REPORT OF THE
DEPARTMENT OF EDUCATION AND
THE DISABILITY COMMISSION

EDUCATIONAL NEEDS OF EMOTIONALLY DISTURBED STUDENTS WITH VISUAL AND HEARING IMPAIRMENTS

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 20

COMMONWEALTH OF VIRGINIA
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1999

COMMONWEALTH of VIRGINIA

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January 12, 1999

The Honorable James S. Gilmore, III
Governor of Virginia, and
The General Assembly of Virginia
3rd Floor, State Capitol
Richmond, Virginia 23219

Dear Governor Gilmore and Members of the General Assembly:

The report transmitted herewith is pursuant to Senate Joint Resolution No. 193 of the 1998 General Assembly of Virginia. This resolution requested the Department of Education, in consultation with the Disability Commission, to study the educational needs of emotionally disturbed students with visual and hearing impairments, and report its findings and recommendations to the 1999 session of the General Assembly.

Respectfully submitted,

Paul D. Stapleton

PDS:cle

Enclosure

PREFACE

In the fall of 1997, the Advisory Commission on the Virginia Schools for the Deaf and the Blind, recognizing the need for a study of the educational needs of students with both emotional disturbance and visual or hearing impairments, approved a resolution requesting the Department of Education to study this issue. Senator Emmett W. Hanger, co-chair of the commission, introduced the resolution in the 1998 General Assembly as Senate Joint Resolution 193. (See Appendix A.) The resolution was passed by the General Assembly. This report contains the methods, findings, conclusions, and recommendations of the Study Committee.

MEMBERSHIP OF THE STUDY COMMITTEE

Robert Whytal	Director of the Virginia Schools for the Deaf and the Blind, Department of Education, Chair
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EXECUTIVE SUMMARY

In the fall of 1997, the Advisory Commission on the Virginia Schools for the Deaf and the Blind adopted a resolution requesting the Virginia Department of Education to conduct a study of the educational needs of students with emotional disturbance and visual or hearing impairments. Senator Emmett W. Hanger (co-chair of the Commission) introduced the resolution in the 1998 General Assembly as Senate Joint Resolution 193. The resolution was passed by the General Assembly. The resolution asks the Department of Education to consider the following information while conducting the study:

- Determine the number of students with emotional disturbances who also have visual or hearing impairments;
- Identify and review the educational programs available for such students in Virginia;
- Determine the need for instructional staff and the qualifications required to teach such students;
- Evaluate the educational needs of such students over the next five, ten, and fifteen years; and
- Recommend the changes and alternatives necessary to ensure the availability of quality special education programs for these students.

There are two groups of students potentially impacted by this study: (1) students who are identified as both visually impaired and emotionally disturbed, and (2) students who are identified as both hearing impaired and emotionally disturbed. Students with two or more disabilities should have educational programs that adequately serve each disability. Therefore, when considering programs for students who are emotionally disturbed and who have a physical disability, it is important to address how a program designed to address emotional needs can be delivered to a student with a physical disability.

Those conducting this study were experienced and knowledgeable concerning students with these disabilities. They included in their definition of emotionally disturbed those hearing or visually impaired students who have been formally classified as such by their school divisions following an evaluation from school psychologists or other trained personnel. The Study Committee also included those students who have demonstrated in school consistent behavior disorders but have not been classified as emotionally disturbed, because their physical disability prevented the use of standard testing protocols.

Staff of the Department of Education (DOE) have found in their work with school divisions that some physically disabled students—hearing impaired, in particular—are very difficult to test for emotional problems. DOE staff have found that an undocumented number of students, who are identified as hearing impaired, receive related services for emotional needs. The services that provide support for emotional

development or behavior disorder are included on Individualized Educational Plans required for all special education students.

Local school divisions and communities frequently have difficulty providing the services that adequately serve students with these combinations of disabilities, and, thereby, rely on residential services. Students with severe hearing problems or deafness who are emotionally disturbed require services that help close a gap that exists between the students' facility with American Sign Language as a way of communicating and the hearing and speaking ability of the students' parents, teachers, and counselors. The delivery of services needed to address this gap is greatly hampered by the inadequate supply of persons who are competent to communicate in American Sign Language (ASL) or to interpret for deaf students using American Sign Language. There is no teacher licensure standard for teaching American Sign Language, so the Study Committee cannot report definitive information about the number of credentialed ASL teachers. Divisions informally report difficulty in acquiring ASL services. The Department of Education (DOE) reported that in 1996-97, 83 percent (220 of 266) of the interpreters working in local divisions failed to meet DOE's requirements for interpreters. This situation is problematic in that an individual who has minimal, but lowly developed, interpretation skills may be assigned to interpret in a course that requires highly developed skills due to the nature of the course material and the vocabulary (middle and secondary courses) or may be asked to interpret during the developmental years that reading and language skills are acquired (the early grades). In either case, students may not receive enough quality interpretation to acquire the content and skills needed to successfully learn the Standards of Learning.

