

Board of Education Agenda Item

Item: F.

Date: January 13, 2011

Topic: Final Review of a Report on Homebound Instructional Services in Response to HB 257 Passed by the 2010 General Assembly

Presenter: Ms. Anne D. Wescott, Assistant Superintendent for Policy and Communications

Telephone Numbers: (804) 225-2403 E-Mail Address: Anne.Wescott@doe.virginia.gov

Origin:

Topic presented for information only (no board action required)

Board review required by
 State or federal law or regulation
 Board of Education regulation
 Other: _____

Action requested at this meeting

Action requested at future meeting: _____

Previous Review/Action:

No previous board review/action

Previous review/action
dates November 18, 2010
actions First review

Background Information: The 2010 General Assembly passed [HB 257](#), which requires the Board of Education to review its [Regulations Establishing Standards for Accrediting Public Schools in Virginia](#) (SOA) as they relate to homebound instructional services. The legislation passed by the 2010 General Assembly states the following:

§ 1. That the Board of Education shall review its [Regulations Establishing Standards for Accrediting Public Schools in Virginia](#) (8 VAC 20-131) as they relate to homebound instructional services to address whether homebound instruction may be made available to students who are confined at home or in a health care facility for periods that would prevent normal school attendance based upon evidence submitted by any person licensed to diagnose and treat mental, emotional, or behavioral disorders by a health regulatory board within the Department of Health Professions.

Currently [8 VAC 20-131-180.A](#) of the SOA provides in part:

Homebound instruction shall be made available to students who are confined at home or in a health care facility for periods that would prevent normal school attendance based upon certification of need by a licensed physician or licensed clinical psychologist...

The delivery of homebound instructional services is the responsibility of the school divisions. To assist school divisions with the administration of the homebound instructional program, the Virginia Department of Education (VDOE) has issued [Homebound Instructional Services Guidelines](#). These VDOE guidelines cover areas such as:

1. The eligibility for homebound services;
2. The initiation, review, and termination of services;
3. The role of the teacher, physician, and licensed clinical psychologist;
4. Suggested guidelines as to the number of hours of instruction to be provided at the elementary and secondary level;
5. The use of online instruction; and
6. Reimbursement of costs by the Commonwealth.

Summary of Major Elements: In order to assist the Board in its review required by [HB 257](#), the VDOE administered a short survey to solicit information about homebound instructional services offered by school divisions during the 2009-2010 academic year. This survey was provided to school divisions in September 2010, and it asked general questions about the number of students referred for homebound services, whether complaints were received from parents about the homebound program, including the certification process, and whether school divisions had any suggested changes to the current structure of the homebound program. Ninety-one school divisions responded to this survey.

None of the 91 school divisions responding indicated that there are any deficiencies with the current certification process. Three respondents indicated that the current certification structure is effective.

Many of the comments received from school divisions indicate that additional guidance from the VDOE would be helpful. The conclusions and recommendations section of the report suggests that the Board may want to consider directing the VDOE to review its [Homebound Instructional Services Guidelines](#) to determine whether revisions to the guidelines are necessary.

The Board of Education authorized a 30-day period of public comment on November 18. Twelve comments from individuals, school divisions, and organizations were received, including comments from JustChildren that included a petition with 50 signatures, many with comments. Only one commenter supported changing the regulation to allow additional health professionals to expanding the list of health professionals who could prescribe homebound services. Four commenters did not support any changes to the regulation. Most of the commenters spoke of their personal experience with homebound and home-based instruction, and many had recommendations for revisions to the guidelines.

Superintendent's Recommendation: The Superintendent of Public Instruction recommends that the Board of Education take no action to amend the regulations related to homebound services. The Department of Education will review its guidelines and revise them as may be necessary, and will continue to monitor this issue.

Impact on Resources: The impact on resources will be minimal.

Timetable for Further Review/Action: The Department of Education will review its guidelines in 2011 and will revise them as may be necessary. The department will continue to monitor this issue.



VIRGINIA DEPARTMENT OF EDUCATION

REPORT

INFORMATION ON HOMEBOUND INSTRUCTIONAL SERVICES

PRESENTED TO THE

VIRGINIA BOARD OF EDUCATION

NOVEMBER 2010

Introduction and Background

The 2010 General Assembly passed [House Bill 257](#), which requires the Board of Education to review its [Regulations Establishing Standards for Accrediting Public Schools in Virginia](#) (SOA) as they relate to homebound instructional services. The law states the following:

That the Board of Education shall review its [Regulations Establishing Standards for Accrediting Public Schools in Virginia](#) (8 VAC 20-131) as they relate to homebound instructional services to address whether homebound instruction may be made available to students who are confined at home or in a health care facility for periods that would prevent normal school attendance based upon evidence submitted by any person licensed to diagnose and treat mental, emotional, or behavioral disorders by a health regulatory board within the Department of Health Professions.

Currently [8 VAC 20-131-180.A](#) of the SOA provides in part:

Homebound instruction shall be made available to students who are confined at home or in a health care facility for periods that would prevent normal school attendance based upon certification of need by a licensed physician or licensed clinical psychologist....

The delivery of homebound instructional services is the responsibility of the school divisions. In its [Homebound Instructional Services Guidelines](#), the Virginia Department of Education (VDOE) states that "...homebound instruction is designed to provide continuity of educational services between the classroom and home or health care facility, for students whose medical needs, either physical or psychiatric, do not allow school attendance for a short period of time. It is not intended to supplant school services and is by design temporary. The school division is responsible for providing instructional services for all public school students who must be temporarily confined at home or in a health care facility. The school division is also responsible for providing homebound services to a student enrolled in the school division who is confined in another county or city in Virginia and to qualified students confined in another state, if those students meet all the homebound eligibility requirements."

These VDOE guidelines cover areas such as:

1. The eligibility for homebound services;
2. The initiation, review, and termination of services;
3. The role of the teacher, physician, and licensed clinical psychologist;
4. Suggested guidelines as to the number of hours of instruction to be provided at the elementary and secondary level;
5. The use of online instruction; and
6. Reimbursement of costs by the Commonwealth.

The Commonwealth reimburses school divisions for costs incurred from the delivery of homebound services. School divisions receive this reimbursement as a percentage of hourly payments to teachers employed to provide homebound instruction to eligible children. A maximum hourly rate is established annually and the reimbursements received by a school division are adjusted for that division's local composite index of ability-to-pay.

State funding available for homebound services reimbursement is approximately \$5.6 million in fiscal year 2011 and \$5.9 million in fiscal year 2012. Based on the amount of state funding available in fiscal year 2010 compared to the amount of homebound expenditures reported by school divisions for the 2009-2010 academic year, it appears that school divisions were reimbursed by the Commonwealth for less than 30 percent of their total expenditures.

This report provides information on data collected from school divisions regarding homebound instructional services. These data are provided to assist the Virginia Board of Education in assessing the need for amending its existing regulations to address any changes that may be needed to the current certification process so that other individuals licensed by a health regulatory board may certify the need for a student to have homebound services. Currently, only physicians and licensed clinical psychologists can certify the need for a student to have homebound services.

