justice system."

Pre: "At the age of 9, *child* was admitted to *hospital* for a second short term observation period. This was one of the worst experiences we have ever had as parents. We were not allowed to see him the entire time that he was there and we were lucky if we could get a nightly report form the nurses. Again, they made some med changes and he was discharged after 10 days. Less than 6 months later we found ourselves in the worst place we had ever been and in total crisis mode. *Child* was a total safety issue at this point, not only to himself but to others around him…. could not leave him alone for a second. There was nothing we could do to help him---he was a ticking time bomb and was exploding several times a day.

My sole purpose became keeping him safe and becoming a referee between him and anyone who came in contact with him."

Post: (At Wright School) "*child* was observed thoroughly by professional staff and every step of the process was communicated to me. I traveled 3.5 hours there and back twice a week and I would do it again if I had to. *Child* was never once made to feel inadequate or judged while he was there. He was loved by incredibly caring and compassionate professionals. The people that are employed there aren't there to make a paycheck and it shows. They genuinely love these children and are dedicated to making their lives more enjoyable as well as the families. Here we are, 3 years later, child has started 7th grade and done very well for 2 years…he still uses stress strategies that he learned at The Wright School. I honestly don't think we would be where we are today if we didn't have the opportunity to attend the Wright School. There was no solution for child's illness with a 45-minute therapy session, he needed much more than that and we found it there. We are in such a better place than we were 3 years ago and I owe a lot of that to our amazing Wright School family."

Pre: "*Child* entered the Wright School in March, he had been on the wait list for nearly a year, a year that involved harmful behaviors, a two-week hospital stay, intensive in home therapy sessions, sometimes three or four a week, IEP meeting after IEP meeting after BIP meeting, school suspensions, and lots and lots of tears and struggles."

Post: "The day we walked out of Wright School for the last time, my child's suitcase in hand, I knew that I had absolutely made the right decision. He thrived in its environment. He received invaluable services from incredible professionals who valued him and our family. I cannot possibly say enough things about this school and our experience, from the 24/7 structure, observation, interventions, and parent workshops and meetings, to the phenomenal staff. I don't know if anyone could assemble a better crew of educators and caregivers. I am forever in debt to the school and its employees. *Child* has been back home and in public school for a couple months now. While no public school or home setting could replicate Wright School, the tools they have given us have made his transition smoother and better than I could have hoped for. We will always experience challenges, as there is no cure for autism or ADHD, but we see a future for *Child* that we could not have envisioned before the Wright School. My wish is that every child and family who is in need of such a school could have an opportunity to attend, and I encourage North Carolina to expand the program as much as possible throughout the state. I don't believe my tax dollars could be more well spent."

E. Workgroup's <u>Justification for Expansion</u>:

Following their convening in August 2017, the workgroup developed a survey to be completed by the LME/MCO's. The LME/MCO's were asked a series of questions that provided insight on their past and future utilization of the Wright School as a means to determine the need for an expanded presence. They were also asked to identify barriers to access that might inhibit or limit referrals to the school. Data from the survey and staff at the Wright School was compiled for the workgroup's review.

In 2016, the Wright School maintained an average wait list of 27.6 students (hi/low range: 23-35), with students waiting an average of 157 days for a bed to become available (hi/low range: 95-201).

While students are waiting placement at the Wright School, they may be receiving any number of alternative services including community-based services, crisis services, out-of-home placement and/or home-hospital due to school-related behaviors. In addition to parental feedback confirming extensive wait-times (see iii. Parent Experiences), feedback from the survey revealed that "referrals for the Wright School services are often not submitted because families wait for months at a time while their child is on the wait list and they know that the chances of getting someone in when they need it is slim.

Survey analysis also demonstrated that having just one Wright School campus is not practical for many families who live in the western or eastern part of the state due to the treatment model which includes weekend visits home, with transportation being provided by the family. To further highlight that challenge, one LME/MCO offered the following in their survey response: "we have worked with Wright School for many years and appreciate and support its' treatment model. Nevertheless, the requirement that children must be picked up *(and dropped off*) each weekend could be a challenge for families in our distant and rural counties. This aspect of the program, although programmatically sound, could inhibit utilization."

