Joint Legislative Audit and Review Commission

The Virginia General Assembly

SPECIAL EDUCATION IN VIRGINIA'S MENTAL HEALTH FACILITIES

REPORT OF THE
JOINT LEGISLATIVE
AUDIT AND REVIEW COMMISSION ON

Special Education In Virginia's Mental Health Facilities

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

Senate Document No. 4

COMMONWEALTH OF VIRGINIA
RICHMOND
1985

MEMBERS OF THE JOINT LEGISLATIVE AUDIT AND REVIEW COMMISSION

Chairman
Delegate L. Cleaves Manning

Vice Chairman
Senator Edward E. Willey

Senator Hunter B. Andrews
Delegate Richard M. Bagley
Delegate Robert B. Ball, Sr.
Senator Peter K. Babalas
Senator John C. Buchanan
Delegate Vincent F. Callahan, Jr.
Delegate Theodore V. Morrison, Jr.
Delegate Lacey E. Putney
Delegate Ford C. Quillen
Mr. Charles K. Trible, Auditor of Public Accounts

Director
Ray D. Pethtel

PREFACE

Senate Joint Resolution 13 of the 1983 General Assembly directed the Joint Legislative Audit and Review Commission (JLARC), in coordination with an eight-member subcommittee, to examine eight issues "concerned with the operation, funding and quality of the educational programs" for children and youth in facilities operated by the Department of Mental Health and Mental Retardation:

- the quality of instruction and materials,
- the uniformity of the offered services,
- the suitability of the educational environment,
- the eligibility of students for mainstreaming,
- the appropriateness of the administrative authority,
- the appropriateness of the funding mechanism,
- the cost-effectiveness of the programs, and
- whether all children are receiving education as required by law.

To respond to SJR 13, JLARC staff conducted two parallel research efforts. This report, Special Education in Virginia's Mental Health Facilities, is a companion volume to Special Education in Virginia's Mental Retardation Training Centers.

The report concludes that the quality of training in mental retardation training centers has improved significantly over the past ten years. The report urges, however, that additional steps be taken to ensure compliance with federal regulations concerning education in the least restrictive environment possible.

Education for the emotionally-disturbed in mental health hospitals has also improved over the past eight years, but several problems still effect overall quality. Among principal changes suggested are those which would (1) enhance administrative support for the education, (2) equalize resources and funding, (3) address the special needs of young adults, (4) enhance the quality of vocational education, (5) consolidate programs for autistic students, and (6) increase utilization of the Virginia Treatment Center.

Following staff reports to the Commission on June 11, September 10, and September 11, 1984, which included tours of two facilities, the reports were authorized for printing and referred to the subcommittee for further consideration.

On behalf of the Commission staff, I wish to acknowledge the cooperation and assistance of central office staff in the Department of Mental Health and Mental Retardation and the Department of Education and the staff in the facilities who provided information for this report.

Ray D. Pethtel
Director

SPECIAL EDUCATION IN VIRGINIA'S MENTAL HEALTH FACILITIES

November 1984

Joint Legislative Audit and Review Commission

A JLARC REPORT SUMMARY

State and federal laws entitle all children between the ages of 2 and 22 to a free public education regardless of their handicap or place of residence. These laws extend special education rights to children and youth residing in the Commonwealth's mental health institutions.

Senate Joint Resolution 13, passed by the 1983 General Assembly, directed JLARC to re-evaluate the quality of education programs in mental health institutions, as well as training programs in mental retardation institutions. Eight comprehensive issues, ranging from effectiveness of the administrative structure to quality of instruction, were included in the resolution to guide research.

In conducting its review, the JLARC staff was impressed with the competence, creativity, and commitment of education staff, and a number of well-structured programs were observed. Three key problems, however, diminish the overall quality of the education programs:

(1) DOE and DMHMR have not provided adequate guidance, technical assistance, or oversight to the education programs, and coordination between the two agencies is lacking on both the administrative and institutional levels. This has resulted in a lack of comparable educational resources across institutions, and in education programs which differ greatly in quality. Thus, students are not receiving similar services across institutions.

(2) DOE and DMHMR have not fully acknowledged the special needs of older adolescents and young adults, and as a result this population is not served as adequately as the younger students in mental health institutions. Older students, by virtue of their age and handicaps, have strong needs for instruction in independent living and vocational education. However, comprehensive instruction is not offered to these students. Additionally, residential services for this group are inadequate.

(3) DOE and the education directors need to develop educational programs which are more responsive to students' emotional handicaps and which recognize the reasons students have failed in traditional classroom settings. Only VTCC implements educational programs which fully consider the students' emotional and social handicaps.

Administration of Programs (pp. 13-32)

The current administrative structure for operating and supervising MH education programs involves three entities: DOE, the local schools, and DMHMR. As implemented, the current administrative framework does not provide educational programs with sufficient support, supervision, and

program guidance. Further, smooth administration has been hindered by insufficient communication among the institutions, DOE, and local school divisions, as well as between the central offices of DOE and DMHMR. The statutory responsibility for the education programs may need clarification by the General Assembly, since interagency agreements and contracts do not explicitly delineate each agency's specific roles and responsibilities.

Recommendation (1): The General Assembly may wish to amend Section 22.1-214 of the Code of Virginia to require the Board of Education to supervise educational programs for children in mental health institutions. (Current language only authorizes the Board of Education to supervise such programs.)

Recommendation (2): The Superintendent of Public Instruction should ensure that the educational programs in MH institutions receive more active supervision, guidance, and technical assistance. The position of Supervisor of Institutional and Related Services should be filled by DOE. This person should maintain regular contact with the institutions.

Recommendation (3): The Superintendent of Public Instruction should ensure that comparability of educational programs and services is not achieved by dismantling innovative and successful programs that cannot be duplicated at other institutions. Education directors should have a clearly defined role in assisting DOE to develop programs which are of comparable quality across institutions.

Recommendation (4): DOE should work closely with institutional education personnel, DMHMR, and local school divisions to ensure that the recently published draft of the Administrative Manual For State-Operated Education Programs in Mental Health and Medical Facilities fully addresses their needs for policy and procedural guidance. The manual should be promptly finalized and approved.

Recommendation (5): DOE should serve as a clearinghouse for relevant educational information. In this capacity, DOE program staff should make institutional education directors aware of the availability of federal requests for funding proposals.

Recommendation (6): To improve DOE's efforts to coordinate service delivery, DOE and DMHMR representatives should develop a letter of agreement specifying the types of services and assistance each agency will provide during the upcoming school year. This letter should be revised whenever either agency changes the type or amount of assistance provided.

Recommendation (7): The Commissioner of DMHMR and the Superintendent of Public Instruction should each appoint a representative who will be responsible for ensuring formal coordination of the two agencies in planning and implementing any proposed action affecting the institutional education programs.

Overall, DMHMR provides good educational settings. Significant problems with the quality of classrooms at Central State and DeJarnette, however, limit the effectiveness of instruction. Moreover, young adult students are housed with chronic adult residents, which also diminishes the degree to which these students may profit from instruction.

Recommendation (8): DMHMR should take steps to correct physical plant problems. Barriers to handicapped students should be identified and removed. DMHMR should expedite the renovation of building 1145 for relocation of Central State's school and explore alternatives for expanding DeJarnette's classroom space.

Recommendation (9): DMHMR should review its policy of housing young adults with chronic mentally ill adults. DMHMR should develop separate living areas for young adults as an incentive for school participation. These areas should have lower staff/resident ratios to provide a structured environment that encourages and complements involvement in educational programs.

Costs Incurred in Providing Services (pp. 33-44)

The Commonwealth funds 94 percent of the education costs at MH institutions, with the Federal government paying the six percent balance. The Commonwealth spent about $14.5 million in FY 1983 to provide comprehensive services to about 628 students in the six MH institutions. From this total,

over $2.4 million was spent for institutional education programs in FY 1983. Another $364,000 was incurred in providing education-related services to youths. The final cost component funded by the State is the $11.5 million spent on residential and treatment services.

DOE needs to take a more active role in evaluating staffing levels. The result of inappropriate funding is a wide variation in the direct costs of education per pupil at the six facilities. The 70 students at DeJarnette and Central State received services valued at $8,744 per pupil-year, while the 22 VTCC students received services costing $14,044. The large difference is reflected in quality of service and needs to be minimized.

A similar situation exists with the overall costs of residential services and care. VTCC spends over $92,000 per pupil-year for all non-medial, non-educational expenses, while Eastern, Western, and Southwestern expend closer to $43,000 per person. VTCC's high costs for education and residential services reflect, in large part, underutilization of the institution.

Costs of $58,000 and $65,000 per pupil-year at Central State and DeJarnette indicate other potential inefficiencies: old, deteriorating buildings or high administrative costs at Central State, and a degree of underutilization at DeJarnette.

Recommendation (10): DOE should perform regular staffing level evaluations, and DMHMR should develop a policy to ensure that VTCC is used to its capacity in order to promote consistency in staffing and funding and to increase the availability of VTCC's services to eligible children.

Recommendation (11): DOE should devise a procedure to decrease the extreme variation in funding and services for residents across all six MH institutions.

Institutional Differences: Populations, Educational Resources and Staffing (pp. 45-64)

DMHMR and DOE have taken appropriate steps to differentiate the six mental health institutions by age and handicap levels. This has allowed education staff to develop specialization in educating certain types of students. However, inadequate attention has been given to matching resource needs to the different poulations at each institution. Additionally, the availability of resources is not comparable across institutions.

Recommendation (12): DOE and DMHMR should assess the lack of comparability in resources and materials, in relation to the different educational handicaps at each institution. The assessment should be submitted for review by the Superintendent of Public Instruction. Particular attention should be directed to ensure:

(A) that all institutions have appropriate materials for academic instruction;

(B) that trained personnel and adequate resources are available to help staff meet the unique handicaps of young adults in the areas of independent living, pre-vocational education, and vocational education;

(C) that all students have the opportunity to participate in physical education; and

(D) that trained personnel and adequate resources are available to help staff address the emotional handicaps of students through educational instruction, such as art or music therapy.

Education staff hold appropriate certification for teaching emotionally disturbed children. However, few have specific endorsements in vocational education and art or music therapy. In addition, training opportunities for teachers are limited.

State regulations for student/teacher ratios (8:1) in mental health institutions are identical to those set for special education programs in the public schools. This appears inadequate given the greater severity of handicaps of students in the mental health institutions. This is recognized by DOE in funding more teachers than the minimum prescribed by State standards. DOE should formally review the appropriateness of the State requirement and adjust it.

Recommendation (13): DOE should encourage and support training activities for education staff, such as programs by DOE and DMHMR central office specialists as well as inter-institutional cooperation in training.

Recommendation (14): DOE should

ensure that at least one teacher in each institution is endorsed in vocational education and art or music therapy. Financial support should be offered to teachers currently working at the institutions to receive these endorsements.

Recommendation (15): DOE should establish consistent procedures for the evaluation of education directors, and should review procedures which education directors use to evaluate teachers.

Recommendation (16): DOE should modify staffing requirements to more accurately reflect current staffing practices and population differences across institutions. In making this assessment, DOE should consider the severity of the students' handicaps and the variation existing between institutions in terms of: number and handicaps of students served, availability of resources and classroom space, and availability of resources and services provided by institution staff.

Program Development (pp. 65-84)

Curriculums at MH institutions are of uneven quality and are lacking in comprehensiveness and relevancy. Both DOE and the education directors are responsible for the curriculums, and should cooperate to improve them.

Recommendation (17): The General Assembly may wish to require in statute that DOE write and disseminate curriculum guidelines applicable to students in residential settings. In addition to academic programming, the guidelines should include independent living, vocational education, physical education, and affective education. Concurrently, education directors should improve existing curriculums by including interested teachers in the process and sharing curriculums across institutions.

A lack of consistent procedures across the six institutions characterizes the development of individual education programs. While programmatic strengths were observed, there were also significant problems. Five recommendations are offered to improve developmental processes and to ensure that all students receive educational services consistent with their handicaps.

Recommendation (18): Procedures for ensuring that school-aged residents are enrolled in school promptly after admission should be clarified at each institution and submitted to DMHMR for approval.

Recommendation (19): To ensure students receive assessments of similar quality, DMHMR and DOE should: (1) review assessment tools to determine their adequacy, and (2) ensure dissemination of assessments from treatment to education staff.

Recommendation (20): DOE should require public schools to provide information on students to education staff in institutions in a timely manner. DOE should ensure appropriate textbooks are available for each institution's long-term children and adolescents.

Recommendation (21): DOE and DMHMR should clarify the function of the IEP meeting and require that representatives from the treatment and education staffs participate in the finalization of students' educational programming.

Recommendation (22): Older students who are capable of providing input into the development of their educational programs should be encouraged to do so. These students should be consulted regarding the development of their educational programs and offered an opportunity to participate in some aspects of the IEP development process.

Recommendation (23): The IEP should serve as an accurate and understandable document to use as a basis for modifying a student's program and for guiding instruction. Education directors, monitored by DOE, should take steps to ensure the appropriate use of the IEP document.

Recommendation (24): DOE should provide in-service training or specific drafting guidelines, to ensure that goals and objectives are developed to provide a comprehensive and logical structure for students' programming.

All MH institutions have developed mechanisms for coordination, between the education and treatment staffs, of information on students. Interdisciplinary (ID) team meetings are used to exchange information. On a day-to-day basis, program coordinators or behavioral technicians serve as conduits between the education and treatment staffs. However, educators, and to a lesser extent

treatment staff, believe that communication between staff is inadequate. This diminishes the overall quality of education, since the education and treatment staffs are not fully informed of each other's efforts in promoting the emotional and educational achievements of students.

On-going communication with parents is also important. However, only VTCC and Eastern have mechanisms for transferring information about students. Many (21%) students in MH institutions are essentially wards of State agencies. To ensure that these students have an advocate, all institutions are required by law to implement a surrogate parent program. Only Eastern has done so.

Recommendation (25): Education and treatment staffs at all institutions should ensure that the continuity of services is maintained by coordinating information about each student's schedule (i.e., IEP and treatment planning conferences, appointments requiring the student's absence from class) in a timely manner.

Recommendation (26): Staff at MH institutions should initiate policies to ensure that information concerning students' educational and emotional progress is communicated to parents on an on-going basis. DMHMR should review parent-outreach and discharge procedures to ensure parents' knowledge of their children's progress. DMHMR could work with Community Service Boards in this effort.

Recommendation (27): Every MH institution should comply with the law and estabish a "surrogate parents" program. DOE should monitor this program and report on its implementation at the 1986 session of the General Assembly.

Quality of Instruction in Academic and Vocational Education (pp. 85-104)

The availability of academic resources is uneven across MH institutions. Availability at VTCC is superior to those at other institutions. Differences are most pronounced in computer-assisted instruction. While computer-assisted instruction is emerging as an effective tool for the education of emotionally-disturbed children, only VTCC has adequate software and staff expertise to use computers. As noted previously, the classroom environments at Central State and DeJarnette are inappropriate for instructional purposes. Attention by DOE to resource disparities and curriculum development would contribute to enhanced quality in academic instruction. Other improvements would result from technical assistance offered by DOE to education staff at Central State, DeJarnette, and Western.

Recommendation (28): DOE should take steps to specifically assess the availability and quality of text and workbooks, and to supply materials to institutions in areas where they are lacking. Since appropriate textbooks and workbooks for this population are difficult to locate, DOE and education staff should compile and disseminate lists of available texts. Education directors should employ this list in considering future purchases.

Recommendation (29): Computer-assisted instruction appears to be a viable and effective means of teaching emotionally disturbed children. DOE should support education staff in their recent initiatives to utilize computers. DOE should aim to equip institutions, in terms of availability of resources and trained staff, at the standard set by VTCC. DOE should ensure that students across institutions have access to computer-assisted instruction. To increase the utilization of computers currently owned by education staff, education directors and DOE should ensure that some teachers at each institution develop expertise with available software packages.

Recommendation (30): DOE and DMHMR should take steps to ensure that services in speech therapy are available, as needed, to Central State's students.

Recommendation (31): The education director at Central State, assisted and monitored by DOE, should take the following steps to improve the quality of academic instruction: (1) develop an academic curriculum; (2) clearly structure teachers' daily instruction schedules to ensure that students receive comprehensive academic programming; and (3) ensure that academic goals are documented and updated in the IEP in all areas of instruction.

Recommendation (32): The education director at DeJarnette, assisted by DOE, should take the following steps to improve

the quality of academic instruction, particularly within the adolescent program: (1) upgrade the academic curriculum to reflect the special needs of emotionally-disturbed adolescents; (2) more clearly structure teachers' daily instructional schedules to ensure that children and adolescents receive comprehensive programming; and (3) solicit the assistance of staff at VTCC, Eastern, and Southwestern to generate ideas for improving the quality of education for adolescents.

Recommendation (33): The education director at Western, monitored by DOE, should take the following steps to improve the quality of academic instruction for higher-functioning young adults: (1) organize their "library or programs" into a unified curriculum; (2) clearly define the roles of coordinators and teachers; (3) rearrange the use of classrooms to ensure that students can engage in academic instruction in an environment which is conducive to that type of learning; and (4) document and upgrade academic goals in all areas of instruction in the IEP.

The majority of students (79%) in MH institutions are adolescents and young adults. The emotional and behavioral handicaps which limit their ability to learn in academic settings also interfere with performance in vocational and daily living settings. Educational instruction, with the goal of promoting vocational and independent living skills, is especially important for older students. These students, as they reach the legal age of maturity, are presented with the immediate task of functioning independently as adults, after their release from the institution. It is to these students' benefit, therefore, that they develop vocational skills. It is also in the financial and social interests of the Commonwealth. If these skills are not developed, the older students are less likely to be productive in the community, and are more likely to spend significant periods of adulthood in State-operated residential facilities.

Central State has excellent resources for vocational education and provides instruction to most of their older population. In comparison, staff at Eastern, Western, and Southwestern, which serve comparable students, cannot provide instruction to all eligible students due to a lack of resources. Similarly, VTCC has a variety of program offerings in computer literacy for younger students. However, DeJarnette, with a similar population, has no resources for vocational education.

While older students typically lack "marketable" job skills, education staff also noted that this population is unable to keep jobs because of their inability to "get along" with their employers. Prevocational training designed to assist students in developing job-related social skills and in strategies for finding jobs is thus important. While education staff are beginning to develop prevocational programs, they are not emphasized for the older students. This diminishes students' abilities to become independent adults.

Recommendation (34): DOE should provide written guidelines specifying standards for educational programming in vocational education for adolescents and young adults.

Recommendation (35): DOE should take steps to ensure that all young adults, and adolescents who are expected to remain institutionalized for a period of over three months, receive vocational instruction. Two complementary directions should be explored and implemented: (1) DOE and DMHMR should ensure that all institutions are equipped with appropriate resources for vocational education; and (2) DOE should develop a policy to recruit qualified staff and encourage teachers to attain endorsements in vocational education. Consideration should also be given to having the institutions develop job placements in the community for students who successfully master vocational skills.

Recommendation (36): DOE, in association with education directors, should develop curriculums for pre-vocational instruction. Curriculums should specify goals and outline the types of experiences which students need to develop pre-vocational skills.

Recommendation (37): DOE should assess the availability of pre-vocational materials at all institutions. DOE should ensure that all institutions have comparable and adequate resources.

Recommendation (38): As noted earlier, some education staff should have endorsements in vocational education. This endorsement reflects training in assessing

pre-vocational needs and designing appropriate programs. Where appropriate, pre-vocational instruction should be incorporated into current vocational and academic course offerings. Pre-vocational goals and objectives should be written in students' IEPs and updated.

Most students have severe handicaps in independent living skills which interfere with the ability to function outside the institution. Instruction in independent living is a shared reponsibility of the treatment and education staffs, yet programs are not coordinated between the two staffs. Western has been most successful in incorporating instruction in independent living into academic programs; however, staff at all facilities noted that training is most appropriate in settings which simulate home environments. At VTCC and Southwestern, educators stressed that the living units were suitable settings for this purpose. At other institutions, however, educators expressed a need for more "normalized" settings to provide instruction in independent living.

Recommendation (39): Treatment and education staff at all institutions should take steps to communicate information and coordinate instruction in independent living.

Recommendation (40): Programming in independent living is inconsistently implemented so that residents with similar handicaps do not receive similar education. DOE and education directors should develop guidelines for incorporating instruction in independent living into educational programming.

Recommendation (41): During institutionalization, it is essential that all students have opportunities to participate in community activities. Given the social handicaps of this population, these activities should address specific education objectives and should be included in the IEP.

Recommendation (42): Every student should have access to a physical setting which resembles a "normalized" home environment, specially-equipped for opportunities to improve daily living skills. To provide this opportunity, DOE and DMHMR should: assess the availability of independent living resources in the institutions; (2) identify and secure the types of resouces in the institutions; (3) consider restoring the vacant houses which exist on Eastern's and DeJarnette's grounds to provide instruction in independent living.

Quality of Instruction in Physical and Affective Education (pp. 105-118)

As noted in P.L. 94-142, physical education, if carefully implemented, can be used to address students' physical, emotional, and social handicaps. In MH institutions, however, educational goals for physical education are not consistently written for students, indicating that instruction is not emphasized as an educational activity. In addition, staff at three institutions reported that physical therapy was not consistently available to those in need of this service.

Recommendation (43): Central State and DeJarnette cannot provide adequate physical education courses because of limited facilities. DMHMR should take steps to provide physical education to students at these institutions. For example, arrangements could be made for DeJarnette's students to use the gym at Western, or public school facilities. Arrangements with public schools or community YMCAs could also be made for students at Central State.

Recommendation (44): Education staff and DOE should provide guidelines to address the ways in which physical education may be incorporated into students' overall education programs, and reflected in the IEP.

Recommendation (45): DMHMR and DOE should clarify policies to ensure that physical therapy is provided as necessary by institution staff or consultants. Teachers should be provided training to work with mild physical handicaps, and appropriate resources should be made available.

Students are admitted to mental health institutions because of severe emotional and behavioral handicaps. These handicaps limit students' abilities to function effectively in the classroom, as well as in home and work environments. While institutional staff provide treatment through clinical experiences, education staff may offer instruction in affective education. The need for affective education is reflected in the overall educa-

tion goals set out by DOE. For example, to "develop a positive and realistic concept of self and others" is one of the seven expectations that DOE has for students in residential settings and is identical to the goals of affective education.

The JLARC staff was impressed with the educators' knowledge of their students and the ways in which they modified instruction to address emotional handicaps. However, structured classes specifically designed to enhance the students' sense of competency or self-esteem are not consistently offered. For example, art and music are traditional forms of affective education, yet only VTCC offers instruction in these areas to all students. Additionally, problems were apparent in the behavior management systems employed at three institutions.

Recommendation (46): DOE and education directors should clarify the role of affective education in the context of students' overall instruction. Curriculums and guidelines should be written and disseminated to provide guidance for developing affective education programs.

Recommendation (47): Since art and music therapy appear to be important tools to address both emotional and educational handicaps, all students should have the opportunity to receive this type of instruction. DOE should ensure that qualified staff and appropriate resources are made available to education directors.

Recommendation (48): Education staff have access through institutional facilities to some art and music resources. Education directors should determine how they can incorporate these resources into their students' overall program and take steps to do so.

Recommendation (49): DMHMR, with the assistance of treatment and education staff, should review the behavior management systems at all institutions to ensure coordination and consistency among education and treatment staff members.

Recommendation (50): Education directors should specify behavioral objectives for students, and should fully discuss these

Overview of Program Quality

	VTCC	SWSH	ESH	DEJ	WSH	CSH
STAFF QUALIFICATIONS	○	○	○	○	○	○
EDUCATIONAL SETTINGS	○	○	○	●	○	●
CURRICULUM	○	○	◉	◉	◉	●
COMMUNICATION WITH TREATMENT STAFF	○	○	◉	●	◉	●
COMMUNICATION WITH PARENTS	○	○	○	◉	◉	◉
PARTICIPATION IN IEP MEETINGS	●	○	○	◉	◉	●
QUALITY OF EDUCATION [1]						
-Academic	○	○	○	◉	○	◉
-Vocational	○	◉	●	●	●	○
-Affective	○	◉	◉	◉	◉	◉
-Physical	○	◉	◉	◉	◉	◉

○ -Satisfactory or higher quality
◉ -Deficiencies noted (attention warranted by DOE/DMHMR)
● -Significant problems (action warranted by DOE/DMHMR)

[1]Assessments take into account different populations (and educational needs) across facilities and the availability of appropriate educational resources.

Source: Synthesis of JLARC Analysis

objectives with staff members to enhance consistency. Behavioral objectives should be included in the IEP.

Education for Autistic Students (pp. 119-124)

Autistic students are more severely handicapped than emotionally-disturbed students and have different educational needs. Many autistic students, for example, require one-on-one instruction from teachers. The State lacks a clear policy on the placement and education of autistic children. Eastern has developed a program and assumed responsibility for educating older autistic students, while DeJarnette serves autistic children. However, some autistic students are served at Western as well as in the mental retardation training centers.

Overall, instruction for autistic students is good. Placement and cost considerations, however, suggest that DMHMR should consolidate the two programs at a single mental health institution. This longer-term proposal is presented in the action agenda.

Recommendation (51): DMHMR, with assistance from DOE and education directors from Eastern and DeJarnette, should develop written guidelines for the placement and education of autistic children and youth.

Recommendation (52): In the short-term DMHMR, with assistance from DOE, should coordinate the admissions units at Eastern and DeJarnette. Each program would have a Statewide catchment area, and would serve autistic students within specified age ranges.

Action Agenda (pp. 125-136)

Four problems which cross-cut the issue areas examined in the report require immediate attention and action by DOE and DMHMR. Until administrative problems in supervision, policy direction, and coordination are resolved, a high number of students, primarily adolescents and young adults, will not consistently receive services which address their most salient educational needs.

Recommendation (53): DOE should enhance the level of support offered to the education programs. Specific attention should be given to the development and dissemination of curriculum and policy guidelines. DOE must ensure that comparable educational resources exist across institutions which are appropriate to the educational needs of students enrolled in each institution. The expertise of the education directors should be employed in these efforts. DOE should report to the General Assembly on the comparability of services prior to the 1986 session.

Recommendation (54): DOE should address the special needs of older adolescents and young adults in the areas of vocational education and independent living and ensure that appropriate instruction is offered. DMHMR should assess the appropriateness of housing young adults with chronically disturbed adults and make a recommendation to the General Assembly on the separation of these groups. The General Assembly should consider giving a higher priority to the funding of actions necessary to separate young adults and chronically disturbed adults.

Recommendation (55): Coordination between DOE and DMHMR, on both the administrative and institutional level, should be improved. DMHMR should ensure that DOE is consulted in a timely manner on actions which affect education programs, and should assist in ensuring comparable resources across institutions. An interagency agreement should be developed to clarify the responsibilities of DOE and DMHMR for delivery and coordination of educational services at each facility. Concurrently, education and treatment staff should develop guidelines to improve coordination and communication in key areas: program development, independent living, behavior management, and program "carry-over."

Recommendation (56): DOE and education directors should develop educational programs which are more responsive to the emotional handicaps of student and which recognize the need for non-traditional forms of instruction. VTCC, which offers instruction in computer literacy and art and music therapy to a majority of students, should serve as a model program. DOE should actively support education directors in attempts to develop similar innovative programs. DOE should not dismantle innovative practices or

programs at institutions to ensure a "core" level of comparable services, but should seek to improve the quality of all educational programs. To support the development of such innovative programs, the General Assembly may wish to consider two actions:

(a) The General Assembly may wish to clarify VTCC's statute to more clearly designate it as a "model" program and mandate VTCC to disseminate information from its research findings and teaching practices; and

(b) The General Assembly may wish to consider establishing a grant fund, initially of $25,000, available to teachers for the research and development of innovative methods of teaching mentally ill or emotionally disturbed children. The fund should be jointly administered by DOE, DMHMR, and appropriate representatives of parent groups or other interested parties.

DHMMR formally uses geographic settings as the primary criteria for placement decisions, and the student's particular disability is a secondary focus. Since education, especially for students who remain hospitalized for over three months, is a primary component of the "treatment," it is important to consider the strength of different education programs when placing students.

Program specialization is desirable because it optimizes unique facility, program, and staff strengths. In addition, specialization is efficient because it groups together students with similar educational needs and provides them with focused services. From a cost perspective, specialization allows educational resources to be used more efficiently, since they can be consolidated and targeted to certain groups.

Recommendation (57): Representatives from DOE and DMHMR should form a coordinating group to reassess procedures for placing students in DMHMR institutions. This group should consider specializing institutions in terms of treatment and educational expertise. Because of the broad policy implications of such a change, DOE and DMHMR should report their findings on this matter to the General Assembly prior to the 1986 session.

About 79% of the school-aged population in the mental health institutions are adolescents and young adults. Many are unlikely to obtain high school diplomas. Without vocational education, opportunities for successful transitions to the community are diminished. Further, the chances for continued long-term institutionalization for this population is increased, resulting in high costs to the State. However, resources for vocational education are lacking, and many eligible students do not receive comprehensive services.

Recommendation (58): DOE and DMHMR should develop the capability to provide vocational education to young adults. This effort should be centered at Western and Eastern and, to a lesser extent, a Southwestern (due to low ADM).

Currently, Eastern and DeJarnette have statewide catchment areas for autistic students, and have developed specialized resources and programs to serve this population. Autistic students are served at other institutions, however. Since these students require close supervision, education directors at other institutions (e.g., Western) must adjust staffing responsibilities to serve this group, which limits the quality of instruction which can be offered to the emotionally-disturbed. Consolidation of autistic programs at Eastern would address these important considerations.

Recommendation (59): DMHMR should consolidate the treatment and education of autistic students at Eastern. This would lead to cost economies, address space limitations at DeJarnette, and enhance the appropriateness of education for this group. DMHMR should examine the feasibility and desirability of this proposal and report to the General Assembly before the 1986 session.

While VTCC provides excellent educational services to adolescents, there are significant limitations at Central State, in terms of the physical plant, educational programs, and residential environment. This is not unexpected since VTCC was designed exclusively for children and youth, while Central State Hospital emphasizes the treatment of chronic adults. Finally, VTCC is currently underutilized in terms of its rated capacity, which results in high per-pupil-year costs.

Recommendation (60): DMHMR should

consider closing the adolescent unit at Central State. In addition to cost savings estimated at $1,304,000, the closure would allow Central State to specialize in young adult populations while increasing the utilization of VTCC's excellent educational program. Savings should be used, in part, to ensure comparable resources across institutions. DMHMR should report to the General Assembly on the desirability and feasibility of this proposal prior to the 1986 session.

DeJarnette serves younger students while Western, which is located nearby, serves older students. There is some overlap, however, in the educational needs of students at the two institutions. Currently, both institutions lack important resources for independent living and vocational education. While consolidation of the two programs would present large obstacles to administration and would diminish the unique strengths existing within each program, steps should be taken to acquire and share resources which are appropriate for the two facilities.

Recommendation (61): The proximity of Western and DeJarnette offers the potential to enhance education programs at both institutions in addition to cost economies. DOE, DMHMR, and the education directors should develop plans to share resources and expertise in the areas of vocational education, physical education, and independent living.

As with autistic students, the State lacks a clear policy for the placement of dually-diagnosed residents. While Western serves the greatest proportion of dually-diagnosed students and has developed an excellent program to serve them, this population is also admitted to other institutions which do not have the necessary expertise or resources.

Recommendation (62): DOE and DMHMR should develop a policy for the placement of the dually-diagnosed in State institutions. This policy should address the assessment and education of this population. DOE and DMHMR should consider developing a comprehensive program for this group at one of the mental health institutions.

Numerous recommendations in this report involve policy matters requiring legislative consideration.

Recommendation (63): DOE and DMHMR should study the desirability and feasibility of the various recommendations and report to the General Assembly on or before September 1, 1985, in time for action to be taken at the 1986 session, included in the 1986-88 budget, and implemented, if approved, during FY 1987. Study of longer-term proposals should not delay implementation of other recommendations.

TABLE OF CONTENTS

I. INTRODUCTION

State and federal laws entitle all children, up to the age of 22, to a free public education regardless of their handicap or place of domicile. These laws extend rights for special education to the nearly 200 children and young adults residing at any one time in Virginia's mental health institutions. To provide education to approximately 628 children over the course of the year, the Commonwealth spent over $2.5 million dollars in FY 1982-83.

Prior to 1972, when the Commonwealth's special education law was passed, formal education was not mandatory for students in mental health institutions. The 1972 law required that all handicapped students receive an education. The State's law preceded the federal mandate, P.L. 94-142, by nearly three years. During the 12 years since the law's passage, a concerted effort has been made by the General Assembly and staff at mental health and mental retardation institutions to develop and implement education programs.

Several State and local agencies are involved in providing education programs in the institutions. These agencies include the Department of Mental Health and Mental Retardation (DMHMR), the Board and the Department of Education (DOE), and local school divisions. The State Board and the Department of Education set policy and establish standards for all special education programs. The Department of Education contracts with local school divisions to provide special education in the mental health facilities. The local school divisions hire and oversee the teachers. In addition, local school divisions may provide educational placements in community schools for some residents. Special education programs in the mental retardation institutions, for the most part, are operated by the Department of Mental Health and Mental Retardation.

Scope and Methodology

Senate Joint Resolution 13, passed by the 1983 General Assembly, directed JLARC to evaluate programs for children provided by the facilities of the Department of Mental Health and Mental Retardation. The resolution specifically identified eight issues to be addressed by the study:

- the quality of instruction and materials;
- the uniformity of the offered services;
- the suitability of the environment in which the programs are conducted;
- the eligibility of the students for mainstreaming;

- the appropriateness of the administrative authority;
- the appropriateness of the funding mechanism;
- the cost-effectiveness of the programs; and whether all school-age children in the institutions receive education or training as required by law.

In addition, JLARC was instructed to look at other related matters as appropriate.

Methodology. In order to carry out this review, JLARC staff developed and implemented a number of research techniques. Each research technique addressed two or more of the program issues. By using multiple research techniques to address each issue, the staff was able to reach conclusions about the program areas through convergence of findings.

The research issues and methods used by the staff were explained at six public workshops around the Commonwealth. Nearly 150 people attended the workshops and provided comments on the research design. The study methods subsequently conducted at each institution included:

- the collection and analysis of data gathered from the educational and clinical records of a sample of nearly 180 students. Information was collected for school years 1981-82 and 1982-83, and included educational goals and objectives, educational needs, and population statistics;
- inspection of the physical plant and program resources and materials used by the education program;
- personal interviews at each institution with the education director, at least six teachers, living unit staff, the resident advocate, and the institution director;
- a survey of about 200 instructional staff regarding various aspects of programming quality; and
- an analysis of the direct and indirect costs incurred in providing education, as well as total treatment costs.

Separate Reports. JLARC staff will address the SJR 13 mandate through the publication of two separate, but parallel, reports. One focuses on the special education of students in mental health institutions; the other examines special education in mental retardation institutions.

The decision to present analysis, conclusions, and recommendations in separate documents was based on two related considerations. First, the populations in the two types of institutions are different.

Mental retardation is a permanent, unchanging disability; while emotionally disturbed patients suffer from illnesses which are changing and unpredictable. Second, the education programs are organized and administered differently, in recognition of the differences in population.

This report examines the quality of education for youths in mental health institutions. The reader is encouraged to inspect the complementary report on special education in the mental retardation institutions.

