Access to Education in Pennsylvania Partial Hospitalization Programs
(December 2007)

> *The Pennsylvania Departments of Education and Public Welfare have jointly examined the challenge of providing educational services to children attending partial hospitalization programs. This white paper summarizes the background data and outlines a strategy to meet these children's educational needs without imposing undue costs on local school districts.*

Partial Hospitalization Programs (PHPs) – licensed as psychiatric partial hospitalization programs – are non-residential treatment programs that serve children in need of treatment for serious emotional or behavioral disorders. Approximately 10,400 children received treatment in one of approximately 100 partial hospitalization programs (at 206 sites, 82 of them located in schools settings) in 2005. These children require treatment for less than 24 hours a day, (e.g., they do not require hospitalization in an inpatient setting). However, they need more intensive and comprehensive services than they can receive in an outpatient setting. The Medical Assistance program, administered by the Department of Public Welfare, is the primary funding source for treatment. Students are referred to partial hospitalization programs from several different sources including schools, courts, the medical system, and family/self-placement.

Children attending partial hospitalization programs typically receive psychological, psychiatric, social and/or vocational treatment. The type and amount of education that children receive while they attend a PHP varies by school district and the PHP. Some PHPs are operated in public schools, by intermediate units who are PHP providers, or by private providers who have partnered with school districts to offer their program within the public school.. This approach enables the child to continue to receive his or her education while also receiving treatment. There are also PHPs which are operated by private providers in non-school settings, as well as PHPs located adjacent to residential settings where the residents of those settings are the only participants. In such programs there are variations in the type and amount of time students spend in an educational program. Some PHP providers provide an educational program, others work with school districts to enable the districts to come into the PHP to deliver the educational program. The amount of time that students receive an educational program in the PHP setting varies, as does the type of program offered. This variance underscores the need for more clarity about responsibilities and better coordination between partial hospitalization programs providing treatment and schools providing education.

It is essential that children who attend PHPs receive quality education services, and this is especially true for children who require extended stays. In all but a few cases, children who spend time in out-of-school partial hospitalization programs return to their home schools and regular classrooms in a matter of weeks or months. Some of these children find themselves significantly behind their peers due to the low level of educational services they received while in the PHP. The commonwealth needs to ensure that their educational needs are being adequately met while they are in the PHP in order for these students to make a successful transition back to their home schools. Roles must be

clarified and standard practices must be established so that children with special behavioral health needs do not fall irrevocably behind.

The Pennsylvania Department of Education (PDE) and the Department of Public Welfare (DPW) have been working together to understand this complex set of issues. The departments have gathered and analyzed data from multiple sources about program costs, utilization trends, and the characteristics of students attending partial hospitalization programs. This report also draws from studies and surveys completed by others including the Education Law Center and Pennsylvania Community Provider Association. This report summarizes data about program and student profiles and outlines several specific steps to ensure that students in partial hospitalization programs receive an adequate education.

Profile of Partial Hospitalization Programs

Currently, there are approximately 206 licensed partial hospitalization programs sites serving youth in Pennsylvania. In 2004, the Department of Education and DPW's Office of Mental Health and Substance Abuse Services conducted an in-depth survey of Pennsylvania partial hospitalization programs. The survey found that 39 percent described themselves as school-based programs, 24 percent as site-based, free-standing programs, and 36 percent as site-based located within a mental health program. Some of the school-based programs are operated by private providers. In other cases, the intermediate unit is the provider.

Table 1
Children in County by Partial Hospitalization Program, 2005-06

	0-5 Years Old	6-12 Years Old	13-17 Years Old	Total Children in PHP	Total Children 0-17 Yrs	Percent Children in PHP
Adams	0	26	10	36	22,764	0.2%
Allegheny	70	476	550	1,096	281,176	0.4%
Armstrong	0	20	44	64	16,574	0.4%
Beaver	0	14	19	33	41,062	0.1%
Bedford	0	11	39	50	11,774	0.4%
Berks	6	243	204	453	91,909	0.5%
Blair	0	42	92	134	29,282	0.5%
Bradford	3	44	66	113	16,022	0.7%
Bucks	2	74	101	177	153,486	0.1%
Butler	1	54	55	110	42,848	0.3%
Cambria	1	21	43	65	32,075	0.2%
Cameron	0	0	7	7	1,464	0.5%
Carbon	1	36	47	84	13,029	0.6%
Centre	7	52	61	120	24,466	0.5%
Chester	5	36	124	165	113,582	0.1%
Clarion	0	7	12	19	9,035	0.2%
Clearfield	2	45	109	156	18,922	0.8%
Clinton	0	16	27	43	8,143	0.5%
Columbia	0	1	5	6	13,352	0.0%
Crawford	0	7	16	23	22,320	0.1%
Cumberland	0	30	21	51	46,985	0.1%
Dauphin	2	94	61	157	61,113	0.3%