Review Process

In order to assist the Board in its review of this legislation, the VDOE administered a short survey to solicit information about homebound instructional services offered by school divisions during the 2009-2010 academic year. This survey was provided to school divisions in September, 2010, and it asked general questions about the number of students referred for homebound services, whether complaints were received from parents about the homebound program, including the certification process, and whether school divisions had any suggested changes to the current structure of the homebound program. The appendix to this report contains the superintendent's memo and survey questions distributed to school divisions.

This report presents a summary of the survey responses received from 91 school divisions, representing almost 70 percent of all Virginia school divisions.

General Survey Response Information

Data

School divisions were asked the following questions about the number of students referred for homebound services.

- 1. For the 2009-2010 school year, please provide the total number of students approved for homebound due to:**

Category	Total Reported by School Divisions	Percent of Total
Physical Illness	4,135	54%
Mental Illness	984	13%
Discipline Program	1,828	24%
Other	723	9%

2. For the 2009-2010 school year, how many of these students had an individualized education program (IEP)?

Total Reported by School Divisions
2,757

3. For the 2009-2010 school year, how many of these students had a 504 plan?

Total Reported by School Divisions
207

4. For the 2009-2010 school year, how many of these students were approved for homebound services by one of the following?

Category	Total Reported by School Divisions	Percent of Total Number of Students Reported to Have Received Homebound Services
Physician	4,285	56%
Licensed Clinical Psychologist	560	7%

Narrative Information

School divisions were asked the following questions regarding the receipt of complaints and changes that could be made to the homebound program.

1. Has your school division received complaints from parents who have been unable to secure a homebound certification from either a licensed clinical psychologist or a physician? If so, what was the resolution?

Approximately 12 percent of the school divisions responding to the survey indicated that complaints have been received from parents. Eighty-eight percent of the school divisions responding indicated that they have not received any complaints regarding this issue. The following information highlights the responses received:

- Only one school division referenced the certification process addressed in [House Bill 257](#). In its response, this school division indicated support of the current certification structure.
- The other responding school divisions had no complaints directly related to the certification issues raised in [House Bill 257](#).
- Some school divisions reported parental complaints about the certification process. The complaints were usually related to delays in the physician's office, misunderstanding of the requirements, or the physician's determination that homebound services were not necessary.
- Three school divisions indicated that some parents had concerns about difficulty in securing the appropriate certification. However, this issue was usually resolved by seeking the assistance of another physician or licensed clinical psychologist. In one school division, the child did not get the certification because homebound was not the appropriate placement. In another school division, the child was able to receive homebound services through his Individualized Education Program (IEP). In the third case, truancy was an issue and the child was required to attend class.

2. Has your school division received any other complaints about the homebound program from parents? (If the answer is yes, please describe the complaints.)

Approximately 40 percent of the school divisions responding to the survey indicated that complaints have been received from parents about the program. Sixty percent of the responding school division indicated that they have not received any complaints. The following information highlights the responses received:

- None of the school divisions referenced the certification process addressed in [House Bill 257](#) in the responses.
- Some of the school divisions reported complaints about the certification process. Some school divisions reported that parents were reluctant to follow the process. School divisions also reported that the extension of services is sometimes difficult. One school division reported that a parent of a private school student wanted to have homebound services provided by the public school division.
- School divisions reported that complaints were received when parents asked for homebound instructional services without valid medical reasons.
- One school division reported complaints due to denial of homebound instruction even when the parent provided a certification from a physician or licensed psychologist.
- Some of the school divisions reported complaints about the quality of instruction, the amount of instruction, the difficulty in getting instruction started, scheduling difficulties, problems with the teacher, and the inability to cover the laboratory requirements for related science courses and some advanced level classes.

3. Does your school division have any changes you would like to make to the homebound program to facilitate academic enhancement?

Approximately 20 percent of the school divisions responding to the survey commented on the need to make changes to the program. The following information highlights the responses received:

- Only two school divisions referenced the certification process addressed in [House Bill 257](#) in their response and both school divisions support the current certification structure.
- One school division expressed interest in having a maximum number of hours of homebound instruction provided per grade level of instruction. Another school division expressed interest in increasing the number of instructional hours provided for high school students.
- Some school divisions reported concerns about the lack of teachers available to teach homebound instruction. One school division asked that any licensed teacher be allowed to teach any student. Another school division suggested the use of a regional pool of teachers who could provide homebound instruction.
- One school division expressed concern about teacher safety.
- Several school divisions mentioned the use of virtual education as a means to meet the needs of students requiring homebound instruction. However, one school division mentioned the challenge in using virtual instruction because many of the students' homes are not equipped with "wifi" or with "hotspots."
- One school division mentioned that many students are on home-based instruction for disciplinary reasons. This school division reported that if it received financial reimbursement for these students, it could hire additional staff.
- Another school division asked for reimbursement for students placed on homebound instruction by the IEP team.

Other General Comments

School divisions that submitted information to the VDOE commented on other issues surrounding the homebound program. The following information highlights the responses received:

- No school division reported that they would support certification for homebound instruction by any person licensed to diagnose and treat mental, emotional, or behavioral disorders by a health regulatory board within the Department of Health Professions.
- One school division reported that a child receiving homebound services was not allowed to participate in extracurricular activities.
- One school division asked for a better definition of mental health issues as students with these issues are a significant percentage of those students receiving homebound services.

- Several school divisions mentioned the need for a greater emphasis on services plans and transition plans for students receiving homebound services.
- One school division reported frustration because personnel were unable to speak to the physician about a homebound referral.
- One school division reported that parents could not understand the need for a nine week review of the homebound services provided.

Conclusions and Recommendations

No school divisions responding to the survey indicated that there are any deficiencies with the current certification process, which is the issue under examination under [HB 257](#). Three respondents indicated that the current certification structure is effective.

During 2009, VDOE received a request from the Virginia Association of Clinical Counselors to expand the professionals that may refer a student for homebound instruction to include licensed professional counselors, licensed clinical social workers, and licensed marriage and family therapists. In response to this request, VDOE indicated that it maintains a medical orientation to homebound instruction and also indicated that it had received no requests from school divisions to expand referral authority beyond what is currently in Board regulations.

Many of the comments received from school divisions indicate that additional guidance from the VDOE would be helpful. It is not clear from the data reported how many divisions may be denying services for homebound instruction after receiving certification or how many school divisions are choosing to provide homebound services without certification under varying circumstances. For these reasons, the Board may want to consider directing the VDOE to review its [Homebound Instructional Services Guidelines](#) to determine whether revisions to the guidelines are necessary.