LEGISLATION AND ADMINISTRATIVE STRUCTURE

State and federal policies on the education of handicapped children have been implemented over the past twelve years. These policies stress that handicapped children are entitled to a free public education that is appropriate to their level of functioning and identified educational needs. Concurrently, the General Assembly has requested legislative studies to ensure quality education programs. These studies have resulted in an administrative structure for the delivery of treatment and educational services.

Special Education Laws

Action by the Virginia General Assembly and the U.S. Congress in the past decade has established a legislative framework for the education of the Commonwealth's handicapped children.

Virginia's Special Education Laws. Sections 22.1-213 through 22.1-222 of the *Code of Virginia* establish the State's policy on educational services to handicapped children. The State Board of Education is directed to prepare and supervise the implementation of special education programs in accordance with the *Code*. In addition, local school divisions are required to operate programs in accordance with the Board of Education standards. The costs of these programs are supposed to be borne jointly by the State and the localities.

According to Section 22.1-7 of the *Code of Virginia*, each State institution is required to provide education to children residing at the institution. These educational programs are to be comparable to programs provided to children in the public school system. DMHMR has the option of operating the programs itself or contracting with a public or private agency for the services. All the education programs for children in the State's mental health institutions are contracted out to local school divisions.

Federal Mandates. The cornerstone of federal policy on special education is P.L. 94-142, the Education for All Handicapped Children Act of 1975. The act outlines procedures for providing

appropriate education for handicapped children, and also sets out guidelines to safeguard the rights of children and their parents.

Under Public Law 94-142:

- schools are responsible for outreach programs, and ensuring that no child is excluded from an appropriate education at public expense;

- handicapped children are required to be identified, evaluated, and prescribed appropriate educational services without being mislabeled, stigmatized, or discriminated against;

- each child is required to have an individualized education program (IEP) which is reviewed at least annually. The IEP for each student must include statements of present level of performance, annual goals, short-term instructional objectives, necessary special education and related services, the extent to which the child will be able to participate in regular educational programs, projected dates for initiation of services and the anticipated duration of the services, appropriate objective criteria and evaluation procedures, and schedules for determining whether the short-term objectives are being met;

- handicapped children are to be educated in the least restrictive environment (LRE) appropriate;

- the process by which a child's program is decided is to involve the child's parents and the child (where appropriate), as well as the child's teacher, a representative of the responsible agency, the public school system, and other relevant qualified professionals; and

- parents are to be notified about a child's identification, evaluation, and placement. Parents should participate in decisions and must give informed consent to program changes. Due process rights to a fair hearing are to be provided when parents and the school cannot agree on a child's evaluation or program.

In addition to Public Law 94-142, Title I of the Elementary and Secondary Education Act of 1965 (P.L. 89-313) provides funds to supplement education programs in state-operated and state-supported schools. In Virginia, there are eleven mental health and mental retardation institutions which fall under this program.

Legislative Studies

The General Assembly has shown continued interest in educating students in mental health institutions. Since the passage of the

State's laws on education for the handicapped, two legislative studies have looked at the education of children in the State's mental health and mental retardation institutions.

Joint Subcommittee Studying the Placement of Handicapped Children. In 1982, a joint legislative subcommittee was formed to identify problems in the placement of children in residential institutions. The subcommittee re-examined concerns about the quality of education in the State's MR and MH hospitals, as well as the appropriateness of the administrative framework and funding mechanisms, including:

- variation in the quality of instructional materials and the environment across institutions;
- students not receiving education or training in the least restrictive environment possible;
- blurred responsibility and accountability for education because DOE operates programs in the MH institutions and DMHMR operates programs in the MR institutions;
- insufficient and inequitable funding for special education programs in State institutions; and
- resistance on the part of local school divisions to accept children from institutions into their education programs.

The Joint Subcommittee felt that in order to address those concerns a "valid, undisputed assessment" of the programs were necessary. SJR 13, the authorization of this study, was one of several recommendations of the legislative study group.

SJR 156. In 1975, the General Assembly directed the Department of Education and the Department of Mental Health and Mental Retardation to study the education of handicapped children in State-operated institutions including hospitals, training centers, and schools. The study committee found that the "education programs for handicapped children in facilities operated by the Department of Mental Health and Mental Retardation (were) substantially lacking." Furthermore, they concluded that a large number of children were not receiving an appropriate education. Curriculum guidelines, which are needed to provide educational services, were unavailable.

Major recommendations made by the study commission (Table 1) proposed funding, administrative, and educational policies for educating students in MHMR institutions. The study and recommendations improved the system by formally establishing the current educational structure.

Table 1

MAJOR RECOMMENDATIONS OF THE SJR 156
STUDY COMMITTEE

1. DMHMR should receive a direct appropriation for the programs it operates in the MR facilities. Furthermore, DOE should transfer to DMHMR the local school divisions' share of basic aid for children in State facilities.

2. The administrative structure in DMHMR should be similar to that of local school divisions. DMHMR should establish a "school administrator" in the central office and an education director in each institution.

3. The DMHMR facilities should follow the "concept of normalization" (providing education in as "normal" a setting as possible), and coordinate their programs with local school divisions.

4. DMHMR should follow program and personnel standards developed by DOE for education programs operated in State facilities.

5. DOE should develop and adopt specific curriculum guidelines for the severely handicapped, multi-handicapped, and very young handicapped populations.

Source: *Report of the Committee to Study the Education of Handicapped Children*, Senate Document 6 (1976).

RESIDENT POPULATION AND EDUCATIONAL PROGRAMS

Mental health students are served in six State institutions. The characteristics of the population determine the types of educational goals set for students. These different goals, in turn, lead to the need for education staff to provide a number of different educational programs. Since education is one component of the overall treatment plan, a student's goal may also be adapted to non-educational services -- medical, psychiatric, dietary -- introduced by the hospital's treatment staff.

Characteristics of Students in Mental Health Institutions

School-aged children admitted to mental health institutions have severe emotional handicaps. These handicaps manifest themselves most clearly in students' behavior. Typically, students have limited abilities to maintain satisfactory personal relationships or to behave appropriately in social situations. Thus, most have a history of "failure" in school, vocational, home, and community settings.

Nature of Emotional Handicaps. Students in mental health institutions may be grouped into three broad categories: emotionally disturbed, dually diagnosed, and autistic.

Emotionally disturbed students represent about 85% of the population in mental health institutions. These students typically do not have significant handicaps in basic intelligence, but because of their emotional handicaps, fall behind their peers in educational performance. The causes of emotional disturbances are complex, but the symptoms are usually apparent during childhood. Emotional problems lead to inadequate school performance and inappropriate social behaviors. This, in turn, leads to additional problems with the family and school. The result of this interactive and cumulative process is that the student does not have the emotional stability to function appropriately in school, social, or vocational settings.

Dually-diagnosed students have intelligence handicaps as well as emotional disabilities. Their IQ's generally fall within the range of 50-70, which leads to the diagnosis of "educable" mentally retarded. Because of handicaps in intelligence, it is often difficult to clearly assess the causes of their emotional handicaps.

The causes of autism are unknown, but the handicap is typically viewed as a severe and chronic emotional disability. Autistic students may also have very low IQ's, like a profoundly retarded student. From a functional perspective, however, autistic students are most similar to moderately retarded students. For example, most do not have self-help and communication skills and can not profit from academic and instruction.

Educational Goals. Educational goals should be a function of type of handicap and age. The goal for most emotionally-disturbed children in institutions is transition back to the public school. Thus, educators attempt to emphasize academic skills which are either remedial in nature or consistent with a public school curriculum. With age, emotionally disturbed individuals tend to fall further behind their peers in academic performance. Many young adults, for example, fail to complete GED or high school requirements. Thus, in addition to academics, educators attempt to promote vocational skills and attitudes to enhance students' opportunities for obtaining work after institutionalization.

In interviews with staff, educators consistently emphasized that individuals in mental health institutions have failed in school and the community, not because of intelligence handicaps, but because of their emotional handicaps. That is, students cannot control their emotions and behaviors sufficiently enough to profit from instruction. For this reason, instruction is offered in affective education and independent living, to promote skills and attitudes which assist the individual in behaving in an appropriate and functional manner.

Dually-diagnosed and autistic children have different educational goals than emotionally disturbed students. The overall goal is to promote skills which will allow the students to be mainstreamed to a less restrictive setting such as a sheltered workshop or a group home, or back to the family and a special education program in the public schools. For this reason, education focuses on communication, independent living, and "functional" academics.

Types of Education Programs

A range of programming is offered at each institution to meet the diverse needs of the students. The programs fall within 5 broad areas:

- academics,
- vocational education,
- independent living/pre-vocational skills,
- affective education and behavior management, and
- physical education and physical therapy.

The subject matter within each area is individualized for residents depending on their current level of functioning and their prospective placement in the community.

Academic Programs. Instruction in academic areas is designed for students to achieve competency in academic subjects comparable to students their own age. Educational goals are, in large part, dependent on the student's age. Children and adolescents are, almost exclusively, the only ones who are likely to obtain a diploma some time after their institutionalization. Instruction thus focuses on strengthening and maintaining those skills necessary for learning in a public school class with regular curriculum materials. If academic instruction addresses the student's remedial needs with coursework similar to that which is offered in the public schools, the chances for a successful transition are improved.

In contrast, many young adults will neither obtain a high school diploma nor return to school. Academic instruction presents them with one last opportunity to prepare for a GED. Low-functioning adolescents and young adults, unlikely candidates for scholastic achievement, benefit from academic instruction to attain "functional"

skills, such as reading the phone book or newspaper to locate information, writing personal information to complete a job application, or learning to count and handle money.

Vocational Education. Instruction in vocational education is designed to develop specific work skills which are marketable outside the institution. Educational programming should relate to the vocational potential of each resident. For severely handicapped students, vocational education consists of basic skills, such as assembling or packaging objects. For other students, vocational education consists of more "advanced skills," including woodworking, auto mechanics and service occupations. For those unlikely to re-enter public school (older adolescents and young adults) vocational education plays a major role in successfully returning to a community setting at the earliest opportunity.

Independent Living/Pre-Vocational Skills. These are skills necessary to function independently and appropriately in the home and community. Handicaps in independent living affect most students in mental health institutions. Most students have deficits in their ability to maintain personal hygiene, to perform cooking and homemaking skills, to understand and use money, and to behave appropriately in social settings. Pre-vocational skills focus on social skills necessary to function effectively in work settings. For children and pre-adolescents, pre-vocational skills include an understanding of one's abilities and of the nature of different tasks. For adolescents and young adults, pre-vocational skills include respect for colleagues, promptness, cleanliness, and good work habits.

Affective Education and Behavior Management. Affective education is instruction to enhance "self-esteem" and sense of competency through "successful" experiences in different educational settings and activities. Behavior management focuses on residents behaving in a progressively more responsible way. Its aim is to decrease the frequency of inappropriate social behaviors and encourage positive interactions in the classroom and other settings.

Programming in both areas directly addresses the emotional and behavioral handicaps which account for the student's referral to the institution. Lack of skill in such areas as self-understanding, communication, and decision-making is the primary reason residents have a history of "failure" in their home or school.

Physical Education. Depending on the character of a student's handicap, physical education is essential for one of two reasons. Some students in mental health institutions, typically young and autistic residents, have severe gross, fine motor, and coordination handicaps. Physical therapy must be implemented under the guidance of a specialist to meet these needs. Other students, who have better developed motor skills, require instruction in physical education in order to enhance social skills and other abilities.

These types of educational programs are examined in detail in subsequent chapters.

VIRGINIA'S SIX MENTAL HEALTH INSTITUTIONS

While the State of Virginia operates eight mental health institutions, only six serve the mentally ill under the age of 22. These six are examined in this report. They vary by the different regions of the State from which they take referrals, the types of residents they serve, and the physical settings where residents receive services.

Population Census

The size of the school-age population and the rate at which students leave the education program differ by institution. These two variables determine the total number of students who will receive educational services at each institution during the year.

As shown in Table 2, the size of the school-age population varies across institutions. A student's average length of stay also varies. For example, at an institution with a low turnover rate, such as Western State, a typical student is likely to stay for the better

Table 2

INSTITUTIONAL DIFFERENCES IN THE NUMBER OF STUDENTS AND LENGTH OF STAY (FY 1982 - 83)

	VTCC	SWSH	ESH	DEJ	WSH	CSH
Total Number of Students Served	77	97	139	159	53	103
Average Daily Membership (ADM)	22	17	52	38	24	42
Student Turnover Rate	3.5	5.71	2.67	4.18	2.21	2.45

Source: DOE records

part of a year. At an institution with a higher turnover rate, such as Southwestern State, a typical student is more likely to leave after only three months. In all cases, the total number of students served exceeds the average daily membership.

While there are general characteristics applicable to all the institutions, each one has some unique features as well.

Virginia Treatment Center for Children (VTCC)

VTCC is situated in downtown Richmond. Since its opening in 1962, it has served the needs of mentally ill adolescents and children across the entire State. By state statute and administrative agreements, VTCC is authorized to undertake research in the methods of treating emotionally-disturbed children, in addition to the treatment and care of its residents. In FY 1982-83 its average daily membership was 22 residents.

The Center's school, housed in a recently-completed wing of the school building, contains six classrooms. They are all well-furnished, well-lit, and large enough to accommodate a class of average size. In addition, VTCC has a new gymnasium, music and art therapy rooms, a library, an auditorium, testing rooms, and a teacher's lounge.

DeJarnette Center (DeJarnette or DEJ)

DeJarnette is situated in Staunton near the Shenandoah Valley. The center receives referrals statewide, but historically the center admits referrals from the northern area of the state for its adolescent unit, and the western area of the state for its children, pre-adolescent, and autistic services. DeJarnette provides educational services to an average daily membership of 38 residents. Since the adolescent unit was transferred from Western State Hospital in 1982, adolescents have accounted for 32 percent of the center's population. The children's unit accounts for 68 percent of the population.

The institution is comprised of two large, older buildings connected by a newer structure. The main building contains all the classrooms and living units. Most of the educational environments are well-equipped and decorated to approximate a "normal" classroom. However, it appears there is insufficient space in several classrooms.

Eastern State Hospital (Eastern or ESH)

Eastern was the nation's first public mental hospital, opened in Williamsburg in 1773. It serves Williamsburg and nine cities and 16 counties in the eastern part of the State. Eastern provides services to an average of 52 residents at any one time. About 46 percent are adolescents, 44 percent are young adults, and 10 percent are children. Eastern's young adults and adolescents include residents diagnosed as "autistic."

Until the summer of 1984, education was conducted in separate units for the three age groups. During JLARC visits, the classrooms seemed small and cramped. None of the residential units were connected to their school areas. Currently, Eastern is moving all its children and adolescent activities to one school building. These efforts to enhance the physical setting of instruction are well-taken, and similar efforts to upgrade the young adults education setting are equally important.

Southwestern State Hospital (Southwestern or SWSH)

Southwestern is located in Marion. During FY 1982-83, it served an average of 17 mentally ill residents at any one time, from seven cities and 21 counties in the southwestern part of the State. Fifty-seven percent are adolescents and 43 percent are young adults.

The institution opened in 1887 and has been successfully renovated for educational purposes. The adolescent unit is located in the same building as the school. The school houses 7 classrooms, a testing room, vocational areas for woodshop and testing, and a room used for teaching aerobics. These educational settings appear to accommodate residents comfortably.

Nearby is a multi-purpose building which houses a gym/ auditorium, recreation room, and resident library. In addition, the vocational rehabilitation building contains a large sunny kitchen/ dining room area for instruction in independent living skills.

Central State Hospital (Central State or CSH)

Central State, located across from Southside Virginia Training Center, serves the mentally ill from Petersburg, five surrounding cities, and 12 counties in the central part of the State. Central State is one of two institutions that serves as a Department of Corrections' Forensic Unit, evaluating and educating court-admitted patients from across the entire State. Currently, 45 residents receive educational services. Young adults make up 58 percent of the population and adolescents make up the remainder.

Educational settings are spread out among the treatment units and school buildings, and the physical plant reflects its 115 years of use. Instruction is conducted in four classrooms on the residential units, 12 classrooms in the main school building, and 2 vocational education settings. With the exception of the vocational education areas, the classrooms are not well-designed or well-equipped for learning.

Western State Hospital (Western or WSH)

Western is located in Staunton within close proximity to DeJarnette. Since 1828 it has served 11 cities and 28 counties in the

western part of the State. The average daily population of 24 is primarily young adults (93%) with a small percentage of adolescents (7%). Western also has a Forensic unit and it is the only mental health institution that serves the hearing-impaired.

The physical plant is suitable for instructing emotionally-disturbed youths. All educational activities take place in one building that has been well-maintained. The first floor houses a large gym, an auditorium, a physical therapy area, and an occupational therapy area. The second floor contains five classroom areas, two vocational areas for instruction in woodworking and home economics, and a student/teacher lounge.

The residential units are not connected to the education building, so most students come to the school building from residential units that are spread out on 301 acres.

Report Framework

To assess the overall quality of education, and to address the SJR 13 mandate, JLARC staff organized the report into five broad areas: administrative structure, education and treatment costs, institutional differences, program development and program quality.

Administrative Support for Education Programs is discussed in Chapter II. The extent to which DOE, DMHMR, and the public schools are fulfilling their responsibilities in providing support and assistance to education programs in MH institutions is examined. Recommendations focus on areas where the three entities do not appear to be adequately supporting the education programs.

Discussion in Chapter III, *Costs Incurred in Providing Educational and Residential Services,* centers on whether the different funding mechanisms are reasonable and equitable. An analyses of both education and treatment costs is presented to highlight overall differences between institutions. Recommendations address actions which could equalize funding across institutions.

Chapter IV, *Institutional Differences,* identifies the key differences between institutions, and focuses on how these differences affect the quality of education provided to students. Recommendations address general areas where attention is warranted by DOE and DMHMR to achieve a greater degree of comparability between education programs.

By law, education programs must be developed which address each student's specific educational handicaps. Chapter V, *Development of Education Programs,* reviews the mechanisms by which education staff develop individualized education programs. Recommendations focus on areas in which organizational efforts could be improved to ensure instruction is consistent with resident's needs.

Program quality is discussed in two chapters: *Quality of Instruction in Academic and Vocational Education* (Chapter VI) and *Related Educational Services: Physical Education and Affective Education* (Chapter VII). Chapter VI specifically addresses the availability and utilization of academic and vocational resources. Emphasis is placed on assessing the extent to which education staff provide comprehensive programming to students.

In Chapter VII, JLARC the staff assesses *Physical Education and Affective Education.* These related services were chosen for analysis because of their importance to emotionally disturbed children. Recommendations address the necessary actions to be taken by DOE, DMHMR, and the education staff to improve the quality of academic, vocational, physical, and affective instruction.

Chapter VIII, *Instruction for Autistic Students,* addresses the education of "autistic" children as a separate chapter because of the unique needs of this group and because they are served solely at Eastern and DeJarnette. Recommendations focus on clarifying policies for this group.

Chapter IX, *Action Agenda,* summarizes the recommendations offered in the report.

II. ADMINISTRATIVE SUPPORT FOR EDUCATION PROGRAMS

Over the past 50 years, a multi-layered administrative structure has evolved to support educational services for students in mental health institutions. Three key actors are involved. Education programs are operated within hospitals maintained by the Department of Mental Health and Retardation (DMHMR). DMHMR is responsible for ensuring that residents receive educational services, and coordinates with the Department of Education (DOE) in the provision of educational services. Personnel from local school divisions, under contract with DOE, implement the educational programs.

This chapter overviews the administrative structure for the operation of educational programs in mental health institutions by focusing on the primary responsibilities of DMHMR, DOE, and the local schools. While the involvement of these three entities in the process is appropriate, the absence of clearly-defined responsibilities creates barriers to the smooth administration of education programs. In a number of areas, DOE and DMHMR have not overcome these barriers. Two important consequences are that education programs do not receive adequate support and that similar students across institutions do not receive comparable services.

ADMINISTRATIVE STRUCTURE

The current structure for administering education programs in the State's mental health institutions has evolved gradually. In the 1950s, Eastern State Hospital was the first institution to provide its school-aged residents with educational services. DOE arranged for a local school teacher to implement the educational program, and DMHMR provided the physical plant. This administrative structure has remained intact over the past 20 years, and was formally acknowledged by the SJR 156 Study Committee in 1976. Statutory responsibility for operating and supervising institution-based programs is not clear, however, and as a result, DOE and DMHMR have assumed additional program responsibilities.

Statutory Responsibilities

Section 22.1-7 of the *Code of Virginia* assigns DMHMR the responsibility of providing education to school-aged residents. This Section allows two methods of service provision: (1) service provided directly by the MH institution, or (2) service provided in cooperation with the State Board of Education, through contract with a school, school division, or other agency:

> Each state board, agency and institution having children in residence or in custody shall provide education and training to such children which is at least comparable to that which would be provided to

> such children in the public school system. Such board, agency or institution may provide such education and training either directly with its own facilities and personnel in cooperation with the Board of Education or under contract with a school division or any other public or private nonsectarian school, agency or institution. The Board of Education shall prescribe standards and regulations for such education and training provided directly by a board, agency or institution.

One area in need of clarification is the responsibility of DOE to provide education in mental health institutions. Section 22.1-214 of the *Code* grants the Board of Education general supervisory responsibility for the development and implementation of special education programs with the following language:

> The Board of Education shall prepare and supervise the implementation by each school division of a program of special education designed to educate and train handicapped children between the ages defined in Section 22.1-213 (2-21 inclusive) and may prepare and place in operation such program for individuals of other ages....
>
> The Board of Education is authorized to supervise educational programs for handicapped children by other public agencies...

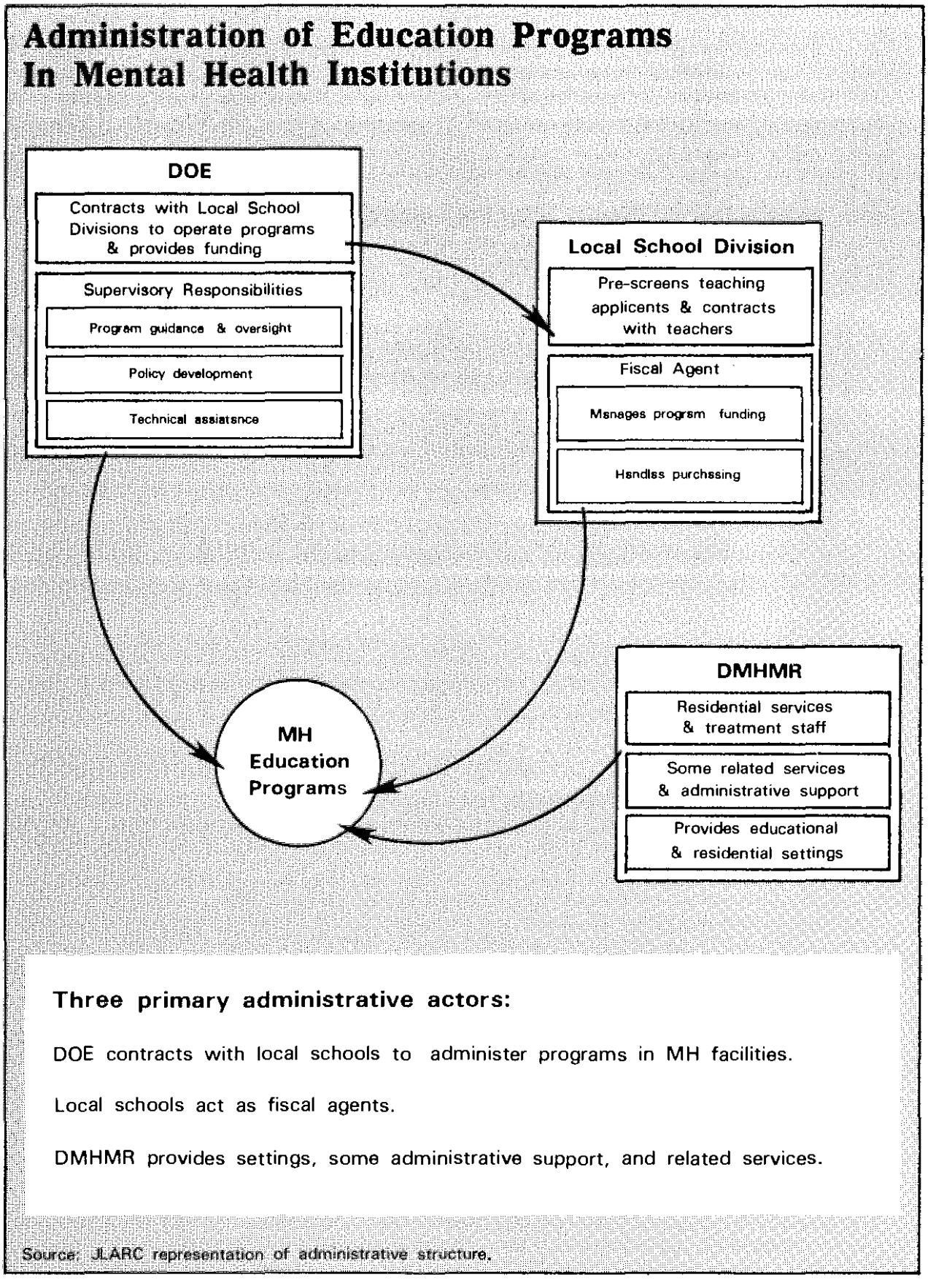
In addition, this Section outlines two instances where the Board may directly operate special education programs, but neither circumstance applies to the provision of education programs for school-aged residents in mental health institutions.

The General Assembly may wish to consider amending Section 22.1-214 to require the Board of Education to supervise educational programs for handicapped children in mental health institutions. Such an amendment would acknowledge in statute that DOE is responsible for providing direct supervision of institution programs operated under contract by local school divisions. This legal confirmation would reduce confusion about the roles, relationships and responsibilities of DOE, DMHMR, and the local school divisions as described in the following section.

ASSUMED ROLES, RELATIONSHIPS, AND RESPONSIBILITIES

The *Code* offers wide latitude for assumption of responsibilities. Figure 1 outlines the relationships between DMHMR, DOE, and the local school divisions. DMHMR has followed *Code* statutes by cooper-

Figure 1


Administration of Education Programs
In Mental Health Institutions
DOE
Contracts with Local School Divisions to operate programs & provides funding
Supervisory Responsibilities
Program guidance & oversight
Policy development
Technical assistance
Local School Division
Pre-screens teaching applicents & contracts with teachers
Fiscal Agent
Msnages progrsm funding
Hsndlss purchssing
DMHMR
Residential services & treatment staff
Some related services & administrative support
Provides educational & residential settings
MH Education Programs
Three primary administrative actors:
DOE contracts with local schools to administer programs in MH facilities.
Local schools act as fiscal agents.
DMHMR provides settings, some administrative support, and related services.
Source: JLARC representation of administrative structure.

ating with DOE to ensure service provision. DOE contracts with local school divisions to provide direct services, but has formally assumed supervisory responsibilities through Board of Education regulations and interagency agreements with DMHMR. DOE funds the educational program costs by reimbursing the local school divisions.

This section discusses the roles, relationships and responsibilities assumed by the three actors. While these responsibilities appear appropriate, they are not consistently implemented. This has resulted in inadequate support for the institutional-based education programs.

Department of Education

Over time, DOE has assumed direct supervisory responsibility for education programs operated in mental health institutions. In this role, DOE is responsible for guiding the development and implementation of the education programs and providing policy guidance and technical assistance.

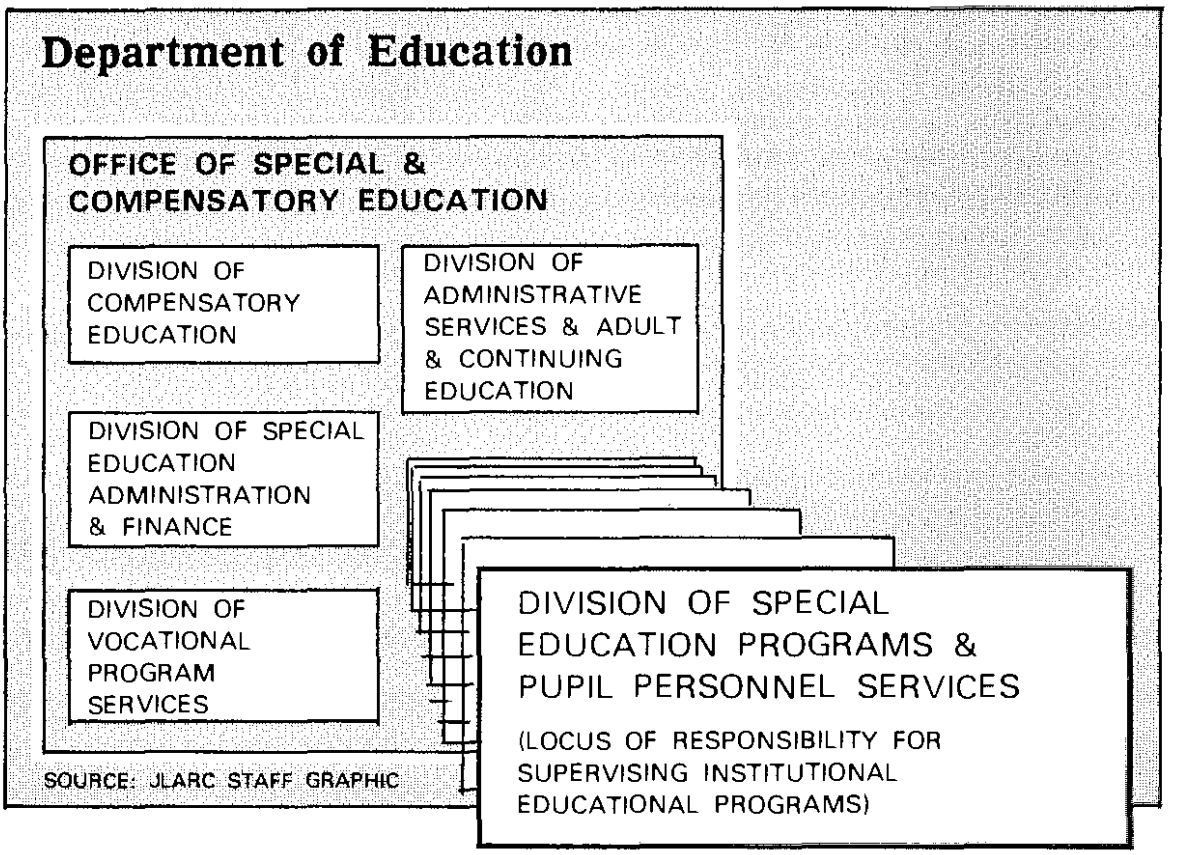
DOE must carry out a number of supervisory activities, including:

- assisting in the development of appropriate curricula for the education programs;
- providing technical assistance in interpreting State and federal laws and regulations; monitoring education programs through an "administrative review" process to ensure that programs meet State and federal requirements;
- setting program budgets; negotiating contracts and maintaining cooperative arrangements with the local school divisions for the operation of the education programs;
- developing policies and procedures to ensure consistent administrative practices across the six MH programs; and
- maintaining a cooperative relationship with DMHMR.

DOE's supervisory responsibility is carried out by the Director of the Division of Special Education and Pupil Personnel Services, located within the Office of Special and Compensatory Education (Figure 2). Until May 1983, the responsibility belonged to the Supervisor of Institutional and Related Services within the Special Education Division. Since May 1983, the position has been vacated and frozen, even though it was funded by federal funds.

The Director has assumed the responsibilities which were held by the Supervisor. The Director expressed concern about his expanded the the local school divisions. DMHMR has followed *Code* statutes by cooperating with DOE to ensure service provision. DOE contracts with

Figure 2



job responsibilities, noting that he also oversees all statewide institutional programs including those at correctional and rehabilitative facilities. As discussed in a later section of this report, the Director has been unable to carry out all of DOE's responsibilities. This suggests that the span of supervisory control may be too wide for a single position or that the Director must focus greater attention on the education programs in the mental health institutions.

Local School Divisions

DOE contracts with local school divisions to operate the education programs in mental health institutions. Most divisions maintain minimal contact with the programs, acting primarily as personnel and financial agents.

Local school divisions do not play a decision-making role in determining the types of education programs in the mental health institutions. Typically their role is confined to hiring staff and managing financial matters for the institutional education programs. Each local school division under contract with DOE carries out the following activities:

- screening teacher applicants for the institutional education program and coordinating with DOE on hiring decisions for administative and instructional personnel;

- negotiating contracts with administrative, instructional, and support staff;

- establishing personnel policies and procedures under which institutional education staff operate; and

- serving as fiscal agents for the program.

Relationships between school divisions and the institutional education programs vary. Williamsburg-James City County schools (Eastern) and Augusta County schools (DeJarnette and Western) represent the range of the school-institution involvement.

Eastern State Hospital and the Williamsburg-James City County School System have developed a cooperative relationship. Illustrative of this close working relationship is the establishment of a jointly-operated classroom for emotionally disturbed children in a local public school. The local school provides the classroom space and necessary educational resources while Eastern State provides the teacher. This program provides students from Eastern State who are nearing discharge with a transition opportunity. The teacher's experience and training enables the local school to increase its capability to handle emotionally-disturbed children who benefit from continued involvement in a community setting, rather than an institutional one.

Augusta County stands at the other extreme by only fulfilling contract requirements. The three remaining local school divisions exceed minimal contract requirements by sharing some educational resources and training opportunities with institutional education personnel. While most education directors express a willingness for further cooperation, the local school divisions appear content to maintain a role only as administrative agents.

The local school divisions have little or no direct contact with DMHMR or the mental health institutions. Aside from the contractual agreements, communication between DOE and the local school divisions is infrequent.

The Department of Mental Health and Mental Retardation

DMHMR's 1978 and 1980 interagency agreements with DOE require DMHMR to "provide adequate space for special education programs within State mental health and mental retardation facilities." Additionally, DMHMR agrees to:

> encourage the coordination of educational programs with treatment programs provided for handicapped children in State mental health and mental retardation facilities.

Providing adequate educational facilities and encouraging the integration of treatment and education programs comprise DMHMR's contractual obligation to education programs operated in their mental health institutions. Most mental health institutions exceed this legal obligation by supplementing educational budgets for materials and summer school and providing administrative support (such as secretarial services, office supplies, or postage).

At the institutional level, hospital staff may also:

- provide related services (such as speech, physical and occupational therapy);
- assign staff to monitor students' behavior; and/or
- assist education staff in developing programs consistent with treatment objectives.

Since education is a major component of a student's overall "treatment" at the institution, these types of support by institution staff greatly benefit the resident. Since teachers have extensive daily contact with students, they gain special insight into the nature of their students' problems and the extent of their progress. Similarly, treatment staff can lend valuable insights and assistance to teachers based on their expertise in addressing emotional problems.

The level of cooperation between hospital and education staff varies by institution, but overall, should be improved. This important issue is discussed fully in Chapter V.

KEY ADMINISTRATIVE ISSUES

The Department of Education, local school divisions, and the Department of Mental Health and Mental Retardation have responsibilities in the administration of the education programs in mental health institutions. JLARC staff conclude that the administrative mechanism has not provided education programs with sufficient guidance and support. DOE needs to increase its level of program supervision and actively address the institutional education programs' needs for policy clarification and technical assistance. To effect these changes, DOE will need to establish and maintain regular contact with the education programs and the local school divisions that operate them. In addition, DOE and DMHMR need to establish more formal and regular channels of communication.

DMHMR could improve its support of educational programs by ensuring that the settings used for educational purposes are appropriate to the students served, and by reconsidering its policy of housing emotionally disturbed young adults with chronically mentally ill adults. Separate housing for this population, along with improved staff/student ratios, would provide a structured environment that could

more effectively motivate young adults to take advantage of educational opportunities.