The study found that similar services for students who are blind and emotionally disabled are not needed. Since blind students do not communicate in a different language, treatment via oral communication can be effective in addressing their emotional needs. Therefore, a program designed to serve emotionally disabled students can be modified in most educational settings for visually impaired students.

The study determined that there are presently no residential services in the Commonwealth of Virginia for the student who is deaf and has an emotional disturbance or behavioral disorder.

The Virginia School for the Deaf and the Blind in Staunton (VSDB-S) returns from three to six students to their home communities annually. A survey of school divisions suggests a demand for residential and day treatment services for 77 students statewide. Students who require these unavailable state services are either served with a patchwork of community-based services that are judged to be ineffective in meeting students needs (according to a local school division survey), or they are served in out-of-state residential facilities at a cost exceeding $157,000 per student per year—a cost borne by the student's local school division.

The study also examined programs for deaf students with emotional disturbance/behavioral disorders in other states to identify (1) state-of-the-art programming, (2) likely outcomes of such a program, (3) staffing patterns, and (4) funding issues. Two programs were chosen for significant study: the Pennsylvania School for the Deaf and the Learning Center for Deaf Children in Massachusetts. The study team identified the program in Massachusetts as a model for implementation in Virginia, and recommends that it be adopted at the Virginia School for the Deaf and the Blind at Staunton. The program would be a residential initiative, separate from the current program at VSDB-S. Placement at the facility would enable students to step-down to a less restrictive treatment setting and to interact with other students who are deaf.

Creation of a program based on the Massachusetts model would require renovation of one of the buildings at VSDB-S. It is recommended that the Stuart Building be renovated to assure adequate sight supervision of the students at all times. The cost of such renovation is estimated to be between $1.1 and $1.7 million. Annual operational costs are estimated to be $950,000. This sum would support the cost of a 24-hour-per-day, seven-day-a-week program. Staffing would include:

- Residential Staff (behavioral management specialist, evening and night dorm supervisors, aides, weekend contracting nursing services)
- Educational/Treatment Staff (teachers, aides, clinical psychologist, clinical social worker, behavioral management specialist, and program director)

Additional costs are associated with weekend food service. The per student cost is estimated to be $93,000.

The study recommends that the tuition be a shared state-local responsibility. Currently, the estimated cost of educating a student at VSDB-S is $38,000 per year. When compared to the estimated per pupil cost of this new program ($93,000), the program would require $55,000 of additional funds per student to provide treatment to these multiple-disabled students. This $55,000 could be shared by the Commonwealth and the locality, and could be borne under the Comprehensive Services Act (CSA). Currently, the State Department of Medical Assistance Services is preparing to cover residential placements for certain children. As a result, some of the costs may be billable to Medicaid, offsetting state and local contributions.

This study documents a need for services for deaf students who have emotional disturbance or behavioral disorders. Virginia communities do not have services available to meet these students' needs and are currently paying for out-of-state placement for some students. Creation of a program on the campus of a residential school for the deaf and the

blind places the program within an existing deaf community and among educators and residential specialists who have experience working with deaf students. Such a placement prevents the common isolation that deaf persons frequently experience in their schools and communities.

INTRODUCTION

The need to provide assistance to deaf/hard-of-hearing or blind students identified with emotional disturbance and/or behavioral problems was brought to the attention of the Virginia Board of Education during the summer of 1996 by parent advocacy groups. Their expressed concern was that the Virginia School for the Deaf and the Blind in Staunton did not have the resources to work with children with these physical and emotional disabilities. As a result, children were being returned from VSDB-S to local school divisions where even fewer resources were available. Divisions were being faced with costly out-of-state residential placements. The statement was made that one school division was in the process of placing a child out-of-state for a cost exceeding $157,000 each year.

