

SURVEY on

EDUCATION SERVICES within

RESIDENTIAL PLACEMENTS



prepared by the

National Association of Psychiatric Health Systems

Survey on Education Services within Residential Placements



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Table of Contents

About NAPHS	2
NAPHS Youth Services Committee	2
A Message from the NAPHS Youth Services Committee	3
Executive Summary/Key Findings	4
Introduction	5
About Residents	6
About Educational Services.....	7
About IEPs.....	8
About Guardianship	8
About Records.....	9
About Staff	9
About Contracts, State Relationships, and Funding	11
Problems and Concerns Relating to Education	14
Key Recommendations from the NAPHS Youth Services Committee.....	17
Conclusion	17
Terminology.....	18
Resources	18

About NAPHS

The **National Association of Psychiatric Health Systems** (NAPHS) advocates for behavioral health and represents provider systems that are committed to the delivery of responsive, accountable, and clinically effective prevention, treatment, and care for children, adolescents, adults, and older adults with mental and substance use disorders. Its members are behavioral healthcare provider organizations that own or manage more than 600 specialty psychiatric hospitals, general hospital psychiatric and addiction treatment units and behavioral healthcare divisions, residential treatment facilities, youth services organizations, and extensive outpatient networks. The association was founded in 1933.

The **NAPHS Youth Services Committee** promotes the need for behavioral health treatment, education, and rehabilitation services for troubled youth; greater visibility for youth services; and raising the importance of youth services on the national agenda. The committee addresses public-policy issues related to youth services and makes recommendations to the NAPHS Board of Trustees. The board established the committee in 1998 as a way of elevating youth service issues on the association's overall agenda. Advocacy priorities are to fight for expanded coverage for behavioral health care for youth, improved coordination of care, and fair funding.

NAPHS Youth Services Committee

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A Message from the NAPHS Youth Services Committee

The Youth Services Committee of the National Association of Psychiatric Health Systems (NAPHS) includes the leadership of a wide variety of organizations committed to improving the lives of at-risk children, adolescents, and their families. As treatment providers on the front lines of delivering behavioral health care, we recognize that education is an integral part of the lives of all children. Our members provide a complex range of educational services for young people experiencing the challenges of living with emotional and/or addictive disorders.

In the late summer of 2006, NAPHS conducted the following survey of member organizations offering residential treatment services to children and adolescents with emotional and substance use disorders. As one of the first surveys of its kind, this report provides a snapshot from a moment in time of the characteristics of the students receiving special education services. It explores the complex relationships that are required to ensure access to and funding of special education programs. The survey describes the challenges that special education leaders have identified as barriers to getting young people and parents the services they need.

We hope this document will prove to be a valuable tool in understanding and advocating for the special education services that are so essential to supporting the future of America's youth.

*National Association of Psychiatric Health Systems
Youth Services Committee*

Spring 2007

Executive Summary/Key Findings

About Residential Treatment

Residential care is a community-based service.

Residential treatment for children and adolescents with behavioral disorders is an integral part of a network of community-based services. The vast majority of young people are receiving services in residential treatment programs within their own state (mean = 75.2%). Others are in treatment in out-of-state programs that work with referral sources from the home states.

All residential treatment providers are working closely with local education agencies, school districts, and others to meet the educational needs of the young people in residence.

The combination of learning disabilities (addressed in 86.7% of surveyed residential treatment facilities) and emotional disturbances (addressed in 94.7%) is indication of a critical need for special education services in these settings.

Residential treatment programs serve young people who have serious and complex needs.

The vast majority of the surveyed facilities treat youngsters who experience emotional disturbances (94.7% of surveyed facilities serve this population), learning disabilities (86.7% serve this population), or co-occurring disorders (77.3% serve this population). More than half (53.3%) of the surveyed facilities serve youngsters with forensic involvement. And significant numbers of programs serve young people with substance use conditions (48%), developmental disabilities or mental retardation (57.3%), or autism (45.3%).