Supervison and Direction

The Department of Education has primary responsibility for providing the MH education programs with supervision and direction. A key administrative issue, therefore, involves the adequacy of DOE's program oversight, policy development, and technical assistance activities.

Program Supervision. As will be illustrated in the following chapters of this report, JLARC staff found that students of comparable age with similar educational needs receive vastly different educational programs, depending upon the institution in which they reside. The six educational programs reviewed are not comparable with respect to a variety of factors affecting program quality. These factors include:

- the quality or comprehensiveness of each program's curriculum;
- the type of courses and learning experiences each program offers and emphasizes;
- the quality or appropriateness of available educational facilities; and
- the quality and sufficiency of educational materials and equipment.

Interviews with education directors revealed that educational staff have developed and implemented programs without significant guidance and oversight from DOE. The Director of the Division of Special Education and Pupil Personnel Services acknowledges that past program supervision has been insufficient. Further, he expressed concern about the high degree of variation in educational services across the six institutions and indicated that he intends to increase DOE's supervision of the MH education programs.

JLARC concurs with concerns about program disparities, and concludes that DOE should increase supervisory activities. However, all education directors strongly expressed their concern that DOE might dismantle some of their best programs to ensure a core level of program offerings. Some programs at Eastern, for example, build heavily on community and school resources. Since other institutions have been unable to gain this cooperation, it would take a period of time to implement comparable programs. In other cases, the development of similar programs may not be feasible due to a lack of comparability in educational resources. It is important, then, that comparability of programs not be achieved by dismantling innovative and successful progams that cannot be duplicated at other institutions. Moreover, education directors should have a clear role in assisting DOE to achieve programs which are of equal quality across institutions.

Policy Development. As outlined earlier, the administrative structure for the operation and supervision of these programs involves a number of different entities. Teachers, for example, hired by local school divisions to teach in State institutions, are typically subject to the policies of both the school division and the institution. Similarly, education directors report directly to three different supervisors: appropriate local school division personnel, the institution director, and the supervisor of institutional and related services at DOE. Because DOE has lead responsibility for the education programs, it should articulate the responsiblity of the local school programs and DMHMR. In addition, to ensure consistent administration of the programs, DOE's policies and procedures should be clear and comprehensive. However, four education directors and three local school superintendents indicated that their needs for policy clarification have frequently gone unmet by DOE.

For the past ten years, institutional education directors have worked periodically with DOE to develop a policy manual for the operation of their programs. The Director of the Division of Special Education and Pupil Personnel Services acknowledged the need for such a manual, but stated that, for various reasons, it was always "put on the back burner." In the absence of policy clarification from DOE, each institutional education director has developed his or her own set of operating procedures (e.g., evaluation of educational directors and teachers), resulting in limited consistency among the six education programs.

DOE recently issued a draft of an Administrative Manual for State-Operated Education Programs in Mental Health and Medical Facilities. DOE should circulate the proposed policy manual, and work with all parties (i.e., institution education staff, institution director, local school division) to ensure that their policy needs are comprehensively addressed, and that proposed policies are agreeable to those involved. Finally, DOE should ensure that the manual is finalized and approved as quickly as possible.

Technical Assistance. DOE is responsible for providing technical assistance to special education programs throughout the State. To carry out this responsibility, DOE has a staff of program experts in areas such as learning disabilities, emotional disturbances, speech and hearing problems, and early childhood programs. DOE staff, however, have not provided adequate assistance to the mental health education programs during the past several years.

The need for technical assistance in the development of curriculum guidelines for the institutional programs was first recognized eight years ago. In 1976, the SJR 156 Study Committee found that:

> severely and multiple handicapped children constitute a substantial population in state hospitals, training schools, training centers, and similar facilities. Yet curriculum guidelines for these

populations are presently unavailable from the Department of Education.

The Committee recommended that the Department give high priority to the development of such guidelines, and have them available for the 1976-77 school year. In its 1978 and 1980 interagency agreements with DMHMR, DOE agreed to "provide education curriculum materials for programs conducted for handicapped children in State mental health and mental retardation facilities." In 1980, DOE disseminated guidelines for educating students with specific learning disabilities, and in 1983, produced a draft of guidelines for students with emotional disturbances. However, both sets of guidelines specifically address the needs of students in public schools. Education staff at the institutions, as well as staff at DOE, noted that these guidelines are not applicable to institutionalized students due to the severity of their handicaps and special considerations related to their residential status.

DOE should provide the institutional education programs with curriculum guidelines for emotionally disturbed students in State mental health institutions. DOE should assess the institutional education programs' needs for technical assistance and increase its delivery of these services by making fuller use of its program specialists. The lack of technical assistance has diminished the quality of programming in the institutions. As discussed in Chapter V, the quality of curriculums used by education staff are generally inadequate.

Communication and Coordination

In order for the administrative structure to function effectively, communication must be closely coordinated among the three components of the administrative framework. In the past, a high level of coordination and communication has not been achieved on a consistent basis. Insufficient coordination, communication, and planning has resulted in programs operating without sufficient support or supervision.

DOE, Local Schools, and Education Programs. In many ways, institutional education programs are not fully integrated into either the institution or the local school divisions, but are supervised at a distance by DOE. Timely functioning of the administrative mechanism requires timely and effective communication between the entities, particularly between DOE and the institutional education programs. Insufficient communication between DOE and the MH education programs has forced the programs to operate autonomously. As discussed in Chapter IV, one result is the development of disparate resources and programs in each of the six institutions.

Interviews with education directors and local school division superintendents reveal that DOE has failed to establish and maintain on-going communication with these entities, and has frequently been unresponsive to their requests for information and guidance. Institu-

tional education directors and local school superintendents indicate that the problem of insufficient communication with DOE has worsened since the position of Supervisor of Institutional and Related Services was vacated in May 1983. Because of this vacancy, education directors and local school superintendents say they frequently have not had their letters answered or their phone calls returned.

In addition to increasing the frequency of its communication, DOE should ensure that it coordinates action concerning the education programs among all affected entities. Failure to coordinate planning and decision making can cause considerable confusion and administrative delay. This is illustrated in the following case example:

> *In 1983, DOE revised and sent contracts to local school superintendents that effectively broadened the school division's role by increasing their supervisory responsibility for the institutional education programs.*
>
> *Both school superintendents and education directors expressed concern about DOE's unilateral decision to change the contracts. DOE did not notify education directors of their intention to change the provisions of the local school contracts. In fact, education directors learned of these changes only when local school superintendents called asking them to explain the meaning of the new contracts.*
>
> *Although the Director of the Division of Special Education and Pupil Personnel Services subsequently met with local school superintendents on several occasions, the institution education directors were not included in the meetings. Several of the education directors have yet to receive a copy of the new contracts.*
>
> *Because of the negative reaction to the unannounced contract changes, at least one contract was revised back to its original form. Two counties, Dinwiddie and Augusta, have been operating the institutions' education programs without the benefit of a contract with DOE, as they have been unable to reach mutually agreeable terms.*

Such breakdowns in communication can jeopardize relations established between the local school divisions and the institutional education programs. The Superintendent of Public Instruction should ensure that DOE is responsive to the requests of the institutional education directors and local school superintendents. The Superintendent of Public Instruction should further ensure that all affected parties are involved in planning concerning the education programs.

DOE could further support the educational programs by serving as a clearinghouse of educational information for the programs. DOE staff are familiar with the most recent literature in special education, but little effort has been made to disseminate this information to the institutions. DOE staff could also identify federal requests for funding proposals. Such opportunities to increase federal funding of education programs are currently identified only at the initiative of individual education directors. Since DOE staff are familiar with these proposals they should communicate these opportunities to the education directors, and assist them in making application for these federal funds.

DOE and DMHMR. The current relationship between DOE and DMHMR has evolved primarily through inter-agency agreements. JLARC found, however, that this association has not ensured sufficient communication or coordinated planning between the two agencies. The results of this arrangement are varied and include:

- lack of agreement between DOE and DMHMR about the types of assistance and support the institutions will provide the education programs; and

- disruption of educational services, when DMHMR initiates changes in treatment programs not anticipated by DOE.

Each institution provides both direct and indirect assistance to the education programs. Each institution, however, provides a different array of services. DeJarnette and VTCC, for example, place treatment aides in the classrooms to assist teachers with classroom management. In other institutions, teachers work alone or the education department hires aides to provide additional support. Similarly, institutions extend related educational services (e.g., transportation and occupational therapy) to students as part of their educational program. This assistance is not uniform across institutions. Where assistance is not available, the education department must fund the necessary related services. DOE and DMHMR should establish a core level of related services. Consensus between the two agencies, about the types of support that the institutions will provide the education programs, should enable DOE to more adequately budget education dollars to the areas of greatest need.

Insufficient planning and communication between DOE and DMHMR can also result in the disruption of educational services. Over the course of the past year and a half, DMHMR has twice initiated significant changes in its treatment programs which have had a direct impact on educational services. DMHMR's failure to coordinate with DOE during its planning process left DOE ill-equipped to accommodate these changes and, in at least one instance, had a negative impact on the quality of the education program. The following case examples illustrate the need for close communication and coordinated planning between the two central offices:

In January 1982, DMHMR moved the program for adolescents from Western State Hospital to DeJarnette Center. DOE staff and institutional education personnel felt that planning was insufficient to ensure a smooth transition in the delivery of educational services. Considerable confusion ensued over which teachers and resources, if any, would follow the students to DeJarnette. Instructional personnel at both Western and DeJarnette indicate that inadequate coordination at the Central Office ultimately resulted in lower quality of educational services for adolescents.

* * * *

During the 1983-84 school year, DMHMR authorized the Virginia Treatment Center for Children to establish a partial hospitalization program to provide day treatment for mentally ill children in the community. DMHMR failed to consult DOE in the planning stages, but later informed the Department that they would need to provide a teacher for the partial hospitalization program.

DOE has agreed to provide the teacher for one year in an effort to prevent further delays in educating these students. However, the Department has informed DMHMR that it does not intend to pay for the teacher's services in the future as educating day students falls outside of DOE's responsibility to provide education for students residing in mental health institutions.

Much of the disorganization, program disruption, and inconvenience described above could have been avoided through planning and communication between the two agencies. DMHMR is currently considering several changes in its treatment programs which, if implemented, will have a direct impact on education programs. DOE staff have not been involved in the planning process, however, which suggests that program changes in the future may be characterized by the confusion of those in the recent past.

The Commissioner of Mental Health and Mental Retardation and the Superintendent of Public Instruction should each appoint a representative who will be responsible for ensuring formal coordination of the two agencies in planning and implementing actions affecting the institutional education programs.

Quality of Educational and Residential Settings Provided By DMHMR

DMHMR's primary contributions to education programs are the educational settings and facilities made available at each institution.

JLARC found that the quality of educational settings varies widely across institutions and that the quality of residential units varies by the students' ages. At some institutions, the settings do not contribute to effective educational programming.

Educational Areas. Educational settings have both direct and indirect effects on the quality of instruction. If the physical condition of the institution is inadequate, students may face a variety of potential safety hazards. If the institution is poorly designed, it may pose barriers to the physically handicapped. The size of the classroom is also important. A classroom which is too small for its functions diminishes the morale and enthusiasm of both teachers and students. A small classroom also limits teachers' flexibility in implementing many educational activities.

Education departments in mental health institutions are typically situated in old buildings once used to house chronically ill residents. With the exception of VTCC, none were specifically designed for educational purposes. VTCC has recently constructed an educational wing. Classrooms are large, clean, and well-designed. The new facility also offers a gym, an auditorium, a student library, and a resource room for teachers. Renovation efforts at the other institutions have not been equally successful. Particular problems were noted by JLARC staff at Central State and DeJarnette.

Educational settings at Central State do not compare favorably with the other five institutions. The atmosphere is extremely "institutional" and unsuitable for educational activities. The main education building was a residential unit that was abandoned because it did not meet Life Safety Code Standards. The area for the "Snack Shack" vocational program is appropriate, but the building in which it is housed has been condemned for five years. The institution also lacks a gym.

Central State's educational areas are poorly laid out. For example, most classrooms are found throughout three floors of the main building. A student must travel through dark, often dirty, unused rooms and locked doors to move from class to class. One classroom on the second floor has never been renovated from its previous use as residential quarters. This very large room has several sets of four-foot concrete dividers. Students work within the confines of these dividers.

Central State has plans to relocate the school in the adolescent unit once funding for renovation becomes available. DMHMR should expedite plans to relocate the school at Central State. In lieu of relocation, immediate steps should be taken to improve the condition of the existing facility. Rooms could be modified, painted and cleaned, and made to appear more like regular classrooms.

Similar to Central State, DeJarnette was not designed for educational purposes. Many of the first floor classrooms are in disrepair, with chipping plaster and peeling paint. Storage space is a

problem. Several teachers have stockpiled materials in the open classroom, which poses a safety threat to students. Three classrooms have exposed radiators mounted on the wall which are also potential hazards. Educational space is a problem throughout the education department. During the course of JLARC's facility observation, many of the first floor classrooms were rated as too small for their use. One teacher stated, "My classroom will accommodate 4-5 students adequately although I've had up to 7 students in one group."

DeJarnette does not have a gym. Instead they have a "movement lab" which is the size of a typical classroom at VTCC, and is used for physical education. The room is actually a basement hallway. It has four padded cement columns interspersed throughout it. These columns and the window sill ledges pose significant safety hazards when students are running or playing active games in this small area.

The institution's administration is trying to address some of these design problems. The educational director's former office was recently converted to a small computer room for use by one or two students. Plans are also underway to knock down a wall to expand one of the smallest classrooms, and the art room is being renovated to provide more storage space. While these are positive actions, DOE and DMHMR must address DeJarnette's widespread shortage of education space.

Residential Units and Programs. About 21% of institutionalized students are in the custody of social services or other State agencies, and will move to community placements or supervised programs when discharged. Moreover, about 40% of the students remain institutionalized for over nine months before being discharged to their families. In both cases, the institutional staff act as guardians during a child's stay.

The quality of the residential units may have a strong influence on the effectiveness of educational programs. Research literature documents the importance of experiences that occur outside of the educational arena on the development of a child's intellectual and emotional growth. Therefore, an inadequate residential environment can significantly diminish the efforts of education staff and may be a powerful detriment to educational achievement. Conversely, a positive residential environment complements educational activities.

The quality of residential environments varies widely among mental health institutions. In general, it is good for young children, but inadequate for young adults. Students 18 years of age or older reside in adult wards at all institutions. However, the adult wards at Central State and Eastern have an institutional atmosphere that does little to foster the growth and development of young adults. JLARC staff found these units in poor physical condition, sparcely furnished, and understaffed. One of the adult units at Central State, for example, had four staff members to supervise 88 residents at the time of a visit by a JLARC staff member. Unfavorable staff/resident ratios inhibit the staff's ability to provide proper supervision and meaningful structured activities.

Young adults at Central State and Eastern are housed in four different buildings, making it difficult for education and treatment staff to cooperatively ensure that students attend school. An additional problem is that chronically ill adult patients provide poor role models for young adults. Young adults who are enrolled in school often refuse to attend school, preferring to stay on the ward with older friends. As a result, many young adults "sit around, smoke cigarettes and vegetate," according to treatment staff. Clearly, the environments described above do little to motivate young adults to take advantage of the educational opportunities available to them.

JLARC staff found that the units serving Western's special populations (e.g., dually-diagnosed, deaf) provide a highly structured and supportive residential environment. However, Western's new admission and chronic readmission programs stand in sharp contrast. Residents typically remain in the admission units for a period of approximately one month. Outside of medical and physical assessments, students have extended periods in which there is little supervision and few planned activities. The time a resident spends on the admission unit does little to prepare the student for the subsequent achievement of educational goals. DMHMR should encourage school aged residents on these units to become involved with the education program.

In sum, at Eastern, Central, and some units at Western, young adults live in an unsupportive environment characterized by a poor physical plant, a low degree of supervision, and a lack of structured activities. DMHMR should review the quality of living units for young adults. The Department should not have young adults who are attending school housed with chronic adults.

CONCLUSIONS AND RECOMMENDATIONS

The current administrative structure for operating and supervising MH education programs involves three actors: DOE, the local schools and DMHMR. The statutory responsibility for these programs may need clarification by the General Assembly, since interagency agreements and contracts do not explicitly delineate each agency's specific roles and responsibilities.

Recommendation (1). The General Assembly may wish to amend Section 22.1-214 of the *Code of Virginia* to *require* the Board of Education to supervise educational programs for handicapped children in mental health institutions. (Current language only *authorizes* the Board of Education to supervise such programs.)

As implemented, the current administrative framework does not provide the institutional education programs with sufficient support and program guidance. Specific deficiencies were noted in DOE's supervision of the six programs. Further, smooth administration of these programs has been hindered by insufficient communication between DOE, the education programs, and local school divisions, as well as between the central offices of DOE and DMHMR.

Recommendation (2). The Superintendent of Public Instruction should ensure that the educational programs in MH institutions receive more active supervision, guidance, and technical assistance. The position of Supervisor of Institutional and Related Services should be filled by DOE. This person should maintain regular contact with the institutions.

Recommendation (3). The Superintendent of Public Instruction should ensure that comparability of educational programs and services is not achieved by dismantling innovative and successful programs that cannot be duplicated at other institutions. Education directors should have a clearly defined role in assisting DOE to develop programs which are of comparable quality across institutions.

Recommendation (4). DOE should work closely with institutional education personnel, DMHMR, and local school divisions to ensure that the recently published draft of the Administrative Manual for State Operated Education Programs in Mental Health and Medical Facilities fully addresses their needs for policy and procedural guidance. The manual should be promptly finalized and approved.

Recommendation (5). DOE should serve as a clearinghouse for relevant educational information. In this capacity, DOE program staff should make institutional education directors aware of the availability of federal requests for funding proposals.

Recommendation (6). To improve DOE's efforts to coordinate service delivery, DOE and DMHMR representatives should develop a letter of agreement specifying the types of services and assistance each agency will provide during the upcoming school year. This letter should be revised whenever either agency changes the type or amount of assistance provided.

Recommendation (7). The Commissioner of DMHMR and the Superintendent of Public Instruction should each appoint a representative who will be responsible for ensuring formal coordination of the two agencies in planning and implementing any proposed action affecting the institutional education programs.

Educational and residential environments provided by DMHMR have an important impact on student and staff morale. In some instances, this impact was found to be quite positive, while in others, the educational and residential environments detracted from the effectiveness of the educational programs.

Recommendation (8). DMHMR should take steps to correct physical plant problems. Barriers to handicapped students should be identified and removed. DMHMR should expedite the renovation of building 114 for relocation of Central State's school and explore alternatives for expanding DeJarnette's classroom space.

Recommendation (9). DMHMR should review its policy of housing young adults with chronic mentally ill adults. DMHMR should

develop separate living areas for young adults as an incentive for school participation. These areas should have lower staff/resident ratios to provide a structured environment that encourages and complements involvement in educational programs.

III. COSTS INCURRED IN PROVIDING EDUCATIONAL & RESIDENTIAL SERVICES

JLARC's analysis of costs in mental health facilities consists of two parts: revenues and expenditures. The revenue analysis describes the total amount of funds provided, the sources of revenue, and the distribution procedures. Most information on revenues was provided by DOE and DMHMR administrators.

The expenditure analysis discusses three categories of spending -- education costs, related services costs, and living unit costs. These expenditures are further divided into direct and indirect costs. Direct costs are the costs immediately associated with instruction -- primarily personnel costs. These direct costs were gathered from DOE's records of local school systems' spending for staff and related expenses, and from the facilities' financial records of direct costs assumed by DMHMR. Indirect costs are the portions of the facility's administration and overhead expenses which are attributable to the education program.

Estimating the costs of related services provided for youths was the most involved cost calculation. At the request of JLARC staff, facility program administrators and financial staff estimated the percentage of time spent by staff in providing occupational, physical, and speech therapy to students. The percentages were applied to the total cost of these programs to estimate the value of these services.

The computations of living unit costs were developed by using actual expenditure information from the facility, or an estimate based on the proportion of youths in the total population of a living unit. The method employed was determined by the quality and specificity of facility financial accounting systems.

During FY 1982-83, the State spent $2.57 million to provide educational services to about 628 different students. Another $364,366 was spent to provide related services, and $11.54 million was spent to provide residential services. Thus, the average cost per student was $4,10D for education, $58O for related services, and $18,375 for residential services.

The average per-student cost, however, masks other important considerations. The actual cost for a specific student is highly variable, since costs increase with the length of institutionalization. For example, a student who stays in the hospital for one month will cost much less than a student who is institutionalized for a year.

Because of this high variation in pupil costs, a cost assessment on a "per pupil-year" basis is a more appropriate means of making comparisons across the six mental health hospitals. To compute a per pupil-year measure, costs are divided by average daily

membership (A.D.M.) in the hospitals. This analysis revealed funding inequities.

Only primary analyses are reported in this chapter. The technical appendix will include further analyses and documentation.

SOURCES AND FUND DISTRIBUTION FOR EDUCATIONAL SERVICES

Funding for educational services comes from three sources: DOE, DMHMR, and the federal government. This section discusses the amount of funds contributed by each entity and the ways in which these funds are distributed to the education programs.

Amount and Distribution of Educational Funds

Overall, the State pays 94 percent of the costs of educating MH residents, and requires no support from the localities. The majority of the funds (68%) come from the Department of Education through general fund appropriations and basic aid transfers, totalling over $1.7 million. The Department of Mental Health and Mental Retardation provides 26%, including both direct and indirect facility costs tied to the education program. The remaining 6% is from the federal government, from P.L. 89-313 funds. Table 3 shows the distribution of funds from each revenue source.

Table 3

EXPENDITURES FOR EDUCATIONAL SERVICES
BY FUND SOURCE
(FY 1982-83)

	DOE (General Fund) and Basic Aid)	DMHMR	P.L. 89-313 Funds	Total
Total	$1,745,139	$670,645	$152,244	$2,568,028
Percent of Total	68%	26%	6%	

Source: JLARC survey of DOE and DMHMR facility records.

State Funds

The percentage the State pays for the education of students in MH facilities is over twice the contribution for the education of "normal" youths in public schools, and is almost five times the 20

percent of costs the State assumes for children in public school special education programs.

DOE Funds. DOE funds are paid to the local school districts on a cost-reimbursement basis. The local school districts are the fiscal agents for the funds, which primarily serve to pay the expenses of teachers' salaries and fringe benefits, teacher training and travel, and supplies and equipment.

The distribution of general fund and basic aid transfers are determined by an incremental budgeting process at DOE, where the number of teachers at each facility serves as the foundation for funding decisions. This basis is used because over 90% of the education budgets represent the cost of salaries and fringe benefits. This process would be a useful one if the staffing level at each facility were reviewed and adjusted on a regular basis; however, DOE has not been active in evaluating and adjusting program staff levels, and the result has been shifting teacher-pupil ratios. Thus, when programs are funded, the funding reflects the number of teachers but not necessarily the number of students.

This inequity also results from DMHMR's procedures for placing students in facilities. For example, VTCC is currently underutilized in terms of its rated capacity. While the underutilization allows VTCC to provide superior instruction and supervision to students, it also contributes greatly to inflated costs. The result of DOE and DMHMR procedures is unequal distribution of funds shown in Table 4.

Table 4

DISTRIBUTION OF DOE FUNDS PER PUPIL-YEAR
TO MENTAL HEALTH FACILITIES
(FY 1982-83)

Institution	Total	ADM	Per Pupil Distribution Based on ADM
VTCC	256,445	22	11,657
Southwestern	164,176	17	9,657
Eastern	526,195	52	10,119
DeJarnette	306,696	38	8,071
Western	210,986	24	8,791
Central State	$ 280,641	42	$ 6,682
Total	$1,745,139	195	$ 8,949 (Avg. Per Pupil-Year)

Source: DOE and institution records.

DMHMR Funds. The funds spent by DMHMR are allocated from each facility budget based on joint decisions by hospital and education administrators. Due to the case-by-case determination of DMHMR funds, sums vary significantly from institution to institution, ranging from $1,700 to $5,600 per pupil.

DMHMR funding includes the direct costs as well as the support costs the facility incurs for the education program. The amounts spent reflect the discrete operations at each place. Therefore, differences in per-pupil amounts do not necessarily represent inequities. Rather, they describe different program operations, and the level of cooperation between the education program (DOE) and the institution administration (DMHMR). Equity between institutions will be assessed in a later section by examining total spending for education, spending for education-related services, and spending on living units.

Federal Funds

Federal funds are allocated to DOE as a lump sum, and are distributed to the six mental health facilities on a per-pupil basis. In federal FY 1982-83, this amount was $507 per pupil, based on the membership as of October 1, 1981. Virginia follows the federal guidelines in allocating P.L. 89-313 funds on the basis of enrollment on October 1. There are substantial differences between this number and the average daily membership for the funded year.

EXPENDITURES FOR EDUCATION AND RELATED SERVICES

An analysis of education costs and related services costs is the best measure of the cost of providing IEP services. It is important to recognize, however, that education and related services account for only 20% of the total costs. JLARC staff assessed spending patterns per pupil-year at the six MH institutions. These separate assessments pointed to several differences in spending between facilities.

Education Costs

Two types of spending account for the costs of the education programs: direct costs and indirect costs. Direct costs are those identified as being directly involved with service provision or program operation, such as personnel, equipment, and supplies. In FY 1983 direct costs for education services totalled $1,983,479. Indirect costs in State MHMR facilities are the support costs which enable the program to operate, and include a portion of the facility's administrative costs, as well as the heat, electricity,

and building maintenance costs. In FY 1983 indirect costs totaled $584,549. The total of direct and indirect costs was over $2.5 million. Over 90% of the direct costs were for salaries and fringe benefits. Table 5 details the staffing level at each facility, and identifies the source of funding.

The composition of staff varies between hospitals, in terms of the type of personnel hired, and more importantly, in terms of the funding sources used. This raises questions about the rationale used

Table 5

STAFFING LEVELS AND DIRECT COSTS
(FY 1982-83)

Facility	Cost	DOE-Funded Personnel	DMHMR-Funded Personnel	P.L. 89-313-Funded Personnel
VTCC	$ 308,964	1 FT Admin. 7 FT Teachers 1 FT Music Ther. 1 FT Art Ther. 1 PT Teacher	1 FT Administrator 1 FT Teacher's Aide	None
Southwestern	$ 172,259	1 FT Admin. 5 FT Teachers 1 FT Speech Ther.	None	None
Eastern	$ 562,017	4 FT Admins. 19 FT Teachers 1 FT Speech Ther. 2 FT Clerical	None	3 FT Teachers' Aides 1 PT Occup. Ther. 1 PT Psychologist 1 FT Clerical
DeJarnette	$ 348,567	2 FT Admins. 11 FT Teachers 2 FT Speech Ther.	None	1 PT Teacher 1 FT Clerical
Western	$ 242,503	2 FT Admins. 2 PT Admin 5.5 FT Teachers 1 PT Speech Ther. 1 FT Clerical	None	1 FT Special Activities Supervisor
Central State	$ 349,169	3 FT Admins. 11 FT Teachers 1 FT Music Ther.	1 PT Psychologist 1 PT Quality Assur. Director 1 Clerical	None
Total	$1,983,479			

PT = part-time; FT = full-time

Note: Table does not include summer school personnel.

Source: DOE-funded personnel and 89:313 personnel; Survey of Education Directors; DMHMR-funded personnel; identification by finance directors at facilities of expenditures in education cost centers.

to determine staff levels, and the consistency of the process. DMHMR provides no direct personnel support in four programs, but provides professional support in the other two. DDE pays for clerical personnel at Eastern and Western, and P.L. 89-313 funds are used for staff costs in only three facilities.

DOE and DMHMR appear to have no consistent basis for the way they support education programs. DOE's fund allocation process lacks a consistent basis for evaluation of staffing levels, and DMHMR's lack of centralized decision-making in funding creates disparate staffing patterns and support. A centralized, coordinated decision-making process, including regular staffing level evaluations, is a first step towards ensuring consistent education programs at the six facilities.

Differences Across Institutions

To assess the adequacy and equity of expenditures for education programs, costs per pupil-year at each facility were compared. The per pupil-year measure most accurately identifies differences in the amount of money the State is spending at the six mental health hospitals. Only direct costs are included in the analysis, because the emphasis is on the direct service received by each student. Further, because of the focus on instruction, holidays and days of in-service training are excluded from the number of days of school used to calculate per pupil-day costs.

In direct costs, DeJarnette and Central State spent about 75 to 80 percent of the amount that the other four institutions use in providing education (Table 6). The Virginia Treatment Center spends about 45 percent more than the others. VTCC's high costs are due to three factors: (1) teacher salaries are higher in Richmond than in other public school divisions with hospitals, (2) there is a low teacher/student ratio, and most importantly, (3) the facility has a very low ADM in relation to its rated capacity.

Two measures were used to assess the value of service received by each student, with instruction time being the key element. The first considers the whole cost of educating a student during a fiscal year (cost per pupil-year). The second takes into account the differing number of school days at each facility, and measures the cost for each day of instruction received by a student (cost per pupil-day).

Both measures show that the Virginia Treatment Center spends considerably more per student than the other facilities -- over two thirds more per student than the lowest-spending facility (Central State) in FY 1982-83.

The fact that DeJarnette and Central State have low spending per student is magnified by their large number of students. Together, these two facilities have an ADM of 80 students, or 41% of

Table 6

DIRECT EXPENDITURES PER PUPIL FOR EDUCATION
(FY 1982-83)

Facility	Total Costs	Direct Costs Pupil-Year	Direct Costs Pupil-Day	Number of Days[1] of Instruction
VTCC	308,964	14,044	63	222
Southwestern	172,259	10,133	46	222
Eastern	562,017	10,808	56	192*
DeJarnette	348,567	9,173	46	200*
Western	242,503	10,104	51	200
Central State	$349,169	$ 8,314	$38	220

*Eastern State provides a five-week summer school for autistic residents. DeJarnette has six-week summer school for autistic students.

[1]Instructional days excludes holidays and in-service training.

Source: JLARC analysis of data provided by DOE, the education directors, and facility records.

the total number in the State. The relatively low position Central State holds in the ranking of spending is basically the same for both annual and daily costs; DeJarnette provides fewer days of school, and has higher daily costs.

The three facilities in the mid-range of costs -- Eastern, Western, and Southwestern -- spend between $10,100 and $10,800 per year in education for each student. This is an extremely narrow range of costs, since the three are located and run separately, serve diverse populations, and vary significantly in the numbers of students. The daily costs show more variation, reflecting the number of instructional days. Eastern has 192 days (plus 25 more days for 15 percent of the population) with a cost of about $56 per pupil-day, Western has 200 days with a cost of $51, and Southwestern has 222 days with a cost of $46.

Related Services

In addition to the academic areas of instruction provided by teachers in the education programs, students sometimes receive other related educational services including speech therapy, physical therapy, and occupational therapy. These services are not included as part of the costs of education in the facilities' accounting records.

The direct costs best measure the value to the students of the service provided. However, the average of almost $1,200 (Table 7) per pupil-year doesn't fully reflect the distribution of spending. VTCC spent over five times the average per-pupil amount, and Southwestern expended almost $1,900. The four remaining facilities, with about 75% of the students, spent an average of $391 per pupil.

Combined Direct Costs for Education and Related Services

The range of combined direct costs is wide, from $9,168 at Central State to over $20,000 at VTCC. VTCC's spending of $20,512 per pupil is more than double the amounts spent at Central State and DeJarnette, and is about 80% higher than spending at other hospitals (Table 7). If VTCC were fully utilized, costs would be comparable to those at the other facilities.

Table 7

PER PUPIL DIRECT EXPENDITURES
FOR EDUCATION AND RELATED SERVICES
(FY 1982-83)

Facility	Education Direct Costs Per Pupil-Year	Related Services Direct Costs Per Pupil-Year	Combined Direct Costs Per Pupil-Year
VTCC	14,044	6,468	20,512
Southwestern	10,133	1,883	12,016
Eastern	10,808	182	10,990
DeJarnette	9,173	0	9,173
Western	10,104	528	10,632
Central State	$ 8,314	$ 854	$ 9,168
Average	$10,172	$1,177	$11,349

Source: JLARC analysis of data provided by education directors and facility finance staff.

TOTAL EDUCATION, RELATED SERVICES,
AND LIVING UNIT COSTS

The combination of direct costs for education and related services shows the total expense incurred in providing services. The addition of living unit costs, however, provides a measure for assessing the magnitude of total expense. On average, living unit costs of $56,884 per pupil-year are four times that of education costs ($13,169). The high amount of money to keep and provide

services to school-age residents suggests that the General Assembly may wish to consider alternative ways of treating and educating students outside the institution.

Living Unit Services

The largest part of each resident's day is spent in the living unit: eating, sleeping, recreating, or receiving psychological or social service help. This time is about 75% of the total day, and not surprisingly the cost incurred is large -- over $11.5 million. Thus an analysis of service costs at mental health institutions must focus some attention on the living unit costs, since these costs are between eight and 20 times the costs for education and related services at the institutions. While education costs might be reallocated, there can be little change in the total costs for institutionalizing students unless living unit costs are examined.

All services not previously included in education or related costs are included in living unit costs, except for individual medical needs. The services included are room and board services, day-to-day patient care by residential staff, psychology and social services (only about 5% of the total), and all the general administrative and maintenance costs incurred providing these services.

The analysis of living unit costs does not divide them into direct and indirect costs, because the distinction is less clear. The direct costs of the living unit include the residential staff and the operation of the residential area, while indirect costs include the costs of support as well as associated services. The direct costs of these associated services would be shown as indirect residential costs, which would not be comparable to the definition used for education costs.

The $11.5 million spent in FY 1982-83 for living unit and associated costs represents an average cost of $56,884 per person-year (Table 8). Because the range of costs is wide, however, the unit costs vary dramatically from facility to facility.

On a per pupil-year basis, the Virginia Treatment Center spends the most money for living unit services. Again, this is due primarily to underutilization and to more adequate staffing of treatment personnel than at the other mental health facilities. Although the other facilities do not remain in the same expenditure ranking they held for education spending, there are similarities in facility spending patterns. The three institutions with similar education costs -- Western, Eastern, and Southwestern -- have very similar unit costs for living unit services.

Table 8

TOTAL COSTS OF LIVING UNIT SERVICES
(FY 1982-83)

Facility	Total Cost	Cost Per Pupil-Year*	Cost Per Pupil-Day
VTCC	2,031,845	92,357	253
Southwestern	983,108	42,744	117
Eastern	2,635,108	44,663	122
DeJarnette	2,467,515	64,935	178
Western	999,840	41,660	114
Central State	$ 2,430,085	$57,859	$159
Total	$11,547,501	$56,884 (Avg.)	$150 (Avg.)

*The number of youths in residence at MH facilities averaged 208 for FY 1982-83. The difference between this and the number in education is 13 people, who presumably waived their right to education.

Source: JLARC analysis of information from facility records and finance staff.

Combined Costs

In FY 1982-83 the State spent about $14.5 million to provide education, related services, and living unit services to approximately 628 youths in mental health institutions. On average, $323,000 was spent for each student. Analysis on a per pupil-year basis indicates that one youth staying in an MH institution for 12 months will cost the State over $71,000.

In sum, the total costs involved in keeping youths at MH facilities greatly exceeds the relatively small sum utilized for the provision of education. Expenses, by institution, are summarized in Table 9.