The state's oversight of the two state residential schools changed in 1996 and 1997. The Board of Education established a full-time director to oversee the two schools in November of 1996. The 1997 General Assembly established an Advisory Commission to make recommendations to the Board and to assist in providing direction for the two residential schools. (See Appendix B - Members of Advisory Commission.)

The Disability Commission has always been concerned with services for persons with sensory impairments and was informed of the content of the study by Mr. Robert Whytal, Director of the Virginia Schools for the Deaf and the Blind, on November 12, 1998. Mr. Whytal presented information regarding the need for such a program and the cost involved. In December 1998, the Commission endorsed the concept presented in the recommendation section of this report.

CURRENT SERVICES IN VIRGINIA

During the course of this study, the committee found that the Commonwealth of Virginia does not operate state programs for emotionally disturbed blind or deaf children. While localities are usually able to deliver appropriate services to blind/visually impaired students who are either classified as emotionally disabled or consistently present serious behavior problems, most localities are limited in their ability to meet the needs of children who are deaf and emotionally disturbed or behaviorally maladjusted. Visually impaired students continue to communicate in standard ways, and, therefore, allow teachers trained in emotional disorders to design and deliver appropriate services for them. Students who are hearing impaired or deaf present a more serious challenge. Their inability to communicate in the same way as hearing adults requires the development and delivery of a program that integrates services for the emotionally disabled with the use of American Sign Language.

Traditionally, Community Service Boards' (CSB's) services have been inaccessible for deaf, deafblind, and hard-of-hearing persons due to barriers which

prevent effective communication (e.g., lack of counselors skilled in sign language and deafness). The Community Service Boards are part of the Department of Mental Health and Mental Retardation and Substance Abuse Services (DMHMRSAS) within the Commonwealth. Recognizing a need to address this gap in services, DMHMRSAS' ***Comprehensive State Plan 1994-2000*** identified the need for services to be modified to serve individuals with sensory impairments and to develop special programs for high-risk individuals with a variety of different needs.

This problem is compounded at the school division level in both the counseling and instructional programs. Most school psychologists, counselors, and social workers—the providers of guidance and counseling services—are not fluent in sign language, thereby making if difficult for them to work effectively with deaf children. The hiring of an interpreter for use in a counseling session is effective only if the interpreter is available when counseling is needed. Because the session must be scheduled when the interpreter is available—a time which may not match the needs of the child—the use of an interpreter for counseling is generally viewed as less than satisfactory. For example, if a student behaves inappropriately in the classroom, he needs intervention in a timely fashion. Waiting a day or more until an interpreter is available may be too late to effectively address the behavior or emotional problem.

In the instructional arena there is a great dependence on interpreters, but there is a shortage of qualified interpreters who hold a Virginia Quality Assurance Screening Level III certification as administered by the Virginia Department for the Deaf and Hard of Hearing. Many school divisions are unable to find qualified interpreters and often must hire individuals with minimal skills to provide any services to deaf students. Divisions request a waiver from the Department of Education to be able to employ minimally-trained interpreters. If such a waiver is granted, the individual has up to four years to progress to Level III. Should this not be accomplished, the interpreter is no longer qualified to work with children in public schools. During 1996-97, 220 of the 266 (83%) interpreters employed in local divisions failed to meet DOE's minimum requirements. The Department of Education is working to solve this problem by making grant money available to school divisions and community colleges to assist in training interpreters. In addition, DOE created a new position—a training specialist, a 30-hour-a-week education interpreter—to assist with program development at the local level. However, it is anticipated that the problems related to minimally-trained interpreters will continue to exist for several years.

DOE staff have learned that in Virginia school divisions, many fully qualified interpreters are assigned to high schools and middle schools where the subject material is more complex than that of the elementary grades. The less-qualified interpreters are often used at the elementary level. The result of this current approach is that many deaf children do not acquire the literacy skills needed to develop an adequate reading level.

Reading skills are necessary for success with the Standards of Learning in English and other academic areas.

This problem is exacerbated by a language barrier in most of the children's homes. Ninety percent of children who are deaf are born to hearing parents with no previous experience with sign language and no knowledge of issues affecting children who are deaf. Thus, the parents are unable to communicate with their own children. The result is that the hearing child enters school with a vocabulary of more than 2,000 words and the deaf child may enter school with a vocabulary of only 200-300 words. The inability of the student to communicate effectively may not only influence the readiness of the child for instruction, but it can lead to behavioral problems in the school as well as in the home.