Most young people (60%) bring an individualized education program (IEP) to the residential treatment centers when they are admitted—an indication of the existence of a complex set of needs requiring special education. **The combination of learning disabilities (addressed in 86.7% of surveyed facilities) and emotional disturbances (addressed in 94.7% of surveyed facilities) is further indication of a critical need for special education services in these settings.**

Responding facilities reported that an average of 40% of youngsters entering residential treatment had an IEP developed while they were enrolled in residential placement.

The vast majority of youngsters are publicly placed (mean = 70.7%) in residential treatment.

Residential treatment centers have strong links to community services, and contractual arrangements exist for a variety of purposes. For example, 44.1% of survey respondents have contracts with their local school district. A total of 47.9% of surveyed organizations also have contracts with other than the local school district (such as juvenile justice, foster care, or other agencies).

Challenges

Residential treatment providers encounter a number of challenges relating to education.

According to the U.S. Department of Education, there must be an interagency agreement or other mechanism that delineates who will be the funders of educational services for young people with disabilities. **Yet despite the intent of the U.S. Department of Education, the vast majority of survey respondents (82.9%) were not aware of any interagency agreements that the department of education has developed with other public agencies.**

Recruiting and retaining staff is one of the major challenges facing residential education programs. A total of 83.3% of responding organizations reported that it is extremely difficult (38.2%), somewhat difficult (26.5%), or difficult (19.1%) to recruit special educators.

Survey on Education Services within Residential Placements

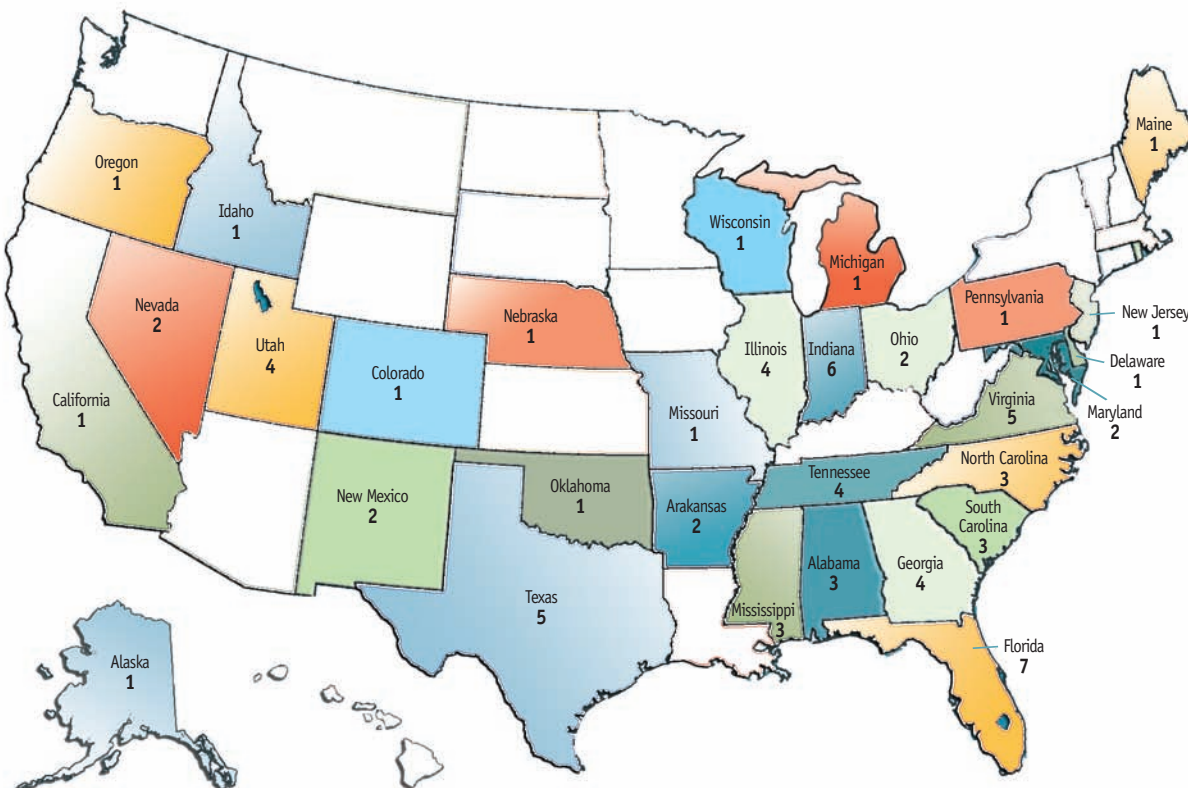
National Association of Psychiatric Health Systems