CONCLUSIONS AND RECOMMENDATIONS

The State assumes the great majority of the costs of educating MH youths, funding over $2.4 million for institutional education programs in FY 1982-83. In addition, another $364,000 was incurred in providing education-related services to youths. The final cost component funded by the State is the $11.5 million spent on living unit services. For the fixed year, the Commonwealth spent

Table 9

TOTAL AND PER-PUPIL COSTS
FOR EDUCATIONAL AND RESIDENTIAL SERVICES
(FY 1982-83)

	Education	Related Services	Living Units	Total
VTCC	$ 370,317 ($16,833)	$164,670 ($7,485)	$ 2,031,845 ($92,357	$ 2,566,832 ($116,675)
South western	$ 218,226 ($12,837)	$ 99,799 ($4,339)	$ 983,108 ($42,744)	$ 1,301,133 ($59,920)
Eastern	$ 672,308 ($12,929)	$ 15,538 ($263)	$ 2,635,108 ($44,663)	$ 3,322,954 ($57,855)
DeJarnette	$ 444,509 ($11,698)	$ 0 ($0)	$ 2,467,515 ($64,935)	$ 2,912,024 ($76,633)
Western	$ 311,033 ($12,960)	$ 18,713 ($780)	$ 999,840 ($41,660)	$ 1,329,586 ($55,400)
Central State	$ 551,635 (13,134)*	$ 65,646 ($1,563)	$ 2,430,085 ($57,859)	$ 3,047,366 ($72,556)
Total (Average)	$2,568,028 ($13,169)	$364,366 ($1,795)	$11,547,501 ($56,884)	$14,479,895 ($71,848)

Note: Per-pupil amounts are shown in parenthesis.

Source: JLARC analysis from DOE, DMHMR, and facility records.

a total of about $14.5 million in the six MH institutions for all services to 628 students.

The Commonwealth funds 94 percent of the education costs at MH institutions, with the Federal government paying the six percent balance. Localities have no financial responsibilities for the youths in institutions, even though the local share of regular special education costs in the own communities is significant.

Because funding is tied to staffing levels, DOE needs to take a more active role in evaluating staffing levels. In addition, DMHMR should take steps to ensure that VTCC is fully utilized. The absence of regular evaluations in the past has resulted in inconsistent staffing levels and uneven fund distribution.

Recommendation (10). OOE should perform regular staffing level evaluations and OMHMR should develop a policy to ensure that VTCC is used to its capacity, in order to promote consistency in staffing and funding and to increase the availability of VTCC's services to eligible children.

The outcome of inappropriate funding is a wide variation in the direct costs of education per pupil at the six facilities. On a per pupil-year basis, students at OeJarnette and Central State received services costing $8,744, while VTCC's students received services costing $14,044. The large difference needs to be minimized.

Recommendation (11). OOE and OMHMR should devise procedures to decrease the extreme variation in funding and services for residents across all six MH institutions.

A similar situation exists with the overall costs of living unit services. VTCC spends over $92,000 per pupil-year for all non-medical non-educational expenses, while Eastern, Western, and Southwestern spend closer to $43,000. VTCC's high costs appear to reflect in part underutilization of the hospital, as well as differences in quality of services provided.

Costs of $58,000 and $65,000 per person at Central State and OeJarnette indicate less extreme potential inefficiencies: old, deteriorating buildings or high administrative costs at Central State, and a degree of underutilization at OeJarnette.

IV. INSTITUTIONAL DIFFERENCES: STUDENT POPULATION, RESOURCES, MATERIALS, & STAFFING

While the education of the emotionally disturbed takes place within the context of an overall system described in Chapter II, this service is directly offered in six separate mental health institutions. Among these institutions there can be substantial differences in the populations served, the resources and materials available, and the staff which deliver the services.

The differences among institutions are important. P.L. 94-142 mandates that educational programming be consistent with the specific educational needs of each handicapped student. For this reason, the characteristics of the student population in the MH institutions dictate the nature of educational programming. For example, the educational needs of children are different from young adults, requiring educational staff to develop different educational goals for each population. These differences in educational goals, in turn, result in the need for different educational resources and materials. The availability of these resources is a key determinant of the overall quality of education.

Education staff are the most important factor affecting the quality of education. Teachers must have a comprehensive knowledge of emotional and educational handicaps, competence to instruct in specific content areas, and the patience and creativity to motivate students who have difficulties functioning in educational settings. Adequate staffing ratios are also important to provide individual attention to students.

Analysis in this chapter focuses on differences existing between the six mental health institutions in population, resources, and staffing. The primary research question guiding analysis is, "How do differences affect, either positively or negatively, the quality of education offered at the institutions?"

Populations may be best characterized by their age, IQ, and admission status. Inspection of these variables revealed large differences. Important differences also exist in the availability of educational resources. For example, while four institutions serve primarily adolescents and young adults, only Central State has an adequate vocational education program for them. Instructional staff hold proper certification and appeared to be highly committed at all institutions. However, the statewide lack of teachers endorsed in vocational education, music therapy, and art therapy limits the quality of instruction in those areas. Training opportunities for instructional staff also appear limited. DOE and DMHMR should take steps to explicitly recognize and address the variation and deficiencies summarized above.

POPULATION DIFFERENCES IN MH INSTITUTIONS

The six mental health institutions in Virginia serve largely disparate populations. While DeJarnette and VTCC serve the majority of Virginia's institutionalized children, Eastern, Central State, and Western serve the majority of adolescents and young adults. Southwestern serves a relatively small number of adolescents and young adults from southwestern Virginia.

To a lesser extent, the MH institutions are also characterized by differences in IQ and handicap level. Autistic children are educated primarily at Eastern and DeJarnette, although Western State serves three autistic students. Students at VTCC, on average, have higher IQs than those at other institutions. The majority of students at VTCC are "first admissions". In comparison, most students at Western and Central State have low IQs, are second or third "admissions", and are institutionalized for long periods of time, reflecting more chronic emotional problems.

Population Characteristics

JLARC staff examined five aspects of population: average daily membership, age, IQ, length of stay, and admission status.

Average Daily Membership (ADM). ADM is the average number of students enrolled in school on a "typical" day. As seen in Table 10, the institutions have different average daily memberships. Eastern (52 students), Central State (42), and DeJarnette (38) have relatively high census, while Western (24), VTCC (22) and Southwestern (17) serve a lower number of school-aged residents.

Table 10

PERCENTAGE OF STUDENTS IN EACH AGE GROUP BY INSTITUTION (1982-83 School Year)

	Children (5 to 12 Years)	Adolescents (13 to 17 Years)	Young Adults (18 + Years)	ADM
VTCC	46%	54%	*	22
Southwestern	*	57%	43%	17
Eastern	10%	46%	44%	52
DeJarnette	68%	32%	*	38
Western	*	7%	93%	24
Central State	*	42%	58%	42

Source: Resident records, institution staff.

High ADM makes educational programming more difficult. Since a student's program must be individualized, and must be coordinated among different teachers and with treatment staff, institutions with high census face increased logistical problems in ensuring that programs remain consistent with identified strengths and weaknesses.

Age and Handicap. There are three basic age groups: children (5 to 12), adolescents (13 to 17), and young adults (18 to 21). Most students in MH institutions are adolescents (40%) and young adults (39%). There are relatively few children (21%). Key differences were observed in age and handicaps. Eastern is the only institution to serve all three age groups. In addition, Eastern runs a program for autistic students, most of whom are in the adolescent age range. In comparison, Western's population is almost exclusively comprised of young adults.

VTCC and DeJarnette serve children and adolescents. In addition, DeJarnette has a program for autistic children. Central State and Southwestern serve a mix of adolescents and young adults. In addition, Central State runs a program for the Forensic Unit educating Corrections youth on the living unit.

IQ, Length of Stay, and Admission Status. During the resident record reviews, JLARC staff recorded the IQ for each student as determined by treatment staff. To determine the average length of stay, JLARC calculated the number of days each student was enrolled in school during the 1982-83 school year.

As indicated in Table 11, the average IQ of students at VTCC was much higher than at other institutions. In addition, a low standard deviation at VTCC indicates that the majority of students had an IQ close to 91. On the other hand, Western's young adult population had an average IQ of 65, which is at least 11 points lower than the other institutions.

Education staff noted that those students with severe disabilities remain institutionalized longer than those who have more moderate emotional handicap levels. Additionally, those students who have a prior history of institutionalization tend to have more severe handicaps than those who are hospitalized for the first time. Analysis of the length of stay and admission status revealed important differences between institutions. As seen in Table 11, a high percentage of students remain at Southwestern and DeJarnette for relatively short periods of time. At VTCC length of stay is spread evenly between short and long periods of time. At Central State (50%), Eastern (48%), and Western (43%), in comparison, a relatively high number of students remain institutionalized for periods over nine months.

Admission status varies greatly. At VTCC, 90% of the students are first admissions. In comparison, most students at Western (84%) and Eastern (80%) have prior histories of institutionalization, suggesting more chronic handicaps existing in this population.

Table 11

IQ AND LENGTH OF STAY OF STUDENTS

	VTCC	SWSH	ESH	DEJ	WSH	CSH
Mean IQ	91	77	76*	77*	65	76
(Standard Deviation)	(16)	(27)	(17)	(25)	(25)	(29)
Length of Stay						
14-90 days	20%	50%	17%	38%	14%	20%
91-180 days	20	33	22	24	28	15
180-270 days	27	0	3	3	14	15
270-365 days	33	17	48	35	43	50
Admission Status						
First admission	90%	42%	20%	44%	16%	35%
More than one previous admission	10%	58%	80%	56%	84%	65%

*Number does not include autistic children.

Source: JLARC record review, DMHMR data.

In sum, the student populations vary widely across hospitals. The key differences are summarized in Table 12. For example, VTCC serves exclusively children and adolescents. In general, these students have "normal" IQs, and do not have a history of prior institutionalization. In comparison, Western serves mainly young adults, with low IQs, who have been previously hospitalized. Moreover, about half of the students remain institutionalized for over nine months.

State and federal regulations mandate that the characteristics of students dictate the types of services provided by education staff. DOE regulations, however, do not recognize the differences in student population. One important indicator, discussed in the next section, is that resources available to staff are not comparable across institutions and, in many cases, are not sufficient to provide appropriate educational services.

AVAILABILITY OF RESOURCES AND MATERIALS

In enacting P.L. 94-142, Congress recognized the special needs of emotionally-disturbed children and mandated that efforts be

Table 12

DIFFERENCES IN POPULATION
ACROSS INSTITUTIONS
(1982-83 School Year)

	VTCC	SWSH	ESH	OEJ	WSH	CSH
Primary Age Groups						
Children	✓	✓	✓	✓	✓[2]	✓
Adolescents	✓	✓	✓	✓	✓	✓
Young Adults		✓	✓		✓	✓
IQ[1]						
High	✓					
Average		✓	✓	✓		✓
Low					✓	
Admission Status						
First	✓					
Multiple		✓	✓	✓	✓	✓
Length of Stay						
Short-Term		✓		✓		
Mixed	✓					
Long-Term			✓		✓	✓

[1]Assessments are based on comparisons between institutions.

[2]Western State serves a small number of adolescents.

Source: JLARC record review and data provided by OMHMR.

made to provide an appropriate education. To define "appropriate" in residential placements, federal and State laws mandate that students receive educational services comparable to those offered in public school. In addition, the law requires that all services be provided to address residents' special handicaps.

In MH institutions, educational instruction is offered within five broad areas to meet the specific needs of students:

1. Academics - To maintain students' scholastic achievements and breadth of knowledge at levels comparable to those in their age group, and to provide remediation in areas of academic weaknesses.

2. Pre-Vocational/Independent Living - To provide students with instruction and "hands on" activities to increase their abilities to function independently and appropriately in community, school, and work settings.

3. Vocational Education - To provide older students, or those who are unlikely to earn a GED, with specific vocational skills which are transferrable for employment outside the facility.

4. Physical Education, and Physical Therapy - To improve gross motor functioning and to enhance coordination and social skills.

5. Affective Education - To address students' emotional handicaps. To enhance self-esteem and sense of competency through "successful" experiences in different educational settings and activities to acquire information, attitudes, and skills which will promote mental health.

The different program areas which are included in educational programming require different resources and materials to assist teachers in implementing effective instruction.

To assess the availability of resources and materials, JLARC staff used three methods: an administrators' survey, a facility review, and a teachers' survey. On the administrators' survey, program coordinators identified those resources which were available to staff through education, institution or community funds. On the facility review, JLARC staff judged these resources on their availability and appropriateness. On the teachers' survey, teachers assessed the availability of resources which were needed to improve students' achievements. During interviews with JLARC staff, educators were questioned about resources which were most needed.

JLARC concludes that the distribution of educational resources and materials is not comparable across institutions. VTCC's resources surpass those at other institutions. This is demonstrated clearly in the areas of academic instruction and affective education. Significant gaps in the availability of resources are apparent at the other institutions.

Resources and equipment for independent living and vocational education are limited at most institutions. This impacts most greatly on older adolescents and young adults, many of whom have severe handicaps in these areas and are unlikely to complete high school or GED requirements. Without training in these areas, their ability to main tain independence in home or work settings will remain limited.

DOE should assess the availability of educational resources and work with DMHMR to ensure comparability between hospitals. Such actions should explicitly consider the educational needs of the populations served, with particular attention to the young adult population.

Overall Assessments

Table 13 summarizes the results of the survey completed by administrators and teachers. Educators at VTCC were highly satisfied with the availability of resources and materials. On all questions, the assessments of VTCC's educators were more favorable than those at other institutions. For example, 89% of all educators felt that related educational services (e.g., speech, physical therapy, affective

Table 13

EDUCATORS' ASSESSMENTS OF RESOURCES
(Percent Agreeing With Statements)

	VTCC	SWSH	ESH	DEJ	WSH	CSH
Appropriate educational facilities are available	92%	80%	33%	0%	40%	10%
Appropriate materials and equipment are available	75	67	42	15	30	27
Related educational services are available	89	60	35	14	22	9

Source: JLARC survey of instructional personnel.

education) were available. In comparison, lower levels of favorable responses were found at Central State (9%), DeJarnette (14%), Western (22%), and Eastern (35%).

JLARC's assessment of resource needs converged with the teachers' assessments. For example, VTCC does have excellent facilities and materials, while at other institutions there are significant gaps in the availability of resources. This convergence was not totally expected -- it was thought that educators might make a "wish list" of needs. Instead, their assessments on the survey were consistent with the resource needs of the specific populations that they serve.

Due to the variation existing between institutions in educational resources, as well as between program areas, the following analysis will discuss each major area of instruction separately. Table 14 summarizes JLARC's assessments.

Availability of Academic Materials

One problem facing education staff is that students' textbooks are not made readily available by the public schools. Education staff also noted that when schools did forward textbooks, it was not in

Table 14

SUMMARY ASSESSMENT:
AVAILABILITY OF RESOURCES AND STAFF

	VTCC	SWSH	ESH	OEJ	WSH	CSH
Academics						
- Classroom Setting	○	○	○	●	◉	●
- Text/Workbooks	○	○	○	○	○	○
- Certified Staff	○	○	○	○	○	○
- Computer Availability	○	◉	◉	◉	○	○
- Computer Utilization	○	○	○	○	○	◉
Independent Living						
- Equipment/Settings	○	○	◉	◉	◉	○
Vocational Education						
- Equipment/Settings	○	◉	◉	●	●	○
Physical Education						
- Equipment/Settings	○	○	○	●	○	●
Affective Education						
- Music or Art Equipment/ Settings	○	◉	◉	○	◉	◉
- Specialized Staff	○	◉	◉	◉	◉	◉

○ - Satisfactory or higher quality
◉ - Deficiencies noted (attention warranted by DOE/OMHMR)
● - Significant problems (action warranted by DOE/OMHMR)

Note: Assessments take into account different populations (and educational needs) across institutions.

Source: Synthesis of JLARC research.

a timely manner. This makes it difficult for education staff to provide instruction which is consistent with that previously offered by the public school.

The quality of education resources at VTCC surpasses those at other institutions. Academic classrooms are large, allowing teachers the flexibility to implement both individual and group instruction. Students have ready access to a library, and teachers have a resource room complete with a variety of age-appropriate textbooks and workbooks. In addition, VTCC has three computers, as well as a comprehensive assortment of software packages for instruction in both academic and non-academic areas.

Classroom Environment. As discussed in Chapter II, JLARC's facility observations led to the conclusion that classrooms at DeJarnette and Central State were not appropriate for instruction. At

DeJarnette, the classrooms for children are very small. As a result, they are cramped, with students, desks, and educational materials very close together. Many of Central State's classrooms are inappropriate for academic instruction. A proposed renovation has never been completed. Educators described the educational environments to be "dreary, institutionalized and depressing", a conclusion JLARC staff concur in.

At Western, students receive much of their academic instruction in a room which is subdivided into three classrooms. Twelve students and four teachers, working in close proximity to each other, were observed by JLARC staff on three visits. The room was noisy and cramped, at a time when classrooms across the hall were underutilized. Some educators expressed their preference for instructing in a crowded setting. This view was not, however, shared by educators at other institutions, who expressed the need for more classroom space, given that emotionally disturbed students are highly distractable and have poor task persistence.

Textbooks and Workbooks. VTCC has a fully-equipped resource room and thus can provide students with educational materials comparable to that of the public schools. Other institutions, however, do not have nearly the range of texts and workbooks. While this difference could not be quantified, interviews with teachers and survey responses converged with JLARC's observations. At all institutions, the science teachers responded that the lack of equipment limited their effectiveness.

Computers. VTCC's three computers are extensively used. Analysis of educational records revealed that most students receive instruction in computer literacy. All staff who were interviewed agreed that many students who "failed" repeatedly in the classroom profit greatly through instructional activities with the computer.

Across institutions, there is little consistency in computer-related activities. Eastern and Central State each have a computer dedicated for instructional purposes, but it is underutilized at both institutions. At Eastern, the computer is used for instructional purposes solely for the younger population. Utilization at Central State is even less extensive. One major problem at both institutions is that the teachers are generally not well trained in using the computer. DeJarnette and Southwestern have recently purchased computers, but they were not used extensively for instructional purposes in the 1982-83 school year. During the 1982-83 school year, Western State had both a computer and trained instructors, but goals for this type of instruction were not included in students' IEPs.

Availability of Materials for Instruction in Independent Living

Instruction in independent living, at VTCC and Southwestern, is primarily viewed as the responsibility of the treatment staff. In interviews, education staff stated that adequate instruction was

offered to residents as a result of adequate treatment staff and good resources on the living units. On the survey of instructional staff, no educators expressed a need for independent living resources.

Resources and materials for independent living vary across the other institutions. At Eastern, DeJarnette, Central State, and Western, as seen in Table 15, many educators indicated a need for resources to provide appropriate instruction in independent living. The specific resources (e.g., home economics room, apartment) identified by education staff were consistent with the resources actually available. For example, Central and Western have a well-equipped home economics room, and no educators indicated a need. In comparison, Dejarnette lacks this resource, and Eastern shares the home economics room with the adult population. At these institutions, many educators indicated a need.

Table 15

PERCENT OF EDUCATORS INDICATING THE NEED FOR INDEPENDENT LIVING RESOURCES TO INCREASE STUDENTS' ACHIEVEMENTS

	VTCC	SWSH	ESH	DEJ	WSH	CSH
Home economics room	0%	0%	43%	62%	0%	0%
Home economics equipment	0	0	37	38	0	10
Independent living house or apartment	0	0	50	69	60	60

Source: JLARC survey of instructional personnel.

A consensus of educators, primarily those who instruct adolescents and young adults, expressed the need for a house or apartment for instruction in independent living. Educators noted that instruction is important since independent living skills must be acquired for transitions to a less-restrictive environment. One teacher at DeJarnette, for example, explained that a "normalized" environment is best suited for instruction, since a classroom does not adequately promote the generalization of independent living skills to settings outside the institution. Houses for independent living are located on hospital grounds at Eastern and DeJarnette, but are currently vacant. The home economics room at Central State is large and could be remodeled as an apartment, but necessary funding is not available.

Availability of Materials for Vocational and Pre-Vocational Education

Vocational and pre-vocational education are most appropriate for older adolescents and young adults, given the age of this popula-

tion and the importance of developing skills which will promote transitions into community jobs. Table 16 summarizes the educators' assessments of the availability of necessary resources.

Vocational Instruction. Only 9% of the educators at Central State felt that additional vocational instruction resources were needed to enhance student achievements. Central State has the most comprehensive resources of any MH institution. Students operate a fast-food restaurant in the "Snack Shack" program. They also assemble parts for business in the forensic unit's "work shop". Other resources include a woodshop, electrical equipment, and an auto mechanics room. However, the education director expressed a need for additional vocational programming of interest to female students, such as a business/clerical program to provide training in office skills.

In comparison, Eastern and Western have few vocational resources, even though many of their residents are comparable to those at Central State . Educators, primarily those who instruct the older students, responded that more adequate resources are necessary to enhance student achievements. Both institutions have woodshops, but the one at Eastern is inadequately equipped, and is not extensively utilized for instructional purposes. The majority of educators (92%) at DeJarnette felt that an area for pre-vocational or vocational education would enhance student achievements. This finding reflects JLARC's observation that DeJarnette is the only institution without any designated area for instruction in pre-vocational or vocational offerings.

Equipment and Materials for Vocational Education. The educators' assessments converge with the availability of resources and the age of the population at the institutions. As seen in Table 16, education staff at VTCC, Southwestern, and Central State expressed little need for vocational resources.

Table 16

PERCENT OF TEACHERS INDICATING THE NEED FOR VOCATIONAL RESOURCES TO INCREASE STUDENTS' ACHIEVEMENTS

	VTCC	SWSH	ESH	DEJ	WSH	CSH
Vocational education instruction	11%	20%	45%	64%	55%	9%
Pre-voc/vocational area	0	10	48	92	60	9
Pre-voc/vocational equipment	11	22	31	46	50	0

Source: JLARC survey of instructional personnel.

According to VTCC staff, their children and younger adolescents are not old enough to profit from traditional vocational educa-

tion. The majority of their students receive instruction in computer literacy, which teachers feel addresses vocational deficits. While Southwestern's population is older, the majority stay in the institution for short periods of time. Similar to VTCC, educators at Southwestern feel that academics and affective education are most appropriate for their population. Southwestern has a woodshop, in which the "long-term" residents receive some vocational training.

Pre-Vocational Materials. Pre-vocational programs typically emphasize basic skills and attitudes needed before successful job placements can be achieved -- for example, interview techniques, job awareness, grooming, and following directions. As seen in Table 16, educators at most training centers indicated little need for pre-vocational equipment. In interviews with education staff, it was noted that most instructional activities did not require specialized equipment. For example, pre-vocational skills may be developed through videotape activities, workbook tasks, and experiences in community interviews. While these types of instructional materials and activities are not comparable across institutions, educators appear satisfied.

Resources for Physical Education

A gym is the most essential resource for effective physical education. All institutions except Central State and DeJarnette have fully equipped gyms. As discussed earlier, DeJarnette's "movement lab" is a very small indoor area that serves as a gym. The room has four padded cement columns interspersed throughout it, which pose significant safety hazards when students are running or playing games. Central State has an even smaller room which is used for weight-lifting and aerobic exercises. In past years, Central State had an arrangement with the local YMCA and Virginia State University pool to use their facilities. This arrangement has been discontinued. It is not unexpected that most teachers at Central State (80%) and DeJarnette (72%) express the need for a gym, while only a few educators at the other institutions expressed this need. There is a gym across the street from DeJarnette at Western, but arrangements have not been successfully made to use it.

Resources for Affective Education

Affective education is defined as instruction to help students acquire information, attitudes, and skills which will encourage appropriate behavior and mental health. Thus, affective education focuses directly on the students' emotional problems which interfere with the ability to function appropriately and succeed in classroom and daily living settings. Affective education may take different forms; however, the attempt is always made to match the information or skills with the students' identified social and emotional needs. As discussed in Chapter V, DOE and education staff have not developed comprehensive affective education curriculum or programs; therefore, JLARC staff

could not assess the availability of resources except in the areas of art and music.

Art and music are traditional forms of affective education. As do the public schools, most institutions currently provide some instruction in art or music. There is a consensus that handicapped students also benefit. For example, the Congressional Report accompanying P.L. 94-142 noted:

> The use of the arts as a viable teaching tool for the handicapped has long been recognized. The arts have been used to reach children who have otherwise been unteachable. The committee...urges local educational agencies to include an arts component for the handicapped.

At VTCC, all students receive art and music therapy. Educators at VTCC view these instructional offerings as an integral part of students' educational programming. Many educators at Central State (45%), Eastern (40%), DeJarnette (86%), and Western (71%) agreed that art and music therapy would enhance the achievements of students.

All education departments have access to some art or music resources, or limited access through hospital facilities (where they are frequently utilized by adults or located a distance from the education building). However, only VTCC has certified staff to provide adequate instruction or therapy in music and art. Central State employed a music therapist until 1982 and an art teacher until 1983, but both resigned and the positions were frozen. Central State has since removed art and music from the curriculum. Southwestern had an art teacher who resigned in 1983, and subsequently a replacement was found. As a result, DeJarnette, Southwestern, and VTCC are the only institutions which have a certified art teacher or therapist. Only VTCC has a music teacher or therapist. DOE should take steps to ensure that qualified staff are available at the institutions to provide these services.

STAFFING

Teaching emotionally-disturbed children in a residential institution is a demanding job. Patience, coping skills, and enthusiasm are required to teach this population. A teacher must have a knowledge of mental handicaps, competence in a number of subject areas, and creativity to motivate a group of students who have difficulties in educational settings. Overall, JLARC found staff to have appropriate certification to instruct emotionally disturbed children and staffing levels appear to be generally appropriate. However, few teachers have endorsements to specifically provide instruction in vocational education or art and music therapy. Additionally, training opportunities appear to be inadequate. DOE and the education directors should take steps to improve the competency of teachers in these areas.

Certification, Training, Evaluation, and Morale

JLARC staff interviewed a sample of 50 educators in the institutions and were impressed with their dedication and with their knowledge of the students. A number of innovative educational approaches to the education of emotionally-disturbed students were observed.

Certification. JLARC staff looked at teacher certification and training as additional measures of competence. Using DOE's computerized data, JLARC staff determined that about 91% of the teachers were certified to teach emotionally disturbed students. In follow-up interviews with education directors, it was determined that all teachers who lack appropriate certification were actively involved in coursework to meet requirements.

Training. In recent years, many new approaches to the education and treatment of emotional handicaps have been developed. During JLARC's interviews, teachers consistently emphasized the need to learn about these innovations. On the survey, 85% of the teachers reported that they needed more training opportunities.

One source of training is the public schools. The degree of cooperation, however, between schools and institutions varies. Dinwiddie and Augusta County see their primary role as that of a fiscal agent for Central State, Western, and DeJarnette. As a result, staff receive little or no training at those public schools, in addition to having few opportunities to discuss educational issues with other teachers. This problem is not as pronounced at Southwestern, Eastern, and VTCC. For example, Richmond Public Schools consistently notify VTCC's staff of available training opportunities. One teacher noted,

> We have access to the media and curriculum centers of the school systems as well as to all in-service training and special courses offered for certificate renewal...the education staff has taken advantage of the services of the Richmond Public Schools to supplement our own programs to the advantage of our students.

Institutions typically provide training opportunities for staff, but education personnel do not feel that they are directly relevant to their needs. In addition, they are typically held during school hours. At DeJarnette, for example, JLARC staff noted a schedule of training opportunities, some of which appeared applicable to teachers. The education director agreed, but noted that education staff had limited opportunities to attend the training sessions because they were held when teachers were engaged in classroom instruction.

Effective inter-institution training could occur, but currently does not. Teachers rarely have the opportunity to visit other institutions or to talk to public school teachers, though many noted that this would be highly beneficial. The education directors have

taken a positive step and have begun formal meetings to address problems facing them. This effort, however, is not supported by DOE and is a concern of the education directors.

Performance Evaluation. The evaluation process enables supervisors and employees to jointly assess strengths and relative weaknesses, and to develop goals for future performance. Education directors evaluate teachers in accordance with local school division procedures, but JLARC found that education directors are not evaluated under uniform procedures. DOE plays a minor role in evaluating its education directors. Evaluations have been performed by either: (1) institutional personnel who lack educational expertise, but are familiar with the programs; or (2) local school division personnel who have educational expertise, but are not familiar with the content or management of the institutional education programs.

As part of a broader effort to improve its supervision of MH education programs, DOE should articulate policies that clarify its own role in conducting the assessments as well as the roles of the institution director and local school superintendent.

Morale. Teachers in MH institutions are in an unusual position. While they are employees of the public schools, they have minimal contact with other school personnel. Teachers work within the institution, but are typically excluded from formal and informal treatment meetings. Moreover, administrative staff at DOE have failed to maintain adequate contact with education staff in the institutions. While DOE administrators began in January 1984 to initiate more contact with the education directors, this effort has come after over a year of inconsistent communications.

Given these constraints, JLARC staff were impressed with the generally high morale and commitment of teachers. This commitment, JLARC believes, is the primary factor for the adequate education offered to many students. At DeJarnette and Central State, however, there were strong indications of poor staff morale. Statewide, 75% of the teachers felt that communication between education staff was excellent compared to DeJarnette (50%) and Central State (38%). In addition, most teachers at DeJarnette (90%) and Central State (65%), responded that high turnover had negatively affected the quality of education provided. The problems at Central State and DeJarnette may be attributable, in part, to limitations in the availability and quality of resources. In addition, Dinwiddie and Augusta County public schools have much less involvement with the education programs than school divisions associated with other institutions. Improvements in these areas would enhance the quality of the programs.

Staffing Levels

DOE regulations specify that, on average, there must be one full-time teacher for every eight students in average daily membership. This ratio is based on State requirements for educating handicapped students in the public schools.

As seen in Table 17, actual student/teacher ratios are lower and range from one teacher for every 2:7 students (1:2.7) at Eastern to one teacher for every 4.4 students at Western. During JLARC's observations, it was common to note staffing ratios varying from 1:3 to 1:8 during a visit. At Western, for example, staffing ratios ranged from 1:1 to 1:6. In the first case, the low ratio was due to a student's aggressive behavior. Despite extensive past staff efforts, the student could not be mainstreamed into the classroom. The higher ratio was observed in a classroom for young adults working on GED subject matters. These individuals, staff explained, needed less direct supervision.

Table 17

STAFFING RATIOS
(1982-83 School Year)

Facility	Coordinators	Teachers	Aides	Students	Coordinators: Students	Teachers: Students
VTCC	2	7	1	22	1:11	1:3.1
Southwestern	1	5	0	17	1:17	1:3.4
Eastern	4	19	2	52	1:13	1:2.7
DeJarnette	2	11	0	38	1:19	1:3.4
Western	3*	5.5	1	24	1:8	1:4.4
Central State	3	11	0	42	1:14	1:3.8

*Western coordinators also have teaching responsibilities.

Source: JLARC survey of education directors.

There are a number of possible explanations for staffing ratios to be lower than DOE's standard. One possibility is that the staffing ratio is outdated and does not reflect the higher level of disabilities which institutionalized students have as compared to students in public school special education programs. For example, as reflected in the example at Western described above, it appears that the population is becoming more difficult to serve, and the 1:8 staffing ratio is no longer realistic. Education and treatment staff in each institution stated that current students have more severe emotional and behavioral problems than past populations. State efforts to deinstitutionalize and community efforts to increase mental health services could contribute to such a trend. DOE appears to acknowledge this trend by continuing to fund teachers to maintain a teacher:student ratio lower than the prescribed level.

Another possible explanation for the low ratios is that MH education programs are overstaffed. In general, populations are decreasing in mental health institutions. Education staff may have been slow to adjust the number of teachers to a declining census.

It is the JLARC staff's overall judgement, based on observations and the overall quality of instruction, that current levels are generally appropriate. DOE should review relevant variables to comprehensively reassess the appropriateness of current staffing levels, and adjust its prescribed ratios if necessary.

Administrative Staffing Level. In general, the number of coordinators is dependent on the number of students and the diversity of their handicaps. For example, Southwestern serves a small number of adolescents and young adults, while Eastern implements distinct programs for children, adolescents, young adults, and autistic children. Overall, administrative staffing appeared appropriate; however, JLARC staff had concerns with DeJarnette.

As seen in Table 17, the number of educational coordinators ranges from one at Southwestern to four at Eastern. DeJarnette has two coordinators for about 38 students, and offers distinct programs for children, adolescents, and autistic students. For this reason, DeJarnette appears to be administratively understaffed.

Western State has the lowest coordinator-to-student ratio. However, coordinators at Western State administer both education programs for school-aged and adult populations. Western's coordinators also have teaching responsibilities in addition to their administrative duties.

CONCLUSIONS AND RECOMMENDATIONS

The six mental health institutions have, over time, become segregrated in terms of age and handicap level. These differences have a powerful influence on the nature of educational programming at each institution. Foremost, population characteristics dictate the development of educational goals. Differences in educational goals, in turn, determine the type of resources and materials required by education staff to provide individualized and appropriate education to all students. Academic instruction requires adequate classroom space, textbooks, and workbooks. Vocational and physical education, in comparison, necessitate different resources. Staffing needs also vary depending on students' ages, handicaps, and educational goals. Autistic children, for example, require lower staffing ratios than children who can work independently on academic tasks. In some cases, educational goals may demand a teacher with specialized qualifications. For example, an art therapist has the skills to provide more appropriate affective education than a classroom teacher.

DMHMR and DOE have taken appropriate steps to segregate MH institutions by age and handicap levels. This has allowed education staff to develop specialization in educating certain types of students. However, inadequate attention has been given to matching resource needs to the different populations. This is particularly important for young adults, who by virtue of their age, require extensive instruction in independent living and vocational education.

The following recommendations highlight general needs in the availability of resources and staff that should be reviewed by DOE and DMHMR. Recommendations addressing specific resources and programs are made in following chapters of this report.

Recommendation 12: DOE and DMHMR should assess the lack of comparability in resources and materials, in relation to the different educational handicaps at each institution. The assessment should be submitted for review by the Superintendent of Public Instruction. Particular attention should be directed to ensure:

(a) that all institutions have appropriate materials for academic instruction;

(b) that trained personnel and adequate resources are available to help staff meet the unique handicaps of young adults in the areas of independent living, pre-vocational education, and vocational education;

(c) that all students have the opportunity to participate in physical education; and

(d) that trained personnel and adequate resources are available to help staff address the emotional handicaps of students through educational instruction, such as art or music therapy.

Education staff hold appropriate certification for teaching emotionally disturbed children. However, few have specific endorsements in vocational education and art or music therapy. In addition, training opportunities for teachers are limited.

Currently, staffing levels in the institutions exceed State requirements. State regulations for student/teacher ratios (8:1) in mental health institutions are identical to those set for special education programs in the public schools. This does not appear appropriate given the greater severity of students' handicaps in the mental health institutions. DOE acknowledges the need for lower teacher-student ratios by continuing to fund extant positions. DOE should formally review the appropriateness of the State regulations and adjust them.

Recommendation (13). DOE should encourage and support training activities for education staff, such as programs by DOE and DMHMR central office specialists as well as inter-institutional cooperation in training.

Recommendation (14). DOE should ensure that at least one teacher in each institution is endorsed in vocational education and art or music therapy. Financial support should be offered to teachers currently working at the institutions to receive these endorsements.

Recommendation (15). DOE should establish consistent procedures for the evaluation of education directors, and should review procedures which education directors use to evaluate teachers.