The survey asked LME/MCO's to estimate the current number of youth in their catchment area who would benefit from the Wright School should the program be expanded to one or more additional sites across the state, and whose family would have the resources necessary (i.e. transportation to/from the program, parents/guardians are invested in treatment, and/or have available community supports), to accommodate this level of service. Collectively the LME/MCO's identified an estimated 142 youth whose behavioral and mental health needs might match the typical profile of youth served by the Wright School. This figure includes those served by the existing Wright School, and suggests a need for two additional facilities. The LME/MCO survey data is incomplete and unreliable in pinpointing the needed locations for these two new sites.

In addition to considering the number of additional programs that the state would need to ensure timely access to this level of care for youth who meet criteria for admission, the workgroup also considered how transportation to/from Wright School twice each week might inhibit families desperately needing the service. As the workgroup was focused on the goal of looking at "state-wide access," group discussion, population data and input from the DHHS Property and Construction Office led to a recommendation of additional facilities in the western and in the eastern parts of the state to expand access for families in their respective area.

As the workgroup reviewed data provided by the survey, it became evident that there were discrepancies in respondent's understanding of the Wright School programming, including the funding source and transition support back to the community post-Wright School participation.

F. <u>Site Selection:</u>

Considerable time and effort was spent by the workgroup in discussing the number of additional sites and their location. In considering the expansion of the program, the workgroup considered the following factors:

(1) Number of individuals on the wait list for the Wright School
(2) Distance that families would have to travel to drop off/pick up children for weekend programming
(3) Ability to recruit and retain qualified staff/educators
(4) Costs to build vs remodel
(5) Location near other State-operated facilities to enable cost sharing (Human Resources, maintenance, IT, etc.)
(6) Location of student population/referral base

(7) Ensuring access for both rural and urban populations

Using these factors as well as the data in this report as a guide, the workgroup determined the best way for the state to achieve state-wide access to the Wright School program services would be to expand Wright School by two additional locations. The workgroup further concluded that a new facility in the western part of the state should be followed by an additional facility in the eastern part of the state. If the additional sites needed to be prioritized or staged, the workgroup felt that the facts supported the development of the location in the western part of the state first.

The DHHS Office of Property and Construction (P & C) suggested other viable solutions to reduce the cost of full build from the ground up where the State would share the full cost including:

- Approach Counties for State/County partnerships where the county could provide land for development at low/no cost in exchange for job creation in the county
- Approach colleges regarding land/property use in partnership for opportunities for training, internships, employment for future graduates
- Review of larger facilities for partial use for a Wright School program
- Contact the Division of Child Development and Early Education for possible availability of former daycare facilities that could be retrofitted into a Wright School at low cost/low rent
- Expand the search to the neighboring county of Lenoir in the east which may increase the inventory of possible sites for consideration for the eastern location.

G. Cost Estimates:

Construction Costs

The Wright School facility is based on a program combining the aspects of in-patient residential living and a school. The development of the construction costs assumes a similar approach and would serve a total of 24 children at a time which would be subdivided into three groups.

Each of the three groups live and attend school on their own wing of the building. Each of these wings have elements to make it function as the child's home except for shared common areas which function like the dining area, library, resource room, and a multi-purpose room. Each bedroom will have its own bathroom. There are two semi-private bedrooms in each group that will give flexibility to staff to allow a group to add a bed if needed.

There are other common area functions such as staff offices and support areas, administrative functions and support functions such as kitchen, housekeeping, laundry and maintenance.

The facility is best suited to be all on one level as the building code will dictate this due to the age of the children. The school's programming includes many outdoor activities which is best

accommodated by generous buffers around the property that allow the children to be outdoors without conflict with traffic or neighboring property.