Introduction

This survey—the first of its kind—was conducted within National Association of Psychiatric Health Systems’ (NAPHS) facilities that are associated with members of the NAPHS Youth Services Committee. These facilities are a subset of the full association membership that specialize in serving both children and adolescents.

The survey is not intended to represent data on the full association membership or on all levels of care. However, it does provide a snapshot of the young people receiving educational services in residential placements, as well as a snapshot of the educational services structure, funding, and community relationships within these residential services.

A total of 75 residential treatment centers in 31 states provided data for this survey, which was conducted in the late summer of 2006.



RESPONDENTS BY CENSUS REGION

Census region	n	%
New England	1	1.3%
Middle Atlantic	2	2.7%
South Atlantic	25	33.3%
East North Central	14	18.7%
East South Central	10	13.3%
West North Central	2	2.7%
West South Central	8	10.7%
Mountain	10	13.3%
Pacific	3	4.0%
Total	75	100%

Please keep in mind that this survey presents averages from responding organizations, which are residential treatment centers. An individual residential program will have its own distinct profile based on the unique populations it serves.

About Residents

Children, adolescents, and young adults are all served within the educational programs offered within residential treatment centers. Virtually all survey respondents (96%) serve adolescents, and 66.7% serve children. Of respondents, 30.7% serve young adults.

NOTE: Throughout the report, unless otherwise noted, *n* refers to the number of positive responses to a particular question (not the total number of respondents to the question). In the following chart, *n* means that 50 residential treatment facilities serve children (not that 66.7% of 50 facilities serve this population). The % indicates that 50 facilities represent 66.7% of all facilities responding to this question.

RESIDENT POPULATION

	n	%
Children	50	66.7
Adolescents	72	96.0
Young adults	23	30.7

Residential treatment programs serve young people who have serious and complex needs. The vast majority of surveyed facilities treat youngsters who experience emotional disturbances (94.7% of surveyed facilities serve this population), learning disabilities (86.7%), or co-occurring disorders (77.3%). More than half (53.3%) of the surveyed facilities serve youngsters with forensic involvement. And significant numbers of programs serve young people with substance use conditions (48%), developmental disabilities or mental retardation (57.3%), or autism (45.3%).

SPECIAL NEEDS OF RESIDENTS		
	n	%
Learning disabled	65	86.7
Forensic	40	53.3
Substance use conditions	36	48.0
Emotional disturbances	71	94.7
Co-occurring disorders	58	77.3
Mental retardation / developmental disabilities	43	57.3
Autism	34	45.3
Other	13	17.3

About Educational Services

The types of educational services provided in organizations surveyed take many forms.

The vast majority of educational services are provided five days a week in a classroom model (97.3%). The facilities providing these classroom-model programs are residential treatment centers that serve, on average, a total of 68.9 residents (or a median of 56 residents). The length of the school day for the majority of programs was approximately 6 hours.

In addition, some RTCs offer homebound educational services.

TYPE OF PROGRAM		
	n	%
Classroom model	73	97.3
Homebound model	4	5.3
Other	3	4.0

Most young people are receiving services in residential treatment programs within their own state (mean = 75.2%). Others are in treatment in out-of-state programs.