Recommendation (16). DOE should modify staffing requirements to more accurately reflect current staffing practices and population differences across institutions. DOE should formally review the appropriateness of the prescribed 8:1 student/teacher staffing ratio and adjust it as necessary. In making this assessment, DOE should consider the severity of the students' handicaps and the variation existing between institutions in terms of: number and handicaps of students served, availability of resources and classroom space, and the availability of resources and services provided by institution staff.

V. DEVELOPMENT OF EDUCATION PROGRAMS

As discussed in Chapter IV, institutions differ in student population and the availability of educational resources. These differences have a significant influence on educational programming in each institution.

Independent of these differences, education staff across institutions share a common task of determining how the available resources may be used most effectively to address the educational needs of their students. Thus, the development of appropriate education programs for students is one of the most important responsibilities of education staff. There are three broad processes to effectively develop programming in mental health institutions:

- development of individual education programs (IEPs);
- curriculum development; and
- on-going communication of education staff with treatment staff and families.

The extent to which staff can effectively implement these processes affects the appropriateness and quality of educational services provided to students. If a student's educational program is consistent with his educational and emotional needs, chances for a successful placement after institutionalization are enhanced. However, if the developmental process is inadequate, the student may have experiences in the institution which are inappropriate to his needs.

As shown in Table 18, the development of education programs at the institutions is mixed. Strengths are apparent, but inadequate curriculums and communication between education and treatment staff suggest that programs could be more tailored to the specific needs of students. DOE and education staff should address these limitations to improve the quality of instruction.

DEVELOPMENT OF INDIVIDUAL EDUCATION PROGRAMS

Since "education" is an integral component of a student's overall "treatment" at a hospital, it is essential that treatment and education staff cooperate in the initial development of Individual Education Programs (IEPs). This is typically done through the provision of assessment data as well as participation at the IEP meeting.

When a resident is admitted to an institution, education staff have 30 days to develop and implement an IEP. Without previous knowledge of the student, staff must quickly obtain information of the resident's social-psychological background and school achievements, as well as other assessments relating specifically to emotional strengths

Table 18

SUMMARY ASSESSMENT:
QUALITY OF PROGRAM DEVELOPMENT

	VTCC	SWSH	CSH	ESH	DEJ	WSH
IEP Development						
Assessment information	○	○	●	○	◉	◉
Participation in IEP meeting	●	○	●	○	◉	◉
Reliability of IEP for evaluation	◉	◉	◉	◉	◉	◉
Curriculum	○	○	●	◉	◉	◉
On-Going Communication						
With treatment staff	○	○	●	◉	●	◉
With parents	○	○	◉	○	◉	◉

○ - Satisfactory or higher quality
◉ - Deficiencies noted (attention warranted by DOE/DMHMR)
● - Significant problems (action warranted by DOE/DMHMR)

Source: Synthesis of JLARC research.

and handicaps. Observation of the student may provide another means for assessing the individual's academic and emotional strengths and weaknesses.

At the end of the 30-day period, education staff sponsor an "IEP Meeting". The education director and the student's primary teacher are required, by law, to attend. Other persons with knowledge of the student must be encouraged to attend: parents or guardians, "secondary" teachers, and (when education staff feel appropriate) the student. At the meeting, final decisions are made concerning the student's educational goals and the instructional means to achieve those goals. JLARC documented extensive variation in the development of IEPs. In some cases, the variation suggests inadequate procedures.

Assessment Information

Assessment information for a new resident is derived from two primary sources: written information from psychologists and social workers on the treatment staffs, and teachers' own tests and observations during the student's first 30 days of enrollment.

Information From Treatment Staff. One means of treatment input into the IEP process is the provision of assessment data. DOE requires four types of assessments: educational, medical, sociocul-

tural, and psychological. While assessment information at all institutions appears appropriate, these assessments are not equally comprehensive. At VTCC, for example, treatment staff provide information incorporating a summary of the diagnostic staff conference, a psychiatric or psychological evaluation, a social and family history assessment. Education staff, in addition, conduct an assessment for learning disabilities. This information is seen by teachers at VTCC as comprehensive and relevant.

In comparison, treatment staff at Central State provide little assessment data. At Central State, education coordinators are indifferent to the assessment and frequently do not request it because it would "cloud their objectivity" regarding students' handicaps. Consequently, the teachers must visit the living unit to obtain clinical assessment information. These differences occur in part because DOE has not reviewed the numerous assessment tools to ensure students receive assessments of similar quality, nor have they indicated what assessment information should be provided to education staff.

Teacher Observations. Other valuable sources of assessment information for teachers are their own tests and observations during the 30-day development period. At VTCC, for example, a learning disability assessment is formally conducted by the education staff. In many cases, however, residents do not enter school until 2 weeks or more after hospital admittance, and teachers do not have an adequate opportunity to observe and talk with these students. As one teacher noted at DeJarnette:

> There is a lack of communication between educational and residential staff. Students have been placed in my class without notifying me prior to their walking into the classroom.

Such delays may be attributed to factors other than a lack of communication. In some cases, a student is admitted to the hospital in a "crisis" period and is unable to attend school. At Western, for example, education staff noted that they were sometimes not informed that a school-age resident had been admitted and that, in cases with young adults, students were not encouraged by treatment staff to attend school. It appears that both education staff and treatment staff expected the other group to take responsibility for identifying and enrolling potential students.

Information From Schools. Another difficulty facing education staff is that public schools do not forward, in a timely manner, the student's scholastic and psychological records or current instructional materials. For example, a teacher at Southwestern noted that she requested materials from a school, but they arrived two months later as the student was being discharged from the institution. Some public schools charge the facilities for textbooks; others do not.

Participation at the IEP Meeting

During the thirty days before the IEP meeting, formal and informal meetings are held among staff to identify appropriate educational goals for a student, and to determine the types of services which will be provided. Final decisions are made at the IEP meeting. The meeting helps ensure that staff members implement programs in a consistent fashion. All parties sign the document indicating agreement on its contents.

Overall Participation Rates. JLARC staff recorded the persons who signed the IEP documents for the students in the sample population. As seen in Table 19, IEP meetings were attended by more staff at Southwestern (4.7) and Eastern (4.5) than at other institutions. Participation at VTCC (2.9) and Central State (2.9) was particularly low.

Table 19

PERCENTAGE OF IEP MEETINGS WITH STAFF PARTICIPATING

	VTCC	SWSH	ESH	DEJ	WSH	CSH
Education coordinator	65%	50%	94%	96%	71%	80%
Teacher	82	86	100	96	50	88
Psychologist/social worker	29	64	9	21	58	0
Speech therapist	0	29	24	25	25	0
Treatment aide	0	36	9	0	8	0
Student	0	79	18	4	33	12
Average number of participants	2.9	4.7	4.5	3.5	3.75	2.9

Source: JLARC record review.

At VTCC, for example, all decisions are made prior to the meeting. This may be appropriate, given the excellent assessment data provided to education staff and the extensive discussions between the education coordinator and teachers and treatment staff. However, limited participation in the IEP meeting increases the possibility that all do not share a common understanding of the expectations and services for a given student.

The lack of participation at Central State appears to be a more significant problem since education staff are not made fully aware of the hospital's assessments at the time of the student's enrollment in school.

Participation by Education and Treatment Staff. At Central, Eastern and DeJarnette, both the director and teacher typically attend IEP meetings. At the other institutions, teachers are sometimes the sole representative of the education department. Participation by treatment staff is less consistent. Only at Southwestern (64%) and Western (58%) do psychologists or social workers attend IEP meetings on a regular basis. Analysis also revealed that treatment aides do not regularly participate. This omission may be most important at VTCC and DeJarnette, since aides serve as a main source of information between education and treatment staff.

Participation by Students. Federal and State law require that students should attend IEP meetings, when deemed "appropriate" by education staff. JLARC was concerned that education staff rarely found it appropriate. Except at Southwestern, students rarely participate in the formal IEP meeting. While it may not be appropriate to develop IEPs based on younger students' preferences, student choice should be an integral source of information for adolescent and young adult IEPs. At Southwestern, where 79% of the students participate, teachers said that student participation was an educational experience in itself, for it gave students a feeling of control and responsibility for classroom performance. At VTCC students complete an "interest" inventory prior to the development of education plans.

In interviews with staff, few teachers explicitly mentioned that the student's preferences were utilized in the development of IEPs. While teachers frequently noted that they observed students' classroom behavior, and tried to find time to talk with the students, this was done in an inconsistent fashion.

QUALITY OF THE IEP DOCUMENT

In addition to setting forth a commitment of resources, the IEP provides a basis for interdisciplinary team members and parents to evaluate a student's progress. After discharge, the IEP is used for placement purposes at the next educational setting. The IEP can also be used by the instructor as a basis for developing a more detailed instructional plan for the student to guide lessons over the course of the year. Therefore, the IEP document should clearly identify the educational goals and objectives for the student.

JLARC's review of over 200 IEPs revealed extensive variation in the quality of the IEP document. JLARC staff focused on two questions to assess quality:

(1) To what extent does the IEP provide a basis for monitoring students' progress?

(2) To what extent does the IEP serve as an understandable and logical guide to instruction?

IEP documents meet federal guidelines. However, the use of the IEP is hampered by questionable documentation practices. For example, because there are no agreed-upon measures for evaluating the completion of objectives, academic performance is monitored in an inconsistent fashion within and across hospitals. Additionally, flaws in the development of goals and objectives can disrupt the logical sequencing of steps between a handicapped student's present performance and the annual goal. As a result, an instructor may lose valuable time teaching non-essential skills or must recreate the lesson plan on a daily basis.

The IEP's Utility As An Evaluation Instrument

At least annually, parents and representatives from the education and treatment staffs review student progress from the IEP document to determine if placement and services are appropriate to students' needs, and if anticipated outcomes are being met. Therefore, it is important for the IEP to identify a series of objectives that indicate a resident's progress to higher levels of functioning. In analysis of students' IEPs, however, JLARC staff noted important inconsistencies which cast doubt on the reliability of information, and which suggest that the IEP document is not consistently used as an evaluation device.

Documentation of Instruction. Information on the initiation of educational programming is typically included in the resident's schedule. However, Central State and Eastern inconsistently noted dates for initiation of instructional objectives. These institutions rely on lists of photocopied objectives and do not consistently identify which objectives are current. In one case, the absence of initiation dates could be interpreted to underestimate a resident's programming by as many as 25 objectives.

Recording of objective completions is also not consistent. At Southwestern and DeJarnette, for example, objective completions were designated with dates in columns headed "completion dates." Nevertheless, these columns contained comments such as "greatly improved," and "continue," suggesting objectives were, in fact, not mastered. Within institutions, some educators use completion date categories for review purposes; others use it for evaluative functions.

Documentation of Progress. VTCC and SWSH have IEP closure procedures that arbitrarily increase a resident's performance level. One education director, for example, acknowledged that it was not unusual for instructors to designate objectives complete when they learned of a resident's pending discharge. All three institutions had a number of objectives for individual residents designated as complete within one week of their date of discharge. For example, one resident "completed" a lengthy series of objectives in three program areas all in the same day. Some of these completions appeared questionable.

Evaluation Criteria. DOE does not set guidelines for evaluating student achievements. Education staff at all institutions use both objective (e.g., test scores, quantifiable performances) and subjective (e.g., teacher's opinion) methods. It is important for education staff to use objective criteria when evaluating progress in academic areas, since achievements in these areas may affect future placements in the public school. However, Central State and Western did not consistently assess academic performance using objective criteria.

Completeness of Information. Interviews with staff at Western and Eastern suggested that not all IEPs accurately reflect the resident's actual programming. One education director stated that IEPs simply did not document all the educational programming a student received. At another institution, evaluation reports summarized activities which were not discussed in the IEP, with a progress report stating, "although these specific tasks were not addressed per se...."

DOE regulations specify that the IEP document include notations of non-curricular activities in which students will be participating with non-handicapped students (e.g., field trips, physical recreation, arts and crafts). While education directors stressed the educational benefits of having students participate in community activities, staff rarely recorded these activities.

IEP As An Instructional Guide

In interviews, teachers noted that the primary use of the IEP is as a framework for classroom instruction. Since each teacher develops an IEP to suit his/her needs, there is no standardization within, or across, institutions. Teachers were satisfied with the usefulness of IEPs as an instructional document.

JLARC's analysis revealed three formats for the listing of IEP goals and objectives:

(1) an outline of the chapters of the textbook (e.g., addition and subtraction, multiplication of factors 1-11, multiplication with two digit multipliers).

(2) a list of activities that residents will be working on to improve skills (e.g., remediate areas of weakness in math, master all levels of multiplication, master fractions, basic skills and addition).

(3) a list of accomplishments which demonstrate an improvement in skill level (e.g., demonstrate knowledge in the area of money skills, demonstrate on-task behavior for 55 minutes, be able to count any combination of coins up to one dollar, be able to measure to the nearest inch, be able to add 3-place digits).

Each of these formats is appropriate for instructional purposes. However, flaws in the development or writing of goals and objectives were documented at all institutions. For example, short-term objectives were sometimes absent from program goals. In some cases, the program goal could be quite broad and exist with no supporting instructional sequence (e.g., "will be in a small group self-contained classroom with individualized instruction and a structured behavioral program," "will show improvement in his academics"). Lastly, some objectives failed to provide a clear and reasonable instructional guide (e.g., "he will be working on improving his ability to deal with time relationship situations; rational, logical, and deductive reasoning, visual expression, symbolize objects and abstract thought").

In sum, IEPs are useful for instruction when short-term objectives are specified and relate directly to long-term goals. Without these specifications, IEPs cannot adequately serve as an instructional guide. Within and across institutions, IEPs varied tremendously in their quality. Some could be used as effective guides, and others could be used for little purpose except to meet federal and State guidelines. Education directors should take steps to standardize the quality of IEPs. DOE may also choose to provide clearer standards.

EDUCATIONAL CURRICULUM

Curriculums are the foundation for educational programming. In the public schools, curriculums are firmly established. For example, most first grade students receive a common core of courses and have similar educational goals and curriculums. The development of curriculums in MH institutions is more complex, given the high variation and intensity of students' emotional and educational handicaps.

In MH institutions, curriculums must therefore be less structured but should not be less comprehensive. They are best viewed as a "library of programs." That is, a viable curriculum for MH institutions outlines all programs which are available to be offered to students. For each program, a rationale for the choice of educational goals and instructional procedures should be in evidence.

A curriculum has three primary purposes. It may be used as an integral aid in program planning by providing a basis for determining educational placements. If goals and objectives are explicit, and a rationale for the selection of goals is included, teachers are better able to match programs with students' needs. A second function of a curriculum is to provide an instructional framework for program implementation. Curriculums also provide continuity in educational programming over time. Finally, an adequate curriculum allows new teachers to implement programs consistent with those of other staff.

DOE has provided little guidance in the development of curriculums at MH institutions. Thus, education staff have had to take

the full initiative. In practice, education directors have developed the curriculums. Teachers report low levels of participation. One result is that there is little comparability in curriculums between institutions, and thus little consistency in goals and objectives for students who have similar handicaps.

Curriculums at all institutions could be improved, and especially need improvement at Central State, Western, and DeJarnette. While there are benefits for having education staff develop their own curriculum, DOE should provide curriculum guidelines and work with education directors to improve existing curriculums.

Curriculum Development

Curriculums are best developed through cooperation with DOE, to ensure maintenance of policy objectives, and with education staff, to operationalize those objectives in a way consistent with the population at each institution.

As discussed in Chapter II, DOE has not disseminated curriculum guidelines for teaching emotionally disturbed children in MH institutions, even though the SJR 156 study committee recommended this action in 1976. Lacking guidance from DOE, education coordinators have begun to develop curriculums. On the educators' survey, however, only teachers at Southwestern (78%) and Eastern (67%) felt that they were encouraged to participate, or actually did participate, in curriculum development.

Quality of Curriculum

The scope and quality of curriculums vary between institutions. At Central State, for example, only vocational curriculums are available for teachers to use in program implementation or development. One result was noted by a teacher:

> During the 1982-83 school year, there was no set curriculum for teachers to follow. Therefore, there was very little consistency in programs from class to class and the quality of education was poor. [There is] not enough structure for students or teachers.

Teachers' Assessments. Teachers' assessments of curriculum are presented in Table 20. Overall, 47% of the teachers found the curriculum to be useful, 57% found it comprehensive, and 64% responded that it was relevant to their needs.

The majority of teachers at VTCC and Southwest gave their curriculums positive assessments. Teachers at DeJarnette and Eastern were most dissatisfied with their curriculums. While a majority of teachers at Eastern assessed the curriculum as "poor," others gave very

Table 20

PERCENT OF TEACHERS WITH
POSITIVE ASSESSMENTS OF CURRICULUM

Curriculum is:	VTCC	SWSH	ESH	DEJ	WSH
Comprehensive	86%	88%	37%	32%	60%
Relevant	87	88	55	50	60
Useful	72	88	38	33	40

Note: Central State does not have an academic curriculum.

Source: JLARC survey of instructional personnel.

high ratings. Western's teachers had "lukewarm" responses (only fairly positive or negative assessments) to each survey question.

JLARC's Assessments. JLARC reviewed the curriculums to assess the extent to which they were comprehensive (i.e., covered all programs) and the degree to which the curriculum provided adequate structure for placement and instructional purposes.

As noted, Central State has a limited curriculum. While DeJarnette has made efforts to develop a curriculum, the quality is uneven. DeJarnette has an excellent "career development" curriculum designed by one of its teachers; yet the curriculum is incomplete in some important areas -- for example, there are no elementary ED or adolescent guidelines.

Western's coordinators have not developed a facility-wide curriculum. Rather, each teacher has developed a hierarchical listing of skills for students to master within a program area. A compilation of these lists is considered to be a "library of programs." Western's curriculum does cover a wide range of subject areas. However, there is little justification provided as to why the listed skills are important academic goals. The library of programs lacks organization. Individual programs are not combined by either content area or handicap level, thus limiting its accessibility to teachers. In sum, Western's curriculum is most useful to the specific teachers who contributed to it.

Southwestern's curriculum is similar to that of Western and includes program listings as the core of the curriculum. However, these listings are organized by subject and are therefore accessible to teachers. For each content area, there is a rationale and explanation of why different skills are appropriate for different students on the basis of functioning level.

Eastern makes the most consistent attempts to engage teachers in curriculum development. For example, teachers and coordinators

participate in a curriculum committee to develop guidelines. Many of Eastern's guidelines were of higher quality than other institutions, in terms of comprehensiveness and the provision of rationales for programs. While the curriculum lacks comprehensiveness for the young adult program, the guidelines do cover most of Eastern's structured program offerings. As noted, teachers held more divergent opinions about the curriculum than at other institutions. This suggests that while Eastern's curriculum is superior in some cases, there is much room for improvement in other areas.

At VTCC, the curriculum for art and music therapy provides excellent instructional guidelines. For academic areas, the curriculum focuses exclusively on the types of textbooks that are appropriate for students in different grade and functioning levels. This curriculum may be adequate given the wide variety of instructional guides for textbooks owned by VTCC, and the high quality of the IEPs for instructional purposes.

COORDINATION AND COMMUNICATION

At admission, students' emotional handicaps are very pronounced. While appropriate programs can be designed on the basis of initial assessments and observations, the education and treatment needs of residents often change over time. Treatment staff must inform education staff so that instructional procedures may be adjusted in a way consistent with these changes. Conversely, education staff must communicate information about students' educational performances so treatment staff can incorporate this information into their programming.

Interdisciplinary meetings (ID meetings), attended by representatives from education and treatment staff, serve as the formal mechanism by which on-going communication between staffs is ensured. In addition to ID meetings, staff employ other communication systems. At VTCC and DeJarnette, behavior technicians from the treatment staff monitor and record students' classroom behavior, providing on-going communication between the two staffs on a day-to-day basis. At the other hospitals, program coordinators meet with treatment staff and communicate relevant information to teachers.

Information should also be communicated to parents concerning the children. Since many residents return to their families after institutionalization, parents must understand the treatment and instructional procedures which were effective with their children. Thus, parents may adapt consistent methods of interacting with their children. Parent outreach programs, designed to inform and train parents, are the formal mechanism by which education staff communicate with parents.

About 21% of the students in institutions are in the custody of state-supported agencies. To ensure that these students have an

advocate, P.L. 94-142 mandates that every institution initiate a "surrogate parent" program by which volunteers serve as students' guardians. The surrogate parents attend IEP meetings and work with education staff to ensure that educational needs are met. Every State institution also has a resident advocate.

All institutions have developed formal communication mechanisms by which treatment and education staff exchange information. In MH hospitals, both education and treatment staff believe that communication is not adequate. Administrative and institutional staff should assess the responsibilities of all relevant parties and take steps to ensure that the quality of coordination and communication is enhanced. Communication between education staff and parents is also inadequate. Only VTCC and Eastern have initiated parent outreach programs. In addition, only Eastern has developed a surrogate parent program. DOE and DMHMR should ensure that these programs are implemented.

Communication Between Education and Treatment Staff

On the survey of education personnel, over 85% responded that communication with treatment staff is inadequate. In interviews, treatment staff agreed, though not as strongly, that efforts to communicate information were not consistently successful. Since emotionally disturbed individuals need a high degree of structure and consistency from adults, education and treatment staffs therefore run the risk of working against each other during important periods of the resident's stay at the institution.

Differences in Priorities. In part, problems with priorities are due to different perspectives among staff. In general, the primary objectives of treatment staff are to treat emotional handicaps and aid in the transition of students to the community. Education staff agree, but focus more specifically on the academic and vocational skills necessary to facilitate entry back to school and work settings.

At times, these objectives lead to different priorities. As seen in Table 21, only 28% of the educators at DeJarnette felt that treatment services did not interfere with educational programming. While education staff agreed that it is necessary to remove a student from school for crisis intervention, they also noted that students were removed for haircuts, routine medical checkups, and residential activities. One member of the treatment staff even noted that "getting out of school is used as an incentive to encourage resident participation in therapy." The frequency, according to education staff, has declined but it appears that a clearer policy should be enacted.

Educators at VTCC voiced similar concerns. Most were based on MCV's role as a training hospital for treatment staff. Often, teachers noted, students were removed from class to meet the schedules of those engaged in training activities. While the services offered at these times are appropriate and beneficial to students, they do interfere with educational planning and instruction.

Table 21

EDUCATORS' ASSESSMENTS OF
COORDINATION AND COMMUNICATION BETWEEN
EDUCATION AND TREATMENT STAFF
(Percent Agreeing With Statements)

Statements	VTCC	SWSH	ESH	DEJ	WSH	CSH
Communication is adequate	34%	63%	32%	26%	0%	19%
ID meetings occur frequently	100	88	67	80	100	50
Informal meetings occur at least monthly	86	100	65	80	72	64
Treatment services do not occur frequently during school time	67	78	65	28	86	64

Source: JLARC survey of instructional personnel.

In sum, therapy and other treatment programs are essential for students. However, when they occur during the school day, students cannot receive the 5.5 hours of education mandated by law.

Coordination System. In addition to ID meetings, institutions have developed systems for communicating information on a more frequent basis. VTCC and DeJarnette have developed a structured system of coordination whereby a behavior technician (treatment aide) monitors classroom behavior on a daily basis. This individual provides on-going communication between education and treatment staff. In interviews, educators at VTCC appeared satisfied with this sytem. On the survey, however, only 34% of the educators felt that communication was good, reflecting the need for improvement in this area.

DeJarnette's system does not appear to be as effective. While treatment staff thought that the communication system was adequate, the teachers were concerned with the day-to-day implementation of the system. JLARC staff noted that, unlike VTCC, the treatment aides are not regularly assigned to the same classrooms or students. This makes it more difficult to develop rapport and common goals between staff. The education director also attributes poor communication to "personality conflicts". During interviews with treatment and education staff, it was consistently acknowledged that during ID meetings the opinions of treatment staff have much higher priority than those of education staff. The degree of emphasis varied significantly from other facilities, where both staff agreed that education was an integral component of the "treatment."

On the survey of instructional personnel, teachers were given an opportunity to make written comments on topics of their own choosing. Over 60% of DeJarnette's teachers chose to comment on relations between staff, a percentage higher than at any of the other facilities. One comment provides a good illustration.

> Communication between treatment and education staff was often difficult....Decisions about programs had to go through so many channels that they often lost their effectiveness due to modifications made by others. The treatment staff was very unreceptive to change....It became quite frustrating to try to use new ideas when they were dismissed during team meetings, especially since most of the members were residential staff.

At the four other MH institutions, behavior technicians are not used. Rather, program coordinators have the formal responsibility of communicating information between staff. Southwestern's efforts are strengthened by a small student census. Teachers and treatment staff have taken advantage of this and have developed an informal, yet effective, communication system whereby representatives from each staff make daily visits to the residential or education unit.

All treatment staff at Western were in agreement that the education staff took the lead role in ensuring a consistent flow of information. JLARC staff were impressed with this effort, given that the students reside in five different units located a distance from the school building. However, 100% of Western's educators felt that communication was not adequate. For example, staff noted that hospital personnel at the admission units rarely provided information to them in a timely manner and made few efforts to encourage these residents to attend school.

At Central State, the involvement of the treatment staff in education has not been extensive and is conducted informally. The treatment team learns of students' educational activities from the monthly summaries the staff submit. The education staff learn of students' treatment and behavior on the ward from the program evaluator who attends the monthly treatment team meetings.

Education staff are not content with this agreement. Some believe that the treatment staff view school as an "indulgence" inappropriate for those who behave poorly on the unit. Fifty percent of teachers see a primary problem in that ID meetings are rarely held. The education coordinator verified this was the case for the young adults, who are over half of the population. On the survey, 75% expressed the need for informal contacts with staff as a means for improving coordination. This percentage was much higher than at other hospitals. One teacher commented:

> Teachers were unable to attend ID meetings on the unit, and therefore were relatively uninvolved in the patients' treatment program. This caused problems concerning being consistent in patients' overall program. There definitely needs to be more communication between the education staff and treatment staff -- not just on an administrative level.

At Eastern, communication is good for the autistic and children's units, but teachers assessed communication with adolescents and young adults as being less adequate. For all but the young adults, program coordinators attend the residential unit's morning staff meetings. Thus, teachers of young adults are not fully informed of students' daily progress.

The flow of information may be less adequate for adolescents because of the distance between residential and education units. On the JLARC survey, 33% of the teachers felt that ID meetings rarely occurred, and 35% noted that informal contacts were rare. Concerns were most frequently voiced by teachers of adolescents and young adult students. While the program coordinators maintain good contact with treatment personnel, additional benefits could be derived from more direct communication between teachers and treatment staff.

Communication With Family

It is important that the family be involved and knowledgeable concerning their child's education and treatment. Education staff may take two steps to encourage family participation. Parents are invited to the IEP meeting and informally contacted during the student's hospitalization. To protect the treatment and education rights of students without guardians, P.L. 94-142 requires that a "surrogate parent" program be operated by all institutions.

Participation in IEP Meeting. As seen in Table 22 a high percentage of parents attend the IEP meeting at VTCC. This is due to MCV's inpatient admission policies. Only those students whose parents are willing to become involved in family therapy are admitted to the Center. In contrast, parents at most other institutions rarely participate. In part, this is because many parents lack transportation or are unwilling to attend IEP meetings. However, about half of the educators at DeJarnette (54%) do not feel that parents are encouraged to participate in IEP meetings.

Parent Outreach. VTCC and Eastern are the only institutions which make outreach efforts to gain parental involvement in the education of their children. Both recognize that if a student is to succeed outside the institution, both students and parents must be prepared for the transition back to a home environment.

Table 22

EXTENT OF PARENTAL INVOLVEMENT
IN STUDENTS' EDUCATION

	VTCC	SWSH	ESH	DEJ	WSH	CSH
Parents are encouraged to attend IEP meeting	100%[1]	100%	70%	54%	71%	82%
% Parents actually attending (or signing)	88	33*	54*	35	33[2]	27[2]
"Surrogate parent" program	no	no	yes	no	no	no
Parent outreach program	yes	some	yes	some	no	no

[1]Percent agreeing with statement, "Parents are encouraged to attend the IEP meeting."

[2]Young adults can request that parents not be invited.

Source: JLARC survey of instruction personnel, and record review.

VTCC's treatment staff takes the lead role in planning and implementing VTCC's arrangements with parents. The education staff at Eastern have taken their own initiative to develop systems by which parents are trained. In addition, staff have initiated a "surrogate parent" program to serve those kids who do not have parents or guardians. Eastern has one full-time staff member whose function is to run these programs.

Eastern's parent outreach program is designed to encourage participation and to train parents in ways of furthering communication with their children. The coordinator of this program travels to parents' homes and discusses the education children are receiving at the institution. In addition, parents are given full opportunity to discuss their feelings about educational and treatment goals. The coordinator provides advice to parents on how they might more effectively deal with the emotional problems of their child. Finally, the outreach program attempts to familiarize parents with mental health services provided in the community, so that they may assist the child's home transition upon discharge.

Southwestern and DeJarnette attempt to maintain contact on an "as-needed" basis. However, most emphasis is placed on communicating with parents as the student becomes eligible for discharge. Thus, the parents are not directly involved during program implementation.

"Surrogate Parents." Many students at MH institutions are in the care of the Commonwealth. Their guardians are primarily social service agencies, and in some cases, the juvenile justice services. At Eastern, for example, one-third of all students are without legal guardians. For this reason, federal and State laws require that all institutions implement "surrogate parent" programs. To this date, only Eastern has an active program in place.

Eastern's surrogate program appears to be highly successful. All students in need have surrogate parents -- volunteers who are willing to act as advocates for the student. Education staff note that the surrogate parents serve a number of valuable roles. Primarily, they act as advocates for the student, and ensure that education staff are held "accountable" for the development and implementation of an appropriate education. This accountability to an external, yet involved, participant is missing at all other institutions. In addition, the student has an adult (outside of staff) who is interested in his well-being and who can give him or her experiences outside the institution.

Resident-Advocate. Every state institution should have a resident advocate. The role of this person is to ensure that all residents are receiving appropriate treatment. JLARC's interviews with resident advocates, however, revealed that a majority of their time is spent with residents over the age of 21. Thus, advocates do not provide sufficient input or monitoring of a school-age resident's education. DeJarnette and VTCC are the exceptions. Resident advocates spend 100% of their time with school-aged residents, since there is no adult population.

CONCLUSIONS AND RECOMMENDATIONS

Curriculums at MH institutions are of uneven quality and are lacking in comprehensiveness and relevancy. As a result, the quality of educational programming is diminished. Both DOE and the education directors are responsible for the inadequate curriculums, and should cooperate to improve them.

Recommendation (17): The General Assembly may wish to require in statute that DOE write and disseminate curriculum guidelines applicable to students in residential settings. In addition to academic programming, the guidelines should include independent living, vocational education, physical education, and affective education. Concurrently, education directors should improve existing curriculums by including interested teachers in the process and sharing curriculums across institutions.

The development of individual education programs is one of the most important responsibilities of education staff. The development of IEPs is a two-step process. First, education staff collect assessment information from treatment staff, public schools, and through their own observations. Second, education staff meet infor-

mally with treatment staff for assistance in developing educational goals. A formal IEP meeting, involving all relevant parties, is the forum in which final decisions are made.

Significant problems exist in the assessment phase. There is not a consistent policy for ensuring that residents are enrolled in education programs promptly on admittance. Thus, teachers do not have an adequate opportunity to talk with and observe students before an IEP is developed. The scope of assessment information provided by treatment staff varies across institutions. Thus, students are not receiving comparable related services. Finally, public schools are inconsistent in providing student records and educational materials.

The IEP meeting is underutilized at most MH institutions. Education staff confer among themselves and informally with treatment staff prior to the IEP meeting, but few staff members attend the conference. Students are rarely invited to the meetings, even though participation, especially by adolescents and young adults, could be beneficial.

Recommendation (18): Procedures for ensuring that school-age residents are enrolled in school promptly after admission should be clarified at each institution and submitted to DMHMR for approval.

Recommendation (19): To ensure students receive assessments of similar quality, DMHMR and DOE should: (1) review assessment tools to determine their adequacy, and (2) ensure dissemination of assessments from treatment to education staff.

Recommendation (20): DOE should require public schools to provide information on students to education staff in institutions in a timely manner. DOE should ensure appropriate textbooks are available to each institution's long-term children and adolescent groups.

Recommendation (21): DOE and DMHMR should clarify the function of the IEP meeting and require that representatives from treatment and education staffs participate in the finalization of students' educational programming.

Recommendation (22): Older students who are capable of providing input into the development of their educational programs should be encouraged to do so. These students should be consulted regarding the development of their education programs, and offered an opportunity to participate in some aspects of the IEP development process.

Both parents and ID team members need to understand a resident's programming and performance to make informed decisions. The IEP document does not sufficiently support their efforts to monitor a resident's progress. Furthermore, goals and objectives which are poorly developed impede educational efforts.

Recommendation (23). The IEP should serve as an accurate and understandable document to use as a basis for modifying a student's program or for guiding instruction. Education directors, monitored by DOE, should take the following steps:

(a) clearly specify the date the student will begin to receive instruction in current objectives.

(b) use completion categories exclusively for dates of completion.

(c) to eliminate IEP closure procedures which detract from the reliability of the document, establish a uniform closure procedure for use at a resident's discharge from the institution.

(d) include residents' non-curricular activities with non-handicapped persons in their IEPs.

(e) to ensure adequate assessment of academic skill level for future placement decisions, use quantitative measures of academic evaluation where possible.

Recommendation (24): DOE should provide in-service training or specific drafting guidelines, to ensure that goals and objectives are developed to provide a comprehensive and logical structure for students' programming.

All MH institutions have mechanisms for the coordination of student information. Interdisciplinary (ID) team meetings are used to exchange information. On a day-to-day level, program coordinators or behavioral technicians serve as conduits between education and treatment staff.

Educators, and to a lesser extent treatment staff, believe that communication is inadequate at MH institutions. The sources of this discontent are varied. Whatever the cause of the inadequate communication, the overall quality of education is diminished, since education and treatment staff are not fully aware of each other's efforts in promoting the emotional and educational achievements of students.

Ongoing communication with parents is also important. However, only VTCC and Eastern have mechanisms for communicating information about students. Many students in MH institutions are in the care of State agencies. To ensure that these students have advocates, all institutions are required by law to implement a surrogate parent program. Only Eastern has done so.

Recommendation (25): Education and treatment staffs at all institutions should ensure that the continuity of services is maintained by coordinating information about each student's schedule (i.e., IEP and treatment planning conferences, appointments requiring the student's absence from class) in a timely manner.

Recommendation (26): Staff at MH institutions should initiate policies to ensure that information concerning students' education and emotional progress is communicated to parents on an on-going basis. DMHMR should review parent-outreach and discharge procedures to ensure parents' knowledge of their child's progress. DMHMR could work with Community Service Boards in this effort.

Recommendation (27): Every MH institution should comply with the law and establish a "surrogate parent" program. DOE should monitor this program and report on its implementation at the 1986 session of the General Assembly.

VI. QUALITY OF INSTRUCTION IN ACADEMIC & VOCATIONAL EDUCATION

Most emotionally disturbed students perform poorly in public school settings. With age, these students tend to fall further behind their peers in grade level achieved. This failure is directly attributable to emotional or behavioral problems, or both. Some students have attentional handicaps or learning disabilities that also hinder their ability to profit from academic instruction.

The educational goal for institutionalized children and adolescents is transition back to public school. If academic instruction is not consistent with the students' remedial needs and with coursework offered in the public school, the chances for a successful transition are diminished. For many young adults who are unlikely to obtain a high school diploma or return to school, academic instruction is also essential in terms of preparing for a GED or for having basic knowledge to function successfully in the community.