	Cost Per Sq. Ft.	Total Sq. Footage	Total Project Cost
Total Project Costs (Architects, fees, contractors, etc.)	$355	33,954	$12,053,000
Maintenance Outdoor Costs	$125	1000	$125,000
Total Construction Costs			**$12,178,000**

Cost considerations:

While the cost to build new State-operated facilities is initially more expensive to the State, the cost over time may be mitigated both by the cost that would be incurred by the State to renovate/maintain older existing State properties or lease/renovate other properties as well as the cost for utilities for older, less efficient properties. It also reflects that newer buildings with more space for learning and meeting privately with teachers and family provide a more therapeutic environment for the students to learn and recover. Ultimately, this approach to construction could further improve on the Wright School outcomes. In addition to the cost of the building itself, newer facilities have an easier time of attracting and retaining staff which would also be a benefit to continuity of care and treatment for the students at the program.

While various configurations for the facility were contemplated, it is recommended that any future facility be built in three groups of eight to maximize efficiency.

Operating Costs

Staffing at the current Wright School facility was used as a base model by the workgroup in estimating the annual operating costs for the additional sites. Three (3) additional FTEs were added and a small number of positions reclassified for the new programs for more efficient staffing. Annual operating cost estimates for each facility, including staffing, food, supplies, etc. is $3.35 million. Additional positions (Quality Assurance, Human Resources and Staff Development) that provide support across the Wright Program sites to ensure programming integrity with the original Wright School will be needed at a cost of $219,126.

One Time Start-up Costs

Additional, one-time start-up costs at each new site including furniture, audio video equipment, IT infrastructure, etc. are estimated at approximately $350,000.

Total Estimated Costs

Total estimated costs including construction, operating and one-time start-up costs to build each additional facility is estimated to be $15.9 million as detailed in the chart below.

Construction	$ 12,200,000
Operating	$ 3,350,000
One Time Start-up	$ 350,000
Total Estimated costs per new facility	**$ 15,900,000**

H. Recommendation:

Through the collection of data and input from key stakeholders, the report suggests the need for additional State-operated facilities at two undetermined locations - one each in the western and eastern parts of the state. The workgroup proposes to expand one facility at a time to allow for a thoughtful and consistent transfer of Wright School philosophy, knowledge and culture. The workgroup also recommends that the first facility be constructed in western North Carolina.

The Department is deeply appreciative of the efforts undertaken by the workgroup and the recommendations they have forwarded. They reflect a high level of support for the program and its effectiveness in addition to a desire to make it more geographically accessible. We believe additional analysis is warranted to determine whether additional sites are needed and, if a need is confirmed, where the new facility(ies) should be located. The additional analysis will also help the Department confirm whether wait list data maintained by the Wright School or the results of an LME/MCO survey is the better or more reliable predictor of need.

Also needed is a more comprehensive cost-benefit analysis of building a new facility versus remodeling an existing structure. To the latter point, the Department would like to explore whether the soon-to-be-vacated building on the current Broughton Hospital campus (in Morganton, NC) could serve as viable location for an additional program site.

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Michelle Garcia-Winner, https://www.socialthinking.com/

Appendix A

To whom this may concern,

I am the father of a Wright School Alum, [redacted]. [redacted] attended the Wright School, May thru November of 2016. [redacted] has been diagnosed with having anxiety, ADHD, behavioral dysregulation disorder, and a learning disability. [redacted] has always been is a social and friendly kid, with lots of empathy towards others. He has a smile that melts my heart, and makes friends easily. However, before the Wright School, when [redacted] got nervous or overwhelmed, he would have melt downs, which consisted of crying, getting angry, or, at times, being physically aggressive toward teachers and family members. Afterwards, he would often feel guilty and ashamed of his behavior, though he was not able from preventing it from repeating. We first noticed this behavior when [redacted] was very young, so from ages 5-7, we enrolled him at the Lucy Daniels Center, a private mental health treatment program. However, around age 10, [redacted] was admitted in the UNC Children's Hospital psychiatric ward for two weeks because he threaten to hurt himself and others. Looking back at this, it was not very helpful because it did not allow for enough time for [redacted] behavior to be analyzed, to teach him coping skills, and decide which medications might be best to help him. As such, soon after leaving the hospital (actually the same day), [redacted] exhibited some of the same outbursts he had prior to going to the hospital.