APPENDIX

SUPERINTENDENT'S MEMORANDUM

DATE: September 24, 2010 **MEMO. NO. 234**

TO: Division Superintendents

FROM: Patricia I. Wright
Superintendent of Public Instruction

SUBJECT: Survey related to House Bill 257 – Homebound Instructional Services

The 2010 General Assembly passed [HB 257](#), which requires the Board of Education to review its *Regulations Establishing Standards for Accrediting Public Schools in Virginia* (SOA) as they relate to homebound instructional services. The law states the following:

That the Board of Education shall review its *Regulations Establishing Standards for Accrediting Public Schools in Virginia* ([8 VAC 20-131](#)) as they relate to homebound instructional services to address whether homebound instruction may be made available to students who are confined at home or in a health care facility for periods that would prevent normal school attendance based upon evidence submitted by any person licensed to diagnose and treat mental, emotional, or behavioral disorders by a health regulatory board within the Department of Health Professions.

Currently [8 VAC 20-131-180.A](#) of the SOA provides in part:

Homebound instruction shall be made available to students who are confined at home or in a health care facility for periods that would prevent normal school attendance based upon certification of need by a licensed physician or licensed clinical psychologist....

In order to assist the Board in its deliberations on this issue, the Department has developed a short survey to solicit information about homebound instruction offered by school divisions. Please complete the survey, which can be found at <http://www.surveymonkey.com/s/5YJYT2V>, by October 22, 2010. You may contact the Office of Policy at 804-225-2092 or by e-mail at policydata@doe.virginia.gov if you have any questions regarding this matter.

Thank you for your assistance in providing the Board with information on homebound instructional services.

PIW/MMV/jcj

**Virginia Department of Education
School Division Survey Instrument
Homebound Instructional Services**

1. **Name of School Division**
2. **School Division Contact Information: (Please include name, title, telephone number, and e-mail address.)**
3. **For the 2009-2010 school year, please provide the total number of students approved for homebound due to:**
 - a. **Physical Illness**
 - b. **Mental Illness**
 - c. **Discipline Program**
 - d. **Other**
4. **For the 2009-2010 school year, how many of these students had an individualized education program (IEP)?**
5. **For the 2009-2010 school year, how many of these students had a 504 plan?**
6. **For the 2009-2010 school year, how many of these students were approved for homebound services by one of the following?**
 - a. **Physician**
 - b. **Licensed Clinical Psychologist**
7. **Has your school division received complaints from parents who have been unable to secure a homebound certification from either a licensed clinical psychologist or a physician? If so, what was the resolution?**
8. **Has your school division received any other complaints about the homebound program from parents? (If the answer is yes, please describe the complaints.)**
9. **Does your school division have any changes you would like to make to the homebound program to facilitate academic enhancement?**

Public Comments on Homebound Instruction

From: Becky Bowers-Lanier
Sent: Thursday, December 09, 2010 8:35 AM
To: Wescott, Anne (DOE)
Cc: Marcia Obenshain; 'Lisa MCDOWELL'; Davina Johnson
Subject: Comments on Report on Homebound Instructional Services in Response to HB 257

Good morning, Anne. Hope this finds you well. On behalf of the Virginia Counselors Association (VCA), I am providing comments to the "First Review of a Report on Homebound Instructional Services in Response to HB 257 Passed by the 2010 General Assembly." Thank you for this opportunity to comment on the report.

The VCA represents professional counselors working in a wide range of settings, including, but not limited to, schools, colleges, and universities; community mental health agencies; and correctional facilities. Licensed Professional Counselors (LPCs) are mental health care professionals who are trained in counseling interventions designed to remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health and development. By statute, LPCs conduct assessments and diagnoses to establish treatment goals and objectives, and they plan, implement, and evaluate treatment plans (§ 54.1-3500).

The VCA reviewed the results of the survey distributed to all school divisions regarding homebound instructional services, including the finding that no school division indicated there were any deficiencies with the certification process. This would appear to confirm that no changes need to be made in the system at the present time. We are encouraged that the report suggests that the Board of Education may want to direct the Department to review its *Homebound Instructional Services Guidelines*.

The Department of Health Professions has found that there is a paucity of child psychiatrists in Virginia. LPCs specializing in the care of children are well qualified as children's mental health providers. We would respectfully ask the Department to continue to monitor the ability of children to access mental health services, including whether these children should be certified for homebound instruction. In doing so, the Department would be able to consider including other mental health providers in certifying children for homebound instruction.

Becky Bowers-Lanier, EdD
B2L Consulting LLC
501 E Franklin Street, Suite 511
Richmond, VA 23219

PO Box 1097
Richmond, VA 23218-1097

STAFFORD COUNTY PUBLIC SCHOOLS
Alternative Education Programs and Student Services Office
Melchers Complex/Tyler Building
610 Gayle Street
Fredericksburg, VA 22405
PH.: (540) 899-6000 FX: (540) 899-6046

November 29, 2010

DIVISION OF POLICY & COMMUNICATIONS

DEC - 6 2010

Ms. Anne Wescott
Assistant Superintendent for Policy and Communications
Virginia Department of Education
P.O. Box 2120
Richmond, VA 23218-2120

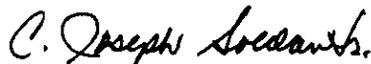
Dear Ms. Wescott,

I am writing in response to your request for comments regarding the proposed changes to the Standards of Accreditation regarding Homebound Instruction. After discussing the proposed changes with our school division's homebound liaison, it is my opinion that the proposed changes are not necessary.

At the present time, parents within our school division do not have difficulty securing a recommendation for homebound services from their physician when necessary. Also, the new language of the proposal which states; ..."any person licensed to diagnose and treat mental, emotional, or behavioral disorders by a health regulatory board with the Department of Health Professions", may significantly expand the number of diagnosticians, resulting in over prescribing homebound services.

Thank you for your willingness to accept comments regarding this topic.

Sincerely,



C. Joseph Soldan, Jr.
Alternative Education Administrator

From: John Westphalen

Sent: Wednesday, December 15, 2010 10:07 AM

To: Wescott, Anne (DOE)

Subject: Public Comment: Review of Provisions Related to Homebound Instructional Services

Ms. Wescott:

I am writing in support of House Bill 257. Here in our region, there is a shortage of health professionals, including licensed physicians and licensed clinical psychologists. Many of our students are seen, diagnosed, and treated by licensed nurse practitioners, physician assistants, and licensed clinical social workers. When one of these professionals completes our request for homebound/homebased services form for a student, we have to spend (sometimes inordinate amounts of) time to track down a qualified professional to cosign the form. This frequently delays services, sometimes for more than a week. It would very much be in the best interest of our students for other health professionals to be able to legitimately sign off on homebound requests.

Sincerely,

--

John Andrew Westphalen
Director of Special Education and Support Services
Patrick County Public Schools
Stuart, VA 24171

From: Karen M. Williams
Sent: Wednesday, December 15, 2010 2:21 PM
To: Wescott, Anne (DOE)
Subject: Seeking public comment

Good afternoon,

I am writing in response to the e-mail sent about the proposed change in the qualifications of those requesting homebound services for students. I think that if this change is made we will see many more requests submitted for homebound services in the mental/emotional health area. I believe this would mean that requests would be allowed from licensed clinical social workers and nurse practitioners, which may or may not be a good idea. (?)

