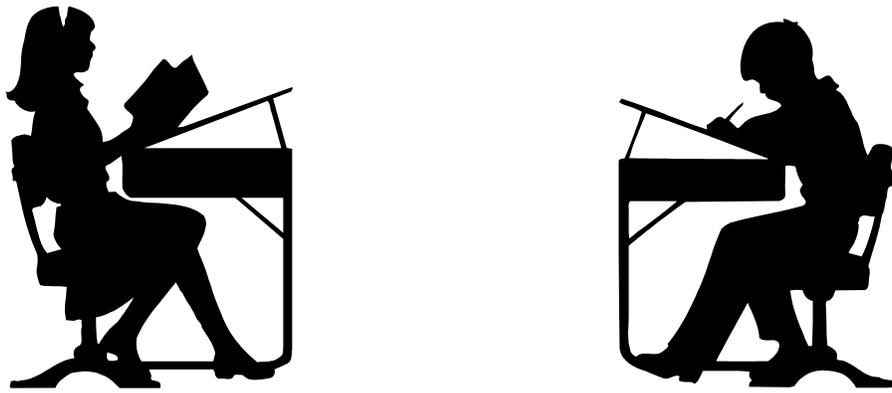


EDUCATING CHILDREN  
IN  
PARTIAL HOSPITAL  
PROGRAMS



**It's Time for Change**



**March, 2004**

# EDUCATING CHILDREN IN PARTIAL HOSPITAL PROGRAMS

## **It's Time for Change**

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The Education Law Center (ELC) is a non-profit education advocacy organization that works on behalf of educationally “at risk” students. Center staff provide free assistance to parents, students, child advocates and advocacy groups in Pennsylvania on public education issues. ELC works to assure that all children have an equal opportunity to a quality public education. Offices are located in Philadelphia, Harrisburg, and Pittsburgh, PA

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## **EDUCATING STUDENTS IN PARTIAL HOSPITAL PROGRAMS**

### **It's Time for Reform**

Since the late 1990's, the Education Law Center (ELC) and the Pennsylvania Community Providers Association (PCPA) have been working to ensure that children who attend partial hospitalization programs ("partial hospital programs"), especially those with extended stays, receive quality education and special education services. Over the years, ELC has received complaints from parents that their children are receiving only limited "seat work" or even less during their stay in partial hospital programs.

In 1998, ELC approached the Pennsylvania Departments of Public Welfare and Education to ascertain how many school-aged children were attending partial hospital programs, how much education they were receiving, and how state and local agencies were monitoring partial hospital programs' education components. We discovered that the Departments had little or no relevant information and that there was virtually no state level oversight.

#### **1998 Survey of Partial Hospital Programs**

To fill this information gap, ELC and the Pennsylvania Community Providers Association (PCPA) decided to survey partial hospital programs that were Association members to determine what education opportunities were available and what problems existed. Thirty-five (35) responses were received from partial hospital programs that were serving approximately 1,360 children. The responses disclosed that:

- Fewer than 20% of the partial hospital programs were located in a school building.
- Slightly more than 10% of the children had any opportunity to attend school or extra-curricular programs with children who did not have disabilities.
- The average length of time children remained in these programs was 10 months, and the longest stay for any child was 108 months (the second longest was 84 months, and the third longest was 72 months).
- Medical Assistance was the most common source of funding.
- The length of the education component of programs operated by the partial hospital programs varied widely; the average amount of education offered was 3.4 hours per day (as compared to the minimum required in the public schools of 5.5 hours/day for middle and high school aged children, and 5 hours/day for elementary level children).

- Providers reported problems ranging from a lack of educational materials to school districts that were unwilling to readmit their residents when the partial hospital programs recommended that the children be discharged.

### **ELC/Providers Association Stakeholders' Group**

ELC and the Providers' Association then convened a "stakeholders" group of providers, advocates, and representatives from local educational agencies, the mental health system, and the education system to explore solutions to this problem. The group met twice and reached consensus on a number of problem areas and possible solutions. Since, as this Report demonstrates, there has been little change or improvement since 1998, the problems identified, and the potential responses, still make sense as a starting point for deciding how to ensure that children placed in these programs receive the necessary education and special education services. These proposals are discussed at length in the section of this Report entitled Recommendations.

In November, 1998, the group sent the Report, with an explanatory letter and a plea for action, to the Chair of the Governor's Interagency Committee to Coordinate Services Provided to Individuals with Disabilities. (The entire Stakeholders' Report, with the cover letter, is included in the Appendix to this document). No response was received. We also raised this issue (and sent the Report) to the Office of Mental Health and Substance Abuse Services (OMHSAS) urging regulatory reform. We received no response from OMHSAS either.

### **ELC/Providers Association 1999 Survey**

In Summer, 1999, we distributed an expanded survey to partial hospital programs who were members of the PCPA. Twenty-nine programs (29), or 43% of the programs that received the survey, responded. These programs were serving approximately 1,735 children. Some of the key findings from this survey were:

- Out of the 26 programs that operated during the school day, 81% of the respondents said that they provided three or fewer hours of education per day, and three programs stated they had no education component.
- The average length of stay for 13 of the respondents was 6 - 12 months; eight respondents said their average length of stay was 1 - 2 years; and one respondent (an approved private school) stated that the average length of stay was two years.
- The maximum length of stay was 12 years, followed by six and one-half years, and six years.
- 41% of the children were referred by their school districts.

- Medical Assistance was the major funder for all of responding partial hospital programs.

**ELC/Providers Association 2003 Survey**

With the advent of a new state administration, ELC and PCPA decided to update our information base and again raise this issue with the Departments of Education and Public Welfare. ELC asked the Department of Public Welfare (“DPW”) for information on the number of school-aged children served by partial hospital programs from 2000 to 2002. DPW released encounter data for Fee-For-Service and HealthChoices for school-aged children for 2000-2002. DPW also sent a list of roughly 70 partial hospital programs that serve children from birth to age 21. In response to our request to DPW for 2003 data, we received a list of 90 partial hospital programs that serve children from birth to age 21.<sup>1</sup>

The DPW data showed the following:

HEALTHCHOICES <sup>2</sup>	
YEAR	# OF UNDUPLICATED RECIPIENTS
2000	4,392
2001	4,592
2002	6,597

FEE FOR SERVICE CLAIMS <sup>3</sup>	
YEAR	# OF UNDUPLICATED RECIPIENTS
2000	5,403
2001	5,787
2002	4,633

It therefore appears that there are many school-aged children attending partial hospital programs, and that the numbers are growing. However, we were not able to obtain specific information on the quality or quantity of education these children were receiving in partial hospital programs. Thus, ELC and PCPA again surveyed partial hospital providers who were Association members, using essentially the same questionnaire as in 1999. Twenty-seven (27) partial hospital providers, who were serving 979 children, responded. A copy of the 2003 survey is included in the Appendix to this Report.