Most young people (mean = 70.7%) are publicly placed into residential treatment.

Publicly placed into residential treatment



About IEPs

An individualized education program (IEP) is a federally required plan that spells out the special services a child with disabilities requires in order to receive an appropriate education.

Most young people (mean = 58%) bring an individualized education program (IEP) to the residential treatment centers when they are admitted—an indication of the existence of a complex set of needs requiring special education. The combination of learning disabilities (addressed in 86.7% of surveyed facilities) and emotional disturbances (addressed in 94.7% of surveyed facilities) is further indication of a critical need for special education services in these settings.

The IEP students bring to the residential facility was felt to generally meet the students' educational needs (84%) by survey respondents.

Typically, does this IEP meet their educational needs?



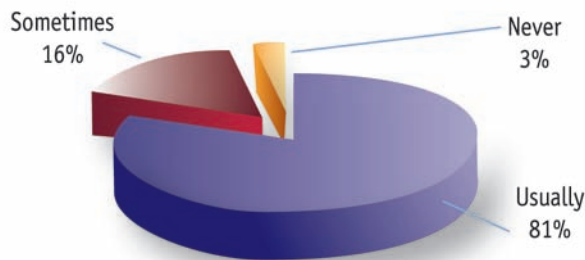
Responding facilities reported that an average of 40% of youngsters entering residential treatment had an IEP developed while they were enrolled in residential placement. For 25% of survey respondents, IEPs for 95% of their residents are developed while they are enrolled in residential placement.

COMMENTARY: Coordinating development of an IEP is a resource-intensive job. The large number of young people who enter residential treatment with significant challenges (including learning disabilities)—but without an IEP—is an indication that children's needs for special education are not being identified in a timely way in the community. For young people who need urgent care, better systems need to evolve so that needs are identified early and so that funding follows the child in an expeditious way.

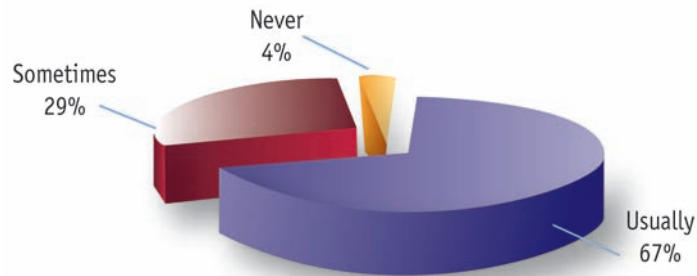
About Guardianship

Identifying and involving the guardian for educational purposes can be a challenge in some instances. Eighty-one percent of respondents felt it was usually clear who the child's guardian was at the time of admission. The guardian "usually" participated in the development and monitoring of the IEP 67% of the time and "sometimes" participated 28.8%.

Is it clear who is assigned as the guardian for educational purposes?



Does the guardian participate in development/monitoring of the IEP?



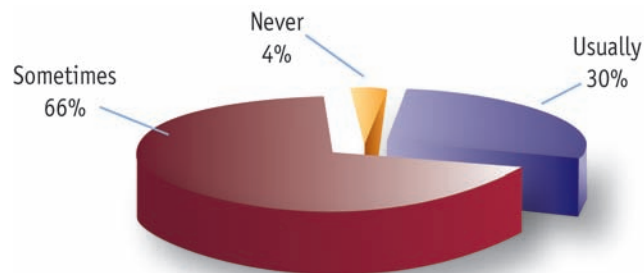
About Records

Getting educational records in a timely way can be a challenge. Only 30% of respondents felt they “usually” received educational records in a timely way. The greater number (66%) felt they sometimes received them in a timely way. Many of the challenges related to obtaining records focused on students who had been in multiple placements—with difficulty identifying the primary school district or in working across jurisdictions.

Some examples of comments from survey respondents:

- “A history of multiple placements often creates a problem getting educational records.”
- “Sometimes there are delays on receiving records up to several months.”
- “Frequently difficult to determine which school district has primary responsibility...”
- “Records are often incomplete...”