Karen M. Williams
Specialist
Homebound Services/ Home School Instruction
12465 Warwick Blvd.
Newport News, Virginia 23606
(

From: Kevin Kirst

Sent: Wednesday, December 22, 2010 11:17 AM

To: Wescott, Anne (DOE)

Cc: Patrick Farrell

Subject: Seeking Public Comment: Review of Provisions Related to Homebound Instructional Services

“Homebound instruction shall be made available to students who are confined at home or in a health care facility for periods that would prevent normal school attendance based upon certification of need by a licensed physician or licensed clinical psychologist. For students eligible for special education or related services, the Individualized Education Program committee must revise the IEP, as appropriate. Credit for the work shall be awarded when it is done under the supervision of a licensed teacher, a person eligible to hold a Virginia license, or other appropriately licensed professional employed by the local school board, and there is evidence that the instructional time requirements or alternative means of awarding credit adopted by the local school board in accordance with the provisions of [8VAC20-131-110](#) have been met.”

Currently, there is a misperception of the purpose and need for “homebound” services in the community. I have personally been involved in cases where physicians “certify” the need for homebound instruction, as noted above, but provide little to no justification for the need.

Imagine the position I am in when a general practitioner certifies the need for homebound instruction for a student with “significant depression”, requesting the student be left alone with only hours of homebound instruction being the substitute for the engagement of the regular school environment. As the administrator overseeing and managing homebound instruction, this regulation has frequently placed me in very uncomfortable situations.

I propose consideration of the following additional language be added to the policy:

- A requirement for the physician or licensed psychologist, that part of the certification include documentation that justifies for the need for homebound services, explicitly explaining the nature of the issue preventing the child from normal attendance school (whether in part or whole).
- A requirement for the physician or licensed psychologist, as part of the certification for homebound services, to include an indication of the end date.
- A requirement for the physician or licensed psychologist, as part of the certification to include a transition plan, noting interventions implemented to support the student’s return to school, date of earliest return, indicators of improvement and potential for partial return.
- Addition of an allowance of a review of the request by the superintendent or designee and the authorization of the school system to deny the provision of services, should there be a lack of justification (i.e. evidence the student cannot attend school in part of in whole), concern of the child’s welfare or well-being, or lack of appropriate documentation.
- Additional requirement, that, should the homebound request be denied by the school system, the denial must be in writing to the certifying physician and family.
- Addition of language to the effect that the parent is encouraged to sign a release of information allowing the school to communicate with the certifying physician, indicating a choice not to authorize consent for an exchange of information may result in a denial of homebound services should the documentation not be sufficient.

Thank you for your consideration.

Kevin M. Kirst

Director of Special Education
Albemarle County Schools

From: Sheila S. Magula
Sent: Wednesday, December 22, 2010 1:49 PM
To: Wescott, Anne (DOE)
Cc: James G. Merrill; Heather M. Allen
Subject: Public Comment: House Bill 257-- Review of Provisions Related to Homebound Instructional Services

Good afternoon, Ms. Wescott.

On behalf of Virginia Beach City Public Schools, we are providing comments below regarding House Bill 257. We appreciate the opportunity to respond and look forward to the outcome of the State Board's deliberations.

Sincerely,

Sheila S. Magula

Deputy Superintendent

Virginia Beach City Public Schools

2512 George Mason Drive

Virginia Beach, VA 23456

Comments from Virginia Beach City Public Schools Regarding House Bill 257

Virginia Beach City Public Schools (VBCPS) does not support House Bill 257. This bill would allow for any Department of Health Professional to certify students for homebound instruction. 8VAC20-131-180. A as written allows for a licensed physician or licensed clinical psychologist to provide certification to school divisions regarding the need for homebound services. VBCPS strongly believes that the current list of professionals identified in 8VAC20-131-180.A is sufficient and appropriate for parents to obtain the necessary certification for students who require homebound services. Students are supposed to receive homebound instruction because they are confined at home due to medical or emotional reasons; therefore, the appropriate professionals to make this determination would be licensed physicians and licensed clinical psychologists.

The proposed expanded list of professionals includes licensed professional counselors, licensed clinical social workers, and licensed marriage and family therapists. Extending the list of providers to include "any person licensed to diagnose and treat mental, emotional, or behavioral disorders by a health regulatory board within the Department of Health Professions" would provide opportunities for therapists to certify outside of their area of expertise(i.e., marriage counselors certifying students for school phobia). Broadening the list would also provide a larger group of professionals for whom a parent can "shop" around until they find one who will certify a student for homebound services. It is the opinion of VBCPS that the extended list would not be appropriate to diagnose mental and physical disorders of students for the purpose of certifying a student for homebound instruction.

From: Margaret McGee
Sent: Monday, December 27, 2010 5:22 PM
To: Wescott, Anne (DOE)
Subject: Feedback about Homebound services

I provide non-school-based services for several students who receive homebound education services through the public school system. These students have very severe disabilities with severe health problems that prevent them from attending school. Although I am not part of the public school, I am very familiar with the homebound services that the students receive. My familiarity comes from my desire to carry over each student's IEP goals and objectives. Here are my observations:

1. For students ages 6 and older, the lessons rarely relate to their IEP goals and objectives. The goals and objectives are impressive but the actual lessons are the same: professional reads a preschool book to student, professional counts to 10 for the student, professional leaves
2. For students ages 6 and older, the lessons are not age appropriate. For example: A 12 year old student is using literature for preschool students. The literature has no visible link to the student's IEP goals and objectives.
3. All of these students are non-verbal but, for some students, no effort has been made to provide them with augmentative communication evaluations or services
4. Professionals who serve these students cancel appointments with amazing frequency
5. Professionals who serve these students seem to have no regard for parental requests regarding scheduling, even when the requests are based on the child's feeding schedule or sleep schedule related to anticonvulsant medications.
6. There is no evidence that the professionals are measuring the student's progress in an objective manner.

From: Mborff
Sent: Monday, December 27, 2010 11:52 PM
To: Wescott, Anne (DOE)
Subject: homebound feedback- from advocate's perspective.

I am a seasoned Special Ed Advocate in Va (representing clients in over 8 school districts) for the last 23 years. I am basing my opinion about Homebound Education based upon experience.

It is easiest for me to list thoughts:

1. More often than not, school systems have had to scramble to find qualified homebound instructors, at the time of request. Frequently the dates for homebound instruction have been delayed past required timelines. Many parents are unaware of the policy and accept what (and when it) is offered.
2. Frequently the homebound instruction is bound by school system policy rather than aligned with student's IEP. Standardly, the offer is 4-5 hours a week rather than what the designated delivery of Spec. Ed services are written into the IEP.
3. A serious problem is where the designated homebound services are offered. For example if homebound is offered to a disciplinary related student, that child often has to meet homebound instructor in , say a library. Transportation logistics is often problematic.
4. If a student is receiving homebound instruction for disciplinary reasons, parents often are upset that their child may only be accommodated one hour daily. I have heard numerous complaints that , because they may have to go to work, the child(student) may have to be alone unsupervised the rest of the day -
5. Teacher qualifications for homebound instruction should match their training with the types of disabilities that they are assigned. This usually does not occur.
6. Often students who receive services under the homebound instruction often welcome the attention and the relief from otherwise boredom of being isolated from peers. However I have not known a homebound instructor who would give useful feedback to an IEP committee if that input were to be appropriate in determining placement or IEP considerations.
7. I have heard complaints from parents over time that homebound instructors frequently do not show up or do not show up at appointed times.