<sup>1</sup> We also received updated data on children who received partial hospital services funded by the HealthChoices and Fee-For-Service Medical Assistance programs in 2003. That information shows approximately 9,800 children attending partial hospital programs that year. However, the letter from DPW notes that “these numbers may be slightly low” because DPW converted to a new data system during this year. Because the accuracy of this figure is somewhat uncertain, we have not included it in the chart.

<sup>2</sup> Data extracted from HealthChoices encounter data.

<sup>3</sup> Data extracted from Office of Medical Assistance Programs paid claims data.

We also decided to survey parents whose children were or had been placed in partial hospital programs. This questionnaire was published in the Parents Information Network's (PIN) newsletter and was posted on the PIN web site. Twenty-one (21) parents responded and ELC staff followed-up with a phone call when clarification was needed. This report describes the results of the 2003 surveys and identifies specific problems that must be rectified. Its purpose is to persuade the Departments that the educational component of many partial hospital programs is not meeting children's needs; to provide a context for discussion and problem-solving; and to propose some specific approaches. For too long these children have been forced to choose between adequate mental health support and adequate education. This is not a choice they should be required to make. ***The bottom line is that despite more than six years of collecting essentially the same data, and trying to raise interest in addressing these problems at the state level, little, if any, change has resulted. Delay must stop and meaningful reform must begin – now.***

### **Legal Framework**

Partial hospital programs are operated by the mental health system as treatment programs, not educational placements. The mental health system is administered at the state level by the Department of Public Welfare (DPW). Partial hospital programs are funded primarily by Medical Assistance ("MA"), a program that is also administered by DPW. Public education and special education are provided and funded through local school districts and the Department of Education. State law simply does not clarify how much education children in partial hospital programs should receive; which district is responsible for determining what the child needs; or which district is ultimately responsible for funding the education services. In fact, Medical Assistance funding CANNOT be used to fund education services.<sup>4</sup>

State "mental health" regulations define a "partial hospitalization program" as:

A nonresidential treatment modality which includes psychiatric, psychological, social and vocational elements under medical supervision. It is designed for patients with moderate to severe mental or emotional disorders. Partial hospitalization patients require less than 24-hour care, but more intensive and comprehensive services than are offered in outpatient treatment programs. Partial hospitalization is provided on a planned and regularly scheduled basis for a minimum of 3 hours, but less than 24 hours in any 1 day.

55 Pa. Code §5210.3. This definition applies to programs for adults (adolescents 14 years of age and older) as well as for children.

The mental health regulations do state that "[b]asic education and, in particular, special education are an essential and required part of service for emotionally disturbed children and youth," and that "such education is to be provided by the Department of Education or its agent."

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<sup>4</sup> The sole exception is if special education or a related service such as physical therapy is also medically necessary for an MA eligible child. However, partial hospital programs are not eligible to participate in Project Access, the mechanism by which school districts are able to recoup MA revenues in these circumstances.

55 Pa. Code §5210.37. The mental health regulations also state that any comprehensive treatment plan for an adolescent partial hospital participant must be based on an evaluation that includes examination of the child's educational situation. 55 Pa. Code §5210.35(a)(2). These regulations do not mandate that school-aged individuals in partial hospital programs receive any *specific amount* of public education, regardless of how long the children stay in a partial hospital program.

The Pennsylvania School Code ("Code") is similarly unhelpful. The Code provides that children have a right to attend school in the school districts in which their parents reside (24 P.S. §§13-1301, 1302). The Code also makes provision for the education of "non-resident" children. "Inmates of children's institutions" are entitled to attend school where the facility is located. 24 P.S. §13-1306. Children's institutions include agency or licensed shelters, group homes, and "other institutions for the care or training of children." 22 Pa. Code §11.18. The school district in which the facility is located, in collaboration with the resident district, has the responsibility for developing Individualized Education Programs for children with disabilities living in the children's institution. The Code also explains how such children's education will be funded. 24 P.S. §13-1309(2). But §1306 has always been limited to children who reside full-time in a children's institution, so children in day partial hospital programs have not been included. No other education law or regulation fills in this gap.

However, education laws and regulations do set minimum standards for all children, including children with disabilities. The survey responses indicate that many children who are attending partial hospital programs are not receiving education or special education services that meet these minimums.

- 22 Pa. Code §11.3 mandates a 180 day school year, with 990 hours of instruction for children in grades 7 through 12 (5.5 hours/day) and 900 hours for younger children (5 hours/day). In general, only survey respondents that operate approved private schools reported that they provided youth with these amounts of education.
- 22 Pa. Code §14.142(f) sets the maximum age range in special education classes for elementary and secondary school children (subject to modification by the IEP team). Some partial hospital programs have all participants, regardless of grade level, grouped in one classroom.
- It is not clear that all of the teachers who instruct children in partial hospital programs meet necessary certification requirements, which in most cases means special education certification.
- Under federal law, all children with disabilities are entitled to be educated in the "least restrictive environment" and are entitled to the same quality educational opportunity that is available to all children. Yet the responses (including responses from parents) report that children in partial hospital programs have little opportunity to participate in academic or extracurricular activities with children

who are not disabled and do not have access to the same range of educational opportunities.

- Under federal law, all children with disabilities are entitled to a “free appropriate public education” which is provided in accordance with an Individualized Education Program. The responses received from providers and parents indicate that these rights are not uniformly accorded to all children with disabilities in partial hospital programs.