The emotional and behavioral handicaps which limit the student's ability to learn in academic settings also interfere with performance in vocational and daily living settings. Educational instruction, with the goal of promoting vocational and independent living skills, is especially important for older students. These students, as they reach the legal age of maturity, are presented with the immediate task of functioning independently, as an adult, after institutionalization. It is to these students' benefit, therefore, that they develop vocational skills. It is also in the financial and social interests of the Commonwealth. If these skills are not developed, the older students are less likely to be productive in the community, and more likely to spend significant periods of adulthood in state-operated residential institutions. JLARC staff focused on two broad questions to assess quality of academic and vocational education:

(1) To what extent are resources and materials available which meet the educational needs of students in different program areas?

(2) To what extent are staff using these resources in an efficient manner.

The first question was addressed in Chapter IV. It was concluded that, in some important areas, educational resources were not available. While VTCC has superior academic resources and Central State has a superior vocational program, significant limitations were documented at the other institutions.

An additional measure of program quality is the effectiveness with which staff use resources that are available to them. Thus, the second question has been addressed, in part, in previous chapters. Problems in staffing were observed (Chapter IV). For example, training opportunities for teachers are not sufficient, and none are certified to provide vocational education. Additionally, JLARC has concerns that staff at DeJarnette and Western have not adequately adjusted to recent population changes in their programs. Finally, it was documented in Chapter V that curriculums at all the institutions could be significantly improved, and that communication and coordination were lacking. In sum, these problems have a negative influence on quality.

In this chapter, analysis centers on the comprehensiveness of academic and vocational programming offered to students. Through a review of educational records, JLARC staff documented the education programs received by a sample of 180 students. This analysis showed wide variation between institutions, summarized in Table 23, indicating that staff were not implementing comparable educational programs.

Table 23

QUALITY OF INSTRUCTION IN
ACADEMIC AND VOCATIONAL EDUCATION

	VTCC	SWSH	ESH	DEJ	WSH	CSH
Academic Programming						
(Overall Comprehensiveness)						
Children	○	n/a	○	◉	n/a	n/a
Adolescents	○	○	○	◉	n/a	◉
Young Adults	n/a	○	○	n/a	◉	◉
Vocational Programming						
(Overall Comprehensiveness)	○	◉	◉	●	◉	○

○ - Satisfactory or higher quality
◉ - Deficiencies noted (attention warranted by DOE/DMHMR)
● - Significant problems (actions warranted by DOE/DMHMR)

Source: Synthesis of JLARC research.

Taking into account the information summarized above, JLARC staff concludes that the quality of academic instruction at VTCC, Eastern, and Southwestern is appropriate. However, only Central State and VTCC have appropriate vocational programs. DOE and DMHMR must address the multiple causes of these overall problems to ensure that the academic and vocational needs of students are met.

QUALITY OF ACADEMIC INSTRUCTION

All institutions emphasize academic instruction as a primary component of educational instruction. The quality of instruction, however, is not comparable. VTCC, Eastern, and Southwestern provide comprehensive academic programs to all ages. In comparison, academics for some students at Western, DeJarnette, and Central State is limited. DOE and the education directors should take steps to improve the quality of instruction.

JLARC Methodology

To specify the educational programs offered by education staff, JLARC staff selected a random sample of 33 students at each institution. Staff then reviewed the educational records for each student. Using a pre-test coding scheme, JLARC staff recorded all educational goals in the program areas of academic and vocational education which were written for the 1982-83 school year. Educational goals which did not fit into the above categories were noted by JLARC staff on coding forms and are discussed throughout the chapter.

Through these procedures, JLARC staff could document the educational programs received by students. To assess comprehensiveness in educational programming, JLARC staff computed the percentage of students receiving instruction in all academic content areas as well as vocational education.

In interviews, staff at Central State , DeJarnette, and Western noted that instruction was provided in all in subject areas, but that academic goals were not always written in educational records. While this could be documented in isolated cases, it was not possible for education or JLARC staff to document the frequency with which this occurred. Thus, the comprehensiveness of academic programming may be somewhat underestimated in JLARC analysis.

However, the staff's neglect of writing academic goals for all areas of instruction does reflect a lack of structure in programming, since the IEP document acts as a guide for teachers. At Central State, for example, most students receive programming in the "Resource Room," where remedial instruction is offered in language, math, and science. Instruction is offered in particular areas on an "as needed" basis. While this program is appropriate, IEP goals in specific content areas are rarely written.

Academic Instruction for Children

Children are educated at three MH institutions. As seen in Table 24, VTCC and Eastern provide comprehensive programming to this group. Students, on average, have academic goals written in 4.7 dif-

Table 24

PERCENT OF CHILDREN RECEIVING ACADEMIC INSTRUCTION
IN DIFFERENT SUBJECT AREAS
(1982-83 School Year)

	VTCC	Dejarnette	Eastern
Remedial Academics	0%	22%	0%
General English	83	77	60
- Reading	100	22	20
- Writing	56	11	20
Math	100	77	100
Social Sciences	70	11	100
Science	28	33	100
Health	0	0	42
Other	42	0	60
Subject areas per student (average)	4.7	2.3	5.4

Source: JLARC record review.

ferent context areas at VTCC and in 5.4 areas at Eastern. In comparison, an average of only 2.3 academic goals are written for children at DeJarnette.

Eastern's students receive a core curriculum similar to that offered in the public schools. All students receive instruction in math, social science, and either a general or specific course in English. VTCC also offers a comprehensive academic program, but few children receive science instruction. Staff view reading and writing as separate from general English and thus write specific goals to improve these skills. This is appropriate for children, but is lacking at other institutions.

Academic instruction at DeJarnette is not as comprehensive as that provided at Eastern or VTCC. On average, DeJarnette's children have academic goals written in only 2.3 subject areas. Most students receive instruction in math and English.

Academic Instruction for Adolescents

All MH institutions offer academic programs for adolescents. Students at VTCC (5.3), Eastern (5.3), and Southwestern (5.2) receive instruction in a high number of subject areas. Eastern's academic programming is highly structured and is the most similar to that offered in the public schools. As seen in Table 25, students are placed in math, social science, science, and a general English course. Southwestern's offerings are also comprehensive and include a course on

Table 25

PERCENT OF ADOLESCENTS RECEIVING ACADEMIC INSTRUCTION
IN DIFFERENT SUBJECT AREAS
(1982-83 School Year)

	VTCC	DEJ	ESH	CSH	SWSH
Remedial Academics	11%	0%	0%	14%	14%
General English	100	100	60	56	85
- Reading	22	33	20	28	42
- Writing	77	0	20	42	14
Math	100	83	100	85	71
Social Science	55	49	100	57	71
Science	55	33	100	57	42
Health	11	0	0	0	0
Other	44	0	60	0	71
Subject areas per student (average)	5.3	3.0	5.3	3.6	5.2

Source: JLARC record review.

"law education" which is offered to most adolescents. VTCC focuses on instruction in English, writing, and math. In addition, a majority of students receive computer literacy, in which students learn about computers while receiving instruction in various content areas.

In comparison, education staff at Central State (3.6) and DeJarnette (3.0) provide less comprehensive academic programming. At DeJarnette, the "core" courses are English and math. Reading, social science, and science are not offered to most students. At Central State, most students receive math, and about half receive English, science, and social science.

Academic Instruction for Young Adults

Four of the six institutions serve young adults. Young adults may elect not to come to school, since they are beyond the compulsory school age. Typically, education staff at all four institutions attempt to involve young adults for at least a portion of the school day. Eastern and Southwestern provide more comprehensive programming than Central State to this population. Western serves a high percentage of lower functioning adults. Programming is appropriate for this age group, but staff do not appear to be as successful with the higher-functioning students.

As with adolescents, Eastern's academic programming for young adults is similar to that offered in the public schools. As seen in

Table 26, young adults have academic goals written in six different content areas. Science, math, social science, and reading form the "core" curriculum. Similarly, Southwestern appears to offer comprehensive academic education to young adults. In comparison, students at Central State receive structured programming, on average, in only 2.3 academic areas. In part, this is due to the institution's focus on providing vocational experiences to this population.

Table 26

PERCENT OF YOUNG ADULTS RECEIVING ACADEMIC INSTRUCTION
BY SUBJECT AREA
(1982-83 School Year)

	ESH	CSH	SWSH	WSH	
				GED	Independent Living Skills
Remedial Academics	14%	14%	20%	37%	100%
General English	28	63	100	12	0
- Reading	85	21	60	0	0
- Writing	14	28	60	87	0
Math	85	42	80	37	37
Social Science	85	14	40	50	12
Science	85	7	60	0	12
Other	0	0	20	0	50
Subject areas per student (average)	6.0	2.3	4.7	2.5	1.9

Source: JLARC record review.

Western serves two populations of young adults. The higher functioning group is comparable to populations at Eastern or Southwestern. The lower-functioning group is composed of dually diagnosed and hearing-impaired students. Western individualizes instruction on the basis of functioning level. Those who have the ability, and the motivation, are in the "GED track." Those who are lower functioning receive an "independent living skills track" which incorporates academic learning. The two groups receive different academic programming.

Western's staff implements a comprehensive "functional" academic program for the lower-functioning young adults. All students receive remedial academics. Teachers stress the use of academics through activities in which students apply language and mathematic skills to daily living tasks. The efforts of education staff in designing and implementing education programs for this severely handicapped group are exemplary. Academic instruction for the higher functioning young adults, however, is not as appropriate as that offered to

the lower-functioning group. Each student, on average, receives instruction in 2.5 different content areas. In part, this is due to the fact that young adults can choose to participate in only part of a school day. But the academic programming is not as comprehensive as that offered to similar populations at Eastern and Southwestern.

Computer-Assisted Instruction

VTCC owns three computers which are used for academic instruction. Soft-ware packages designed for instruction in subjects such as reading, spelling and math have been acquired. Teachers at VTCC were unanimous in their assessment that the computer is an effective instructional tool for students who have failed in traditional classroom environments. In addition to fostering learning, computers enhance the confidence of students to succeed in academic tasks because it provides immediate reinforcements for tasks which are performed successfully. Staff also use the computer for vocational training to promote word processing and programming abilities. One teacher noted that "since we are in the computer age, students can develop these marketable skills". For these reasons, all students at VTCC receive computer-assisted instruction.

To varying degrees, education staff at all institutions, except Western, are planning to incorporate computer-assisted instructional programs. As discussed in Chapter IV, Eastern and Central State each have had a computer dedicated to instructional purposes for periods of a year and a half. However, there is still no structured computer literacy program. DeJarnette has recently purchased one computer and Southwestern has bought four computers. Education directors reported that once staff are trained to use the computers, they will be used for academic instruction.

Since computer-assisted instruction is cost-effective and appears to be an effective instructional tool, VTCC staff should share their expertise with other institutions, and DOE should actively support these efforts.

Speech Therapy

Communication handicaps are prevalent among students in MH institutions. For this reason, education directors hire speech therapists on either a full or part-time basis. DeJarnette, for example, has two speech therapists and can provide daily instruction to all students. In comparison, Central State does not have a speech therapist and can not provide instruction. This difference in resources was reflected on the educators survey. At Central State, 92% of the educators felt that speech therapy would enhance the educational achievements of students. In comparison, only 5% of the educators at other institutions expressed this view. DOE should take steps to ensure that all students receive speech therapy who are in need of it.

QUALITY OF VOCATIONAL EDUCATION

Most residents in mental health hospitals, because of their emotional handicaps, are lacking in daily living and work-related skills necessary to successfully function in the community. These skills, defined by law as "vocational," can be grouped into three areas: vocational, pre-vocational, and independent living.

(1) *Vocational Skills* - For severely handicapped students, these are specified marketable skills, which generalize to simple work settings, such as assembling and packaging objects. For higher functioning students and young adults, these skills are more "advanced" and generalize to occupations existing in the community such as maintenance, plumbing, woodworking, auto mechanics, electrical skills, and social skills for "service" occupations.

(2) *Pre-Vocational Skills* - Social skills necessary to function effectively in work settings. These skills include: respect for colleagues, promptness, cleanliness and good work habits. Pre-vocational skills also include an understanding of one's qualifications and of the nature of different occupations.

3) *Independent Living Skills* - Similar to pre-vocational skills, but the focus is on the ability to function independently and appropriately in the home and community. (For example, to maintain personal hygiene, to have basic cooking and homemaking skills, to understand and use money, and to behave appropriately in social settings).

Handicaps in *independent living* are salient for most students in mental health institutions. Until these handicaps are addressed, the students will have serious obstacles to succeed in home and school environments. *Pre-vocational* instruction is most appropriate for older students. Many adolescents and young adults fail to complete high school requirements and have also "failed" in previous job placements. Education staff noted that, in many cases, students did not succeed because they lacked the pre-vocational skills necessary to establish adequate rapport with employers. *Vocational education* is most appropriate for older adolescents and young adults as they reach, or have reached, the end of their public school education and must be "transitioned" back into the community.

Educators stressed that vocational education is an excellent means for instruction in academic areas. In order to complete a woodshop project, for example, a student must be competent in math and be able to follow written or oral directions. Enhanced self-esteem and sense of competency may be gained through successful completion of tasks. Finally, and perhaps most importantly, a high quality vocational program encourages students to attend school. For example,

Central's "Snack Shack" program has a waiting list for enrollment. JLARC's record review noted that many young adults would only attend school if part of their programming was participation in the Snack Shack program.

P.L. 94-142, associated federal statutes, and State regulation reflect the need for emotionally-handicapped children, adolescents, and young adults to receive instruction to develop daily living and vocational skills. *The Regulations and Administrative Requirements for the Operation of Special Education Programs in Virginia* (1978) defines vocational education as:

> Organized *educational* programs which are directly related to the preparation of individuals for paid or unpaid employment or for additional preparation for a career requiring other than a baccalaureate or advanced degree. (Under the State definition, vocational education includes industrial arts and consumer and homemaking education programs, in conformity with the Federal Vocational Education Act of 1963, as amended by P.L. 94-482.)

The Federal Vocational Education Program was created to assist states in improving vocational programs on the local level for persons of all ages who desire and need education and training for employment. The 1976 amendments to the act gave special status to the handicapped. States participating in the National Priority Program are required to use funds consistent with P.L. 94-142. Congress urged state and local vocational eduators:

> to begin immediately to use these vocational education funds to modify existing vocational programs to meet the needs of handicapped students in accordance with the State plan submitted under P.L. 94-142. [S. Rept. No. 882, 94th Cong., 2d Sess. (1976)].

DOE, in its *Standards, Rules and Regulations* (1980) for children in residential institutions, has endorsed the federal mandate, recognizing that appropriate education for some students should emphasize vocational training. In the DOE guidelines for residential facilities, one of the seven educational goals states that institutions should help students "qualify for further education, training and/or employment."

A majority of students in Virginia's MH institutions are adolescents and young adults. Many of these students, especially the young adults, are unlikely to obtain a high school diploma or GED. It is essential, therefore, that older students receive vocational education and training in daily living in order to live independently in community settings.

DOE and DMHMR have not provided curriculum guidelines or adequate resources to provide quality programming in vocational education. Central State is the only institution which has the resources to provide comprehensive course offerings. While the need for vocational education is evident, as reflected in P.L.94-142 and the educators' assessments, only VTCC and Eastern are currently taking steps to improve their vocational education. At Eastern, for example, off-campus vocational offerings will be incorporated into the program. Education staff at all institutions, except Dejarnette, are beginning to incorporate pre-vocational instruction into their academic programming. At DeJarnette, a course outline for pre-vocational instruction is available; however, pre-vocational goals are absent from IEPs. Efforts, however, are not consistent across institutions, and due to inadequate curriculums, instruction appears to be unfocused.

While emotionally disturbed children typically have significant handicaps in independent living skills which interfere with the ability to function appropriately in school and community settings, DOE and DMHMR have not coordinated efforts to provide instruction. Both institutional and education staff offer instructional activities, but communication between staff is inadequate. This diminishes the overall quality of instruction.

At all institutions, most students do not have educational goals written in their IEPs which address handicaps in independent living. In part, this is due to limited resources for education in normal social settings. In addition, poorly developed curriculums result in confusion among education staff in the goals which could be set for each student. As a result, instruction in independent living is unfocused and is not comparable across MH institutions.

Availability of Resources and Materials

Education directors at all institutions noted that the students they now serve are older and more severely handicapped than in the past. Current estimates show that about 79% of the MH residents are adolescents or young adults. Thus, there is a strong need for instruction in vocational education. Education directors realize this. At VTCC and Eastern, for example, coordinators noted that their programs have been traditionally academic-oriented, but that they are slowly working towards incorporating "hands-on" experiences into their educational offerings. Teachers also agree. As noted in Chapter IV, most teachers who provide instruction to young adults indicated that vocational education would enhance the achievements of the institutionalized population.

A serious obstacle facing most education directors is a lack of resources and materials. Only Central State has developed adequate resources for vocational education. Their "Snack Shack" program illustrates the qualities of an exemplary vocational education program. The "Snack Shack" is a model vocational education program. A large, clean room is well-equipped with all necessary restaurant and dining room

supplies. The program is well-structured. Students rotate responsibilities that include cooking, serving, management, and maintenance. Students participate for five hours each day. Part of this time is devoted to academic instruction relating to problems faced in the restaurant business, while the rest of the time is spent on operating the service. One teacher summarized the benefits of this vocational education opportunity:

> My students have participated in an extraordinary experience. I hope that the Snack Shack program will continue as it offers vocational training, socialization skills training, and self-esteem enhancement to a population of students who really have a great need of such training.

Resources at the other institutions are significantly lacking. Western and Southwestern have woodshops. Eastern has a small woodshop and a sheltered workshop appropriate for lower-functioning students. DeJarnette does not have any vocational resources. VTCC staff believe that computer literacy is an excellent vocational skill and have begun to use computers for vocational education. For example, software packages specifically designed for children and adolescents are used to provide training in word-processing and typing. In addition, VTCC has received two electric typewriters donated by the hospital to teach clerical skills.

Student Participation in Vocational Education

Given the lack of resources, it is not surprising that most students do not receive vocational education. As seen in Table 27, education staff have chosen to use the limited resources to provide instruction to young adults. However, JLARC's review of resident records revealed that no adolescents received vocational education.

The majority of young adults at Central State receive vocational experiences in the different programs discussed above. At Southwestern and Western, most students receive educational programming in small woodshops. No students at DeJarnette receive vocational education.

Aside from Central State and VTCC, which provide extensive instruction in computer literacy (a form of vocational education), education directors consistently noted that they were not satisfied with the quality of their vocational offerings. On the educators' survey, numerous teachers noted their dissatisfaction:

> Increased vocational and pre-vocational opportunities for students is a great need.

> Many of these children could greatly benefit from O.T. [occupational therapy] and a workshop skills area.... Many of our children could develop vocational skills....

Table 27

PERCENT OF STUDENTS RECEIVING INSTRUCTION IN VOCATIONAL EDUCATION (1982-83 School Year)

	Adolescents	Young Adults
VTCC	0%[1]	n/a
Southwestern	0	80
Eastern	0	28%
DeJarnette	0	n/a
Western	n/a	50[2]
Central	0	81

[1]About 80% of students receive computer literacy, which is considered to be a form of vocational education.

[2]71% of lower-functioning young adults at Western receive vocational education.

n/a - Insufficient number for analysis, or not served by facility.

Source: JLARC record review.

> The students need opportunities to succeed in the above areas [vocational and independent living], and instruction was difficult to provide because of [a lack of] equipment and accessibility to things we needed. Vocational skills materials were needed and age-appropriate leisure materials.
>
> We don't have a diversified program to meet all the students' needs; hence we don't service all the children well. We need vocational training and living skills training.

Efforts to Improve Vocational Education

Faced with limited resources, educators are beginning to take steps to improve vocational offerings by using settings outside the institution. Eastern, for example, has formed a "vocational task force," to find employers willing to engage students in volunteer or paid work (under the supervision of teachers). Discussion with potential employers has begun, and some students are expected to be working in the community by September 1984. Western has found jobs for some

students working with the maintenance department at the institution, but due to financial and supervisory problems, this experience is not currently offered.

Work experiences, either paid or volunteer, in the community or institution could complement existing vocational offerings. However, logistics are difficult and time-consuming. As one education director noted:

> We've realized for a long time that we need to increase and improve the vocational component of our program, but have not yet come up with a way to set up a workable, comprehensive program for our students, which would include off-campus work for those who are ready for it.

Pre-Vocational Instruction

Pre-vocational instruction emphasizes the basic skills and attitudes to enhance successful job placements, such as interviewing, grooming, following directions, and working with others. Pre-vocational instruction can be conducted at a worksite or in the classroom.

Central State is the only institution which provides pre-vocational instruction within the worksite. In addition to specific job skills, the Snack Shack program is designed to provide pre-vocational training. Each day, prior to operation of the Snack Shack, students have instructional activities to foster job-related skills. A review of students IEP's revealed a number of pre-vocational goals and objectives. This emphasis on pre-vocational training, however, was not apparent in Central State's other vocational programs.

Given the limited vocational programs, education staff at other institutions do not have the flexibility to provide pre-vocational instruction in actual work environments. Western, VTCC, Southwestern, and Eastern have course offerings in "career awareness". Through the use of audio-visual aids, group activities and workbooks, students participate in simulated work situations and discuss issues related to finding and keeping employment. Teachers noted that courses are not consistently offered. This was confirmed in the IEP analysis -- few students had goals written in pre-vocational areas. The quality of the courses, according to the education directors, are not as adequate as in academic coursework. A review of curriculums by JLARC staff noted that only Western, Southwestern, and Eastern have begun steps to develop and implement comprehensive curriculums in this area. According to the education directors at DeJarnette and Central State, education staff do not implement pre-vocational programs, but stated that such instruction was incorporated into academics. DOE and education directors should upgrade the quality of instruction in pre-vocational instruction.

INSTRUCTION IN INDEPENDENT LIVING

Instruction in independent living, or daily living, is important for emotionally disturbed students. In the MH institutions, instruction is shared by treatment and education staff. After school, treatment staff engage students in daily living tasks on the residential visits. Activities typically focus on self-maintenance skills such as grooming, washing of clothes, and hygiene. Education staff typically focus on three specific areas: "functional" academics (e.g., checkwriting and reading newspapers), "social skills" (e.g., learning to interact appropriately with others during daily living tasks), and "home economics" (e.g., sewing and cooking).

Coordination with Treatment Staff

A complete assessment of programming on the living units was beyond the scope of JLARC's study. In interviews with treatment staff, all noted that they provide instruction in independent living. However, staff in most adolescent and young adult units stated that instruction was sporadic due to difficulties associated with inadequate staffing. Equally important, both treatment and education staff could provide little information as to the instruction that was provided in settings outside their responsibility. This strongly indicates a lack of coordination in programming in an area in which most students have significant handicaps.

Curriculum and Availability of Resources

DOE has not disseminated policy or curriculum guidelines identifying the responsibilities of education staff in providing instruction in independent living. Education coordinators at Western, Southwestern, and Eastern have begun to develop guidelines to assist teachers in setting goals for students. However, Central State, DeJarnette, and VTCC have not.

Education staff at all institutions, except DeJarnette, have kitchens for instruction in home economics. At DeJarnette, plans have been made to build a kitchen. In addition, Southwestern and Central State have rooms and equipment for sewing and mending clothes.

On the educators' survey, and during interviews, teachers consistently noted that students need educational experiences which simulate daily living tasks that have to be confronted after release. Educators at VTCC and Southwestern generally felt that residential staff could provide these experiences, and could offer adequate supervision because of the low student census and staffing ratios on the living units. However, over half the teachers at Central State, DeJarnette, Western, and Eastern felt that an independent living house or apartment was needed.

Eastern and DeJarnette currently have available houses on campus, but they are not used. Eastern's house was last operated 10 years ago and the education director believes it is in need of renovation. The house on DeJarnette's campus was originally used for a community transition program, but has been vacant for 5 years. Recently, however, it has been leased to Valley Community Services Board who intend to use it as a group home for young adults.

At all institutions, education staff take students on field trips, to give students practice in interacting with others in social settings. Interviews with staff indicated that Eastern and Western appear to emphasize experiential instruction in this manner, while the education coordinator at Central State noted that students rarely leave campus grounds. A lack of transportation and funds were identified by most education directors as problems in offering students supervised experiences in community settings.

Participation In Independent Living Programs

JLARC reviewed student IEPs to assess the frequency of instruction in independent living. As seen in Table 28, independent living is emphasized only for children at Eastern and for lower-functioning young adults at Western. VTCC offers instruction to over half their students. As the table shows, however, most students did not have educational goals written in independent living.

Table 28

PERCENT OF STUDENTS RECEIVING INSTRUCTION
IN INDEPENDENT LIVING PROGRAMS
(1982-83 School Year)

	Children	Adolescents	Young Adults
VTCC	56%	66%	n/a
Southwestern	n/a	56	40
Eastern	80	42	42
DeJarnette	50	32	n/a
Western	n/a	n/a	37 (82*)
Central	n/a	0	31

*82% of lower functioning young adults received instruction.

n/a - Facility has no students in this category, or an inadequate number for analysis.

Source: JLARC record review.

CONCLUSIONS AND RECOMMENDATIONS

This chapter has summarized findings from previous chapters and presented analyses on the comprehensiveness of instruction in academic and vocational education. Academic instruction at VTCC, Eastern, and Southwestern is appropriate. However, significant problems exist at DeJarnette and Central State, and to a lesser extent, at Western.

Only Central State and VTCC provide appropriate vocational education to students. Limited resources greatly diminish staff efforts in this area. However, DOE and education staff have not taken steps to develop curriculum guidelines or fully use the resources which are available.

Academic Instruction

The availability of academic resources is uneven across MH institutions. On all measures, those at VTCC were superior to those at other institutions. Differences were most pronounced in the availability of textbooks and workbooks. Computer-assisted instruction is emerging as an effective tool for the education of emotionally-disturbed children. However, only VTCC has adequate software and staff expertise to use computers. Finally, the classroom environments at Central State and DeJarnette are inappropriate for instructional purposes. DOE and DMHMR should take prompt steps to make resources and materials comparable across institutions.

Overall, implementation of academic programs is good at VTCC, Eastern and Southwestern. The quality of educational instruction could improve at VTCC and Eastern, if education and treatment staff reassessed and improved communication during the development of IEPs as well as during the residents' institutionalization.

Significant problems appear to exist at DeJarnette, Central State, and Western, which should be addressed by education staff. Curriculums at Central and DeJarnette are inadequate and are not very useful or relevant to education staff. Curriculums at these institutions do not provide adequate instructional guidance to teachers and, as a result, students do not appear to receive comprehensive academic programs. At DeJarnette, the adolescent program is not implemented as well as the program for children. This may be due to administrative understaffing and the lack of expertise in educating adolescents.

Western's efforts with lower-functioning young adults are exemplary in implementing programs which integrate academics with training in independent living. However, programming for other young adults does not appear to be as comprehensive. In addition, staff seem to underutilize classroom space for this group. As a result, academic programming is not as structured or comprehensive as that offered to similar populations at Southwestern and Eastern.

Recommendation (28): DOE should take steps to specifically assess the availability and quality of text and workbooks, and to supply materials to institutions in areas where they are lacking. Since appropriate textbooks and workbooks for this population are difficult to locate, DOE and education staff should compile and disseminate lists of available texts. Education directors should employ this list in considering future purchases.

Recommendation (29): Computer-assisted instruction appears to be a viable and effective means of teaching emotionally disturbed children. DOE should support education staff in their recent initiatives to utilize computers. DOE should aim to equip institutions, in terms of availability of resources and trained staff, at the standard set by VTCC. DOE should ensure that students across institutions have access to computer-assisted instruction. To increase the utilization of computers currently owned by education staff, education directors and DOE should ensure that some teachers at each institution develop expertise with available software packages.

Recommendation (30): DOE and DMHMR should take steps to ensure that services in speech therapy are available, as needed, to Central State's students.

Adoption of these recommendations would address key limitations which are diminishing the quality of education at mental health institutions. Other improvements would result from the establishment of curriculums and program guidelines for academic instruction. Staffing responsibilities, and the utilization of existing academic resources should be modified at Central State, DeJarnette, and Western, to ensure that students receive comprehensive programming.

Recommendation (31): The education director at Central State, assisted and monitored by DOE, should take the following steps to improve the quality of academic instruction: (1) develop an academic curriculum; (2) clearly structure teachers' daily instruction schedules to ensure that students receive comprehensive academic programming; and (3) ensure that academic goals are documented and updated in the IEP in all areas of instruction.

Recommendation (32): The education director at DeJarnette, assisted by DOE, should take the following steps to improve the quality of academic instruction, particularly within the adolescent program: (1) upgrade the academic curriculum to reflect the special needs of emotionally-disturbed adolescents; (2) more clearly structure teachers' daily instructional schedules to ensure that children and adolescents receive comprehensive programming; and (3) solicit the assistance of staff at VTCC, Eastern and Southwestern to generate ideas for improving the quality of education for adolescents.

Recommendation (33): The education director at Western, monitored by DOE, should take the following steps to improve the quality of academic instruction for higher-functioning young adults: (1) organize their "library of programs" into a unified curriculum; (2)

clearly define the roles of coordinators and teachers; (3) rearrange the use of classrooms to ensure that students can engage in academic instruction in an environment which is condusive to that type of learning; and (4) document and update academic goals in the IEP in all areas of instruction.

Vocational Education

The majority of students in MH institutions are adolescents and young adults. Many will not obtain a high school diploma or a GED. Thus, vocational skills are highly important for this group to enhance successful transition into the community and to diminish the chances of long-term institutionalization during adulthood. Resources for vocational education are underdeveloped at a majority of institutions.

Central State has excellent resources for vocational education. In comparison, Eastern, Western, and Southwestern, which serve comparable students, have inadequate resources. Because the majority of its students are children and adolescents, VTCC offers a variety of programs in computer literacy. However, DeJarnette, with a similar population, provides no vocational education.

As noted in Chapter IV, few education staff at the institutions are endorsed in vocational education. Only at Eastern and Central State have teachers achieved this endorsement.

Recommendation (34): DOE should provide written guidelines specifying standards for educational programming in vocational education for adolescents and young adults.

Recommendation (35): DOE should take steps to ensure that all young adults, and adolescents who are expected to remain institutionalized for a period of over three months, receive vocational instruction. Two complementary directions should be explored and implemented: (1) DOE and DMHMR should ensure that all institutions are equipped with appropriate resources for vocational education; and (2) DOE should develop a policy to recruit qualified staff and to encourage teachers to attain endorsements in vocational education. Consideration should also be given to having the institutions develop job placements in the community for students who successfully master vocational skills.

Pre-vocational instruction emphasizes the basic skills and attitudes to enhance successful job placements, such as interviewing, grooming, following directions, and working with others. Overall, the quality of pre-vocational education is inadequate. A lack of opportunities for pre-vocational instruction diminishes students' abilities to become independent adults.

Recommendation (36): DOE, in association with education directors, should develop curriculums for pre-vocational instruction. Curriculums should specify goals and outline the types of experiences which students need to develop pre-vocational skills.

Recommendation (37): DOE should assess the availability of pre-vocational materials at all institutions. DOE should ensure that all institutions have comparable and adequate resources.

Recommendation (38): As noted earlier, some education staff should have endorsements in vocational education. This endorsement reflects training in assessing pre-vocational needs and designing appropriate programs. Where appropriate, pre-vocational instruction should be incorporated into current vocational and academic course offerings. Pre-vocational goals and objectives should be written in students' IEPs and updated.

Instruction in independent living is a responsibility shared by treatment and education staff. Activities on the living unit typically focus on self-maintenance skills such as grooming, washing clothes, and hygiene. Education staff usually focus on three specific areas: "functional academics," "social skills," and "home economics." Instruction in all areas is sporadic at most institutions.

Functional academics focuses on the use of academic knowledge to handle daily living tasks. Western has developed functional academic programming and appears to incorporate instruction in independent living into its academic programs. This does not occur consistently at other institutions, where independent living goals are rarely written in the IEPs. In large part, a lack of curriculum guidelines limits the efforts of teachers.

Instruction in social skills is best offered outside the institution, in community settings, to give students an opportunity to develop appropriate social interaction skills in "real world" situations. While education staff at most institutions noted that they took frequent field trips, this could not be adequately verified, in part because goals were not written in IEPs.

Instruction in home economics is limited by the lack of resources available to education staff. All institutions have some resources (e.g., kitchens, sewing machines), but comparability is lacking. Instruction in this area is most appropriate in settings which simulate home environments. At VTCC and Southwestern, educators noted that the living units were suitable for this purpose. At the other institutions, however, educators expressed a need for an apartment to provide instruction in independent living.

Independent living skills are essential for all emotionally disturbed children. Most have significant handicaps in these skills, which interfere with their abilities to function appropriately outside the institution. For this reason, both treatment and education staff provide instruction. These efforts, reflecting different emphases, should complement each other. However, inadequate communication between staff limits the effectiveness of programming.

Recommendation (39): Treatment and education staff at all institutions should take steps to communicate information and coordinate instruction in independent living.

Recommendation (40): Programming in independent living is inconsistently implemented so that residents with similar handicaps do not receive similar education. DOE and education directors should develop guidelines for incorporating instruction in independent living into educational programming.

Recommendation (41): During institutionalization, it is essential that all students have opportunities to participate in community activities. Given the social handicaps of this population, these activities should address specific education objectives, and should be included in the IEP.

Recommendation (42): Every student should have access to a physical setting which resembles a "normalized" home environment, specially-equipped for opportunities to improve daily living skills. To provide this opportunity, DOE and DMHMR should: (1) assess the availability of independent living resources in the institutions; (2) identify and secure the types of resources most appropriate to the population, and (3) consider restoring the vacant houses which exist on Eastern's and Dejarnette's grounds to provide instruction in independent living.

VII. RELATED EDUCATIONAL SERVICES: PHYSICAL & AFFECTIVE EDUCATION

While academic and vocational handicaps might be the most common characteristics of emotionally disturbed students in mental health institutions, many students need additional services to prepare them for independent functioning outside the institution. These additional services are called "related educational services" and are defined in P.L. 94-142:

> transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy and recreation... The list of related services is not exhaustive and includes other developmental, corrective, or supportive services (such as art, music and dance therapy), if they are required to assist a handicapped child to benefit from special education....

Related educational services typically needed by mental health students can be classified in two groups: those services which address motor skills and coordination handicaps (e.g., physical education and therapy), and those which address emotional and behavioral handicaps (e.g., affective education). These services must be individualized, to the maximum extent possible, to the specific handicap of the student. However, not all related services may be required for each individual.

Some related services, such as physical education and affective education, are needed by all students in mental health hospitals. Other services, such as physical therapy, speech therapy, and treatment to correct learning disabilities, are only needed by certain students in each institution. Table 29 summarizes the extent to which each institution delivers these services.

INSTRUCTION IN PHYSICAL EDUCATION AND PHYSICAL THERAPY

Depending on the character of a student's handicap, physical education is essential for one of two reasons. Some students in MH institutions, typically young and autistic residents, have severe gross, fine, motor, and coordination handicaps. *Physical therapy* must be provided under the guidance of a specialist to meet these needs. Other students, who have better developed motor skills, require instruction in *physical education* in order to enhance social skills and other abilities.