Recommendations-

1. Homebound Instructor screening and training- with high regard for having recommendations from school personnel.
2. Budgetary considerations for improved quality of service.
3. Homebound instruction monitored for on time delivery and alignment of program with student iEP
4. Allowances for feedback of instructor to be shared with IEP committees.
5. Better considerations for safeguarding of student as to time and location of each session. Possibly an office within each school system provide with transportation included.

I hope this is helpful.

Beth(Marjorie) Orloff, M.Ed Educational Consultant/Special Ed Advocate.

From: Janet Peters
Sent: Tuesday, December 28, 2010 7:00 AM
To: Wescott, Anne (DOE)
Subject: Homebound Instruction

Dear Ms. Wescott,

I would like to respond to the homebound instruction review. I believe one area that needs to be addressed more thoroughly is those that are homebound due to special needs. Not all areas have appropriate means to provide as they should for special needs in the schools; behaviors, specifics of their child's disability. I believe there should be more specific guidelines and allowances for that education. An example; length of time for homebound; in special needs cases, indefinitely should be considered. I believe the school system should work diligently with the special needs families; provide the therapies the child needs as if they are in a classroom; offer specific guidance to the parent on IEP's, etc and have tutors available to teach the child.

There are a lot of loopholes in the way it is presented and the child ends up suffering; the parent ends up out of pocket in ways I don't believe was intended.

Thank you,

Janet Peters

From: Megan Roberts
Sent: Tuesday, December 28, 2010 8:47 AM
To: Wescott, Anne (DOE)
Cc: perobe
Subject: Homebound instruction for students with disabilities

Ms. Wescott:

I am writing to add my support for VDOE's review and improvement of homebound instruction for students with disabilities and serious medical issues. As Director of William & Mary Law School's Special Education Advocacy Clinic, I wholeheartedly support the petition that has been submitted by JustChildren, and wanted to send you some of our clinic's experiences with homebound during our two years of operation.

We have encountered IEP team members who challenge medical diagnoses requiring homebound instruction, with no evidence supporting their position; belligerence on the part of school personnel regarding a teen's return to the classroom, despite medical evidence indicating the dangers to that student's health and safety if homebound were discontinued too early; delayed implementation of homebound instruction, and then, less than adequate instruction, for instance, the APEX online program implemented with several courses, one of which the student had previously completed in school, and, when the school was notified of this mistake, no replacement course was added, thus making student even further behind; APEX assigned despite a student's ADHD - a self-paced, individually-motivated online program prescribed for a teen with attention deficit issues; only three hours per week of instructional support, at odd hours, despite parents' repeated requests of the team for more instructional time, as well as VDOE's guidelines and recommendations for additional instructional support; instructor who routinely reset the tests and quizzes on the system so that student could eventually pass, rather than assisting student in actually learning the material in the subject matter for which student had a documented learning disability; teachers who would come to the home in late afternoons or early evenings, or cancel and reschedule often, rather than offer student opportunity to work earlier in the day when more refreshed, thus creating less disruption on the learning process and the entire family; parent complaints ignored, or responded to with suggestions that the student just return to school, despite medical recommendations to the contrary; complete lack of any instructional curriculum outside of the APEX program, thus no individualized instruction and a delegation of teaching responsibilities to the computer; lack of social interaction and extracurricular learning opportunities for students on homebound instruction; and finally, complete hopelessness on the part of parents as their complaints are either ignored or disputed, all while their child falls further behind in his or her education.

These are just some of the problems we have seen anecdotally with homebound instruction, and we are hopeful that VDOE can create a more accountable and consistent approach to homebound instruction amongst Virginia's schools for those students who are not strong enough or healthy enough to receive FAPE in the regular classroom setting.

Thank you. Please let me know if I can be of further assistance or provide you additional information.

Patty Roberts
Director of Clinical Programs and
William & Mary Law School's Special Education Clinic

JUSTCHILDREN

A Program of the

Angela A. Ciolti
Legal Director
angela@justice4all.org

LEGAL AID JUSTICE CENTER

December 28, 2010

Ms. Anne Wescott
Assistant Superintendent for Policy and Communications
Virginia Department of Education
P. O. Box 2120
Richmond, VA 23218-2120
Anne.Wescott@doe.virginia.gov
Fax: 804/ 225-2524

RE: Public Comment on Homebound Instructional Services

Dear Anne:

Thank you for the opportunity to provide public comment on homebound instructional services in the Commonwealth. JustChildren represents low-income students across Central Virginia in special education and student discipline matters, among other things, and provides technical assistance to legal aid and pro bono attorneys statewide.

In representing individuals and working with other attorneys, we routinely encounter serious problems with both homebound and home-based instructional services.¹ Our concerns include:

1. Problems with the provision of services.

The provision of homebound instructional services suffers from a number of serious shortcomings:

- Poor quality. There is a wide variation in the quality of instruction, but our clients frequently express concerns that instructors are not well versed in the subject matter and that curriculum is watered down. It is common for clients to tell us that instructors simply drop off work for the student to complete on his or her own and then come back and pick it up later. We have also heard complaints that instructors do not use instruction time effectively, including one complaint that the instructor spent instruction time showing the student her Myspace page.
- Missed instructional sessions. Scheduling difficulties appear to be a problem from both the students' and schools' perspectives. We have heard from school divisions that students were not available for scheduled sessions. Just as frequently, we have heard

¹ Although the Department's November 2010 report purports to cover only homebound instructional services, the data collected from school divisions appears to be relevant to both homebound and home-based instructional services. Indeed, nearly 3,000 of the students placed on homebound were not approved by a physician or licensed clinic psychologist, and many appear to be special education or disciplinary placements.

from students and parents that the instructor canceled or failed to appear for scheduled sessions.

- Gaps in coursework. It is our understanding that, in many cases, homebound assignments originate with the student's teacher at the comprehensive school and that the homebound instructor retrieves them from the teacher, shares them with the student, and then returns them to the school-based teacher for grading. Problems frequently arise when school-based teachers do not assemble assignments for the instructor or do not return graded assignments promptly.
- Incomplete curriculum. It is difficult for students to stay on track to earn a diploma due to limits on the amount of services and lack of availability of electives and advanced coursework. One client in junior high received home-based instruction for a mere two hours per week. Another had to downgrade his diploma goal from Advanced to Standard due to the limited coursework offered by his homebound placement.

Many of these common complaints are consistent with the problems school divisions reported on page 5 of the Department's report.