When a child is admitted, do you get the educational records you need in a timely way?



About Staff

Teachers

Ninety-two percent (92%) of responding residential treatment facilities have special education teachers to meet the special needs of the young people they serve. Residential treatment centers also provide general educators with other types of masters- and bachelor-level preparation to meet the residents’ needs.

WHO ARE YOUR TEACHERS?

	n	%
Special education teachers	69	92.0
Masters level teachers	58	84.1
Bachelor level teachers	55	79.7
General educators	52	69.3
Masters level teachers	35	67.7
Bachelor level teachers	44	84.6

Most facilities responding to the survey (84%) employ their own teachers. Funding for those teachers can come from many different sources, including the facility itself, the local school district, or a combination of funding sources.

Does your facility employ its own teachers?



Related Service Providers

A wide range of specialized providers—including speech therapists, occupational therapists, and physical therapists—are available within school programs to meet the complex needs of youth in residence. Residential treatment centers provide related services based on the residents' educational, physical, and emotional needs as identified in the individualized education program.

Are related service providers available in your school?



The most commonly available services are **speech therapy** (available in 88.7% of the responding residential treatment centers' programs), **occupational therapy** (available in 69.4% of responding RTCs), and **physical therapy** (available in 45.2% of responding RTCs).

The vast majority of related services are provided through contracts with specialists.

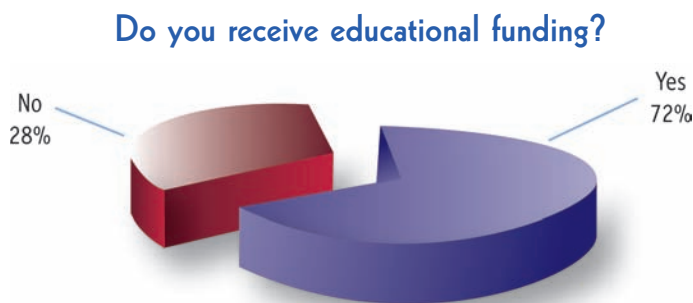
COMMENTARY: Contracting for services to meet the diversity of the residents is a cost-effective approach that enables a wide range of resources to be available depending on the individuals' needs as specified in their IEP.

ARE RELATED SERVICE PROVIDERS AVAILABLE IN YOUR SCHOOL? IF YES, WHICH?

	n	%
Speech	55	88.7
Provided contractually	46	83.6
Provided by facility staff	9	16.4
Physical therapy	28	45.2
Provided contractually	25	89.3
Provided by facility staff	3	10.7
Occupational therapy	43	69.4
Provided contractually	34	79.1
Provided by facility staff	10	23.3
Evaluations	49	79.0
Provided contractually	30	61.2
Provided by facility staff	22	44.9
Other	9	14.5

About Contracts, State Relationships, and Funding

Most RTCs receive some external educational funding. Nearly three in four respondents (72.2%) receive educational funding.



Funding comes from a mix of sources, including local school districts, the states, and the federal government. Among survey respondents, 53.8% receive some funding from local school districts; 40.4% receive some funding from the state; 38.5% receive some federal funding; and 11.5% receive some funding from counties. Nearly 20% of respondents (19.2%) receive funding from other sources (such as juvenile justice or other funding streams).

DO YOU RECEIVE EDUCATIONAL FUNDING? IF YES, FUNDING IS FROM:

	n	%
Local school district	28	53.8
County	6	11.5
State	21	40.4
Federal	20	38.5
Other	10	19.2

Nearly 40% (39.3%) of survey respondents reported that they do not receive specific educational funding for out-of-state placements from the state placing authority.

A total of 52.2% of respondents’ facilities do not receive specific education funding from the resident’s home district.