Table 29

SUMMARY ASSESSMENT:
QUALITY OF INSTRUCTION IN RELATED
EDUCATIONAL SERVICES

	VTCC	SWSH	ESH	DEJ	WSH	CSH
Physical Education	○	◉	◉	◉	◉	◉
Physical/Occupational Therapy	○	○	◉	◉	○	◉
Affective Education	○	◉	◉	◉	◉	◉

○ - Satisfactory or higher quality
◉ - Deficiencies noted (attention warranted by DOE/DMHMR)
● - Significant problems (actions warranted by DOE/DMHMR)

Source: Synthesis of JLARC research.

The educational benefits were noted by the Congressional report accompanying P.L. 94-142:

> It has been demonstrated through research that the physical functioning of the mentally retarded and other handicapped persons can be significantly improved through physical education, exercise, and participation in sports. Although additional research is needed to quantify the gains, there is considerable evidence that increases in basic intelligence, self-concept, motivation and academic achievement are associated with improved physical fitness... The Committee is concerned that...the provision of physical education services are often seen as services to be provided only as a luxury for handicapped children.

JLARC concludes that, due to inadequate facilities at DeJarnette and Central State, physical education is not consistent with the needs of students. Physical education is rarely used for educational purposes at Eastern, Western, VTCC, and Southwestern even though gyms are available. This is indicated by the lack of physical education goals and objectives written in students' individual education programs. Staff at these institutions noted that living unit staff take residents to the gym after school hours. Since recreational therapy provided by the Department of Mental Health and Mental Retardation is not included in the IEP, JLARC staff could not document the frequency of recreational activities. Nevertheless, physical education should be incorporated into handicapped students' programming, and should not simply be viewed as a leisure time activity.

Availability of Resources

Neither Central State nor DeJarnette have gyms. At Central State, the only outdoor equipment available is a basketball court. At DeJarnette, in addition to a playground, the education director identified other resources including a track, softball field, and tennis courts; however, these appear to be underutilized. In JLARC staff interviews with the teachers, recreational activities in these outdoor settings were not mentioned. Additionally, the track was viewed by education personnel as inappropriate for the population. Western and VTCC have gyms in the education building. Eastern and Southwestern Hospitals own gyms which are available to education staff by request.

The availability of resources for physical therapy (PT) or occupational therapy (OT) are not comparable. Lower-functioning students in mental health institutions, such as autistic and dually diagnosed children, are most likely to have needs for PT services. This is reflected on the educators' survey. Overall, 51% of the educators at the institutions which serve these populations -- Eastern, Western and DeJarnette -- responded that PT services would significantly enhance the achievements of their students. In comparison, most educators at VTCC, Southwestern, and Central State were satisfied with the availability of PT services.

Physical therapists are employed by the hospital at all institutions except DeJarnette. The teachers' responses at Eastern and Western suggest that the service is not readily available to school-aged residents.

While teachers may effectively train students with mild handicaps in gross motor skills, specialists are needed for the more serious handicaps. For example, one teacher at DeJarnette wrote:

> After months of documentation and arguments (with a final threat of due process by parents), we obtained O.T. for one child from an OT inexperienced [at] working with children and on a consultative status.

This consultant worked for a period of six days over a six-month period.

Utilization of Resources

As seen in Table 30, education staff do not make a consistent effort to provide physical education as an integral part of their educational programming. Goals and objectives in physical education are rarely written. The ability of young adults to elect which educational services they wish to receive may account for their limited participation.

Table 30

PERCENTAGE OF STUDENTS RECEIVING INSTRUCTION IN PHYSICAL EDUCATION BY FACILITY (1982-83 School Year)

	Children	Adolescents	Young Adults
VTCC	57	22	--
Southwestern	--	0	20
Eastern	40	28	0
DeJarnette	33	50	--
Western	--	n/a	12 (50[1])
Central	--	57	71

[1]lower-functioning group.

n/a - Insufficient number for analysis.

Source: JLARC record review.

Central State's efforts are particularly impressive given that they do not have a gym. The relatively high number of goals written in physical education shows that they are using an educational setting for instructional, as well as recreational, purposes. In past years, they had an arrangement with the YMCA and Virginia State for students to receive programming there. Because students were "easier to handle" on campus, however, this arrangement has been discontinued. There is a basketball court which the boys use in good weather. However, in the winter, and when the weather is bad, they are confined to small rooms for weight-lifting. Female students have extremely limited opportunities -- physical education consists of aerobic exercises in a small room.

At DeJarnette, physical education is limited by the lack of a gym. A "movement lab" has some equipment for improvement of gross motor abilities, but the room is not large enough for activities which require running or space. While educational staff do engage students in frequent visits to the movement lab, only 30% of the children receive IEP programming in physical education.

Eastern, Western, VTCC, and Southwestern have well-equipped gyms. However, little structured programming appears to occur at any of these institutions. For example, no adolescents at DeJarnette and no young adults at Eastern have IEP goals and objectives in physical education. The percentages for other age groups and in other institutions are not much higher. For example, staff at Western noted that physical education is rarely offered to the older higher-functioning students. A male teacher leads these boys in basketball, but the girls don't participate. Staff further noted it is difficult to get the young adults to participate in physical education since attendance cannot be required for this age group.

INSTRUCTION IN AFFECTIVE EDUCATION

Affective education is defined as instruction to help students acquire information, attitudes, and skills which will encourage appropriate behavior and mental health. The provision of affective education is based on the special needs of emotionally disturbed residents in mental health institutions. First, there is a consensus among mental health educators that these students need instruction in three domains: cognitive, affective, and psychomotor. Second, emotionally disturbed children, because of their emotional or behavioral handicap, either do not possess or do not appropriately utilize information about appropriate ways of behaving in social or work settings. The lack of these abilities is the primary reason residents have a history of "failure" in all community settings, including the school.

Affective education may take different forms; however, all programs attempt to match the information or skills taught with the student's identified social and emotional needs. The importance of educational experiences to meet these needs is emphasized in DOE's standards for State-run facilities for the emotionally disturbed. Of the seven primary "goals for education" set out by DOE (1982), four are directly consistent with the goals of affective education:

(1) develop ethical standards of behavior and participate in society as a responsible citizen;

(2) develop a positive and realistic concept of self and others;

(3) endeavor to enhance the beauty of the environment and everyday life;

(4) practice sound habits of personal health.

There are two approaches to affective education. One is called "behavior management" and the other is called "experiential instruction". Behavior management is a system to effect behavioral change in students so that they function appropriately in social settings. All of the MH institutions implement behavior management techniques.

Experiential instruction focuses more directly on students' emotional problems. Experiential instruction traditionally uses formal and informal experiences in art and music as a means to enhance self-concept and competency. These experiences are typically offered to public school students; there is a consensus that handicapped students also benefit from instruction in the arts. The Congressional report accompanying P.L. 94-142 noted:

> The use of the arts as a viable teaching tool for the handicapped has long been recognized. The arts have been used to reach children who have otherwise

been unteachable. The Committee sees that programs under this bill could include an arts component and urges local educational agencies to include an arts component for the handicapped.

Aside from VTCC, education departments at MH institutions do not have the staff expertise or resources to implement affective education programs in art or music. In response, some education directors have begun to develop alternative approaches within the traditional classroom setting. The goal of these programs is to allow students, through instructional activities, to learn how to "control" their emotions to foster more appropriate behavior and achievements in the classroom and community. However, the lack of curriculum, and infrequent course offerings, severely limit the quality of instruction.

This section addresses the quality of "experiential" affective education in MH institutions. The first part addresses art and music, since instruction in this area is viewed as an established and successful means of affective education. The second part of the section discusses recent classroom approaches initiated by education directors. The third section discusses programs in "behavior management", which is a shared responsibility of education and treatment staff.

Instruction In Art and Music

On JLARC's survey of instructional personnel, educators were provided with a list of 15 educational services which they felt would enhance the achievements of their students. Comparable with vocational education, the need for art and music educational therapy was seen as much greater than the others. If VTCC's staff are excluded, over 55% of the educators requested these educational services.

While many education staff believe that art and music therapy would significantly improve the achievements of their students, only VTCC has the resources and trained staff to provide adequate classroom instruction or therapy in music and art. Central State employed a music therapist until 1982 and an art teacher until 1983, but both resigned and the positions were frozen. Central State has since removed art and music from the curriculum. Similarly, Southwestern had a music teacher who resigned in 1983, although a replacement has since been found.

As a result, DeJarnette is the only institution aside from VTCC which has a certified art teacher. Southwestern is the only institution aside from VTCC which has a music teacher.

As discussed in Chapter III, the availability of art and music equipment is not comparable across institutions. For example, at some institutions, such as VTCC and DeJarnette, an art room is available exclusively for educational purposes. In comparison, Western

and Eastern must share resources with the adult population in the institution. Only VTCC has a music room.

Use of Resources. As seen in Table 31, a small percentage of students in MH institutions receive art or music instruction. At Southwestern and Central State, many students received art instruction in 1982-83, but it is no longer offered. Currently VTCC and DeJarnette are the only institutions offering art instruction. Music instruction is only provided by Southwestern and VTCC.

Table 31

PERCENTAGE OF STUDENTS RECEIVING INSTRUCTION IN ART AND MUSIC (1982-83 School Year)

	VTCC	SWSH	ESH	DEJ	WSH	CSH
Art or Art Therapy	95%	73%[1]	25%	75%	6%	79%[1]
Music or Music Therapy	95	24	33[1]	33[2]	25[2]	14[1]

[1]No longer offered due to staff cut-backs/resignations.

[2]Includes drama.

Source: JLARC record review.

The use of available resources appears inadequate at the institutions. All education departments have access to resources through the hospitals, but few consistent attempts have been made to use the available art and music rooms. In some cases, the lack of ready access and the need to escort students across the facility has severely limited the flexibility of education staff.

As a result, most activities in art and music, when they occur, are simply implemented to give students some "leisure" time from academic instruction. This may be appropriate, but the time is not spent for educational purposes. This is illustrated by the lack of goals, objectives, and notations in students' IEPs.

Classroom Approaches to Affective Education

In recent years, education directors have begun to develop and implement programs in affective education. While art and music achieve educational and emotional goals through experiences with materials, a more common approach in MH institutions is to complement instruction in the classroom with occasional field trips. The general

goal of these courses is to provide the student with information and skills in such areas as decision-making, self-understanding, responsibility training, communication, and values clarification that are directly applicable to the student's handicaps. Methods that have been used in affective education at MH institutions include: group discussions, special projects, worksheets, films, readings, journals, field trips, and oral and written tests.

Overall, however, education directors note that they do not consistently implement affective education programs. One reason is the lack of materials and a lack of assistance, in the form of curriculum guidelines, from DOE. Only Western and Eastern have made significant efforts to develop curriculums and implement programs. Western takes an informal approach, which seems appropriate for the young adults served. All educational programming has a clear objective to provide students with knowledge and skills to make decisions and to improve self-understanding and social behaviors.

Eastern has progressed further than the other institutions in developing affective education programs. Many students receive a 12-week course in "family life/sex education", a 12-week course on health and safety issues, and a nine-week course in "affective education" covering issues relating to the students' relationships to the community. In addition, some older students receive instruction in drug awareness and the juvenile justice system. Education staff noted that they were not satisfied with the programs currently offered, typically citing a lack of focus, but their efforts so far have been adequate.

Since all students at VTCC receive art and music therapy, education staff have not yet developed a curriculum for affective education in the classroom. The education director noted that instruction in this area was the "weakest" of VTCC's offerings. In order to improve instruction, two teachers are currently engaging in in-service training.

Other education staff have not committed a significant effort to developing and implementing programs in affective education. At Central State, for example, no single course has been implemented that would have a direct impact on a student's attitude or self-concept since music therapy was discontinued. No courses are offered in affective education. At DeJarnette the education director stated that only pre-adolescents receive a formal training in "socialization." Southwestern has not developed affective education programs, although a contract for each student's expected behavior is written in the IEP.

Behavior Management

An important handicap shared by most emotionally disturbed students is the inability to consistently behave appropriately in classrooms. Therefore, behavior management methods are employed to control inappropriate behaviors and maximize appropriate behaviors. To

assess the quality of programming in this area, JLARC staff reviewed: (1) the extent to which a comprehensive approach was consistently implemented by education staff, (2) the degree of coordination among education and treatment personnel in implementing these programs, and (3) the degree to which education staff wrote "behavioral" or "emotional" goals in the IEP and whether staff felt these written expectations were met. Because of the variation in behavior management programs, each institution is discussed separately.

VTCC. Teachers at VTCC view enhancing self-worth as the overall educational goal. Mastery of a subject or skills is viewed as a means to provide not only academic success, but more importantly, a success-oriented experience to promote self-esteem.

About 60% of the students at VTCC have IEP goals and objectives relating to behavioral/emotional handicaps written for their academic classroom activity. The majority of these objectives are aimed towards helping the students interact more appropriately with peers and adults.

VTCC has a well-implemented behavior management system. A member of the treatment staff observes each classroom, typically through a one-way mirror (with the students' knowledge) and records behavior. The treatment staff has its own set of target behaviors which, when displayed, can cause students to gain or lose points. Rewards are then offered to students on the living unit. After class, the teachers meet with the treatment "observer" to discuss the students' classroom behavior.

When a student seriously violates classroom rules, he is sent to "time out" in the hall. Either the teacher or treament staff will accompany the student. A set procedure is followed so that the student develops a fuller awareness of his actions before re-entering the classroom.

The observer acts as the liaison between education and treatment staffs. At the end of the observer's shift, he communicates relevant information to living unit treatment staff. Given the availability of art and music therapy, in conjunction with the coordination of the point systems, it is clear that VTCC's approach to "treating" emotional and behavioral handicaps is exemplary.

DeJarnette. DeJarnette has a system that is tightly coordinated by both treatment and education staff. All classes are monitored by a "behavior technician" who records the frequencies of undesirable behaviors and works with students when they are disruptive. Students carry "point" cards during school. The students can then earn unit points (for the purpose of increased privileges) for good behavior in school. In addition, teachers may write behavioral IEP objectives relating specifically to classroom behavior.

According to staff, the system seems to be very effective for the young students. Additionally, most students had behavior goals in

their IEPs. These goals were updated on a consistent basis. JLARC's record review revealed that only 33% of the behavior objectives were successfully met by the younger students, but this is not surprising given the nature of student handicaps.

DeJarnette's treatment approach with adolescents is not as clearly defined or implemented. Education staff noted that the point/level system is not implemented consistently for adolescents. About 25% of the adolescents had behavioral objectives written in the IEPs. Teachers rarely updated these objectives. In a quarter of the objectives, it could not be determined whether the student had completed the objective. Where a determination could be made, only 7% of the objectives were successfully met. This is a low success rate and indicates that teachers are setting unrealistic objectives or are not effectively implementing their behavioral objectives.

Teachers at Eastern write more behavioral goals and objectives than any other MH institution. 83% of the higher-functioning students and 100% of the lower-functioning students have behavioral objectives written in their IEPs. These objectives are written to reflect the students' emotional difficulties, and are consistently updated. For both higher- and lower-functioning students, about 40% of the objectives were assessed by teachers as being successfully met. This would seem to indicate a reasonable degree of effectiveness in their approach.

Behavioral goals are written in finer detail for the younger and autistic students. This is appropriate since behavior modification is one of the primary education goals for this population.

Behavioral goals for the adolescents and young adults are not precisely written. Rather, they tend to describe about four broad problems areas (e.g., improve task persistence, limit interferring of other students, etc.) which the teachers, as a group, have decided should be the primary goals for the student. All teachers who work with a given student, therefore, have similar classroom behavior goals for that student. This seems to be a good approach, as it ensures that teachers have consistent goals for a student. Another positive feature of this approach is that the teachers, as a group, decide if the behavioral goals were met. This ensures that the student's emotional and behavioral handicaps will be discussed through a formal process.

Behavioral programming for the older adolescents and young adults is not as consistently implemented. In part, this is due to the age of the students. Several teachers said that it was ineffectual to use point and token systems with all older students. However, educators noted that communication with treatment staff on the adolescent and young adult units was not comparable to that with the other units. One difficulty is proximity. Units for older students are a good distance from the education building, thus limiting direct contact between staffs. For example, a young adult teacher tried to work up a point system for a student, but it never got carried out on the unit because of coordination difficulties.

Central State. Furthering the emotional well-being of students is clearly important to Central State's instructional staff. In structured interviews, it was not uncommon for teachers to speak of goals such as enhancing self-confidence and furthering socialization when referring to students' education. This was further supported by the fact that half of the behavioral goals written in the IEPs addressed the psychological development of the student.

The most structured system used by Central State to influence behavior is a point system, whereby students receive points for appropriate classroom behaviors. The use of the point system varies, however, from teacher to teacher. There does not seem to be a significant effort to coordinate the different teachers' approaches. Finally, the point systems of the institution and education staff are only marginally coordinated. Target behaviors developed by the treatment team are infrequently included in the school's point system, although both education and treatment staff believe that coordination and communication of students' emotional and behavioral handicaps have improved over the last few years.

However, only 40% of the higher-functioning students and 25% of the lower-functioning students had behavioral goals written in their IEPs. Equally important, only 14% of the behavioral objectives were updated by the teachers, and only 3% of the objectives were successfully met.

Western. Western's population of higher- and lower-functioning young adults receives different approaches to emotional and behavior problems. Teachers noted that if a student has a severe behavior problem, they develop an IEP program to assure that the problem is addressed in a consistent manner. All of the lower-functioning young adults had IEP goals and objectives. There was a tendency, however, for teachers not to update these objectives (22% were not). Where teachers noted progress, students accomplished 22% of their behavioral objectives. This rate is appropriate given the handicaps of the population.

Programming in emotional and behavioral handicaps for higher-functioning adult students is informal, is implemented on a case-by-case basis by the teachers, and is communicated among teachers by word of mouth. Given the functioning level and the age of the students, this approach may be appropriate. The teachers currently working at Western perform effectively within this casual structure. During interviews, teachers spoke clearly of their students' emotional development and how they worked with the young adults. JLARC observers noted a number of occasions when teachers were making special efforts to adjust their style to the emotional needs of the students.

Data from the IEP review reflects the lack of a formal structure for approaching behavioral and emotional handicaps. Only 28% of the high-functioning young adults had behavioral goals in their IEPs. Of these objectives, 17% were not updated and, of the updated objectives only 10% were completed. Program coordinators are not completely

satisfied with the current system, since they place greater value than teachers on a structured point system. However, they felt strongly that the teachers and this population of students operated best in a less-structured environment.

Southwestern. Teachers at Southwestern develop "target" behaviors and incorporate these goals in the student's IEP. The treatment staff are included in the process of selecting "incentives" for modifying behavior. It appears that Southwestern has a good approach; however, it is implemented on a limited basis. In the 1981-82 and 1982-83 school year, only one resident had behavioral goals in his IEP.

CONCLUSIONS AND RECOMMENDATIONS

As noted in P.L. 94-142 physical education, if carefully implemented, can be used to address students' physical, emotional, and social handicaps. In MH institutions, however, physical education appears to be used primarily as a "leisure", rather than educational activity.

Recommendation (43): Central State and DeJarnette cannot provide adequate physical education courses because of limited facilities. DMHMR should take steps to provide physical education to students at these institutions. For example, arrangements could be made for DeJarnette's students to use the gym at Western or public school facilities. Arrangements with public schools or community YMCA's could also be made for students at Central State.

Recommendation (44): Education Staff and DOE should provide guidelines to address the ways in which physical education may be incorporated into students' overall education programs, and reflected in the IEP.

The number of students in need of physical therapy at MH institutions fluctuates depending on the specific handicaps of current residents. Students in need of this service are typically a small minority of the population. Because Eastern, Western, and DeJarnette serve students who are most likely to need physical therapy, it is important that they have the necessary resources.

Recommendation (45): DMHMR and DOE should clarify policies to ensure that physical therapy is provided as necessary, either by institution staff or consultants. Teachers should be provided training to work with mild physical handicaps, and appropriate resources made available.

Students are admitted to mental health institutions because of severe emotional and behavioral handicaps. These handicaps limit the students' abilities to function effectively in the classroom, as well as in home and work environments. Treatment of emotional and

behavioral handicaps is a shared responsibility of hospital and education staff. While the hospital provides treatment through clinical experiences, education staff may offer instruction in affective education. The need for affective education is reflected in the overall education goals set out by DOE. For example, to "develop a positive and realistic concept of self and others" is one of the seven expectations that DOE has for students in residential settings, and is identical to the goals of affective education.

There are two general approaches to affective education. Experiential instruction focuses directly on students' emotional problems. Art and music instruction or therapy, taught by qualified teachers, is commonly viewed as the most appropriate and effective means of providing affective education. Recently, classroom instruction, involving structured group and individual activities, has been employed. Behavior management may be viewed as another form of affective education. Through a consistent system of rewards and punishments, teachers attempt to promote more appropriate student behavior.

Congress has expressed its view that art and music are highly beneficial to handicapped students. A majority of educators in mental health institutions agreed with this assessment on the teachers' survey. However, most students in MH institutions do not receive instruction in either area. There are two primary reasons. First, most institutions do not have adequate resources. In some cases, hospitals have the necessary resources, but because of scheduling problems or a lack of initiative by education staff, school-aged residents infrequently use the resources. Second, qualified staff to provide instruction are not available at all institutions. Throughout this chapter, "art instruction" has been used interchangably with "art therapy". Both art teachers and art therapists can provide affective education. However, educators stressed that an art therapist has more extensive training in developing instructional activities to directly address students' emotional handicaps.

VTCC is the only institution which has adequate resources and trained staff to provide music and art therapy. While the benefits could not be quantified, VTCC educators consistently expressed the opinion that art and music were the most valuable educational experiences offered to students. This assessment is reflected in VTCC's progamming; more students are placed in art and music therapy than in any other courses.

Classroom approaches to affective education may also address students' emotional difficulties in the classroom. Eastern and Western, however, are the only institutions to develop curriculums and incorporate affective education into educational programming.

In sum, the quality of affective education in mental health institutions is not adequate. Students are not given the opportunity to learn skills and attitudes which will help them adapt more successfully to the classroom and the community. Since emotional handicaps

interfere greatly with school performance, it is important that education staff address these limitations through instructional activities in the classroom.

While DOE and education staff strongly endorse the goals of affective education, more needs to be done. The following steps should be taken:

Recommendation (46): DOE and education directors should clarify the role of affective education in the context of students' overall instruction. Curriculums and guidelines should be written and disseminated to provide guidance for developing affective education programs.

Recommendation (47): Since art and music therapy appear to be important tools to address both emotional and educational handicaps, all students should have the opportunity to receive this type of instruction. DOE should ensure that qualified staff and appropriate resources are made available to education directors.

Recommendation (48): Education staff have access through institutional facilities to some art and music resources. Education directors should determine how they can incorporate these resources into their students' overall program and take steps to do so.

Behavior management complements affective education by directly addressing students' classroom behavior through rewards and punishments. Behavior management systems must be consistently executed by service providers. Treatment and education staff also stressed that these systems have to be continually re-evaluated and adjusted to enhance effectiveness.

All institutions have behavioral management systems. JLARC could not assess the relative effectiveness of different systems. However, at DeJarnette, Central State, and Western, behavior management systems are not coordinated well with treatment staff. With the exception of Eastern, institutions do not consistently write IEP goals and objectives to address behavior problems.

Recommendation (49): DMHMR, with the assistance of treatment and education staff, should review the behavior management systems at all institutions to ensure coordination and consistency among education and treatment staff members.

Recommendation (50): Education directors should specify behavioral objectives for all students, and should fully discuss these objectives with all staff members to enhance consistency. Behavioral objectives should be included in the IEP.

VIII. INSTRUCTION FOR AUTISTIC STUDENTS

The treatment and educational needs of autistic students makes them unique among the populations of either mental health or mental retardation institutions. The State has two programs to serve autistic students, but a comprehensive system of services has yet to be established.

If the autistic are to be appropriately served in either system, their special needs must be fully recognized and addressed. A policy that acknowledges their unique needs and authorizes the establishment of a comprehensive system of education and training is a crucial step to improving the State's services for the autistic.

With adequate support, such a service system could be established in either the mental health or the mental retardation system. Retaining these programs in the mental health system appears to be the most timely and cost-effective solution, however. Two options are presented.

Characteristics of Autistic Students

Autism is a rare condition whose cause and cure remain unknown. Autistic children are typically in good health, but tend to relate abnormally to people and have severe speech and behavior disorders. These students may also be characterized by an apathetic and withdrawn effect, hyperactivity, poor sleeping habits, and a strong resistance to change. These children are often self-abusive as well.

Since the cause of autism is unknown, treatment approaches have been developed and tested on an experimental basis. In the past several years, consensus among special educators has been growing that a functional or training approach, similar to that employed with the mildly or moderately retarded, is most effective in the treatment and education of autistic students.

Two mental health institutions, the DeJarnette Center, and Eastern State Hospital, have primary responsibility for serving school-aged autistic residents. A small number of autistic students are served at Western State as well. Although the service system for autistic students was not purposefully designed or coordinated, the age groups served at DeJarnette and Eastern are fairly distinct. DeJarnette serves young autistic students whose ages range from four to 14 years with an average of ten years. Eastern's program serves students in the age range of 15 to 22 years with an average of 17.5 years.

The student populations at DeJarnette and Eastern differ in several other important respects as well. During the past two school years, Eastern served a total of 10 autistic students, while DeJarnette served over twice that number with 24 autistic students. The differ-

ence in the total number of students served can be attributed to disparate lengths of student stays in the two institutions. While DeJarnette's autistic students spend an average of 2.7 years in the program, Eastern's autistic students stay nearly three times as long, with an average length of stay of seven years.

Many of Eastern's students are long-term residents. Only three students have been discharged in the past two years; one to an institution for the mentally retarded, and the other two to public school systems. In contrast, DeJarnette has a discharge rate of 50 percent. Eleven of the twelve students discharged during the 1981-82 school year and 1982-83 school year returned to public school. The other student was admitted to Eastern State Hospital. About 80 percent of the autistic students served in both institutions are male.

Programming for Autistic Students

DeJarnette and Eastern offer disparate educational programming to address the fundamentally different educational needs of their students. Based on a review of individual education programs and interviews with institution education and treatment staff, JLARC staff concluded that DeJarnette places a greater emphasis on pre-academics and remedial academics, while Eastern emphasizes pre-vocational and related independent living skills to prepare students for placement in sheltered work and residential settings. Given the age and length of stay of the students, the differences in emphasis, outlined in Table 32, seem appropriate. Each institution's programs and resources are described in greater detail below.

Table 32

PERCENTAGE OF STUDENTS WITH PROGRAMS
IN PRIMARY SUBJECT AREAS
(Differences Between Programming For Autistic Students
At Eastern and DeJarnette, 1982-83 School Year)

Programming Area	Eastern	DeJarnette
Vocational Education	100%	-0-
Remedial Academics	-0-	56%
Basic Communication	100	100
Self Help	40	67
Motor Skills	-0-	89
Pre-Academics	60	78
Social Behavior	100	67
Physical Education	20	0
Independent Living	20	0
Leisure Time	40	0
Other	40	11
Number of Cases	7	11

Source: JLARC record review.

Eastern's Program. Eastern's education program focuses on the development of skills requisite to the successful placement of students in community living situations. Each student receives training in communication, vocational education, and appropriate social behavior. The emphasis on the development of functional skills pervades all areas of programming. For example, staff take students on weekly shopping trips and "fast food" outings. These excursions allow students to interact with others in daily living situations.

DeJarnette's Program. Because many of the young autistic students served at DeJarnette are likely to return to a public school setting, greater emphasis is placed on pre-academic and remedial academic programs. Communication skills are emphasized for all autistic students. Self-help and social skills training is received by 67 percent of students. DeJarnette's emphasis on this core of skills appears appropriate in light of the developmental needs of these younger students.

DeJarnette lacks a gym, and has extremely limited access to physical or occupational therapy services. Teachers have compensated for the absence of resources by partially equipping an empty basement classroom for programs in motor skill development. This area appears to be well utilized, as 89 percent of autistic students receive motor skill training.

In response to JLARC's survey of instructional personnel, DeJarnette's teachers expressed a variety of concerns about limited resources for the autistic program. Most of the comments highlighted staff cutbacks and inadequate art, music, and physical education or therapy services. There was also strong consensus among teachers that students could benefit greatly from physical or occupational therapy services.

DOE, along with DeJarnette's education staff, should assess the adequacy of available recreational and related service resources and programs for autistic students. Steps should be taken to ensure that the educational needs of autistic students are fully addressed -- including needs for art, music, physical, and occupational therapies. DeJarnette should also develop resources to train older students in basic workshop and other pre-vocational skills, as these programs are currently unavailable.

While Eastern and DeJarnette's programs could benefit from greater emphasis in specific areas, each institution has developed its programs without curriculum guidelines or other guidance from DOE. The success of these programs, in spite of the absence of support from DOE, is commendable. Recently, DOE added an autism specialist to its program staff. This program specialist should work with the education staffs at both institutions to ensure that necessary resources and programs are in place to fully address the educational needs of autistic students.

State Policy for Autistic Children

The State lacks a clear policy on the placement and education of autistic students. The absence of such a policy has had at least three specific consequences:

- autistic students are placed in both mental health and mental retardation institutions;
- resources have not been allocated to autistic programs at DeJarnette and Eastern, on the basis of differences in age; and
- gaps in the availability of appropriate educational placements result from the absence of a comprehensive educational system for these students.

The Department of Mental Health and Mental Retardation is in the process of studying whether autistic students are most appropriately placed in mental health or mental retardation institutions. The outcome of this study will have important implications for the future education of autistic students.

Because autism is difficult to diagnose, and is often accompanied by mental retardation, some students have been placed in institutions for the mentally retarded. If the student's primary diagnosis is one of severe or profound mental retardation, such a placement may be appropriate to the students' needs. In general, however, autistic students share the characteristics of both the mentally retarded and the emotionally disturbed, but are not fully served by the treatment approach of either system.

The premise that neither mental health nor mental retardation institutions have developed the resources and programs to fully address these students' special needs must be considered before such resources and programs can be amassed in either type of institution. A policy affirming the unique educational needs of autistic students would facilitate the development of appropriate resources and programs, regardless of their locus. (DeJarnette, for example, was unable to retain valued recreational educators, resulting in inadequate programming in art and physical education. A policy addressing the need for comprehensive programs for the autistic might have enabled DeJarnette to continue offering a full array of appropriate educational services to its autistic students.)

The current system, whereby Eastern serves older students and DeJarnette serves younger students, was not intentionally developed, nor is it fully coordinated. The absence of a coordinated educational system often results in delayed placement of DeJarnette's older autistic students who continue to need the level of supervision and program structure provided in an institutional setting. Because DeJarnette's educational programs are not designed to serve older autistic resi-

dents, the educational needs of older students are not appropriately addressed. Eastern State has a well-developed program for older autistic students, but since the two systems are not formally coordinated, DeJarnette's students are rarely accepted into it. By developing a comprehensive educational system through the formal coordination of Eastern and DeJarnette's programs for the autistic, such gaps in programming for autistic students can be closed.

CONCLUSIONS AND RECOMMENDATIONS

This section offers short-term proposals for the education of autistic students. A longer-range proposal for consolidating autistic programs at Eastern is included in the action agenda to this report.

The State lacks a policy on the placement and education of autistic children. Until a policy is enacted, autistic students across the State will continue to receive services which are not comparable. Such a State policy on the placement and education of autistic students would bolster the significant inroads the State has made in the treatment and education of the autistic. In addition to ensuring that appropriate resources are made available, this policy should address whether programs for the autistic will be located in the mental health or mental retardation system.

Recommendation (51): DMHMR, with assistance from DOE and education directors at Eastern and DeJarnette, should develop written guidelines for the placement and education of autistic children and youth.

Proposals to relocate programs for the autistic to the mental retardation system are currently being considered by DMHMR and DOE. The impetus for such a move stems, in part, from a growing consensus that a functional or training approach is more effective with the autistic than the traditional developmental approach employed in the mental health institutions. Autistic students are similar to, yet different from, their counterparts in both mental health and mental retardation facilities. With proper support, appropriate programs could be developed in either system, however.

Consideration should be given to three factors before steps to relocate these programs in the MR training centers are taken. First, while some autistic students are mentally retarded, they are often diagnosed as mildly or moderately retarded. As a result of efforts to deinstitutionalize the higher-functioning mentally retarded, school-aged residents remaining in MR centers are severely or profoundly retarded. Students functioning at such a low level would require different instructional approaches than autistic students. A second consideration is that census in the mental health hospitals is low compared to that in the MR training centers. A third consideration is that the State already has two well-established programs for autistic students within the mental health system. Although DeJarnette's

program could be improved by additional resources and services, it may be less costly to correct program deficits than to relocate and re-establish the programs altogether.

On the basis of the above considerations, JLARC staff conclude that autistic students are best served in mental health institutions. To improve the efficiency and quality of programs for this population, a short-term and long-term proposal are presented.

Recommendation (52). In the short-term DMHMR, with assistance from DOE, should coordinate the admissions units at Eastern and DeJarnette. Each program would have a State-wide catchment area, and would serve autistic students within specified age ranges.

A coordinated system would: (1) eliminate existing gaps in the availability of placements for autistic students in need of institutional care; (2) facilitate smooth transitions between the programs; and (3) reduce costly placements out of State, or in private facilities. Should this recommendation be implemented, placement determinations should be made in consideration of the student's skill level, physical size, and emotional development, as well as age. Such considerations increase flexibility, and are likely to result in the most appropriate placement decisions.

IX. ACTION AGENDA

On both the administrative level (DOE, DMHMR) and the institutional level, JLARC identified a number of positive factors contributing to the quality of education provided to students. The JLARC staff was impressed with the competence, creativity, and commitment of the education staff. A number of well-structured education programs were observed. VTCC has a fine program overall. Education staff at Eastern and Southwestern provide competent and comprehensive academic programs to students. Central State's Snack Shack vocational program has all of the qualities of an effective vocational program, and should act as a model for others. Western's program of "functional" academics is noteworthy, as is Dejarnette's behavior management system for younger students.

At the same time, several significant problems lessen the overall quality of the institutional education programs. This Action Agenda describes the problem areas noted by JLARC, and recommends steps to correct these problems. Four areas described below represent the most pressing educational issues.

DOE and DMHMR have taken steps to develop programs which are specialized in terms of age and services offered. These efforts should be continued. JLARC proposes broad actions to be considered which would serve to further specialize educational programs and also result in cost efficiencies. Because of the policy implications of these broad recommendations, special consideration by the General Assembly of these proposals is warranted.

SHORT-TERM ACTIONS

JLARC recommends four overall actions to address the most significant problems in the delivery of educational services to residents in mental health hospitals. To an extent, these general recommendations (53, 54, 55, and 56) summarize and reiterate more specific recommendations made earlier in the report.

Support by DOE

JLARC concludes that DOE has not provided adequate guidance to the education programs. This is illustrated most clearly by DOE's failure to provide program curriculums or policy guidelines which are appropriate for the handicaps of emotionally-disturbed children in residential settings.

In addition, DOE's contact with the institutional education directors is infrequent. The limited contact has resulted in the development of six autonomous and different education programs. While there are positive benefits to the programs' separate evolutions, such

as the development of program specialty areas, some problems are inherent in the system. Many programs in the institutions appear to be inadequately developed due to the lack of guidance in policy and program areas.

An added dimension of the problem of different services is the unequal availability of educational equipment and resources to the programs. VTCC can offer computer training to its students, while other institutions lack the resources or staff expertise, or both, to offer instruction. Central State has acquired exceptional vocational education equipment and program space over time, but its program is unique, and similar ones are not available to students at other institutions. To the extent possible, the programs available to mentally ill children and youth should not be dependent on the institution to which they are assigned. Services should be equalized, and the General Assembly should monitor progress towards this goal.