2. Inappropriate use of medical homebound guidelines to limit services available to students with IEPs.

We find that, almost without exception, school divisions routinely apply the guidelines for medical *homebound* instruction to students with disabilities who are placed on *home-based* instruction for disciplinary or other reasons to determine the amount of instruction the student will receive. This is objectionable on a number of levels:

- First, services in a student's IEP should be based on the student's unique needs, not on state guidelines. As the U.S. Department of Education has opined, services for students during disciplinary removal should depend on the nature and severity of the child's disability, the length of the removal and any previous removals, and the degree to which the child's performance lags behind his peers.²
 - Second, the guideline *minimums* are employed to cap the number of hours students can receive. We rarely, if ever, see home-based IEPs that exceed the minimums established by the state, regardless of the student's needs.
 - Third, use of guidelines intended for students whose medical needs require homebound instruction for "a short period of time"³ is entirely inappropriate for students who are placed on home-based instruction for an entire semester, school-year, or longer.
3. Use of home-based instruction as the default placement for students with IEPs under disciplinary removal.

² Comments on Final Regulations, 71 Fed Reg. 46,717 (2006).

³ See Virginia Department of Education, "Homebound Instructional Services Guidelines," available at http://www.doe.virginia.gov/instruction/homebound/homebound_instructional_services.pdf.

In our experience, schools rarely consider a continuum of placement options when designing an IEP for a student on long-term disciplinary removal and immediately resort to the most restrictive placement option available – home-based instruction. Many of these students were suspended because they lack coping, social, and other adaptive skills that are difficult, if not impossible, to teach in a one-on-one setting. Typically, our clients are offered a home-based IEP written for the *minimum* number of hours stated in the state guidelines for homebound instruction, the IEP is stripped of any related services in the school-based IEP, and parents are told that they must sign this IEP or the school will not provide the student any educational services. Under the misconception that the school can withhold services if they disagree with the home-based IEP and in the desire to keep their children from falling further behind in coursework, without legal counsel, our clients usually sign the home-based IEP they believe is inadequate.

4. Lack of public information about disciplinary home-based instruction distorts discipline data reported by local school divisions.

Discipline data collected by the Department is distorted by the failure to collect information on disciplinary home-based instruction and other alternative placements. The Safe School Information Resource online database does collect information in the category of “special education interim placement,” but these numbers are often much lower than we would expect given the volume of calls we receive from clients placed on home-based instruction.⁴ We suspect that when a parent signs an IEP for a disciplinary home-based instruction placement, schools consider it an agreed upon change in placement pursuant to the IEP and do not code it as a disciplinary placement, even though the student is not permitted to return to his or her home school.

Accordingly, we recommend that the Department revise its guidelines in the following manner:

- Issue guidance regarding placement on home-based instruction, emphasizing the obligation to consider a continuum of placements, and to provide services sufficient to enable the child to make progress on IEP goals and participate in the general curriculum, and to provide behavioral support and related services to enable the child to benefit from his or her education.
- Require schools to establish a mechanism for processing complaints regarding homebound and home-based instruction, and provide parents and students receiving such services information about how to register a complaint.
- Collect and publish information on homebound, home-based, and other alternative education placements at the state level so that discipline data is not distorted by these disciplinary placements and policy can be formulated to address the quality and effectiveness of these placements.

⁴ For example, in 2009-2010, only 119 interim alternative education placements were recorded by the entire state. The Report on Homebound Instructional Services indicates that 2,825 students were not placed on homebound instruction by a physician or licensed clinical psychologist, leaving one to wonder who approved the placement and whether these were in fact disciplinary placements.

In order to collect information from other parents and service providers, we circulated an online petition. The petition received 50 signatures (see attached Excel spreadsheet) from all over the state, and many people added comments about their own experiences with homebound and home-based instruction. The petition language was as follows:

We, the undersigned, believe the following problems exist with homebound instruction in the Commonwealth:

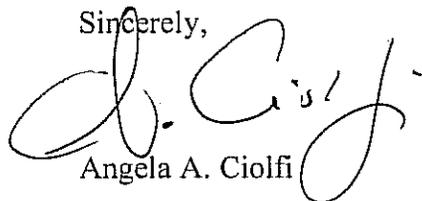
- 1. Homebound instruction is often of lesser quality than classroom instruction. Homebound instructors are often poorly trained, scheduling difficulties can arise, and a limited curriculum can make it hard for students to stay on track to earn their diplomas.*
- 2. Homebound guidelines for short-term medical absences are inappropriately applied to students with disabilities who are placed long-term on home-based instruction for disciplinary reasons, limiting the hours and services available to students with IEPs.*
- 3. Schools often make home-based instruction the default placement for students with IEPs under disciplinary removal, rather than considering a continuum of placement options.*
- 4. The lack of public information about disciplinary home-based instruction distorts discipline data reported by local school divisions.*

Accordingly, we recommend that the Department revise its guidelines in the following manner:

- 1. Issue guidance regarding placement on home-based instruction, emphasizing the obligation to consider a continuum of placements, and to provide special education and related services sufficient to enable the child to make progress on IEP goals and participate in the general curriculum.*
- 2. Require schools to establish a mechanism for processing complaints regarding homebound and home-based instruction, and provide students and their parents information about how to register a complaint.*
- 3. Collect and publish information on homebound, home-based, and other alternative education placements at the state level so that discipline data is not distorted by these disciplinary placements and policy can be formulated to address the quality and effectiveness of these placements.*

Thank you for your review of homebound instruction and your consideration of these comments. Please let me know if you have any questions or concerns.