### **Summary of Critical Findings**

- Although exact numbers are not available from the state, there are clearly thousands of school-aged children attending partial hospital programs.
- School districts and partial hospital programs are not sufficiently educated on each others’ roles. This can harm the communication process between them.
- Partial Hospital Program Concerns:
  - All partial hospital programs responding are licensed through the Pennsylvania Office of Mental Health and Substance Abuse Services.
  - All programs receive at least some funding through Medical Assistance.
  - All providers viewed their facilities as adequate.
  - The majority of programs serve between 14 and 50 children at a time, but the range of children served is 6 to 168.
  - The range of average lengths of stay in partial hospital programs is from two weeks to several years. However, the middle 50% of programs responding have average stays between six and twelve months.
  - Children are not being provided sufficient discharge planning.
- Education Concerns:
  - There is not an adequate statutory and regulatory scheme that spells out such basic requirements as how much education these children are to receive, which district is programmatically responsible for serving these children, and how regular and special education services are to be funded.
  - Over 60% of partial hospital programs state that the majority of their referrals come from the home school district of the child.

- Most programs receive some money for the educational component of their programs through public school districts.
- A large majority of the parents responding to the survey believe that their children in partial hospital programs were not provided the same educational opportunities as children in a traditional classroom.
- About half of programs state that they provide three hours or less per day of academic programming. Many of the parents surveyed thought their children were receiving less than this, with a median response of only one hour per day on academics.
- Many partial hospital providers are uncertain what the law mandates in terms of the educational component of their programs, although the majority believes that three hours of academics is the required minimum.
- Almost half of partial hospital programs provide the educational component of their programs using staff hired by the partial hospital program. These teachers may not meet the requirements for special education teachers in public schools. Only half of parents stated that their children's teachers were certified in special education.
- Parents and providers report that many children are spending most of their academic time at partial hospital programs completing work packets from their home schools without any "real instruction."
- Most partial hospital programs do not offer participants any integration with children in regular education in academic or extracurricular offerings in the child's home school district or in the district in which the partial hospital program is located. A quarter of providers feel that increased integration with children in regular education would be appropriate but is not currently available.
- Communication between home school districts and partial hospital programs is often problematic. When a child is in foster care system, communication is even more difficult.
- Many parents are not well informed about the type of education their children are receiving during the partial hospital program day.

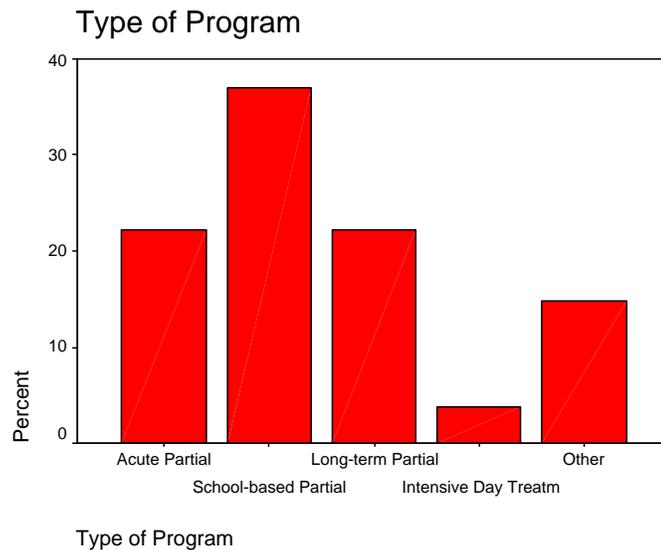
### **Detailed Findings of 2003 Survey**

#### **Program Basics:**

- What term would you use to describe your overall program?
- Is your program licensed and, if so, by whom?

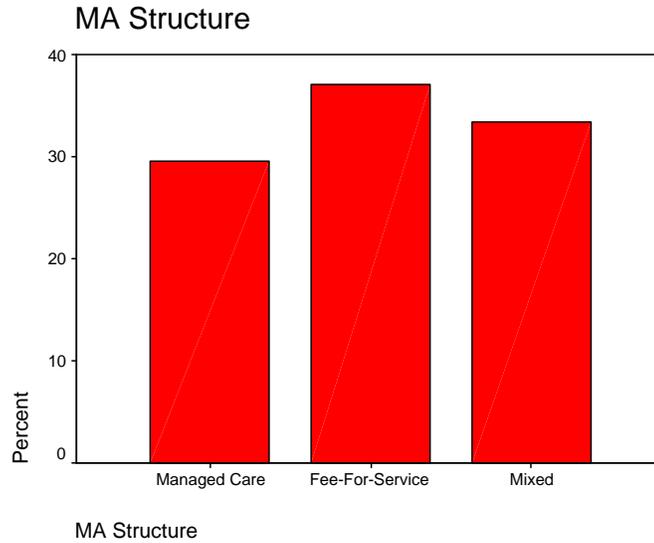
- From what sources does your program receive funding?
- How is Medical Assistance (MA) funding structured in your area?

*Pennsylvania’s adolescent partial hospital programs classify themselves as either acute, school-based, or long-term programs.* The school-based classification is the largest of these groups at 37% of the respondents.<sup>5</sup> All of the partial hospital programs surveyed are licensed through the Pennsylvania Office of Mental Health and Substance Abuse Services. Only three of the twenty-seven respondents also have licenses from the Pennsylvania Department of Education and/or the Pennsylvania Office of Children, Youth and Families.

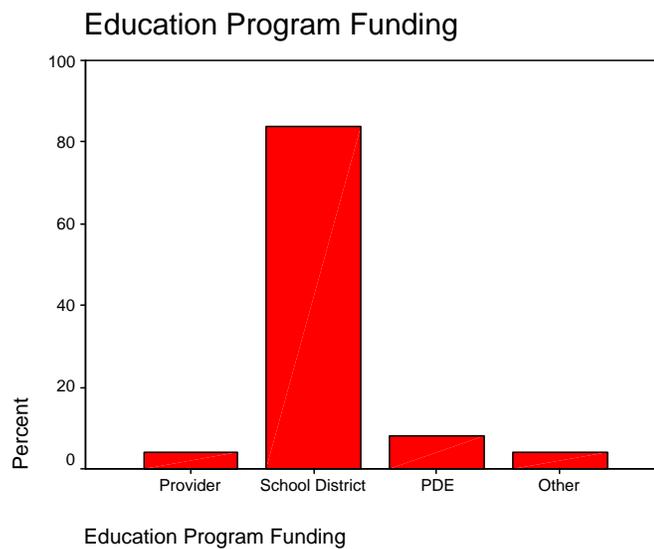


The funding structure for partial hospital programs varies, although all programs surveyed receive some money through MA. Depending on the location, MA is provided either through a managed care program, a fee-for-service program, or a combination of both. However, MA only pays for “treatment” and not for “education.”