Fortunately for us, we were able to afford to have [redacted] meet with some highly recommended psychiatrists, psychologists and therapists (although they all were out-of-network health providers, meaning we had to pay premium costs for treatment). Although [redacted] made some progress, he was still having major meltdowns. Especially at school, where his learning disability was causing a lot of anxiety in the classroom, as he was unable to keep pace with his peers. One such meltdown resulted in his suspension from school. It was around this time, in the fourth grade, that we first heard of the Wright School. Initially, it was not easy thinking about [redacted] not being with his family (and not playing top level competitive soccer where he found much satisfaction in himself) for so much time over a six month period. However, after much soul searching, [redacted] mother and I decided it might be for the best.

Initially, to our surprise, [redacted] was on-board about going to the Wright School. Although he was eleven years old, he knew he needed help. He did not want to continue to feel the way he was feeling, and I think he trusted us to do what was best for him. That said, when the day came to tour the facility he literally went kicking and screaming. However, very soon after starting at the Wright School, [redacted] felt he was in a very loving and caring environment. At the Wright School, [redacted] was truly among his peers. He felt that he was not alone in his troubles, and felt like he did not have to measure up to the "smarter" students/friends at his base school. Actually, [redacted] true nature was able to blossom, and it allowed him to become a leader, and help other students cope with their troubles using the coping strategies they learned together. Furthermore, [redacted] met with a psychiatrist on a weekly basis to assess which medications could be prescribed to best help [redacted]. Finding the right medication for someone might take a long time. The psychiatrist exchanged notes with the teachers/staff/counselors to better monitor the effects. Also, in addition to teaching coping strategies for [redacted] to use when he was feeling overwhelmed, the Wright School, also taught other life skills like being responsible for his actions, keeping his living and eating spaces clean, and personal hygiene practices. Additionally, the entire staff worked great together evaluate how [redacted] was responding to the comprehensive treatment program, and kept an open dialogue with us. Everyone we interacted with seemed so positive and solely dedicated to helping all the children be their better selves.

By all accounts, [redacted] responded very well to the Wright School treatment program. After leaving the Wright School, [redacted] transitioned to a Wake county school Emotional and Behavioral Support (EBS) program which practiced a few of the same strategies taught at the Wright School. Accordingly, the EBS program helped with the transition from the Wright School to public school, and eventually the public middle school [redacted] is in today (the largest in the State).

We were lucky. The Wright School was only a 40-minute drive from our home. We learned that other students drove hours to Durham to attend the Wright School (and maybe others decided not to avail themselves of this program because of the distance). I truly believe mental health care is grossly underfunded in the United States. It seems that the system is set-up to treat mental illness as a discipline problem, with the preferred treatment to make such kids behave being punishment (such as suspension or expulsion from school). And, it is not difficult to imagine that when our youth transition out of the public school system, they might end-up in jail for a period of time before potentially finding help in a State run mental institution. I rather my tax dollars go to expanding the Wright School model to other locations around North Carolina, rather than building more jails. I truly believe that it is very possible that [redacted] (notwithstanding all the money we personally spent on the best doctors, therapists, and programs), would not have been able to regulate his behavior, as he does today, if it was not for his treatment at the Wright School. It is just as likely that he would have faced multiple suspensions from public school, and headed down the road of not graduating high school, if not for the Wright School.

Life is not perfect today, but everyone (his teachers, soccer coaches, his extended family) sees that [redacted] is now taking more responsibility for himself, that he is happier, and he truly works harder than ever with his school work. It is not resulting in good grades all the time. But that is missing the point. [redacted] is now constantly using is coping strategies to deal with the stresses of life better than he has ever done before. And, knowing how much empathy [redacted] has for others, I would not be surprised, when [redacted] graduates, that he will give back to programs like the Wright School. The Wright School made that type of difference for [redacted], our entire family, and the community at large. It is my sincere hope that the Wright School program could be expanded to help others in North Carolina in the same way it helped us.