Currently, there are five regional programs in Virginia for mental health services for deaf, hard-of-hearing, and deafblind children. These were established in 1987. All providers within the regional programs are fluent in American Sign Language. (See Appendix C - Existing Regional Counseling Programs.) Each region is too large and diverse for one provider and there are gaps in services. Providers have an estimated ratio of one staff person to 6,781 children and adults with disabilities.

The state residential schools for the deaf and blind are unable to meet the needs of students with emotional/disabled disorders. Five children from VSDB-S were returned to their local school divisions because of behavioral problems in the residential and/or educational environment in the 1996-97 school year. Services for these students were not available at VSDB-S. During the 1997-98 school year, three children were sent home because of class disruption, threats to others, and the need for mental health treatment. During the 1998-99 school year, at least five children are at risk of being returned to their local school divisions for some of the same reasons.

In Virginia, a deaf, deafblind, or hard-of-hearing child whose prolonged emotional, social, and behavioral needs interferes with his ability to function at home and at school is generally placed either in an out-of-state facility or in a patchwork of services created by the locality. Out-of-state placements cost in excess of $150,000 a year per placement. Many programs do not accept out-of-state students. No specialized program exists in Virginia to meet the mental or emotional needs of children who are deaf, deafblind, or hard of hearing, as required by the Individuals with Disabilities Education Act of 1997 (IDEA 97).

METHODOLOGY

Senate Joint Resolution 193 asks the Department of Education to study the educational needs of emotionally disturbed students with visual and hearing impairments and to consider the following information while conducting the study:

- Determine the number of students with emotional disturbances who also have visual or hearing impairments;
- Identify and review the educational programs available for such students in Virginia;
- Determine the need for instructional staff and the qualifications required to teach such students;
- Evaluate the educational needs of such students over the next five, ten, and fifteen years; and
- Recommend the changes and alternatives necessary to ensure the availability of quality special education programs for these students.

The Study Committee, under the leadership of Mr. Whytal, proceeded with the study by following a process that would synthesize information from local divisions, the Department of Education, and appropriate state and national programs to lead to a recommendation(s):

1. Identify current services in the state for students with emotional and either visual or hearing impairments. Source of data: Department of Education
2. Determine the number of students with emotional disturbances who have visual impairments and determine whether their needs are met with current programs and if these needs will continue to exist in the immediate future. Sources of data: Local school divisions and Department of Education
3. Determine the number of students with emotional disturbances who have hearing impairments and determine whether their needs are met with current programs and if these needs will continue to exist in the immediate future. Sources of data: Local school divisions and Department of Education
4. If there is a need for additional programming, identify model programs or best practices and recommend changes in Virginia's services to incorporate the best features of these programs. Sources of data: Information on best practices disseminated at national meetings and Mid-South Regional Resource Center
5. Determine the need for instructional staff, including the qualifications required for teaching students with multiple disabilities. Sources of data: Local school divisions and Department of Education
6. Recommend any change in facilities or infrastructure that is needed to accommodate students with multiple disabilities. Source of data: Department of Education
7. Identify the fiscal impact of implementing any recommendations of this study. Sources of data: Expertise on Study Committee and Division of Finance, Department of Education

The Department of Education furnished information related to current programming throughout the state, currently identified needs from local divisions, staffing requirements, certification requirements and issues, numbers of identified students with disabilities related to this study, and current facilities.

School divisions were surveyed to identify the need for services for children with emotional disturbance and visual or hearing impairments. Respondents were asked to give an estimate of the number of children who could benefit from a program for emotionally disturbed or behaviorally disordered children who are deaf or blind. A total of 75 school divisions responded, which is a 56 percent response rate. The need was identified statewide and included urban, suburban, and rural school divisions. (Appendix D includes a copy of the survey and the school divisions identifying a need.) This survey was conducted because DOE staff suspected that the number of students formally identified as both emotionally disabled and hearing or visually impaired was not an accurate representation of the students who demonstrate both disabilities on a daily basis in special education programs. Staff of the Department of Education have found that some physically disabled students—hearing impaired, in particular—are very difficult to test for emotional problems. Local educators have told DOE staff that an undocumented number of students, who are identified as hearing impaired, receive related services for emotional needs. The services that provide support for emotional development or behavior disorder are included on Individualized Educational Plans (IEPs) required for all special education students.