<sup>5</sup> This does not mean that the partial hospital program is physically located in a school building. See discussion at page 15.



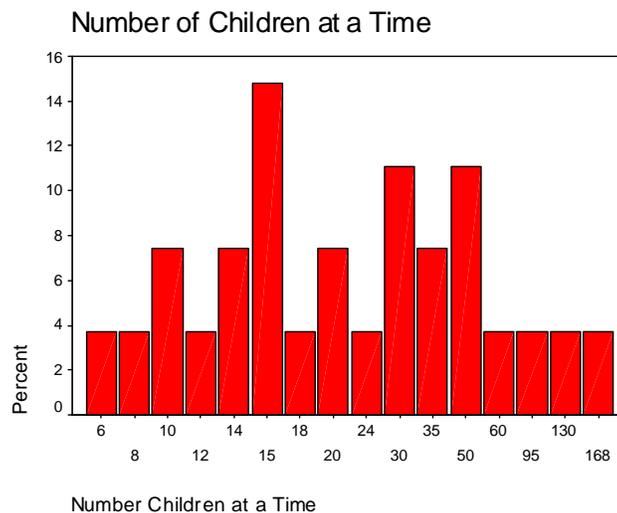
*A large majority of surveyed programs (80%) receive the money for their educational programming through a school district. For 57% of these programs, this funding comes from the child’s home district while 15% receive money from the school district in which the partial hospital program is physically located. A few programs that are approved private schools also receive funding from the Pennsylvania Department of Education (PDE).*



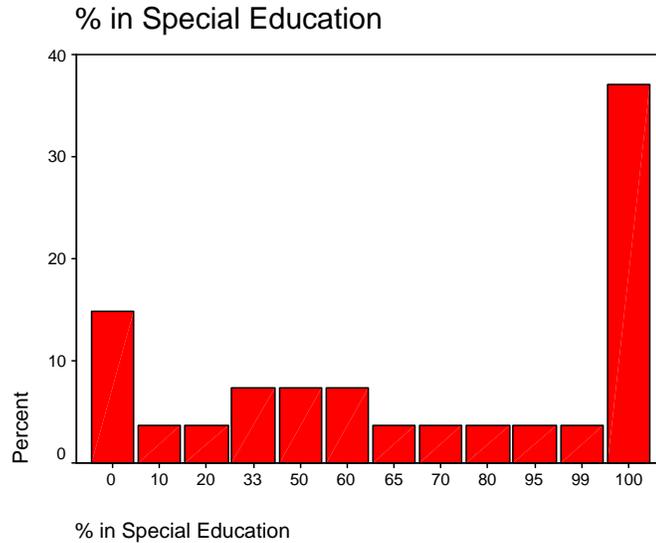
### Characteristics of Children/Treatment Duration:

- How many children does your program serve at one time/per year?
- Describe the children in your program (age, special education classification, etc.).
- On average, how long do children stay in your program?
- What factors affect the length of stay of children in your program?
- Do financial constraints play a role in discharge planning?

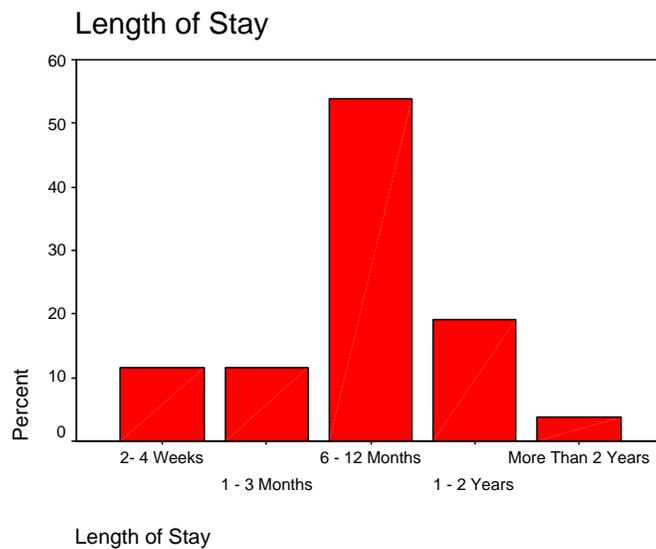
*Partial hospital programs in Pennsylvania serve a variety of populations.* The number of children served at a particular time by a particular program responding to the 2003 survey ranges from a low of six children to a high of 168 children. The middle 50% of programs serve between 14 and 50 children at a time. Although there are three responding programs that admit children as young as age three, the majority emphasize services for children between eight and eighteen. There are also three programs geared specifically to youth between 14 and 18 and two programs that admit participants through age twenty-one.



*Percentage of children classified as needing special education services varies widely among the programs.* Although 37% of programs responding have all of their children classified as special education recipients, the remaining 63% of these programs are evenly distributed between zero percent classified as special education and 99% classified, with a median of 42%. *A quarter of the programs require a special education designation for admittance.* The Individualized Education Programs (IEPs) of 69% of children were reported to include the partial hospital service and 55% of these IEPs include other mental health services. Parental responses were consistent with this data, with about 70% of parents reporting that their child receives special education services. However, several parents stated that their child is not receiving all services mandated by the IEP.



The 2003 survey results indicate that *length of stay in partial hospital programs varies from two weeks to ten years, but in the majority of programs the average stay is between 6 and 12 months*. Parental responses indicated a somewhat shorter average stay with a similar range of results, but with a median of six weeks of program attendance.<sup>6</sup> The length of stay is sometimes influenced by factors other than the child’s progress in the partial hospital program. Involvement in the child welfare system, however, does not seem to have a significant impact on length of stay. The process of discharging a child can also be delayed because of parental consent issues and the high turnover rate among case managers. Discharge planning in most programs is also weak, with 75% of parents stating that their child received no discharge planning.



<sup>6</sup> The responding parents clustered in the Southeast region of Pennsylvania.