Sincerely,

Andre G.
Resident of Cary North Carolina

November 13, 2017

To Whom it May Concern,

My son [redacted] was admitted to the Wright School the day before his 10th birthday in 2014. [redacted] has shown signs of emotional dysregulation as well as ADHD from the time that he about 4 years old. We started him in weekly therapy and medicine at just 4 and a half. At the age of seven, he was admitted for short term observation at UNC Children's Hospital psychiatric unit. At that point he was talking about suicide and not wanting to live anymore. He spent 7 days there. 7 days……..not much you can do in that time frame. My husband and I stayed in Raleigh with family so we could be present at every opportunity. We visited every afternoon and night to spend time with our boy. We tried to learn as much as possible about strategies that we could use to help him. They made some medication adjustments even though they had little time to observe his behaviors on his current meds because, of course, they go through a "honeymoon phase" where all is good for the first few days. So, they changed meds and sent us on our way. They didn't have any time to see what those med changes would do. Would they be beneficial? Would they make things worse? Fortunately, they did show some improvements for him but that didn't last very long. Fast forward a year and a half later we found ourselves back in the same situation that we were when we admitted him to UNC. Meds weren't working and we couldn't qualify for additional services like intensive in home therapy because we couldn't qualify for Medicaid and our private insurance wouldn't cover the costs. At the age of 9, [redacted] was admitted to Brynn Marr Hospital for a second short term observation period. This was one of the worst experiences we have ever had as parents. We were not allowed to see him the entire time that he was there and we were lucky if we could get a nightly report form the nurses. Again, they made some med changes and he was discharged after 10 days. Less than 6 months later we found ourselves in the worst place we had ever been and in total crisis mode. [redacted] was a total safety issue at this point, not only to himself but to others around him, specifically his little brother who was just 4 at the time. We could not leave him alone for a second. At one point, he kneed his little brother in the chest so hard that he knocked the wind out of him. There was nothing we could do to help him---he was a ticking time bomb and was exploding several times a day. I had to leave my full time job and go to part time so I could have flexibility to get him from school when there were issues which was happening several times a week. My sole purpose became keeping him safe and becoming a referee between him and anyone who came in contact with him. Again, we couldn't access any resources because of the high cost and the inability to pay for it out of pocket.

I heard about the Wright School several years ago from a family member. She told me she knew several families that had gone through the program and that they had great success after admission. As a parent, this is the last thing that you want to do. The thought of [redacted] being 3.5 hours from home was heartbreaking to me but you get to a point that you do what you have to help them and if that meant he had to go away to residential, I was bound and determined to get him the help he needed and deserved. Because we weren't able to access services through any type of agency, I took it upon myself to call the facility and ask for a tour. I was attending a retreat for moms of children with indivisible disabilities 2 weeks later. I asked if I could schedule a tour when I went to Raleigh for the retreat. I toured the facility on a Friday morning. The following day I attended my retreat. At one point we broke into small groups and I happened to meet a mom whose child had recently been discharged from the Wright School. I asked her how things went for her and her exact words were "If you have this opportunity, consider it a gift and accept it". Boy was she right!! After getting paperwork filled out, The Wright School staff helped us get

connected with our local Licensed Management Entity in Wilmington. I started the paperwork in June and [redacted] was admitted in September. If you know anything about how long it can potentially take to have a child admitted, this was record breaking time. [redacted] spent close to 8 months at The Wright School. I won't say it was easy, especially those first few drop offs, however, if I had the opportunity and need to do it again, I would without blinking an eye. [redacted] had excellent care. He was observed thoroughly by professional staff and every step of the process was communicated to me. I traveled 3.5 hours there and back twice a week and I would do it again if I had to. [redacted] was never once made to feel inadequate or judged while he was there. He was loved by incredibly caring and compassionate professionals. The people that are employed there aren't there to make a paycheck and it shows. They genuinely love these children and are dedicated to making their lives more enjoyable as well as the families. When it was time for discharge, my son didn't want to come home. Yes, he missed his family and being at home, however, he didn't want to return to his home school where he felt judged and made to feel different. I believe this speaks volumes about the treatment he received while he was there. He learned stress strategies that he still uses today. They were able to get all of his meds to a point where they were really making a positive difference for him. They involved us in the entire treatment process every step of the way. They encourage the families to be as involved as possible and gave us the opportunity to learn a lot about what mental health issues look like in children and how to successfully approach them.