To become informed on best practices related to this study, the Director of the Virginia Schools for the Deaf and the Blind attended a conference sponsored by the Council for Educational Administrators of Schools for the Deaf to learn about programs in Pennsylvania and Massachusetts that serve students with emotional and/or behavioral needs. These programs have received national recognition for their work. Additionally, the Mid-South Regional Resource Center was contacted to supply bibliographies and resources for assistance in completing the current study.

ESTIMATE OF NEED IN VIRGINIA

As discussed earlier, the Study Committee found that there are no residential services currently available in Virginia to serve this population of students. The Study Committee found that

- Localities provide services to these students by patching a series of services and providers together to meet the requirements of the students' IEPs.
- Some hearing impaired students have not been identified as emotionally disabled, but are receiving related services for their disruptive behavior in school.

- Localities send students to programs outside of Virginia to acquire a comprehensive program for emotionally-disabled, hearing impaired students.

The DOE records the number of students receiving special education by primary and secondary disabilities. The following chart presents the information for the 1998-99 school year that is relevant to this study.

Figure 1

NUMBER OF STUDENTS WITH EMOTIONAL THAT ARE EITHER HEARING IMPAIRED/DEAF OR VISUALLY IMPAIRED/BLIND

Number of Students	Primary Disability	Secondary Disability
11	Emotional	Visually Impaired
0	Visually Impaired	Emotional
16	Emotional	Hearing Impaired
7	Hearing Impaired	Emotional

While these numbers represent an accurate reporting of students in these classifications, DOE staff, based on their experiences working with local divisions, were confident that other hearing or visually impaired students have emotional or serious behavior problems. The survey to school divisions provided information that confirmed this belief.

DOE records indicated that 11 visually impaired students could possibly benefit from a program that would address their second disability. Based on the response from 75 local school divisions, it is estimated that 22 blind students statewide require services. Of these, 13 would require residential services. It should be noted that this response was based upon need and not location of the school division. Distance from the program could possibly dictate a greater need for residential services.

DOE records indicated that 23 hearing impaired students could benefit from a program that would address their second disability. The survey indicated that as many as 77 children identified as deaf could benefit from a program that includes services for emotional/behavioral problems. Forty-seven of these students would need both a residential and day program.

The Study Committee felt that the number of students requiring services who are blind/visually impaired would not justify a change in programming options. It is estimated that residential placements will continue to be needed for only one or two individuals per year, with some years no placements being needed. The cost of a special, in-state program for two or fewer students per year would be high and not feasible, given the fact that there is not a language barrier with children who are blind. Depending upon

the degree of visual acuity, students can and will be able in the future to receive services at other facilities. Options currently available for visually impaired students should be sufficient to meet needs in the near future.

After examining this information, the Study Committee determined that there was a need to examine additional program alternatives for hearing impaired students. The Study Committee focused it's work on programs for emotionally disabled/behavior disorder students.

OVERVIEW OF PROGRAMS IN OTHER STATES

Residential schools for the deaf in other states are trying to develop appropriate programs and are faced with the same difficulties as public schools in terms of aggressive behavior, violence, and other problems. Public schools are tending to educate more students who do not exhibit aggressive behavioral concerns. The schools are requesting that residential schools serve those with behavioral and/or emotional needs. Currently, there are approximately 15 residential schools nationwide that have programs to assist this population of children. Most of these programs are limited to serving in-state children.

After considering other programs, two programs were determined to represent best practice in this field and were studied in-depth. A brief highlight of each program is presented below.

Pennsylvania School for the Deaf

The Pennsylvania School for the Deaf was asked by the Pennsylvania Department of Education in 1994 to work with another private school in the development of a program for students with emotional difficulties who were also hearing impaired. The Presley Ridge program was established in 1996. The program has been operating for two years. The academic program is housed in a basement of a dorm, and a house was purchased for the residential component. Enrollment is limited to in-state students.

Some of the students are enrolled full-time in the program and some are enrolled one-half time. After a survey of school divisions, it was predicted that there would be an enrollment of approximately 20 children. In reality, the numbers have remained steady in a range of 6-10 students. This facility does not offer mental health treatment. Support services are provided and behavior is managed by a low student-to-staff ratio focusing on developing "common-sense" behavioral patterns.