	0-5 Years Old	6-12 Years Old	13-17 Years Old	Total Children in PHP	Total Children 0-17 Yrs	Percent Children in PHP
Delaware	3	83	135	221	136,833	0.2%
Elk	0	5	23	28	8,443	0.3%
Erie	83	165	67	315	70,311	0.4%
Fayette	14	95	61	170	33,734	0.5%
Forest	0	0	1	1	1,121	0.1%
Franklin	0	58	50	108	31,052	0.3%
Fulton	0	2	4	6	3,507	0.2%
Greene	0	9	23	32	8,979	0.4%
Huntington	1	28	33	62	9,893	0.6%
Indiana	0	20	22	42	18,865	0.2%
Jefferson	0	13	16	29	10,819	0.3%
Juniata	0	3	6	9	5,703	0.2%
Lackawanna	129	325	249	703	46,427	1.5%
Lancaster	4	117	133	254	125,291	0.2%
Lawrence	1	30	37	68	21,880	0.3%
Lebanon	4	57	42	103	28,516	0.4%
Lehigh	37	229	206	472	74,684	0.6%
Luzerne	35	149	132	316	67,066	0.5%
Lycoming	0	45	40	85	27,977	0.3%
McKean	0	9	63	72	10,898	0.7%
Mercer	0	20	78	98	28,184	0.3%
Mifflin	1	19	32	52	11,451	0.5%
Monroe	6	72	99	177	37,128	0.5%
Montgomery	96	197	73	366	181,145	0.2%
Montour	0	3	8	11	4,446	0.2%
Northampton	2	115	156	273	62,267	0.4%
Northumberland	2	41	64	107	20,699	0.5%
Perry	1	5	13	19	11,130	0.2%
Philadelphia	111	815	730	1,656	383,469	0.4%
Pike	2	12	16	30	12,352	0.2%
Potter	0	3	24	27	4,697	0.6%
Schuylkill	16	152	134	302	31,351	1.0%
Snyder	0	2	6	8	9,014	0.1%
Somerset	0	9	61	70	17,843	0.4%
Sullivan	0	1	4	5	1,366	0.4%
Susquehanna	2	65	25	92	10,764	0.9%
Tioga	2	18	5	25	9,812	0.3%
Union	0	2	15	17	8,366	0.2%
Venango	0	15	8	23	13,947	0.2%
Warren	0	9	16	25	10,587	0.2%
Washington	1	23	37	61	44,997	0.1%
Wayne	23	61	52	136	11,447	1.2%
Westmoreland	1	62	128	191	81,230	0.2%
Wyoming	2	6	8	16	7,164	0.2%
York	5	171	198	374	93,983	0.4%
Total	684	4689	5046	10,419	2,922,221	0.4%

Source: Department of Public Welfare, Managed Care Organization and Fee For Service Child Hospitalization Users, State Fiscal Year 2005-2006.

The Department of Public Welfare is the state agency with primary responsibility for overseeing the treatment of children in PHPs. DPW administers the Medical Assistance program that is the primary funding source for treatment. In 2005, Medical Assistance payments to PHP providers totaled $59.1 million. Medical Assistance is the payor for the overwhelming majority of children attending partial hospitalization programs.

DPW is also responsible for licensing and regulating partial hospitalization programs. Virtually no new licenses have been issued for partial hospitalization programs serving youth in recent years with the most recent licenses being issued primarily to programs operating in school settings. The total number of programs serving youth has stayed relatively constant at around 100 with a total of 206 sites, 82 of which are school based. DPW, providers, parents and educators have been moving toward providing behavioral health services and supports in school settings and utilizing out of school options only when necessary. There has been an ongoing commitment to least restrictive and least intrusive settings necessary to meet the needs of children and families. A list of licensed partial hospitalization programs listed alphabetically is available at:

http://www.dpw.state.pa.us/ServicesPrograms/MentalHealthSubstanceAbuse/

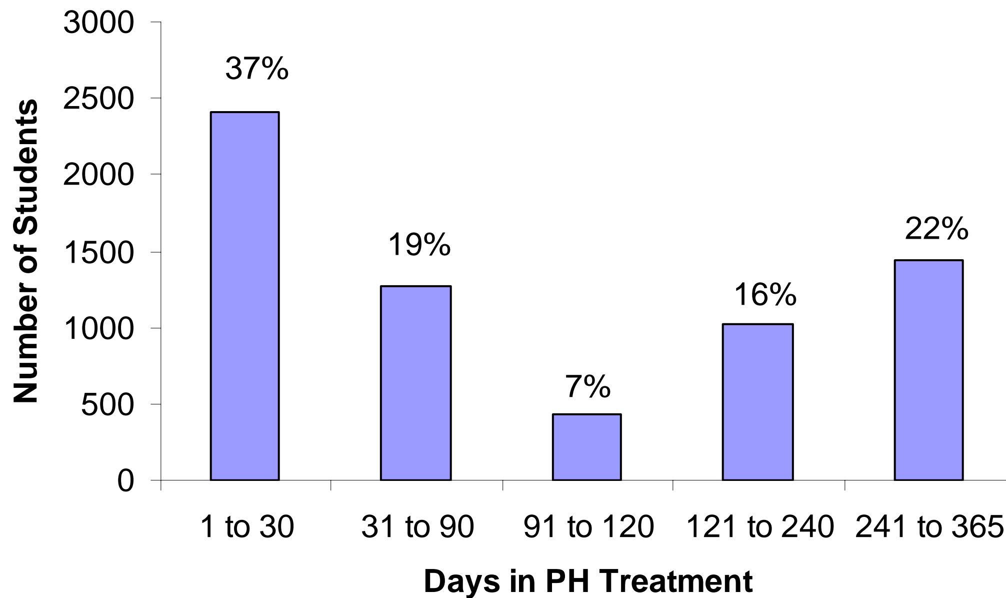
Student Profile

As the largest payor, Medical Assistance is the single best source of data about students attending partial hospitalization programs. (Because PHP is not an educational designation, PDE does not have data for children in free-standing PHPs.) DPW analyzed service and expenditure data for children in both the fee for service and managed care systems who also attended a partial hospitalization program for any part of calendar year 2005. Approximately 10,400 unique children received treatment from a partial hospitalization program in 2005.

Table 1 shows the distribution of students by county and by age group. Every county has some children receiving treatment. The number of students ranges from a low of one child in Forest County to 1,656 in Philadelphia. The final column calculates the percentage of all children ages 0 to 17 who attended a partial hospitalization program. Utilization rates vary significantly by county. Over half of the counties (35 counties) have very low utilization with three tenths of one percent or less of all children attending a partial hospitalization program. These counties are a diverse group and include both large and small and urban and rural counties from different regions of the state. Three counties – Schuylkill, Wayne and Lackawanna – have higher utilization rates (i.e. more than one percent of their children attending partial hospitalization programs).

Because the majority of children attending partial hospitalization programs are also enrolled in Medical Assistance, DPW data can be used to create a profile of how long children attend PHPs. Using data for calendar year 2005, DPW looked at the first day of treatment and the last day of treatment and calculated length of stay in PHPs. Figure 1 shows the results. About 37 percent of children receive treatment for less than 30 days. Another 19 percent receive treatment for between two and three months. At the upper end, 22 percent of children receive treatment for at least nine months. Because these results do not capture treatment that began before January 1 or continued after December 31, 2005, the maximum length of stay is 365 days. Providers surveys have found that in a few cases, students have attended PHPs for six or more years (see Education Law Center, *Educating Children in Partial Hospitalization Programs*, (2004), p2).

Figure 1
Length of Stay in Partial Hospitalization Programs



Source: Department of Public Welfare using Medical Assistance data for calendar year 2005 for Behavioral Health HealthChoices managed care programs (Southeast, Southwest, and Lehigh Capital regions). Treatment that began before January 1, 2005 or continued beyond December 31, 2005 are not reflected in this data.

Students are referred to partial hospitalization programs from several different sources including schools, courts, the medical system, and family/self-placement. There is not a centralized source of data on referrals and PDE does not require districts to report on referrals to PHPs. Universal statistics are hard to come by, but based on a 2004 survey of PHP providers, over 60 percent of partial hospitalization programs report that the majority of their referrals come from the home school district of the child.