Here we are, 3 years later. [redacted] has started 7th grade and done very well for 2 years. As I stated earlier, he still uses stress strategies that he learned at The Wright School. He still attends therapy bi-weekly and he now has a Psychiatric Medical Alert Assistance dog named CANYON. I honestly don't think we would be where we are today if we didn't have the opportunity to attend the Wright School. There was no solution for [redacted] illness with a 45 minute therapy session, he needed much more than that and we found it there. Does [redacted] still have rough days? Of course (have I mentioned we are starting puberty?) He still struggles academically and I believe that is something that may never change but we are in such a better place than we were 3 years ago and I owe a lot of that to our amazing Wright School family.

I would be happy to answer any questions you may have.

Sincerely,

J W.

To whom it may concern,

My 13 year old son, [redacted], entered the Wright School in March of 2017. He had been on the wait list for nearly a year, a year that involved harmful behaviors, a two week hospital stay, intensive in home therapy sessions, sometimes three or four a week, IEP meeting after IEP meeting after BIP meeting, school suspensions, and lots and lots of tears and struggles.

I remember walking up to the school, my child's suitcase in hand, wondering desperately if I was making the right choice. If there was anything I hadn't tried, any way to keep him at home and still give him the help he needed. [redacted] was diagnosed with autism and eventually ADHD at an early age. We had been fighting for him since he entered kindergarten at 5 years old and, while would see occasional break throughs and had some success with outpatient therapy and interventions at school, it never seemed to be enough to meet his needs. There is only so much funding, so much time, so much effort that mental health professionals and educators can give to one child. He was falling through the cracks and we were finding it difficult to pull him out.

The day we walked out of Wright School for the last time, my child's suitcase in hand, I knew that I had absolutely made the right decision. He thrived in its environment. He received invaluable services from incredible professionals who valued him and our family. I cannot possibly say enough things about this school and our experience, from the 24/7 structure, observation, interventions, and parent workshops and meetings, to the phenomenal staff. I don't know if anyone could assemble a better crew of educators and caregivers. I am forever in debt to the school and its employees.

[redacted] has been back home and in public school for a couple months now. While no public school or home setting could replicate Wright School, the tools they have given us have made his transition smoother and better than I could have hoped for. We will always experience challenges, as there is no cure for autism or ADHD, but we see a future for [redacted] that we could not have envisioned before the Wright School. My wish is that every child and family who is in need of such a school could have an opportunity to attend, and I encourage North Carolina to expand the program as much as possible through out the state. I don't believe my tax dollars could be more well spent.

Sincerely,

Jessica J.

MEMORANDUM

TO: Workgroup to Study Expansion of Wright School

FROM: Cherie P.

DATE: November 27, 2017

My name is Cherie P. and I live in Raleigh, North Carolina. From the time three of my grandchildren were very young, they lived with my husband and I. In January of 2000, I received court ordered custody of them, the oldest was almost 4 and the twins were two.

As the twins got older, they had a lot of behavioral and emotional problems. They would punch holes in their bedroom walls and be very destructive. No matter how I reprimanded them nothing worked. I talked to their pediatrician who recommended that I read a book about bipolar children. After reading it and speaking with the pediatrician again, he recommended that the boys see a psychologist. After several sessions there, a psychiatrist was recommended. The twins were 4 at that time. They were diagnosed with ADHD and Bipolar. They have been under the care of the psychiatrist since that time.

As they began school, the behavioral problems got worse and they were constantly disrupting the classrooms. They were in separate classrooms so two classrooms were being disrupted. The elementary school and myself prepared an IEP for both but that didn't work either. They were each continually getting reprimanded and getting in-school and at-home suspensions.

The psychiatrist recommended the Wright School and that is where I saw hope for the boys. They each went there at separate times and I am still grateful for the program there. With the re-education and counseling they received it was a great success. They were each able to return to the regular classrooms. I am proud to say they are now 18 and have now graduated from Job Corps – one in Culinary Arts and the other in Auto Mechanics.