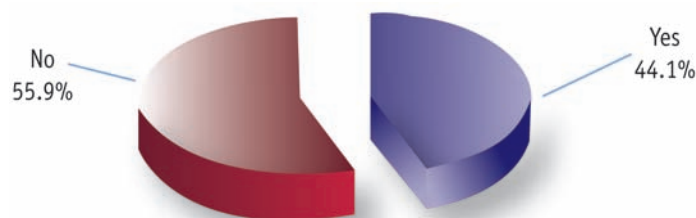
COMMENTARY: Under federal law, home school districts are responsible for ensuring that young people have access to a free appropriate public education (FAPE). How they carry out that mandate can vary. Home school districts do not necessarily have to pay for educational services in residential placements, depending on how the state decides to structure payment. States may place responsibility for a child placed by the court on the juvenile justice system, for example, or for a child placed by the mental health department on the mental health department. State interagency agreements would indicate who is responsible for paying for educational services.

The fact that 39.3% of survey respondents do not receive funding from the state placing authority could signal a problem (either of awareness of funding options or lack of communication).

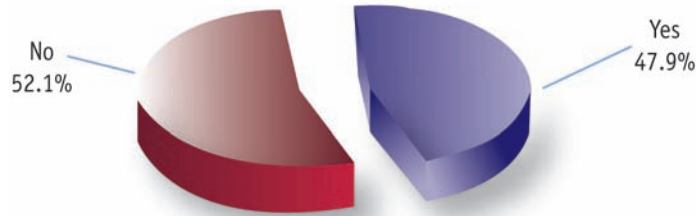
Based on the intent of federal law (*the Individuals with Disabilities Education Act*), money should follow the child—wherever they are sent. This is an issue that bears watching or further exploration to ensure that young people continue to have access to necessary special education services when they reside in residential placements.

Residential treatment centers have strong links to community services, and contractual arrangements exist for a variety of purposes. For example, 44.1% of survey respondents have contracts with their local school district. A total of 47.9% of surveyed organizations also have contracts with other than the local school district (such as juvenile justice, foster care, or other agencies).

Do you have contracts with your local school district?



Do you have contracts with other than the local school district?



Contracts cover a wide variety of issues

Contracts with local school districts cover academics (in 73.3% of the responding organizations), teachers or employment (in 40%), and room and board (in 6.7%). Contracts with other than local school districts cover academics (in 76.5% of the responding organizations), teachers or employment (in 11.8%), and room and board (in 41.2%).

COMMENTARY: If a school district sends a child to a residential placement because they believe the youngster requires 24-hour care at an inpatient level of care in order to receive appropriate education, they are responsible for paying for those services. The contracts for room and board are an indication that these arrangements are addressing the needs of youngsters with some of the most difficult and complex needs.

IF YOU HAVE CONTRACTS WITH YOUR LOCAL SCHOOL DISTRICT, WHAT DO THEY COVER?

	n	%
Academics	22	73.3
Room and board	2	6.7
Teachers/employment	12	40.0
Other	7	23.3

IF YOU HAVE CONTRACTS WITH OTHER THAN THE LOCAL SCHOOL DISTRICT, WHAT DO THEY COVER?

	n	%
Academics	26	76.5
Room and board	14	41.2
Teachers/employment	4	11.8
Other	8	23.5

Problems and Concerns Relating to Education

Interagency Agreements

According to the U.S. Department of Education, there must be an interagency agreement or other mechanism for interagency coordination that delineates who will be the funders of educational services for young people with disabilities. In response to an inquiry from the National Association of Psychiatric Health Systems, the Office of Special Education and Rehabilitative Services (OSERS) in a December 22, 2006, letter specifically said:

Determining the specific school district or LEA in a state that is responsible for the cost of a residential placement is a matter of state law, policy, or practice. Although the IDEA does not address which LEA in a state is responsible for the cost of a placement under Part B, the SEA must exercise general supervision over all educational programs for children with disabilities residing in the state, and has ultimate responsibility for ensuring the availability of FAPE to these children. 34 CFR §300.149. Therefore, if there is a question regarding which LEA is responsible for the cost of a placement, the SEA is responsible for ensuring that the issue is resolved.