Sincerely,



Angela A. Ciolfi

First Name	Last Name	Email	Zip	State	Organization	Comment	Date
Angela	Cioffi	angela@justice4all.org	22903	VA	JustChildren	My clients face numerous obstacles when placed on home-based instruction, often for disciplinary reasons. Some clients benefit from home-based instruction, but more often, clients fall behind in coursework and lose out on important socializing experiences. Some clients tell me the instructor simply drops off work for the student to do and then picks it up later.	12/20/2010 17:20
Margaret	Hein	rose0479@hotmail.com	22407	VA	Autism Support Specialist	The students need to have an online system and access to learning materials such as websites with curriculum and practice examples. I would like to see homebound instruction become completely online and interactive.	12/20/2010 17:42
Alex and Joan	Gulotta	gulotta@comcast.net	22901-2937	VA			12/20/2010 17:43
Kandise	Lucas	clucasklucas@yahoo.com	23150	VA			12/20/2010 18:01
Joyce	Stratton	joyce.stratton@peopleplaces.org	22903	VA		For our clients, it is never sufficient and they are always behind their peers when they return to the classroom even though they should be on grade level.	12/20/2010 18:06
Michele	Mattioli	mattioli@ntelos.net	22903	VA			12/20/2010 18:30
Joanie	Freeman	freeman.joanie@gmail.com	22902	VA			12/20/2010 18:47
Cheryl	Poe	yourbusychild@yahoo.com	23452	VA	Advocating 4 Kids	My clients who receive homebound services are frustrated with the limitations that LEA/IEP teams put on the amount of time allowed. The LEA misrepresents the VDOE "recommendations" for hours as that's all they are allowed to provide under the law. The amount of homebound services are never granted in the individual needs of the student, but are instead limited to set amount of time the district allows. The quality of providers for homebound services are weak. I have never had a client be able to get services from a special education teacher, the communication between the homebound instructor and the school is always poor. Especially in the city of Virginia Beach VA	12/20/2010 19:57
sharon	Middleton	pychicfakes@gmail.com	23666	VA		My child was not offered home bound services at all.	12/20/2010 20:54
MARK	JACOB	SIG55@COX.NET	23696	VA		I have worked as an educational disability advocate for over 20 years. Many of my client's children have been on homebased/homebound through the years. My observation is that the instruction is minimal and cursory. Many of the "off-site providers" are slightly removed from messengers. A more comprehensive approach to bringing curriculum to the child with a disability is sorely needed.	12/20/2010 21:07
LoisS	Manes	prmanes@pol.net	23185	VA		permits); for high school, not all subjects available, teachers not certified in special education although child has IEP, teacher don't know subject matter they are trying to teach, some teachers "cheat" on hours- come late, leave early, cancel. don't provide IEP accommodations	12/20/2010 21:16
Pat	Levy-Lavelle	pslavelle@yahoo.com	23226-1213	VA			12/20/2010 21:44
Sylvester	Mayo	slmayo@mindspring.com	24541	VA			12/20/2010 21:47
Sharon	Tropf	stropf@verizon.net	20147	VA		Teachers were inconsistent with showing up, being prepared with school curriculum, requested parents to sign off on blank time sheets and generally were ill prepared to meet the students learning needs.	12/20/2010 22:17
Angela	Cimmino	acimmino@vcu.org	23139	VA		For acquaintances w/children in the school division, major concerns re: gross lack of adequate number of contact hours per week	12/20/2010 22:34
Sheila	Hommema	shommema@comcast.net	24333	WV			12/20/2010 22:41
Dylan	Rosenthal	dylan@restorativecommunity.org	22902	VA			12/20/2010 22:56
Carol	Castle	c.j.castle@hotmail.com	23692	VA		For my child the teacher was very knowledgeable of the material. However I am not sure he got the same information as if he were in the classroom. He also did not get anything but the core classes and that makes it hard.	12/20/2010 23:10
Carlos	Williams	CarlosWilliams@embarqmail.com	23970	VA	Commonwealth Neuro Specialists		12/20/2010 23:18

Jill	Gushue	jmmas4@cox.net	23185	VA		1. Rarely are the number of hours a day/week needed for the student to make progress discussed and as a result the LEA only provides 10 hrs. a week, despite the fact that student could possibly needs more. 2. As a result of the LEAs providing so little compensation, aka pay, they have difficulties finding individuals qualified to do the work during school hours. (Most students learn best during school hours and some students are unable to retain information when it is taught after 3:00 pm.) 3. The compensation the LEAs offer is insufficient to attract qualified individuals. 4. The individuals that are found to do the teaching are not trained in special education, for student with IEPs. 5. Some of the teachers only are only available for a short period of time. The student then has to frequently adjust to new teachers. 6. Many times the students are not provided the books and materials to learn. 7. Many times the teacher does not have the training needed to address the curriculum being taught. 8. And rarely, it works perfectly and the student makes more progress in the homebound/based	12/21/2010 1:34
Janette	Martin	jbm80@comcast.net	22901	VA		I have always been concerned with the relationship and involvement of the home bound instructors with classroom teachers . I feel that coordination of the identified grade level subject matter is critical as to how subject matter is delivered Focusing on the child's continued motivation to learning.is a must. To what extent will / are the appropriate SOL'S being integrated into the IEP/ LEA,? How much time is given for instruction and frequency of... to prevent the child from getting behind at their grade level ? .Continued monitoring of the homebound intructional program should be encouraged to assure that all children are receiving a quality education. .	12/21/2010 6:27
Tracy	Parker	turtlesma@yahoo.com	24502	VA	Support Services of Virginia	Homebound instruction is currently second rate. It needs to be improved so that students with disabilities who are instructed outside the normal school setting get a better education.	12/21/2010 7:22
Veronica	Chapman	veronica23608@yahoo.com	23608	VA		Often not the same quality as in the classroom. The few hours a week concerns me that my son was getting the instructional time needed.	12/21/2010 7:59
Wayne	Blanchard	gwb16@yahoo.com	23430	VA		I can relate two different stories. 1. My oldest son was homebound due to an injury that required him to be at home. He was middle school aged. The county offered a homebound teacher who actually worked at the high school. She offered NO INSTRUCTION at all. She would hand him classroom worksheets, tell him to finish them and then turn them over to the middle school teachers that prepared the assignments. Thankfully he was an above average student and wasn't struggling in any of his classes. 2. My youngest son had a severe allergic reaction to his ADHD medication, lashed out at school and was promptly sent off to Alternative School. We felt that it was unjustified, fought it and requested homebound instruction while we were trying to find the correct dose for his new medication and we were flatly denied. All in all, I feel like a more "defined" and "refined" process needs to be in place. However, special attention should be mandated to those ROGUE school administrations that continuously violate Special Education Laws and Guidelines.	12/21/2010 8:47
David	BEIDLER	david@lasrv.org	24011	VA	Legal Aid Society Of Roanoke Valley		12/21/2010 8:50
Crystal	Shin	crystal@justice4all.org	22903	VA			12/21/2010 9:08
Heather	Garrett	garretthd@embarqmail.com	22963	VA			12/21/2010 9:48
Lisa	Parker	wt9902@cox.net	23453	VA			12/21/2010 10:15
Joanne	Lehman, EDD	jrllehmanedconsult@gmail.com	24551	VA			12/21/2010 10:18
Thomasine	Wilson	thomasinewilson@yahoo.com	22901	VA			12/21/2010 10:19