Although some PHPs are designed for students with disabilities, not all children attending partial programs are receiving special education services. A 2004 survey by DPW and PDE found that just over half (54 percent) of students referred to partial hospitalization programs also have Individualized Educational Program (IEPs).

Students in Partial Hospitalization Programs Need Treatment and Education

The majority of students who attend partial hospitalization programs will return to their home schools in a matter of weeks or months. In order to successfully re-integrate with their peers, and be successful in career and post secondary education, it is essential that these students continue to make educational progress while they are receiving treatment. The alternative is that students will return to the classroom significantly behind their peers and unable to handle their academic workload. This sustained gap in education, in effect, sets the stage for the child's academic failure.

Education and learning activities benefit all children, but they play a significant role for special needs children working toward recovery. The psychological, social and other supports children receive in partial hospitalization programs are important treatments, but they work best if a child is also challenged and engaged in meaningful activities. Reports from parents, providers, and educators indicate that children who receive adequate educational instruction while in the treatment program do better in their recovery. These children are more likely to be engaged and make progress while in a PHP. In addition, they experience less stress related to falling behind in their academic work and not being able to advance to the next grade or graduate.

As noted previously, children who receive treatment in partial hospitalization programs receive varying types and amounts of education depending on their school districts and the partial hospitalization program. The Education Law Center has conducted three surveys since 1998 and their findings about the amount of education received by children in PHPs are summarized in Table Two.

Table 2
Length of the Educational Day

	Length of Educational Day
1998 Ed Law Center/ PCPA Survey	Children receive 3.4 hours per day on average
1999 Ed Law Center/ PCPA Survey	81% of partial hospitalization programs responding reported that children receive fewer than 3 hours per day
2003 Ed Law Center/ PCPA Survey	50% of partial hospitalization programs responding reported fewer than 3 hours per day

Source: Education Law Center, "Educating Children in Partial Hospital Program." 2004.

The variation across programs and school districts reflects a lack of clear guidance about what school districts must offer students in partial hospitalization programs. In some cases a student may attend a program outside his or her home school district. This may create ambiguity about which school district is responsible for paying for and providing the education. Other programs may be provided in a free-standing location that is not located in a school, which creates ambiguity as to the responsibility of the school district. Clarification is needed to resolve these problems.

Many schools offer homebound instruction which usually consists of packets of work sent to the student with no additional instruction provided or less than one hour a day of instruction. While this does not pose an insurmountable problem for children with short term stays in partial hospitalization programs, the long-term use of homebound

instruction leaves students irrevocably behind their peers and, in many cases, unable to successfully rejoin their classrooms.

In some cases, inadequate communication between schools and partial hospitalization programs means that schools are unaware that their students are attending partial hospitalization programs. While the majority of partial programs conduct interagency treatment team meetings to coordinate a child's treatment plan, the local school or school district is not always included in these meetings. According to the 2004 provider survey, about 60 percent of responding programs invite the home school most or all of the time and the remaining 40 percent of programs invite the school only some of the time or not at all. It is obviously impossible for schools to provide adequate education if they have no way of knowing their students are in an alternative setting.

Next Steps

The Pennsylvania Department of Education and the Department of Public Welfare have been working together on this issue, including conducting stakeholder workgroups, surveying PHP providers, analyzing Medical Assistance encounter data, and meeting with school officials, advocates, legislative staff and providers. These are the agreed upon next steps.

1. The Pennsylvania Department of Education will provide guidance that states the following:
    - The education of students is of great importance, and to the greatest extent possible, students with special behavioral health needs should receive treatment and education in their regular classroom or school.
    - Schools are encouraged to work with behavioral health providers and managed care plans to develop inclusive and integrated programs in regular classrooms and schools.
    - If students need partial hospitalization services, whenever possible the partial should be based in a regular, age-appropriate school, should offer the same curriculum that is available to all students, and should permit the students to participate, to the extent possible, in academic and non-academic programs with non-disabled peers.
    - School districts may become providers or arrange for private providers to offer a program in a public school setting.
    - The school district in which the child is living is programmatically and fiscally responsible to provide educational services.
    - School districts are permitted to provide students education through homebound instruction for no more than 30 calendar days.
    - The education that is provided to the students must be sufficient to permit the child to make a successful transition from the program without significant interruption in instruction necessary for promotion or graduation in the school district in which the child is living.

- The school district may directly provide, or contract with a third party to provide, educational services in a partial hospitalization program, including those in free-standing sites.
- On-going educational services throughout a student's PHP treatment are essential for students to make a successful transition back to their school.