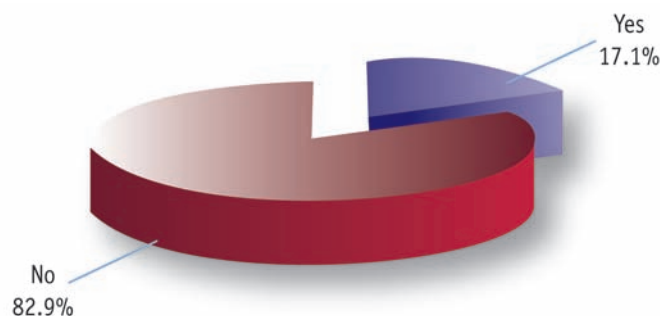
Each state may use whatever state, local, federal, and private sources of support are available in the state to cover the cost of serving an eligible child who is publicly-placed in a residential program. However, the state must ensure that there is no delay in implementing a child's IEP, including any case in which the payment source for providing or paying for special education and related services is being determined. 34 CFR §300.103(a) and (c).

Under the requirements of 34 CFR §300.154, the SEA also must ensure that an interagency agreement or other mechanism for interagency coordination is in effect between the SEA and each non-educational public agency that is otherwise obligated under federal or state law to provide or pay for any special education and related services necessary for ensuring FAPE to children with disabilities within the state. 34 CFR §300.154(a).

Yet despite the intent of the U.S. Department of Education, the vast majority of survey respondents (82.9%) were not aware of any interagency agreements that the department of education has developed with other public agencies.

COMMENTARY: Both the lack of awareness of existing interagency agreements and, in some cases, the lack of development of interagency agreements are an indication that more needs to be done to get the word out. States need to ensure that interagency agreements are in place, and there needs to be more transparency in the interagency agreements. Families, educators, and health-care providers all need to know about interagency agreements so that they can interact in the best interest of children to smooth problems and ensure access to and funding of special education services.

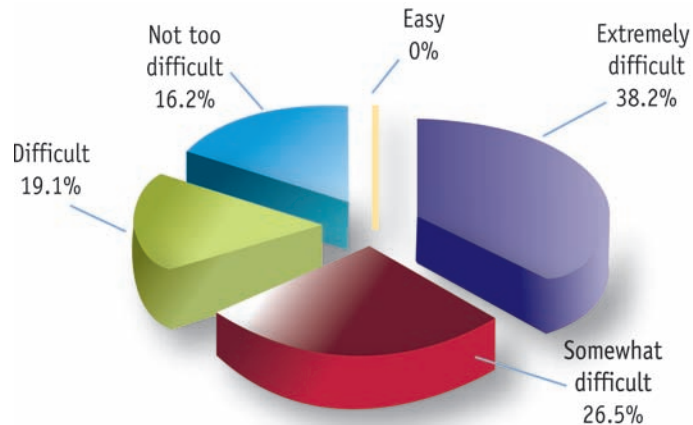
Are you aware of any interagency agreements the department of education has developed with other public agencies?



Recruiting and Retaining Staff

Recruiting and retaining staff is one of the major challenges facing residential education programs. A total of 83.3% of responding organizations reported that it is extremely difficult (38.2%), somewhat difficult (26.5%), or difficult (19.1%) to recruit special educators.

How difficult has it been to recruit special educators?