						As a school board member I am very concerned that in any # of cases I am aware of, the quality and timeliness of Home-bound instruction suffers to the student's detriment. Assigned personnel's skills and experience need to dovetail w/ student's educational needs. I think there is a tendency to assign "junior" instructors or those who "volunteer" just for the extra remuneration. Significant improvement needed overall; specific UNSAT case experiences need to be brought to attention of local Suptdt (unless therein lies the problem), local school board members, and/or appropriate VaDOE official, such as State Suptdt of Public Instruction, etc.	12/21/2010 10:46
Herb	De Groft	hwdg@verizon.net	23430	VA			12/21/2010 10:47
Rita	Jones	ritahj49@aol.com	23803	VA			12/21/2010 10:56
Heather	Mathews	muldymat@yahoo.com	23602	VA			12/21/2010 10:57
Hank	Bostwick	hank@lasrv.org	24015	VA			
Jennifer	Henkel	jennifer.henkel@leagueoftherapists.com	22968	VA		As in an in-home therapist I have noticed the following issues with home based: limited time spent on learning (2 hours, 3 times per week), no chance to interact with peers, used as a stop gap for behavioral problems, and parental difficulty interacting with the school to determine how to get the child back into the school setting.	12/21/2010 13:14
Jay	Rachmel	jay.rachmel@peopleplaces.org	22980	VA			12/21/2010 16:04
Patricia	Dangelo	triciaelda@yahoo.com	22901	VA			12/21/2010 16:06
Amy	Woolard	amy@justice4all.org	22902	VA		My clients are often children in foster care, who sometimes experience homebound instruction as a kind of 'holding pattern' while transitioning from school to school. Others face homebound during disciplinary matters, and often lose out on the necessary, in-depth classroom instruction that will prepare them for graduation and beyond.	12/21/2010 17:58
Sylvia	Williams	sswilliams333@yahoo.com	23320	VA		A complete and utter nightmare!	12/21/2010 20:20
Jenine	Kaznowski	Jeninekaz@gmail.com	24521	VA			12/21/2010 20:45
Jim	Williams	dj_mellowsmooth@yahoo.com	23803	VA		I feel that the entire home bound instruction need a major face lift and need to be monitored at the state level to ensure that the CHILDREN get the best benefit.	12/21/2010 22:52
Teresa	champion	teechamp@gmail.com	22153	VA		This has been a nightmare. untrained teachers for working with students with special needs. no curriculum support. who is responsible for providing materials if the child is expelled from a private school placement (via contract services)? no one is the answer. there is no education going on in Virginia in homebound....and I live in Fairfax County!	12/22/2010 7:28
Maria	Retan	m_retan@hotmail.com	22153	VA			12/22/2010 8:59
christina	rees	reescares@gmail.com	22902	VA			12/22/2010 10:06
Alison	Hymes	alison@alisonhymes.com	22911	VA			12/22/2010 18:03
Kate	Duvall	kate.duvall@gmail.com	22903	VA	JustChildren		12/23/2010 10:30
Georgia	Davis	ghdavis306@embarqmail.com	23970	VA	Delta Kappa Gamma		12/23/2010 10:49
Mary-Ellen	Chewning	ExecDir@hrarc.org	22802	VA			12/23/2010 13:36
Margaret	Woolard	meg.woolard@gmail.com	22958	VA			12/23/2010 19:46
Irene	Moore	tidbm@yahoo.com	22079	VA			12/27/2010 13:42
Sheree	Brown	shereebrown74@verizon.net	22181	VA		It was difficult to get the school division to agree to homebound services even with certification by a physician. Also, when the required medical certification was presented at an IEP meeting (at which the principal was present), the school staff said they could not agree without approval of higher administrative staff. This additional layer of approval circumvented the IEP team's authority and prevented my child from receiving any services for 3 weeks. The services she has been receiving through homebound (as a high school student) are not sufficient to give her the credits she needs to advance to the next grade level.	12/27/2010 17:02

From: Angela Ciolfi

Sent: Tuesday, December 28, 2010 5:11 PM

To: Wescott, Anne (DOE)

Subject: RE: Comments on Homebound Instruction

Thanks! One other little thing I noticed and forgot to include – the guidelines on homebound instruction are fairly comprehensive, but the guidelines on home-based instruction under IDEA are minimal. See http://www.doe.virginia.gov/instruction/homebound/provision_homebound_iep.pdf I'm not sure revising the guidelines will fix the implementation problems identified by parents, but that might be a place to start.

All the best,
Angela

Angela A. Ciolfi

JustChildren Program

From: Panarelli, MaryAnn M
Sent: Wednesday, December 29, 2010 4:09 PM
To: Wescott, Anne (DOE)
Cc: Dockery, Kim P.; Marcotte, Hallie; Mills, Kurt S
Subject: Comments regarding House Bill 257

Dear Mrs. Wescott,

Please find attached comments on House Bill 257 from Fairfax County Public Schools. We have been in contact with surrounding divisions regarding the new language, and find we share concerns about extending the professionals allowed to document the need to homebound instruction. Our data indicates that requests for homebound services due to mental health issues has increased significantly, and now represents 25% of our current homebound population. Students who are receiving ongoing treatment and medication management are more likely to return to school within the school year, and a partnership with the treating physician and the school team is essential to a positive outcome. Parents have supported our work with psychiatrists and clinical psychologists who are treating their children, and have not reported difficulty with accessing these professionals nor the services they provide.

Thank you for your consideration of these comments.

Mary Ann Panarelli, EdD
Director, Intervention and Prevention Services
Fairfax County Public Schools
3877 Fairfax Ridge Road
Fairfax, VA 22020

Fairfax County Public Schools (FCPS) input regarding House Bill 257: Extension of individuals who may determine whether a student has significant psychological issues requiring homebound instruction to any individual licensed by the Board of Health Practices to diagnose mental health issues.

We do not support expansion of the definition of providers who can make a recommendation for homebound instruction. Review of our data indicates that in 2009-2010 21% of students receiving homebound instruction in FCPS did so based on the recommendation of a psychiatrist or licensed clinical psychologist due to mental health issues. Current year data suggests these students now represent 25% of students receiving homebound services. Parents do not report having difficulty accessing these professionals, nor do they report having to seek an evaluation from these individuals solely to justify homebound placement.

Students receiving homebound services for mental health reasons are far more likely to remain on homebound past the initial return date and are more likely to remain on homebound for the entire school year than other homebound subgroups. In addition, students placed on homebound due to psychiatric reasons are less successful than other homebound groups when comparing class grades and SOL test scores.

In response, FCPS has formed a focus group of school psychologists, school social workers and homebound specialists to look at the psychological/mental health reasons students ask for homebound services and to increase services available in the schools that would maintain student attendance in the

regular school program. Part of this effort has been to educate mental health professionals about the many alternatives to a completely homebound program, including shortened or modified schedules, special education services, 504 plans, school counseling, and treatment planning involving school staff.

Homebound placement constitutes the most restrictive placement option available, and it is critical that the treatment team consider a full range of options, and develop a plan for reintegration into the school community following homebound services. In addition, we feel that dialogue with psychiatrists and licensed psychologists provides a deeper understanding of the resources available, leading to shorter time out of school and better outcomes for students.

Passage of this bill could create a large pool of possible referring agents, making it more difficult to engage in the dialogue necessary to work as a team to develop a plan of ongoing therapy, medical management, and school interventions. We believe extension to a wider range of professionals will lead to a large influx of students recommended for homebound services based on a single evaluation, without ongoing treatment and re-evaluation to determine how to transition the student back to the school community.

Our data suggests that many students require medication and close supervision of medications as part of their overall treatment plan, reinforcing the need for a medical professional when working with students who are being removed from the school environment for extended periods of time. FCPS school personnel and members of our focus groups believe the current practice of requiring documentation from a psychiatrist or licensed clinical psychologist is fair, accessible and appropriate for determining the need for homebound instruction and a plan for future reintegration of the student. Expansion to a wider range of professions will increase the burden on the school system for sharing information, building partnerships, developing long range planning and ensuring the most positive outcomes for students without measurably improving access to mental health services for students and families.