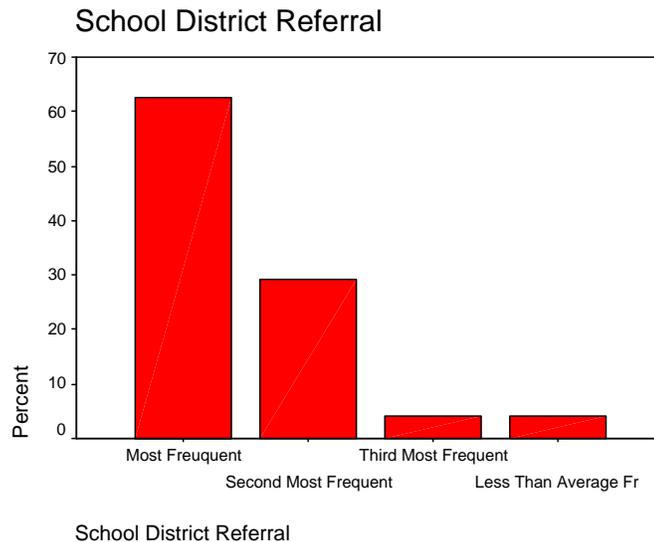
*Home school districts can be a potent force in determining whether and when a child leaves a partial hospital program and returns to a traditional school environment.* One provider states, “schools prefer to have the child continue to attend the partial hospital program because they are a behavioral discipline problem,” and another says that there are times when “the district did not agree with the transition plan and the child was forced to remain in partial hospital services for longer than may have been necessary.” A parent confirms this, stating “our neighborhood school did not want her back.” Another parent complains that “it was more ‘get that child out’ of the school. To ‘warehouse’ him, in effect...Since the school wouldn’t take him back, he was there two weeks.”

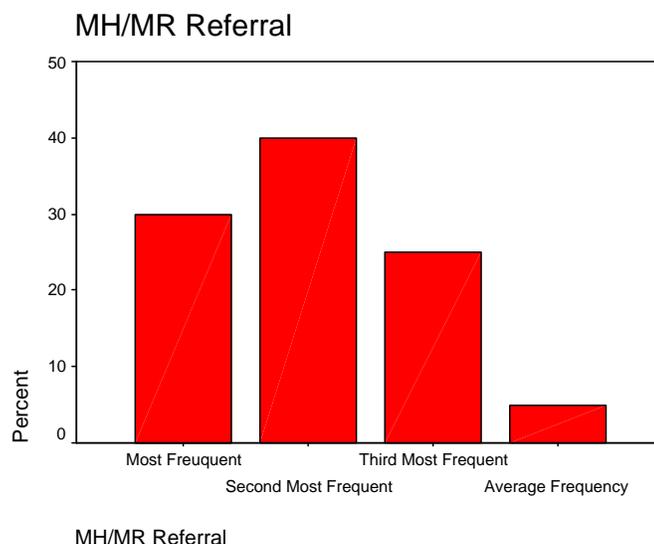
Only 20% of programs reported that length of time in attendance is strongly dictated by financial constraints. One provider who has been affected by such constraints states, “in some cases managed care limits length of stay even though services are still needed and Medical Assistance [is] not obtainable.”

**Referrals:**

- From where does your program receive referrals?

*The majority of partial hospital programs state that they receive the bulk of their referrals from the home school district of the child.* A significant percentage are referred by the Mental Health/Mental Retardation (MH/MR) system. Referrals are also received from parents, child welfare agencies, the juvenile justice system, foster care, and behavioral health managed care organizations.





### **Educational Services:**

- What is your understanding of the type and amount of educational services your program should legally be providing?
- What is the length of the “educational day” for children in your program?
- Who provides the educational component of your program?
- How does a child’s special education classification or eligibility affect the educational component of your program?
- Does a foster care placement or participation in the juvenile justice system affect the quality of education provided by your program or the child’s duration of attendance?

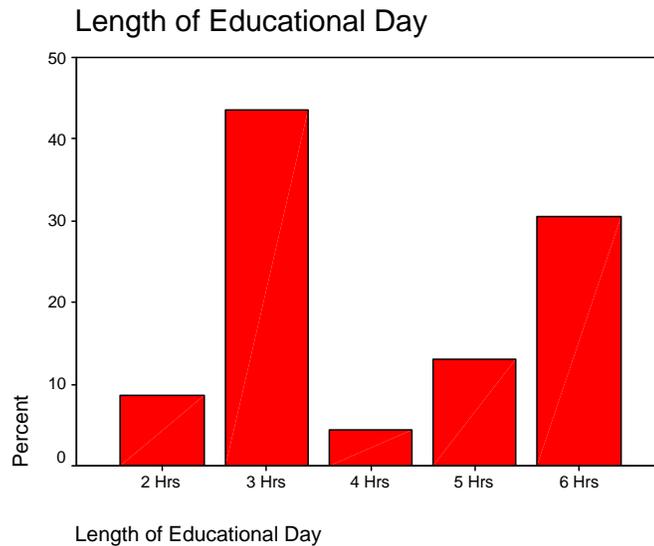
All of the partial hospital programs surveyed state that their children attend academic classes. Slightly more than 40% of the respondents stated that they provide three hours per day of educational services, about 8% provide two or fewer hours, and the remainder provide between four and six hours per day. These results are consistent with the findings of the 1998 survey, which also found a wide variation in the length of educational programs with an average amount each day of 3.4 hours.

Parental responses to the 2003 survey painted a bleaker picture of education components of partial hospital programs. When asked for the amount of time spent on academics, responses ranged from twenty minutes per day to five hours per day, but the median response was one hour per day. However, more than half of respondents believed that the school work at the partial hospital program was at the appropriate grade level, although less than half thought their children were receiving “real instruction.” One parent described the situation by stating, “I think it was

terrible, she received almost no educational services. [My child] received close to zero academic instruction during her stay.” Another parent said: “I hate it. They don’t get any education.” A few parents were more positive in their responses, one stating “I was pleased with the program. He stayed on his level the whole time.”

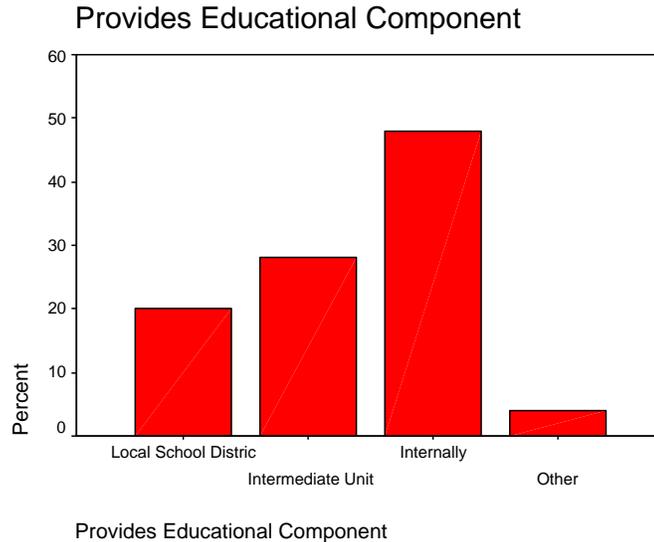
Some parents were concerned by the partial hospital programs’ lack of educational resources and the reliance on seat work. One parent complained that, “library, computer science, were a privilege, not part of instruction.” Another echoed this sentiment saying that the “child had no computer, no library, no physical education, no music, art or language.” One parent also worried that: “It seems as though it was a lot of work sheets that were not on her grade level.”