The Learning Center for Deaf Children in Massachusetts

The Learning Center for Deaf Children in Framingham, Massachusetts, serves 200 children on its main campus. The Walden School program, located on the main campus, serves 25 students with emotional and behavioral disorders. The program was started in 1988 with a total of six children, all in-state residents.

The children served had a history of sexual abuse, and/or physical abuse, and had a variety of psychotic conditions. A treatment program could not be developed as individual needs were varied and the children could not be separated into treatment groups based on mental health conditions and needs.

After looking at a variety of programs, a decision was made to create a new program and include out-of-state students. A new facility was created at a cost of $2 million. The program currently has 60 full-time staff and 25 students. The tuition rate is established for a 365-day, 24-hour program. Staffing includes a clinical director, educational director, social workers, therapists, consulting psychologist, staff training, dorm staff at a ratio of one person for two students; a ratio of one teacher for four students, and instructional aides as required. The current cost is $400 per day, or approximately $157,000 a year. This does not include the cost of travel by parents or school division personnel for attendance at IEF or other required meetings. The cost of these meetings is borne by school divisions, which, for out-of-state students, could be considerable. Of the total population, 40 percent are out-of-state. One student, who previously attended the Virginia School for the Deaf and the Blind in Staunton, is enrolled in this program and is experiencing remarkable success.

The common theme with both of these facilities is the need to identify a population of students that is large enough to meet the needs of treatment in a cost-effective manner. Deciding to serve in-state students solely or expanding services to include out-of-state students is an important decision that should be made during the program planning phase. Another consideration early on is the manner in which the program will address behavior or emotional problems. The program can either focus on managing student behavior or providing therapeutic programs which are generally believed to be more effective. Therapeutic programs are costly.

OPTIONS IDENTIFIED

After reviewing the information available, the Study Committee identified three options that could be explored as possible solutions to the lack of services for the special education students addressed by the resolution. These options could lead to recommendations from this study. They are as follows:

1. Make no changes in programming and leave the current situation as it is. No action would provide little support for school divisions as they attempt to develop programs for these children. By default, school divisions would continue to either look out-of-state in making placements at considerable costs to both the locality and the state or offer a patchwork delivery system of services for children with two or more disabilities.

2. Develop an in-state program with an approximate caseload of 10 students each year with low teacher-student and dorm staff-student ratios. Such a program would require counselors, social workers, a clinical psychologist, and other staffing. Cost estimates would be developed and the program would be modeled after the Walden School program in Massachusetts.

3. Develop an in-state program and accept out-of-state children to insure a caseload that can provide effective treatment services. Such a program would initially be in competition with the program in Massachusetts, which has a record of success.

RECOMMENDATION: AN IN-STATE RESIDENTIAL PROGRAM FOR HEARING IMPAIRED, EMOTIONALLY DISABLED STUDENTS

The Study Committee felt that option two was viable and would meet the needs identified in this study. Option one (no change) would not address the issues requiring services for children from all areas of the Commonwealth. Option three—a program to include out-of-state children—would be inadvisable to plan at this time since other states would be looking for a reputable program with a high level of success for their out-of-state placements. Accepting out-of-state children could be a goal after the program has been established and has a proven record of success. Such a program could generate income to help support the cost of the program for Virginia students.

Therefore, the following recommendations in terms of staffing and funding are based upon the concept of developing a quality in-state program servicing up to 10 children, grouped by age ranges of six through 12 and 12 through 18. This program would operate seven days a week, as compared to the current VSDB-S programs which operate five days a week.

The Study Committee felt that the best location for a program would be on the VSDB campus at Staunton, since VSDB-S is geographically located near comprehensive mental health service facilities listed below:

1. Western State Hospital in Staunton, a state-operated mental health facility;
2. DeJarnette Center in Staunton, a mental health facility operated for children and adolescents;
3. University of Virginia's Medical Hospital in Charlottesville, which could supply interns;
4. University of Virginia in Charlottesville and James Madison University in Harrisonburg, whose professional staffs and students could be used in mentorship and internship programs;
5. Woodrow Wilson Rehabilitation Center at Fishersville, which provides services in vocational evaluations, work adjustment, and life skills training and other programs; and
6. The large population of deaf children on campus of VSDB-S, which would permit children from the special unit to be "adjusted" back into the regular program, allowing staff to evaluate the success of treatment. (Currently, VSDB in Hampton does not have a large deaf population.)