But the Wright School did a lot for me as the "grandparent" also. When I attended the first workshop/lunch, I found out I wasn't the only parent going through this. It reduced a lot of stress by being able to talk to others. Another plus was the fact that I got re-educated also. I discovered my reprimands were in a negative tone and I learned how to positively reinforce the behavior.

The shame is that many more families would benefit from the School but the county schools don't mention it to the parents as an alternative. And with only one school, it can only accommodate a small number of students.

I am hopeful that the General Assembly will see the need for expansion. I truly believe it kept the boys out of the criminal justice system.

Lisa D.

November 14, 2017

To Whom it May Concern:

I had never considered the issue of mental health when I began my parenting journey. I certainly knew the parenting would be difficult, and without a doubt I know that parenting adopted children would be a degree more difficult. But I had no preparation for what it would mean to parent a child with severe emotional and behavioral issues. Despite the very best parenting that I could achieve, despite countless appointments with psychiatrists, psychologists, therapists, and countless meetings with teachers, and principals, and IEP team members; I felt as if we were drowning. I felt as if we were doing everything we possibly could to help our son, but what we were capable of was just not enough. One of the therapist used the analogy of: if you had a heart condition you would go to the hospital for treatment because being at home couldn't provide that kind of treatment that you needed. She helped us to understand that what our son needed was bigger than what we could provide at home. What would ever lead a parent to choose a residential school for their child? It's not what we wanted to do. It's not the way we ever envisioned parenting; it's not even that we wanted a break, but it was exactly what our son and our family needed to get a firm footing and begin moving forward in a healthy and helpful direction.

Before the Wright school, my son was expelled from the day-treatment program at his public school because his needs were too intense for them to serve him in the school setting. He had multiple suspensions for aggressive behavior, defiant behavior, disruptive behavior. I received calls from the school at least 3 times per week. His grades were poor, and he hated school. At home we saw these behaviors as well as runaway behaviors, risk-taking behaviors, aggression and destruction. We had a therapist who came to the house, he was involved in an out -patient equine assisted therapy program, he had an IEP at school, he had a buddy with him at church during Sunday School, he had alarms on his bedroom door and we attempted to provide constant supervision and intervention. Despite all these interventions, every day was extremely difficult. We were exhausted, we felt hopeless, and we were barely holding on.

Once we were approved for admission to the Wright School we waited almost 6 months. We barely made it through the last two months, and when they finally called to say a bed was available, I was relieved and devastated at the same time. We needed to send our son, but our hearts were broken that we had to. We had had a range of other services, but none brought him to a place where he could manage at home and be successful at school. We brought our son to the Wright school for a tour a few days before his admission. I was really moved by the answers that the current students gave about what they liked about the school. I remember one boy said that everyone made him feel welcome. I longed for a place where my son would feel welcomed.

During my son's stay at the Wright school he had so many opportunities to learn and practice coping skills, to develop strategies that helped him with self-control, to find things that he was interested in and good at, and most importantly to learn that he was likable. Each week we worked with a family liaison to carry over what he was learning in school to the home environment. On the weekends we worked on goals. We were always working as a family. It wasn't just a break away from a difficult child, it was an opportunity to learn how to make our family work and how to help our child who struggled with emotions and behaviors. The therapist helped us to see behind the behaviors and to realize how our son was sabotaging himself, and what we could do in response to his behaviors and outbursts.

We were excited and nervous when he came for good. We worked hard to continue with the strategies that he learned while at the Wright school. When he returned to public school, one of his teachers from the Wright school came to several meetings to help with his transition. He was such a valuable resource.

It has now been one year and 4 months since our son was discharged, and although things are not perfect, he is doing remarkably better. This school year he has not had one suspension, and I have not been called one time due to his behaviors. He still needs coaching, but he is able to work through many of his feelings and problems now. He readily uses coping skills many times, and is much more receptive when we give him input. We seldom see any aggression or destructive behaviors. He has had no incidence of running away. He no longer needs a buddy at Sunday School, and he even played football for an entire season. He can now handle NOT catching a fish without breaking his rod, and NOT getting what he wants most times. He also loves school and received A's and B's (and 2 C's) for the first time ever. He admits that the Wright School taught him how to keep his problems small and how to manage his anger. We will always be tremendously grateful for the Wright School, and often wonder why there is only one such school in NC.