Many partial hospital programs did not respond to survey questions that asked for their understanding of the amount of education they were legally required to provide, and some responded that they did not know what was required. The majority of programs responding believed that they were required to provide a minimum of three hours of academics per day.



Several providers stated that a child’s IEP dictates the educational program for that child. For instance, one mentions that “curriculum [should] adhere to the child’s IEP and PDE’s standards for school based partial hospital programs.” Another notes that, in their partial hospital program, “the educational services follow the state academic standards, home school district curriculum, and accommodate all special adaptations/needs for the individual child.” Some programs seem to be flexible in molding their educational program around the child’s clinical progress during his or her participation in the partial hospital program. One provider responded that “as symptoms improve, more academic opportunities develop.” Another warns not to “try to have a ‘one size fits all’ policy, the adolescents are each individuals with many different problems,” while one provider cautions to keep stays as short as possible, saying that “a child that is here for four to five weeks greatly falls behind (academically), creating more social stressors.” One parent complained: “They never focused on education, only behavioral issues.”

Almost 50% of responding programs provide the educational component of their program internally, using staff provided by the partial hospital program. However, a significant percentage implement their educational program through the local school district or the local Intermediate Unit.

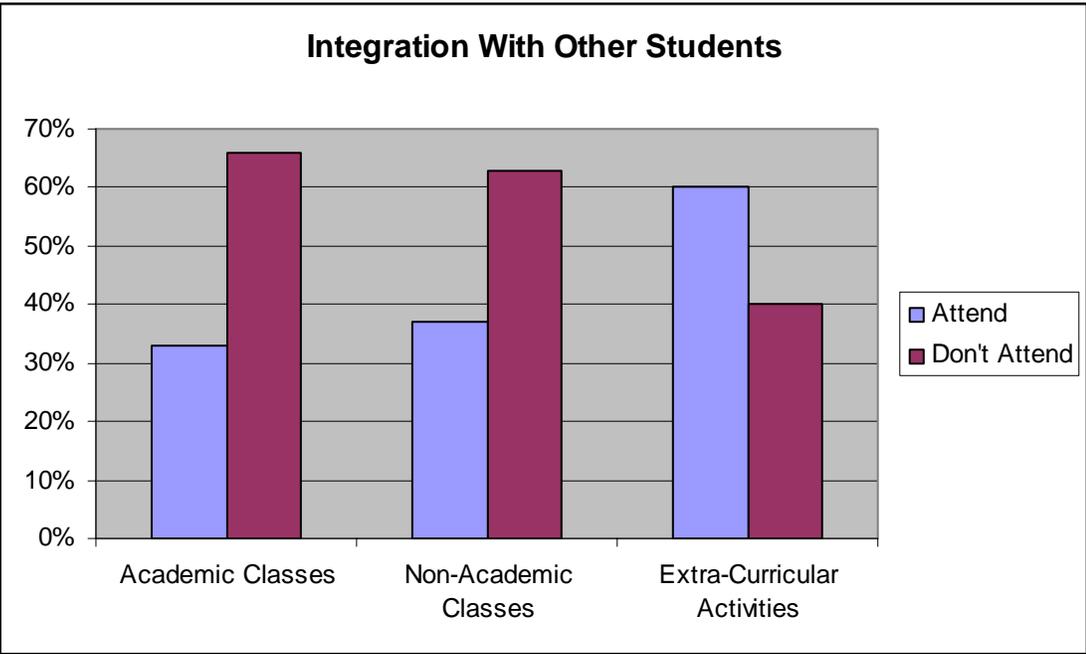


**Integration:**

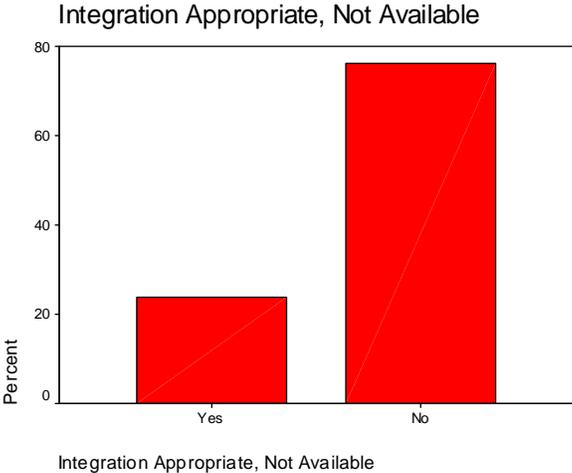
- Do children in your partial hospital program ever participate in either academic or non-academic programming with children who are not disabled, including extracurricular activities?
- Would further integration with regular education peers be desirable and/or appropriate?

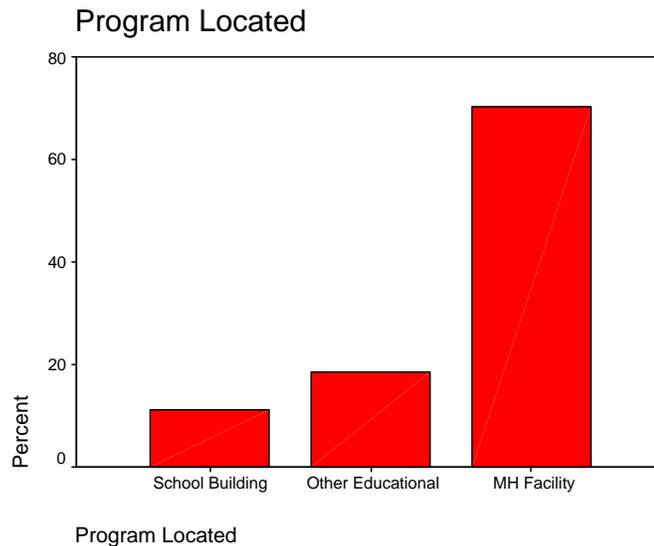
Ten percent (10%) of respondents stated that their program is physically located within a school building.<sup>7</sup> This figure is consistent with the findings of the 1998 survey. Most partial hospital programs do not offer their participants any integration in the academic or extracurricular offerings of the child’s home school or the school in whose attendance area the program is located. Parental responses confirm this. Only about a third of the programs provide any opportunity for integration with children in regular education settings. One parent described the situation by stating that the child’s “educational opportunities missed include academic instruction, extracurricular activities, a structured environment. All the program was is a babysitter that administered education.” However, parental responses indicate that a quarter of children are participating in extracurricular activities outside the partial hospital program with non-disabled peers.