2. The Pennsylvania Department of Education will continue to offer requests for proposals for School-Based Behavioral Health Performance grants to school districts. The grants will support the development of new behavioral health programs in public schools. In the allocation of grant funds, preference will be given to districts with a history of high rates of admission to partial hospitalization programs. Using data from DPW, PDE will give priority to applicant districts that have a history of relatively higher shares of resident students enrolled in PHPs.

3. The Department of Public Welfare will issue a bulletin recommending that partial hospitalization programs include schools as members of interagency treatment teams. The Bulletin will recommend the following:

    - Partial hospitalization programs will be encouraged to secure letters of agreement with local educational agencies regarding participation in the interagency team meeting process that covers student placement, discharge, and service plan development.

    - It is the responsibility of the County Mental Health representative (that is, the CASSP Coordinator, Care Manager, Case Manager, or other mental health representative) to initiate an evaluation or assessment if needed, and to assemble all interested parties to participate as members of the child's interagency team.

    - Subject to Act 147 and FERPA, interagency teams should be made up of the child, parents or legal guardian, a representative of the county mental health agency, a representative from the school district the child will be attending, the Behavioral Health Managed Care Organization, relevant provider agencies and relevant child serving agencies.

    - The initial interagency team meeting is to determine whether less restrictive and less intensive services have been considered prior to the child being referred to the partial program and that every attempt has been made to provide services that will maintain the child in his or her regular classroom or school. The interagency team should take into consideration the child's educational plan as part of this process.

    - Discharge Planning should include members of the interagency team including the local educational agency to ensure a successful transition back to the home school.

4. DPW will work with its HealthChoices contractors (county and/or Behavioral Health Managed Care Organizations) to establish a clear understanding of the issues described in this report. The HealthChoices contractors are responsible for building their own provider networks, including partial hospitalization programs and behavioral health rehabilitation services that can be provided in school settings. MCOs are obligated to assure a quality network within their cost control framework. MCOs must manage the growth of their networks and must ensure the availability and use of more integrated and less restrictive settings as preferable to a segregated partial or classroom or an off-site partial hospitalization program. The incentives in a capitation arrangement will work to make appropriate referrals and manage treatment costs.

5. DPW will work with both partial programs and Behavioral Health Managed Care Organizations to set an expectation that the best place for students to receive behavioral treatment is in the home school environment. Coordination with education is an important component of treatment. DPW will encourage local partnerships, where providers offer programs in a school setting, and also support school districts and other local educational agencies such as intermediate units to become providers in regular school settings.

Cost considerations for local school districts

Some school districts have expressed concerns regarding the potential cost impact of the requirement to provide education to children in partial programs beyond homebound instruction. There is strong evidence that relatively few students will be affected and that schools districts, in partnership with behavioral health programs, have significant ability to manage costs.

Relatively few students require extended treatment in partial hospitalization programs. Table One of this report shows the number of children by county that received treatment in partial programs in fiscal year 2005-06. This data shows that the number of children requiring services in PHPs is low – just four out of one thousand children or 0.4 percent for the state as a whole. This is a conservative estimate because it includes children ages zero to five who may not yet be in school. Not all of these children require extended stays in PHPs. Length of stay data shows that 37 percent of children stay for less than a month.

Districts can control costs by altering their referral patterns. Many children are referred to PHPs by school districts, although this percentage varies by district. Many of these children can be effectively educated and treated in their own schools. If school districts and local managed care organizations partnered to expand the array of behavioral health programs in regular classrooms and schools, fewer referrals would be necessary. School-based programs also offer more control and cost advantages compared to stand alone site based programs.

Short term stays in partial hospitalization programs can prevent the need for costly remediation or placements in expensive residential settings. When students miss school for an extended length of time, they often require extensive tutoring and summer school. These costs, otherwise largely borne by the local school district, are extremely preventable if students receive adequate educational services while in partial hospitalization programs.

In addition, students who are unable to make a successful transition back to the classroom are more likely to require more extensive intervention down the road, including residential treatment. As a point of comparison, in the 2005-06 school year, 338 school districts made more than 1,200 residential placements for special education students, including 156 out-of-state residential placements. The average cost per placement was $69,500 (school districts were responsible for $27,800). At the upper end of the cost range, a single placement cost $393,000 (school district were responsible for $157,100). While it is true that there are costs associated with providing education for students who require treatment in schools or in PHPs, the alternative can be much more costly.