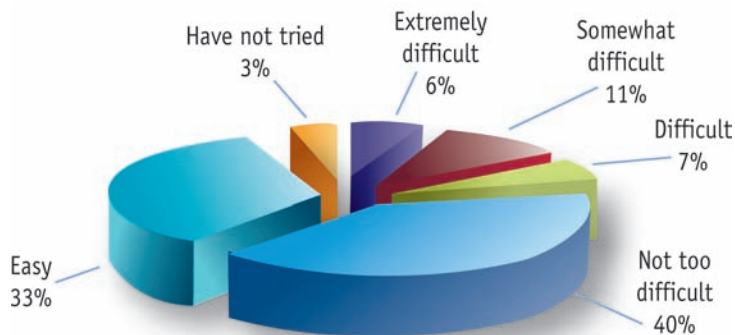
Communication with External World

The majority (73.9%) of residential treatment providers have positive working relationships with local education agencies that they describe as “easy” (32.8%) or “not too difficult” (41.1%) to establish. For the most part, these community linkages are working well. Sixty percent of respondents said the relationship with their local school district “works well.”

While relationships with local school districts are generally good, survey respondents reported that challenges remain. For example, nearly one-quarter (23.4%) of respondents reported some difficulties in establishing relationships with local education agencies. Only one-third (33.3%) of respondents were able to say that the relationship with their local school district does “meet the needs of the children you serve.” Just 2.7% have not tried to establish a relationship with the LEA.

About 21% of respondents reported some difficulties in establishing relationships with state departments of education. And 11.3% have never tried to establish a relationship.

How difficult has it been to establish a relationship with your local education agency (LEA)?



DOES THE RELATIONSHIP WITH YOUR LOCAL SCHOOL DISTRICT:

	n	%
Work well?	45	60.0
Create problems	5	6.7
Meet the needs of the children you serve?	25	33.3

Regulatory Burden

Some states handle educational issues in different ways—adding to the complexity of delivering services for organizations operating in multiple states. A third (34.1%) of survey respondents who serve young people with programs in several different states reported that they “notice differences in the ways education issues are handled state-to-state.”

COMMENTARY: Many youth services organizations offer a network of services—and many of these are either located in various states or serving youth across state borders. The patchwork of sometimes conflicting terminology and state laws adds to the cost of providing services. Finding ways to reduce the costs of paperwork so that limited dollars can be invested in direct care to children in need should be a policy priority.

Key Recommendations from the NAPHS Youth Services Committee

For Policymakers

- Encourage states to have greater transparency in interagency agreements.
- Support funding and retention of the educators required by young people with special needs in all settings, including in education programs within residential treatment.

For Residential Treatment Providers

- Encourage residential treatment centers to make the effort to establish and strengthen their relationships with state departments of education and local education agencies.

Conclusion/Commentary

All discussion of education must start with the needs of the individual child. This is particularly true for young people who are experiencing emotional and behavioral disorders and learning disabilities.

Public policies must be designed so that problems can be identified early and so that individualized education programs can be developed in a timely way. Timeliness is everything when working with youth. Children with disabilities are entitled to have an individualized education program developed in a timely way. This should be in place long before a youngster is referred for the intensity of services required by residential treatment. More needs to be done at the local and state level to properly identify young people at risk and in need of individualized education programs.

Parents, families, and/or guardians need to be involved from the start—and remain involved with the providers, educators, and agencies involved in the ongoing support of that child.

To improve communication and ensure that funding follows the child, more needs to be done to help everyone understand who the points of contact are at the local and state levels that will be involved in the educational process. This is particularly critical for the small percentage of youngsters who receive services in out-of-state placements.

The National Association of Psychiatric Health Systems (NAPHS) is committed to working with its members to focus attention on public policy issues that affect youth. Our goal is to improve the lives of at-risk youth.

Terminology

- DOE: Department of Education
- FAPE: Free appropriate public education
- IDEA: *Individuals with Disabilities Education Act*
- IEP: Individualized education program
- LEA: Local education agency
- OSERS: Office of Special Education and Rehabilitative Services (U.S. Department of Education)
- RTC: Residential treatment center
- SEA: State education agency

Resources

- www.ed.gov—U.S. Department of Education (overall agency Web site)
- <http://idea.ed.gov>—U.S. Department of Education site dedicated to providing information on the *Individuals with Disabilities Education Act (IDEA)*



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