<sup>7</sup> In response to the question regarding “type of program” discussed on page 8, 37% of providers characterize their programs as “school-based.” However, as noted there, far fewer – only 10% -- of the responding programs were actually based in school buildings.



Although the data demonstrates that integration in academic or extracurricular activities is virtually non-existent, 25% of the providers feel that they have children for whom integration would be appropriate if it were available. The mental health treatment team or the IEP team or a combination of both determine whether integration, when available, would be appropriate for a specific child.





**Facilities:**

- Is your facility adequate for educational needs?

All respondents indicated that their facilities are adequate for the provision of educational instruction.

**Coordination Between School and Partial Hospital Program:**

- Are there problems with coordination between the children’s home schools and the partial hospital programs? If so, please describe the types of problems.

Coordination between the home schools of children and partial hospital programs can be problematic. It can be especially difficult when the foster care system is involved. One provider complained that “there is a relatively lengthy gap between referral/admission and when the academic records/course materials are received from the home schools.” Another notes that there is a need for “stricter guidelines regarding time frames for releasing academic records to the partial hospital programs for the sending district.” A parent states: “The school district provided no class work to be sent to the partial hospital and no consultation regarding her situation upon her return. There was no contact between the partial hospital program and the school district.”

School districts and partial hospital programs sometimes do not fully comprehend each other’s role. A provider states that “school districts do not appear to understand the purpose of the partial hospitalization despite efforts to increase awareness. It seems that school district personnel view partial hospitalization as a long-term academic placement and not a short-term mental health treatment program.” A lack of parental participation can also serve as an obstacle.

However, one parent stated: “Partial hospitalization staff helped me advocate to get my daughter into a better classroom where she could learn.” There are frequently difficulties implementing the behavioral recommendations of the partial hospital staff once a child returns to a traditional schooling environment.

### **Responses from families**

ELC distributed a questionnaire for parents who have or have recently had a child in a partial hospital program. The major method of dissemination was through Parents Involved Network (PIN), an advocacy group for children with mental health problems. PIN included the survey in its newsletter and posted the survey on its web site. A copy of the parent survey is included in the Appendix to this Report. ELC received 21 responses from families who are primarily located in the Philadelphia region. Given this small sample size and the fact that there were many “Don’t Know” responses, it is difficult to draw any firm conclusions from this data. However, some trends were evident and worth noting.

About 70% of parents surveyed stated that their children were eligible for special education services. Most of these children had IEPs written before they were admitted to the partial hospital program and continued to have IEPs after leaving the partial hospital placement. However, seven (7) parents stated that their children did not receive all of the services promised in the IEP. Only one parent said that all services had indeed been provided.

The average length of stay of children in the partial hospital program as reported by parents varied widely, ranging from two weeks to two years. The median response was six weeks of program attendance, but seven (7) parents reported that their children’s stays had exceeded four months.

A large portion of responding parents admitted to not knowing enough to answer the questions regarding their children’s education. However, twelve (12) respondents confirmed that their children were participating in some sort of academic programming during the partial hospital program, while only two (2) parents stated that their children were receiving no educational services. The length of time that parents reported their children to be spending on academics ranged from twenty minutes per day to five hours per day, with a median and mode of one hour per day. Slightly more than half of the respondents believed that their child’s school work at the partial hospital program was at the appropriate grade level, and slightly fewer than half believed their children to be receiving “real instruction.” Three quarters responded that their children were being taught by certified teachers, but only 50% thought that these teachers were certified in special education.

The parental survey results indicate that few children are being given the opportunity to participate in academic or extracurricular activities outside of the partial hospital program. Only one of nine parents stated that their child participated in academic classes with children in regular education, while 25% of children had extracurricular activities outside the partial hospital program with their non-disabled peers. *A large majority of parents also believed that children in*

*partial hospital programs were not provided the same educational opportunities as children in a traditional classroom.*

A quarter of respondents felt forced to place their child in a partial hospital program by the child's home school district. Slightly more than half were informed that they had the right to disagree with the recommendation that their child be placed in a partial hospital program.

Discharge and transition planning were also reported to be weak. Only 25% of parents thought their child had received discharge planning and only one parent thought there had been transition planning.

Parental comments illustrate the pervasive problems with the educational component of partial hospital programs. The program was viewed as an educational "babysitter" that lacked many of the resources of a traditional school, such as computers and a library. A significant number of parents were concerned that work was not on grade level and consisted primarily of work sheets. There were a few positive comments from parents about the educational component, but these were a small minority.

## **Recommendations**

As we mentioned at the beginning of the Report, the findings and recommendations of the 1998 Stakeholders' Group remain a good starting point for identifying what must be fixed to ensure that children in partial hospital programs receive necessary education and special education and possible approaches to fixing these problems. A few new issues have been added that surfaced in responses to the 2003 surveys, particularly the parents' responses.

Problem: There is a lack of state regulation and monitoring with respect to the education components of partial hospital programs and other day treatment programs that serve school-aged children. Children in foster care are particularly vulnerable and are disproportionately placed in partial hospital programs and residential treatment programs.

### Possible Responses:

- When partial hospital programs are licensed or recertified, critical questions should be asked about the education components, particularly for "long term" programs.
- A state level Memorandum of Understanding ("MOU") should be developed to ensure education for this population. The MOU should:
  - Make clear what district(s) is programmatically and fiscally responsible for the children;
  - Guarantee compliance with federal special education law, including ensuring that the education program offered to children in partial hospital programs is comparable in quantity and quality with the programs available to all children;

- Describe how both the education and mental health program components are to be funded;
- Describe how discharge planning will be conducted, and clarify that local school districts must accept and program for resident children when they are ready for discharge;
- Identify the state agencies that are responsible for monitoring, and explain how monitoring is to be conducted.