Lisa D.

To Whom is May concern,

We have an amazing 9-year-old boy we love unconditionally. Before the Wright School we knew there was a concern with our son [redacted] finding happiness. With Blue Cross NC Group insurance, we have therapists, doctors and specialist under our belt. We have followed their advice and have advocated for our son. Even with insurance, we have found it difficult to receive help in the state of NC. We have severe limitations on therapy hours in NC. Most places do not have weekends or nights so the next set of convenient hours booked for many months to a year so you have to wait for cancelations. This makes the continuity of care difficult if you have to work. On top of that, the public schools are not strong in NC.

Before the Wright School [redacted] struggled with a high level of anxiety. He would inflict self-harm, destroy his toys, the house, couldn't connect with friends well and had difficulties with school behaviors. He was suspended from kindergarten 7 times. This made it difficult to keep our jobs that allowed us to have the best healthcare for him but we did. In 2015, we learned that we needed to bring our child to the Emergency Room (ER) for suicidal ideation. We stayed with him in the ER for 7 days. Then [redacted] was moved to the UNC Hospital 5th floor where he stayed for a little over a week. Here is where we learned about the Wright School.

A few months later [redacted] started the Wright school. The idea of sending him away to an overnight school was scary. Once we started we understood this was a good decision. He had all the therapies he needed in one place. He had the commitment of a caring staff to attend to his needs. Full time therapist who could monitor him during medication changes and make the process of changing meds less scary. We found tremendous growth with [redacted]. With occupational therapy, play therapy, Superfex classes, and so much more the Wright School were able to help [redacted] with his suicidal ideation, confidence and finding happiness. [redacted] was able to learn to connect with us and even started connecting with other children.

During the Wright School we discovered they could help the parents as well. There were classes once a month that helped us learn how to better help the family. Ms. Richardson was able to meet with us to better help us develop strategies with difficult behaviors. We were able to observe classes at the school to better simulate a smarter supportive environment at home. We used nights we could not visit [redacted] to fix the house. This way he could come back to a fresh start and not have negative memories.

Since graduation at the Wright School the entire family has more tools in our tool belts. We have found [redacted] to be a lot happier. Killing himself is no longer an everyday solution to daily life concerns. It's been over a month since he talked about this where is used to be a daily occurrence. He is playing with children rather than independently. He is expressing love and appreciation for us as parents and family members. It's been one of the first times he understands the effort we put in and shows appreciation for it. He has not hurt himself, his mom or emotionally hurt his dad for months. There are also simple things we can enjoy now such as he can handle furniture in his room. There has been significate less destruction of the house. Only one bathroom accident in two months where this use to be an almost daily occurrence. We can trust him to do small things like run to the mailbox to get the mail where before that would have been a major house repair. As parents we are better equipped to understand his state of mind and pivot to meet his needs. Being a Wright School alumni has also helped with current school challenges and how to approach them better. Most importantly, having someone who genuinely cares at the Wright School makes difficult days smoother.

Statistically the state would see a quantifiable drop in the needs for ER expenses, medication mishaps, and so much more if someone just pulled the data. I also feel you'd see happier children who would become productive members of society when of age.

Kind Regards,

[redacted] Mom and Dad (a.k.a The luckiest parents in the world.)

Appendix B

Staffing	Employees (FTE/PTE)	Total Salary and Fringes
Administrative Staff	4	$ 267,947.44
Social Workers	7	$ 491,012.23
Psychologists	1	$ 104,580.02
Psychiatric Unit Administrator	1	$ 102,899.18
Specialty: Speech/Language	1	$ 83,232.60
MH Coordinators	2	$ 169,755.65
Diagnosticians	2	$ 153,214.81
Youth Program Education/Assist (I &II)	17	$ 832,113.68
Teachers	5	$ 419,731.71
Cooks	2.5	$ 113,694.16
Utility/Maintenance/Housekeeping	6.5	$ 263,499.43
Cross-Facility Support Personnel	3	$ 219,126.70
Totals	52	$ 3,220,807.61