Recommendation (53). DOE should enhance the level of support offered to the education programs. Specific attention should be given to the development and dissemination of curriculum and policy guidelines. DOE must ensure that comparable educational resources exist across institutions which are appropriate to the educational needs of students enrolled in each institution. The expertise of the education directors must be employed in these efforts. DOE should report to the General Assembly on the comparability of services prior to the 1986 session.

Education of Young Adults

DOE and DMHMR have not acknowledged or addressed the special educational needs of older adolescents and young adults. The implications of this are dramatic. Almost 80% of the students are adolescents and young adults. By virtue of their age, most of these students lag significantly behind their peers in grade levels achieved. Most are unlikely to receive high school diplomas or GEDs. Moreover, many have severe, long-standing emotional disabilities which interfere with social behavior. At the same time, the age of the students necessitates their learning skills which will enable them to enter the community as independent adults. If these skills are not acquired, there is an increased probability of lengthy stays within mental health or correctional systems, at a high cost to the State.

Young adults and older adolescents have education needs which extend beyond academics. The services needed include "functional" academics and vocational education. DOE has not acted to address these special needs. Only Central State has an adequate program for vocational education; however, they are unable to serve all of their young adults due to space and staff limitations. In pre-vocational and independent living instruction, institutional programs appear unfocused and are implemented sporadically.

All education directors who serve young adults noted difficulties in encouraging them to participate in school programs. In part, this is due to the academic orientation of programs, which may not be consistent with the needs or handicaps of the young adults. Appropriate education can motivate students. For example, the Snack Shack program at Central has young adults waiting for openings.

The treatment needs of young adults are overlooked by DMHMR, as well. Most young adults in mental health institutions are housed with adults. At Central State, Eastern, and in most units at Western, there is minimal supervision on the living units, and there are few structured activities for residents. Older adult patients serve as poor role models for the young adults who are not attending school and remain on the living unit all day. In addition, the low staffing on the residential units does not allow treatment staff to complement the efforts of education staff, and appears to diminish any staff efforts to encourage young adults to attend school.

Recommendation (54). DOE should address the special needs of older adolescents and young adults in the areas of vocational education and independent living and ensure that appropriate instruction is offered. DMHMR should assess the appropriateness of housing young adults with chronically disturbed adults and make a recommendation to the General Assembly on the separation of these groups. The General Assembly should consider giving a high priority to funding of actions necessary to separate young adults and chronically disturbed adults.

Coordination Between DOE and DMHMR

The JLARC staff concludes that coordination of responsibilities between DOE and DMHMR is inadequate and has diminished the quality of the education programs. For example, in 1982 DMHMR moved Western's adolescent population to DeJarnette, without consulting DOE in a timely manner. DMHMR exercised a proper role in making the decision to move the adolescents; however, the result of the lack of coordination with DOE was that the education programs at both Western and DeJarnette were unprepared for the move. DeJarnette's education programs for adolescents remains inadequate compared to those at other hospitals.

Another example of the lack of coordination is DMHMR's decision to implement a partial hospitalization program at VTCC, assuming that DOE would assist in the funding. DOE was unprepared to meet this expense, and was unsure of its proper role in the program. While the partial hospitalization program is an innovative approach to the education and treatment of emotionally disturbed students, the propriety of using institutional education funds is unclear, especially when many residential students at Central State are receiving inadequate educational services.

Problems also exist on the institutional level. Education and treatment staff have complementary responsibilities in providing services to school-age residents; however, coordination and communi-

cation is lacking at most institutions. Key areas in which coordination would have obvious benefits include the development of education programs, implementation of behavior management programs, and instruction in independent living.

The fundamental problems that result from lack of coordination at the institutional level are comparability and consistency. The education programs have evolved autonomously, and each has unique working relationships with treatment staff. While several of the institutions provide students with appropriate education-related services, some institutions do not. Similarly, poor coordination can lead to inconsistent treatment programs at important periods in the resident's stay. Both of these situations lead to the provision of unequal levels of service at different institutions.

Recommendation (55). Coordination between DOE and DMHMR, on both the administrative and institutional level, should be improved. DMHMR should ensure that DOE is consulted in a timely manner on actions which affect education programs, and should assist in ensuring comparable resources across institutions. An interagency agreement should be developed to clarify the responsibilities of DOE and DMHMR for delivery and coordination of educational services at each facility. Concurrently, education and treatment staff should develop guidelines to improve coordination and communication in key areas: program development, independent living, behavior management, and program "carry-over".

Innovative Education Programs

Most emotionally disturbed students have a history of failure in public school classroom settings. The inability to deal with traditional social and institutional procedures leads to placement in a residential institution.

While JLARC observed that education staff modified their instruction to address the student's handicaps, in general the majority of instruction is in academic areas and is implemented like instruction in public school settings. This type of instruction may be appropriate for some students, such as "short-term" children who will return to public schools. However, it is questionable whether this method of instruction is appropriate for students who have been unable to achieve under traditional formats in the past.

In recent years, education directors have taken steps to implement programs that are more responsive to the special handicaps of institutionalized students. Eastern, for example, has developed cooperative programs with public schools and with community employers to give capable students educational experiences outside the institution. Central's Snack Shack program incorporates academic, pre-vocational, and vocational instruction to offer students opportunities to develop knowledge and skills necessary for successful transitions into the community. Western's academic program focuses on "functional" basics, to help the young adults develop pre-vocational and independent living

skills. This focus, according to staff, has been successful in promoting students' interests in academic subjects, and in education in general.

VTCC has been in the forefront in developing and implementing innovative education programs for the emotionally disturbed. Indeed, VTCC's statute (§37.1-58, *Code of Virginia*) permits "research into methods of treatment of emotionally disturbed and mentally ill children". VTCC does not, however, exercise a mechanism for disseminating results of education-related research and innovative practices.

Education staff at VTCC consistently stated that their primary educational goal was to enhance students' self-concepts and competence, in addition to promoting basic knowledge acquisition. The education director noted, for example, that until the student feels confident in the classroom, academic achievements will be limited. For these reasons, VTCC staff emphasize affective education and place the majority of students in music and art therapy programs. In addition, VTCC has incorporated computer-assisted instruction into academic offerings, as well as pre-vocational and vocational courses. Education staff feel these programs have been effective in promoting students' interests, offering "successful" and enjoyable experiences, while at the same time instilling academic knowledge and skills.

Recommendation (56). DOE and education directors should develop educational programs which are more responsive to the emotional handicaps of students and which recognize the need for non-traditional forms of instruction. VTCC, which offers instruction in computer literacy and art and music therapy to a majority of students, should serve as a model program. DOE should actively support education directors in attempts to develop similar innovative programs. DOE should not dismantle innovative practices or programs at institutions to ensure a "core" level of comparable services, but should seek to improve the quality of all educational programs. To support the development of such innovative programs, the General Assembly may wish to consider two actions:

(a) the General Assembly may wish to clarify VTCC's statute to more clearly designate it as a "model" program and mandate VTCC to disseminate information from its research findings and teaching practices; and

(b) the General Assembly may wish to consider establishing a grant fund, initially of $25,000, available to teachers for the research and development of innovative methods of teaching mentally ill or emotionally disturbed children. The fund should be jointly administered by DOE, DMHMR, and appropriate representatives of parent groups or other interested parties.

THE IMMEDIATE FUTURE: OPTIMIZING PROGRAM SPECIALIZATION

In determining student placements to specific institutions, DMHMR formally uses geographic settings as the primary focus, with the student's particular disability used as a secondary focus. An awareness of the strengths and weaknesses of educational programs existing in the hospitals is rarely considered. Since education, especially for students who remain hospitalized for over three months, is a primary component of the "treatment", it is important to consider the strength of different education programs when placing students.

At present, DMHMR uses "catchment" areas to determine placements in many cases. Four mental health institutions serve students from specific areas. However, DMHMR has been moving to program specialty basis of placement, as seen in the following examples:

- VTCC and DeJarnette have statewide catchment areas and serve exclusively children and adolescents;
- autistic children are served exclusively at Eastern and DeJarnette; and
- most dually-diagnosed students and deaf students are educated at Western.

In these cases, regional considerations are secondary. In making these decisions, and using criteria other than geographical boundaries, DMHMR is attempting to optimize institutional resources. JLARC's proposals for student placement acknowledge DMHMR's efforts and suggest further parameters which would recognize the strengths of different educational programs.

Program specialization is desirable because it optimizes unique facility, program, and staff strengths. In addition, specialization is efficient because it groups together students with similar educational needs and provides them with a focused service. From a cost perspective, specialization allows educational resources to be used more efficiently, since they can be consolidated and targeted to certain groups.

An important conclusion of this study is that there is high variation in the availability of educational resources across institutions. This variation, which is not based on the needs of the populations, diminishes opportunity for educational specialization and ensures that similar students in different institutions will receive services which differ in quality. For example, Eastern provides comprehensive academic programming to young adults, but has limited vocational offerings. In comparison, a similar population at Central State receives comprehensive vocational programs, but inadequate academic education. The differences in quality are due in large part to

differences in resources. For example, education staff cannot offer vocational education without settings or equipment which allow "hands-on experience."

Each mental health hospital currently has a population census which is lower than its rated capacity. Cost efficiencies are possible through consolidating education speciality programs. Moreover, there are indications that placement standards are outdated, given the relatively old age of the students. A situation at DeJarnette provides an example:

> *DeJarnette's rated capacity is 60 beds. Residential space is designed to house 16 children, 16 pre-adolescents (12-14 years), 16 adolescents (14-17 years), and 12 autistic children (1-12 years).*
>
> *These restrictions have led to the current situation (June, 1984) in which DeJarnette is only slightly under capacity with 57 residents. The three empty beds are in the autistic unit, while eight adolescents, one pre-adolescent, and one child await space. This situation does not appear to be appropriate given the low census existing at other institutions.*

A key barrier to placing students with consideration of the strengths of education programs is the desirability of treating students close to home. However, as in the case of autistic or forensic students, this is not always possible or in the best educational interests of the student. Young adults over the age of 17, for example, are considered by law to have adult status. Many of these students are unlikely to return home after institutionalization or have not been living at home for a long period of time. It may be in their best interests, therefore, to be placed in a program specializing in vocational education and independent living. Further, about 20% of the institutionalized students are in the care of State agencies. It may be most appropriate to place these students in an institution which specializes in their most salient handicaps.

Recommendation (57). Representatives from DOE and DMHMR should form a coordinating group to reassess procedures for placing students in DMHMR institutions. This group should consider specializing institutions in terms of treatment and educational expertise. Because of the broad policy implications of such a change, DOE and DMHMR should report their findings on this matter to the General Assembly prior to the 1986 session.

Five recommendations are offered which as a group consider two levels of placement criteria, recognizing the existence of program specialities as well as placements which are in proximity to students' homes. The proposals also consider the lack of important educational

resources at all institutions and the relatively high cost of supplying all necessary resources to all institutions. These proposals recommend that DMHMR:

(1) develop vocational centers at Eastern and Western;

(2) consolidate autistic programs at Eastern;

(3) close the adolescent unit at Central State;

(4) share services and resources at Western and DeJarnette; and

(5) establish a policy and program for the dually-diagnosed.

DMHMR and DOE should consider these proposals and report to the General Assembly on their desirability and feasibility.

Develop Vocational Centers at Eastern and Western

A major consideration underlying JLARC's proposals is the age of the student population. The majority of students are adolescents (40%) and young adults (39%). There is consensus among DOE and DMHMR staff that the population admitted to mental health institutions is older and more severely handicapped than in the past.

Many of the adolescents, and the majority of young adults, fail to complete high school or GED requirements. Thus, vocational education and training for independent living are the primary educational needs of this population. However, only Central State and VTCC have the educational resources to provide appropriate education in these areas. It is necessary, therefore, for DOE and DMHMR to establish comprehensive vocational education programs in other hospitals.

Recommendation (58). DOE and DMHMR should develop the capability to provide vocational education to young adults. This effort should be centered at Western and Eastern, and to a lesser extent, at Southwestern (due to low ADM).

Consolidate Autistic Programs

While a coordinated approach to placement of autistic students is recommended in the short-term (Chapter VIII), DMHMR should also consider moving the autistic program at DeJarnette to Eastern as a long-term measure. At DeJarnette, the autism program utilizes three classrooms and a separate living unit. Vacating these areas would alleviate the current waiting list for admittance, and more importantly, would allow children to be educated in more appropriate classroom settings than are currently available.

Consolidation of the programs would result in cost economies and would encourage the continued development of a comprehensive program at Eastern. Autistic students require a number of related educational services, such as speech and physical therapy. Hiring full-time staff or consultants at two hospitals would be avoided.

Currently, all young autistic children are educated at DeJarnette; the student's geographic residence is not a primary consideration. Moving the program to Eastern would not lead to a greater percentage of students being located far from home. Most autistic students at DeJarnette are short-term residents, thus the program at Eastern could be phased in without relocating current students.

Recommendation (59). DMHMR should consolidate the treatment and education of autistic students at Eastern. This would lead to cost economies, address space limitations at DeJarnette, and enhance the appropriateness of education for this group. DMHMR should examine the feasibility and desirability of this proposal and report to the General Assembly before the 1986 session.

Close Central State's Adolescent Unit

DMHMR should consider closing the adolescent unit at Central State. Both the education and residential buildings are old and result in high indirect costs. Additionally, much of the space is in need of restoration. Closing the adolescent unit would allow staff to specialize in the vocational education of young adults and forensic students. More comprehensive programs in functional academics and independent living could be developed. Since the school-aged census would decline, a higher percentage of students could be offered experiences with the vocational resources. The Snack Shack program, for example, could be operated at night under the joint supervision of treatment and education staff.

Moving adolescents to the Virginia Treatment Center or to Eastern (depending on students' residencies) would have additional cost implications. First, the adolescent living unit at Central State could be closed, at a savings of approximately $900,000 annually. Moreover, the quality of instruction at VTCC is far superior to that offered at Central State. Finally, staffing on the living units and the availability of related services at VTCC surpass that at Central State, as well as that at the other institutions.

Currently, an average of 18 adolescents reside in the adolescent unit at Central State. The Virginia Treatment Center could accommodate part of this group, because they are presently underutilized. While education staffing would have to increase, the net savings to the State would still be over $770,000 annually (Table 33).

In addition to the reduced cost at Central State, expenditures at VTCC would become more consistent with other programs, without reducing quality. A population of 40 at the Center in FY 1982-83 would

Table 33

COST SAVINGS INVOLVED IN CLOSING
ADOLESCENT UNIT AT CENTRAL STATE
(FY 1982-83 Dollars)

	Direct Savings	Potential Savings
Direct expense of adolescent living unit	$913,710	
Indirect expense (non-administrative only)		$ 530,592
Cost to hire professional staff to maintain a 1:3.0 staff-pupil* ratio at Virginia Treatment Center (includes associated indirect costs)	(139,810)	
Subtotals	$773,900	$ 530,592 773,900
Total		$1,304,492

*Staff includes teachers and art, music, and speech therapists, and assumes the highest expense of having all 18 youths transferred from Central State to VTCC.

Source: JLARC analysis of facility data.

have resulted in per-pupil yearly expenses of approximately $67,000, compared to the actual per-pupil amount of $116,891.

Recommendation (60). DMHMR should consider closing the adolescent unit at Central State. In addition to cost savings estimated at $1,304,000, the closure would allow Central State to specialize in young adult populations while increasing the utilization of VTCC's excellent educational program. Savings should be used, in part, to ensure comparable resources across institutions. DMHMR should report to the General Assembly on the desirability and feasibility of this proposal prior to the 1986 session.

Shared Services at DeJarnette and Western

The proximity of Western and DeJarnette offers the potential to achieve several economies. The programs operate about three-quarters of a mile apart, making them accessible by shuttle buses or vans.

Staff at Western have expertise in educating adolescents and young adults, particularly in vocational education and independent living. Currently, Western fully utilizes its sole vocational resource, which is a workshop. While limited, the program is well-structured and incorporates pre-vocational instruction effectively. Resources for independent living are also limited, but staff fully integrate "functional academics" into course offerings. In comparison, staff at DeJarnette do not have comparable expertise with adolescents, and have limited resources for them. While children receive appropriate education at DeJarnette, appropriate services are not consistently provided to the adolescents.

Given the age and severe handicaps of many young adults (e.g., dually-diagnosed, deaf) at Western, it is imperative that DOE provide more adequate resources for vocational education and independent living. DeJarnette also serves a high number of older adolescents who could profit from this instruction, and DeJarnette should be given access to any additional resources that are acquired.

The vacant house on DeJarnette's grounds could serve as an excellent setting for providing instruction in independent living to students at both institutions. Since the house is in need of renovation, vocational opportunities would be available for a high number of students. Also, the availability of Western's gym to DeJarnette's students would save the State the cost of building a new facility or paying for community placements.

Adolescents at Western. In 1982, the adolescent program was moved from Western to DeJarnette. The primary consideration was that the adult residents did not provide appropriate role models for adolescents. While this may be true, adolescents are exposed to chronic adults at Central State, Eastern, and Southwestern.

DMHMR should reconsider what appears to be an arbitrary decision to place 17-year-olds at DeJarnette and 18-year-olds at Western. Placements should be based not only on the age of the student, but also on the nature of the student's handicaps and program strengths. It is thus recommended that Western be established as a hospital for older adolescents and young adults in need of vocational and independent living training, while DeJarnette serve short-term adolescents in need of academics.

Recommendation (61). The proximity of Western and DeJarnette offers the potential to enhance education programs at both institutions in addition to cost economies. DOE, DMHMR, and the education directors should develop plans to share resources and expertise in the areas of vocational education, physical education, and independent living.

Establishment of a Policy for Dually-Diagnosed Students

Dually-diagnosed students have moderate levels of mental retardation in addition to emotional disorders. When mental retarda-

tion is the primary handicap, instructional approaches must be used which differ from that for the emotionally disturbed.

Over time, Western has developed expertise in educating the dually-diagnosed. In JLARC's record review, about 40% of the students had IQs in the moderately retarded range. However, relatively high percentages of students (up to 25%) at the other hospitals were dually-diagnosed residents.

DMHMR does not have a policy for placement of the dually-diagnosed. This leads to inappropriate educational activities for this group, and takes valuable staff resources away from other students. Illustrative of this is a situation at Western State where a dually-diagnosed student requires instruction by a teacher on a one-to-one basis.

Recommendation (62). DOE and DMHMR should develop a policy for the placement of the dually-diagnosed in State institutions. This policy should address the assessment and education of this population. DOE and DMHMR should consider developing a comprehensive program for this group at one of the mental health institutions.

LEGISLATIVE CONSIDERATION

Numerous recommendations in this action agenda involve policy matters requiring legislative consideration. Moreover, implementation of some of the recommendations would require, extensive planning and coordination. In some cases additional funding would be required, although some costs would be offset by savings from other areas.

Recommendation (63). DOE and DMHMR should study the desirability and feasibility of the various recommendations and report to the General Assembly on or before September 1, 1985, in time for action to be taken at the 1986 session, included in the 1986-88 budget, and implemented, if approved, during FY 1987. Study of longer-term proposals should not delay implementation of other recommendations.

X. APPENDIXES

SENATE JOINT RESOLUTION NO. 13

Offered January 14, 1983

Directing the Joint Legislative Audit and Review Commission to evaluate the educational programs provided for children residing in the facilities of the Department of Mental Health and Mental Retardation.

Patrons–Michie, Brault, DuVal, and Chichester; Delegates: Terry, Diamonstein, Marshall, McDiarmid, Lambert, and Giesen

---

Referred to the Committee on Rules

WHEREAS, the educational programs in the Mental Health facilities are funded as an appropriation to the Department of Education and operated by the local school divisions; and

WHEREAS, the educational programs in Mental Retardation facilities are funded as an appropriation to the Department of Mental Health and Mental Retardation and operated by the employees of this department; and

WHEREAS, the one exception to this system is in the Northern Virginia Training Center, where the County of Fairfax contracts pursuant to § 22.1-7 with the Department of Mental Health and Mental Retardation to operate the educational programs and mainstreams the largest number of institutional residents in the Commonwealth;

WHEREAS, the educational programs in these facilities have been criticized as to quality, administrative responsibility, uniformity of services and suitability of the environment; and

WHEREAS, providing the educational programs for handicapped children in the least restrictive environment is a policy which appears in the best interest of the children and the Commonwealth because institutionalization is costly; and

WHEREAS, the Joint Legislative Subcommittee Studying the Residential Placement of Handicapped Children has examined issues concerned with the operation, funding and quality of the educational programs and related services in the Department of Mental Health and Mental Retardation facilities and has come to believe that an accurate evaluation of these programs is essential; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Legislative Audit and Review Commission is directed to evaluate the programs of education or training for handicapped children provided by the facilities of the Department of Mental Health and Mental Retardation with special attention to: (1) the quality of instruction and materials; (2) the uniformity of the offered services; (3) the suitability of the environment in which the programs are conducted; (4) the eligibility of the students for mainstreaming; (5) the appropriateness of the administrative authority; (6) the appropriateness of the funding mechanism; (7) the cost-effectiveness of the programs in relationship to the services provided; (8) whether all such school age children are receiving education or training as required by law; and (9) such other matters as may be deemed appropriate; and, be it

RESOLVED FINALLY, That for purposes of coordinating this study with the appropriate

standing committees, an eight member liaison committee shall be appointed as follows: two members of the Senate Committee on Finance, one member of the Senate Committee on Rehabilitation and Social Services, and one member of the Senate Committee on Education and Health, all to be appointed by the Senate Committee on Privileges and Elections and two members of the House Committeee on Appropriations, one member of the House Committee on Health, Welfare and Institutions and one member of the House Committee on Education, all to be appointed by the respective chairmen.

The cost of this study for the coordinating legislative members shall not exceed $6,400.

Official Use By Clerks

Agreed to By The Senate		Agreed to By The House of Delegates	
without amendment	☐	without amendment	☐
with amendment	☐	with amendment	☐
substitute	☐	substitute	☐
substitute w/amdt	☐	substitute w/amdt	☐
Date: _____		Date: _____	
_____		_____	
Clerk of the Senate		Clerk of the House of Delegates	

APPENDIX 8:

TECHNICAL APPENDIX SUMMARY

JLARC Policy and sound research practice require a technical explanation of research methodology. The full technical appendix of this report is in preparation and will be available upon request from JLARC, Suite 1100, 910 Capitol Street, Richmond, Virginia 23219.

The technical appendix includes a detailed explanation of special methods and research employed in conducting the study. The following areas are covered:

1. Review of Educational and Clinical Records. A sample of 165 students were selected from the five training centers. The Individual Education Plans (IEPs) and Problem-Oriented Records (PORs) for this sample were received for the school years 1981-82 and 1982-83. The reviews included the systematic collection of student data in the following area: Demographic characteristics and diagnoses, educational strengths and needs, educational goals, and training programs received. The data was then coded on computer. Analysis focused on compilation of descriptive data from the individual and program level.

2. Assessments of Educators'. JLARC developed a survey to collect quantitative measures of educator's assessments of their programs. The survey asked educators to respond to the structured questions addressing all study issues. The survey was pretested with a sample of educators, then mailed to all staff who provided special education in the training centers. The data was coded on computer. Simple arithmetic computations (means, percentages) were used to demonstrate State trends and differences in educators' opinions across training centers.

3. Program Costs. A comprehensive analysis was conducted to examine the sources and magnitude of funding for the special education programs at the training centers. This analysis focused on the costs incurred in providing educational and residential services. Both direct and indirect costs were analyzed. Data was collected from the financial records of the training centers and from financial officers at the Department of Mental Health and Mental Retardation and the Department of Education. The data was analyzed through accepted accounting procedures reviewed by Central Office staff at DMHMR.

4. Assessment of Educational Settings. JLARC staff visited, each training center an average, of three different times. An instrument was developed and pre-tested by JLARC staff to assess all educational environments where students were taught. Specific attention was given to size, atmosphere and safety to determine the appropriateness of each setting.

5. Review of Legislation. JLARC staff reviewed relevent federal and State legislation to determine the legal framework in which the education programs operate. Special attention was given to identifying compulsary requirements and legislative intent in the areas of administrative responsibilities, vocational education and affective education.

6. Interviews. Extensive interviews were held with central office staff at DOE and DMHMR. On the program level, structured interviews were conducted at DOE and DMHMR with facility directors, education directors and coordinators, teachers, and treatment staff. The extent of convergence was explored between interview responses and other data sources. Follow-up interviews were completed for further amplification and to reconcile differences.

APPENDIX C

AGENCY RESPONSES

As part of an extensive data validation process, each State agency involved in JLARC's review and evaluation effort is given the opportunity to comment on an exposure draft of the report.

This Appendix contains the responses of the Department of Mental Health and Mental Retardation and the Department of Education. Responses from the individal mental health institutions are included in JLARC's archives, and are available for inspection upon request.

Appropriate technical corrections resulting from the written comments have been made in the final report. Page references in the agency response relate to the exposure draft and may not correspond to page numbers in the final report.

Department of Mental Health and Mental Retardation Response

to the Recommendations in the

Special Education in Virginia's Mental Health Institutions Report

by the Joint Legislative Audit and Review Commission

The exposure draft - Special Education in Virginia's Mental Health Institutions -listed a number of recommendations which are primarily the responsibility of the Department of Education. However, there were several recommendations which are the joint responsibility of this Department and the Department of Education or which are primarily the responsibility of the Department of Mental Health and Mental Retardation. Those recommendations for which we are solely or cooperatively responsible are identified below with comment as to the Department's current position.

PHYSICAL PLANT

Recommendation: That the physical plant of Central State Hospital and DeJarnette Center be upgraded or expanded.

Response: The Department of Mental Health and Mental Retardation will study the current and future space needs of the educational programs at these facilities. As a result of this study specific physical plant recommendations will be proposed with cost estimates for possible inclusion in the '86-88 capital budget submission of the Department.

YOUNG ADULTS

Recommendation: That a policy on placement of emotionally disturbed young adults for treatment and education services be developed that will place young adults in specialized units.

Response: Present policy gives decision making authority for placement of young adult patients to facility directors. Placement is based primarily on specific treatment needs of of which educational requirements are one component. Within that context, the hospital is responsible to ensure that the young adult patient to age 22 has access to educational services. The Department does not feel meeting these needs necessitates separate specialized units.

FUNDING

Recommendation: That funding be more equally distributed over programs.

Response: This recommendation will be studied for possible implementation during the 1986-88 facility and budget planning process. In cases where program needs are justified, funding would be re-allocated to address the needs identified in this report. We will collaborate with the Department of Education in consideration of such re-allocation decisions for facility educational programs.

THE AUTISTIC AND DUALLY DIAGNOSED

Recommendation: That services to the autistic and dually diagnosed be addressed through policy and coordination of services.

Response: The Department agrees with JLARC that these populations need specialized coordination of educational and treatment services. The recommendations for consolidating the autistic program at DeJarnette Center with the program at Eastern and for developing specific programs for the dually diagnosed will be considered in the context of the Department's Comprehensive Program and Financial Plan for Mental Health and Mental Retardation Services, 1985-90.This approach will allow the Department to implement recommendations that address educational needs of these individuals in the context of their total treatment and service needs.

CENTRAL STATE HOSPITAL

Recommendation: That the adolescent unit at Central State Hospital be closed and patients from that catchment area be treated at Virginia Treatment Center.

Response: VTCC has a mission distinct from that of CSH. It is a specialized program with close university affiliation and corresponding research and educational responsibilities. Staff and physical plant requirements to meet that mission would not be compatible with serving older and more aggressive adolescents. In addition, CSH offers specialized services for the mentally ill juvenile offender referred through the Department of Corrections. The availability of such a service is essential, and the mixing of this special population with the children's program at VTCC is not considered feasible or therapeutic for either group.

RELATED SERVICES

Recommendation: That services including speech therapy, vocational education, art and music therapy be available at each institution based on the IEP of each child.

Response: The Department of Mental Health and Mental Retardation fully supports the full provision of treatment and educational services to those youths in our state facilities and concurs that both the hospitals treatment plans and IEP should be fully coordinated to document the provisions of services. We will work jointly with the Department of Education to insure that specific JLARC recommendations supporting this general recommendation are implemented.

RECOMMENDATIONS FOR COOPERATIVE CONSIDERATION

In addition to these general areas of consideration for which this Department has the primary responsibility, we will address the following joint areas of responsibility with the Department of Education, through the aforementioned task force.

- Designation of statutory responsibility for educational services
- Interagency agreement regarding space and adequate support services
- Cooperative training activities

- Development of an administrative manual
- Surrogate/advocacy program
- Catchment placement policy as related to special needs of youth
- Mainstreaming
- Provision of related services
- Coordination between DMHMR and DOE Central Office
- Coordination between facility treatment and education staff

COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION
P.O. BOX 6Q
RICHMOND 23216-2060

Response to JLARC Exposure Draft of Special Education Programs in Virginia's Mental Health Facilities
from
Department of Education

We appreciate the opportunity to respond to the Exposure Draft on Special Education in Virginia's Mental Health Institutions.

Generally, the findings of the report are consistent with our own review conducted this past summer. We believe the program of instruction for children and youth hospitalized in state mental health facilities continues to be of acceptable quality, notwithstanding the uniqueness of the administrative structure of the program. Consider, if you will, a program of instruction supervised by one agency (DOE) in the house of another agency (MH&MR) and using personnel employed by other agencies (local school boards). This situation is further compounded when students come from different jurisdictions using different textbooks and having various levels of instructional needs. The fact that this program continues to be effective is a tribute to all agencies involved.

The need for a full-time Department of Education staff person to give supervision to this program is evident. Priority will be given to filling this position during this fiscal year.

The need to develop a more specific agreement with the Department of Mental Health and Mental Retardation as regards space for the instructional program in the several hospitals is apparent. This agreement would also specify related and support services to be provided by each hospital.

Many of the recommendations contained in the Exposure Draft have already been addressed by the Department of Education during this past year. These efforts have been directed towards obtaining an accepted level of comparability in personnel and instructional resources across all program areas; however, we continue to experience some difficulty when recruiting qualified personnel in certain regions of the state where teacher salaries are not on a competative basis.

The suggestion by the JLARC staff that hospitalized students receive vocational instruction will require an extensive review. We believe that pre-vocational instruction is quite important for the majority of hospitalized youth. However, to invest funds in needed equipment to train properly students for gainful employment, particularly when most students are hospitalized for a short period of time, is questionable.

In any event, our efforts to meet the programmatic needs of hospital children and youth must be coordinated with the Department of Mental Health and Mental Retardation. It is this agency that decides where the various types of handicapped children and youth are to be hospitalized.

Please be assured of our continued cooperation as we seek to ensure the best possible instructional program for youngsters in state mental health facilities.

S. John Davis
Superintendent of Public Instruction
October 1, 1984

JLARC STAFF

RESEARCH STAFF

Director
Ray D. Pethtel

Deputy Director
Philip A. Leone

Division Chiefs
Glen S. Tittermary, Division I
◉ Kirk Jonas, Division II

Section Managers
Gary T. Henry, Research Methods & Data Processing
John W. Long, Publications & Graphics

Project Team Leaders
Joseph H. Maroon
Barbara A. Newlin
Walter L. Smiley
◉ Shepherd Zeldin

Project Team Staff
◉ Suzette Denslow
◉ Lynn L. Grebenstein
Peter J. Haas
Stephen W. Harms
Clarence L. Jackson
Thomas J. Kusiak
Sarah J. Larson
Susan E. Massart
◉ Cynthia Robinson
Robert B. Rotz
◉ Mary S. Kiger
Carl W. Schmidt
E. Kim Snead
Nolani Taylor

ADMINISTRATIVE STAFF

Section Manager
Joan M. Irby, Business Management & Office Services

Administrative Services
Maryann Craven

Secretarial Services
Bonnie A. Blick
Rosemary B. Creekmur
Betsy M. Jackson

SUPPORT STAFF

Technical Services
R. Jay Landis, Computers
David W. Porter, Graphics
Debra J. Rog, Associate Methodologist

Interns
William A. Butcher
◉ Geraldine A. Turner
Nelson Wikstrom (Senior Intern)

◉ *Indicates staff with primary assignment to this project.*

RECENT REPORTS ISSUED BY THE JOINT LEGISLATIVE AUDIT AND REVIEW COMMISSION

Long Term Care in Virginia, March 1978
Medical Assistance Programs in Virginia: An Overview, June 1978
Virginia Supplemental Retirement System, October 1978
The Capital Outlay Process in Virginia, October 1978
Camp Pendleton, November 1978
Inpatient Care in Virginia, January 1979
Outpatient Care in Virginia, March 1979
Management and Use of State-Owned Vehicles, July 1979
Certificate-of-Need in Virginia, August 1979
Report to the General Assembly, August 1979
Virginia Polytechnic Institute and State University Extension Division, September 1979
Deinstitutionalization and Community Services, September 1979
Special Study: Federal Funds, December 1979
Homes for Adults in Virginia, December 1979
Management and Use of Consultants by State Agencies, May 1980
The General Relief Program in Virginia, September 1980
Federal Funds in Virginia, October 1980
Federal Funds: A Summary, January 1981
Methodology for a Vehicle Cost Responsibility Study: An Interim Report, January 1981
Organization and Administration of the Department of Highways and Transportation: An Interim Report, January 1981
Title XX in Virginia, January 1981
Organization and Administration of Social Services in Virginia, April 1981
1981 Report to the General Assembly
Highway and Transportation Programs in Virginia: A Summary Report, November 1981
Organization and Administration of the Department of Highways and Transportation, November 1981
Highway Construction, Maintenance, and Transit Needs in Virginia, November 1981
Vehicle Cost Responsibility in Virginia, November 1981
Highway Financing in Virginia, November 1981
Publications and Public Relations of State Agencies in Virginia, January 1982
Occupational and Professional Regulatory Boards in Virginia, January 1982
The CETA Program Administered by Virginia's Balance-of-State Prime Sponsor, May 1982
Working Capital Funds in Virginia, June 1982
The Occupational and Professional Regulatory System in Virginia, December 1982
Interim Report: Equity of Current Provisions for Allocating Highway Construction Funds in Virginia, December 1982
Consolidation of Office Space in the Roanoke Area, December 1982
Staffing and Manpower Planning in the Department of Highways and Transportation, January 1983
Consolidation of Office Space in Northern Virginia, January 1983
Interim Report: Local Mandates and Financial Resources, January 1983
Interim Report: Organization of the Executive Branch, January 1983
The Economic Potential and Management of Virginia's Seafood Industry, January 1983
Follow-Up Report on the Virginia Department of Highways and Transportation, January 1983
1983 Report to the General Assembly, October 1983
The Virginia Division for Children, December 1983
The Virginia Division of Volunteerism, December 1983
State Mandates on Local Governments and Local Financial Resources, December 1983
An Assessment of Structural Targets in the Executive Branch of Virginia, January 1984
An Assessment of the Secretarial System in the Commonwealth of Virginia, January 1984
An Assessment of the Roles of Boards and Commissions in the Commonwealth of Virginia, January 1984
Organization of the Executive Branch in Virginia: A Summary Report, January, 1984
1983 Follow-up Report on the Virginia Department of Highways and Transportation, January 1984
Interim Report: Central and Regional Staffing in the Department of Corrections, May 1984
Equity of Current Provisions for Allocating Highway and Transportation Funds in Virginia, June 1984
Special Education in Virginia's Training Centers For The Mentally Retarded, November 1984
Special Education in Virginia's Mental Health Facilities, November 1984

910 Capitol Street, Suite 1100
Richmond, Virginia 23219
(804) 786-1258