Problem: The scheme for funding the education components of partial hospital programs is inadequate.

Possible Responses: In the MOU, the education system must take responsibility for funding the education components of the partial hospital programs. One approach would be to clarify that partial hospital programs are included in Children’s Institutions as defined in the Public School Code (see discussion of Children’s Institutions in Legal Framework section above).

Problem: There are many types of partial hospital programs and they serve a population with diverse needs. There are also other types of day programs that serve school-aged children. We know even less about those programs.

Possible Responses: We need a regulatory and funding scheme that recognizes the range of programs and populations and that provides children who remain in partial hospital programs for a long time (e.g., more than 30 days) education programs that are comparable to what is mandated for all children. It may be that the education system should establish a dedicated funding stream to support the education components of long-term programs. Children in long-term programs must also be given the opportunity to participate in regular academic and extracurricular programs. *The group repeatedly expressed concern with extensive use of partial hospital programs as long-term education placements, another area that needs investigation and clarification.*

Problem: Some school districts are making improper or excessive use of partial hospital programs to place children. Some school districts refer children to partial hospital programs rather than develop locally based educational options for youth with serious behavioral needs.

Possible Responses: State level clarification is needed regarding when partial hospital programs should be used for school-aged children, in part to help school districts understand when referrals are appropriate.

Problem: Families do not have the information they need to understand the appropriate role of partial hospital programs and the responsibilities of their school districts.

Possible Responses: Develop a standard notice for families that explains options, including the right to reenroll the child at any time, and that describes the education program the child will receive at the partial hospital program.

Problem: In addition to questions about the amount of education available to children in partial hospital programs (*i.e.*, the number of hours per day spent on academic instruction) are questions of quality. Parents (and some providers) report that the quality of the education programs available to children is at best uneven. Some students function without much help from teachers, and are limited largely to “seatwork.” It is unclear whether children with disabilities are being taught by teachers with special education certification. It is unclear whether the age range of students in the classes is consistent with state special education standards.

Many of the parent responses indicated that their children did not have access to the same range of course options or other educational opportunities, such as computers, while they were attending partial hospital programs. The data on integration in this report – namely that there is little opportunity for children in partial hospital programs to attend academic or extracurricular courses in a regular school – makes it even less likely that these children would have education options comparable in variety and quality to children attending regular school programs. The longer the children remain in partial hospital programs with poor quality education components, the more they fall behind.

Possible Responses: Children in partial hospital programs are entitled to the same quality education programs they would receive in their home school districts, and their teachers should have the required certification. Seatwork should never be a substitute for teacher instruction.

Problem: As discussed above, the data shows that children in partial hospital programs have little opportunity to participate in academic or extracurricular offerings in their home or host school district. Providers also reported that such opportunities would be appropriate for some children in their programs. This reduces the quality of educational opportunity; violates federal and state special education law which requires that children with disabilities be educated, to the maximum extent appropriate, with children who are not disabled; and makes reentry to a regular school upon discharge even more difficult.

Possible Responses: Partial hospital programs that are school-based will provide children the most substantial opportunities for integration – and the opportunity to participate in a much wider variety of academic and extracurricular options. Perhaps this form of partial hospital should be encouraged, and partial hospital programs in separate buildings discouraged. Opportunities for integration would be forwarded by placing primary programmatic responsibility for these children on the “host” school district (this is how children in “children’s institutions” are handled). Other options should also be explored.

Problem: School districts often do not understand the role of the partial hospital program, *i.e.*, that it is essentially a mental health treatment option and not a long term education placement. Sometimes school officials do not cooperate with the partial hospital programs. For example,

sometime children's discharge from partial hospital programs is delayed because school districts will not readmit them or provide them with appropriate special education supports.

Possible responses: Greater state level clarity on each system's roles and responsibilities will go a long way towards eliminating these problems. When it is clear which school district(s) are programmatically and educationally responsible for these children; minimum standards are clarified; and funding streams identified, much of the current confusion and perpetual negotiation will be eliminated. Training for staff from both systems is needed.

Listen to the families:

- "It seems as though it was a lot of work sheets that were not on her grade level...."
- "She should have had more education."
- "I hate it. They don't get any education."
- "Educational opportunities missed include academic instruction, extracurricular activities, a structured environment."
- "I think it was terrible, she received almost no educational services."
- "Our neighborhood school didn't want her back."

Listen to the providers:

- "There are delays in getting school records, delays between referral and admission, and difficulty coordinating, especially when the student was receiving special education."
- "Education staff at the partial hospital programs need more course material and education resources. Kids need more instruction from teachers (rather than "assignment packages")."
- "More partial hospital programs need to be school-based or closer to the home school to facilitate more [Least Restrict Environment] options. More programs need to be jointly run."
- "Transition back to the home school must be improved and gradual transition should be an option in some cases."

## **Next steps**

ELC and PCPA propose the following next steps:

- ▶ Improving education services for children in partial hospital programs should immediately be identified as a priority agenda item for the Children's Cabinet.

- ▶ Within two (2) months of the issuance of this Report, DPW and PDE should convene an Interagency Task Force, functioning under the aegis of the Children's Cabinet. Membership of the Task Force should include high level DPW and PDE staff with the expertise and the authority to develop the MOU described in this Report. Membership should also include, at minimum, representatives from ELC, PCPA, Association, the Parents Involved Network, and the PA Protection and Advocacy Children's Project.

- ▶ The first charge to the Task Force should be to develop, within three (3) months, the MOU described in this Report and present it to the Children's Cabinet for approval. The MOU should include specific deadlines for resolving the issues identified. The highest priority issues are identifying which school districts (the home or host school district) is programmatically responsible for the education of children in partial hospital programs, and which school district (or PDE) is responsible for funding the education programs. Other important issues include setting minimum standards for the quality and quantity of education services for children in partial hospital programs.

- ▶ Within six (6) months of the issuance of this Report, the Task Force should present to the Children's Cabinet a plan for resolving the remaining problems described in this Report, with specific timelines for implementation.

For more than six years, the Pennsylvania Community Providers Association and the Education Law Center have demonstrated that these children are not getting the help they need. It is long past time for action. Let's get started.



## **APPENDIX**

Stakeholders' Report and cover letter (November, 1998)

2003 Partial Hospitalization Survey

Parent Questionnaire (2003)