These mental health service facilities are located close to Staunton and have the potential of offering support to a new program in Staunton. The administration of the VSDB site in Hampton agreed that the Staunton site was more suitable for designing a new state program of this type because of the proximity of these mental health service facilities.

This new program could provide services to deaf children who exhibit serious social, emotional, and/or behavioral difficulties. The program is conceptualized as providing a full range of academic and enrichment courses, as well as life skills, social skills, and work skills training. The services would be individualized based on students' needs and the goals of students' educational plans.

Embedded within this recommendation are staffing patterns for teachers, aides, dormitory staff, therapeutic staff, and food services staff for a seven-day-a-week, 24 hours-a-day program. The dormitory and the school would be in separate locations. The program could permit students who are currently in attendance to enroll in part of the program—such as educational and/or residential services—for a short period of time, rather than formally enrolling in the program on a full-time basis.

Staffing

Cost factors must be considered in establishing any new program. Areas of consideration include providing a free service to school divisions under the current formula or developing a shared financial arrangement. The subsections that follow include an analysis of staffing, partial programs, and estimated cost factors associated with a program such as the one suggested. A shared funding formula is explored.

Based upon the analysis of programs for similar students in other states, the following educational/treatment staff would probably be needed:

- Four teachers for 10 students. At maximum enrollment, the pupil teacher ratio would be two teachers for five students. This ratio would be needed for intensive teaching and remediation of academic skills.
- Support staff: program director, two teacher aides, a clinical psychologist, a clinical social worker, two behavioral management specialists, a housekeeping worker, a residential director, seven evening dorm supervisors, and five night dorm supervisors. The number of dorm supervisors would be needed to provide seven-day-a-week coverage. If any student requires an one-on-one aide, this would be an additional cost borne by the locality.

The clinical social worker, behavioral management specialist, and clinical psychologist would have a varied schedule that would allow them to support the dormitory program. The social worker would work on and off campus with families to coordinate delivery of services.

The instructional program would offer individual services based upon the student's IEP. Services such as speech, physical and occupational therapy, monitoring of behavioral/treatment plans, counseling, and medical/health related services would be provided. A rigorous educational program based upon the Standards of Learning would be developed for all students and would include technology training, career planning, career exploration, career assessment, and work experience for older students.

In summary, a program director should be considered to coordinate the delivery of services and the integration of services from this new program into the total program at VSDB-S. The following staffing pattern is suggested:

Residential Director	**Program Director**
1 Recreational Counselor	4 Teachers
12 House Parents	2 Teacher Aides
1 Housekeeping Worker	1 Clinical Psychologist*
1 Nurse (Weekends only, contracted service)	1 Clinical Social Worker*
1 Behavioral Management Specialist*	

*Would denote that these individuals would also work some evenings, weekends, etc. in the delivery of services. (Please refer to Appendix F for an analysis of costs and organizational chart.)

House parents cannot be employed for more than a 40-hour week. Twelve house parents would be needed to offset the hours of the required shifts. Weekend staffing patterns would require the same number of dorm staff.

The program of activities to support the residential program would vary and would include treatment. Such activities would focus on independent living, homework/tutoring, and social skills training, which would include anger/confrontation management. Training also would be provided for transition services to the regular residential/educational program at VSDB-S, as well as transition to home or other community-based services.

The support services of speech, occupational therapy, and physical therapy would be supplied by the current staff at VSDB. It is anticipated that the current on-site audiologist at VSDB-S would be able to serve this program. Current cafeteria staff would be able to support the program during the week at no additional cost because the students would be included into the existing federal lunch program.

Weekend meals would be contracted via a local vendor in the Staunton area. Assuming a full capacity of 10 students, the cost for weekend meals would be approximately $9,500 for the academic year. Regular students return to VSDB-S on Sunday evenings, and a meal is provided at that time. A meal is also provided before students leave on Friday to go home on weekends. It would not be cost effective to operate the cafeteria on weekends due to the small number of students. During some weekends the students could also plan and cook their meals in the vocational program area, which has the appropriate facilities for meal preparation by students.

The weekend program would likely focus on the development of independent living and social skills. For example, Friday afternoons and evenings could include a group meeting, household chores, dinner, and one activity. In addition to meals and weekly chores, students currently are involved in from one to three activities on Saturday, depending on the length of time for each activity. Sundays include one activity and an evening meeting, in which the weekend is reviewed and ideas for future activities are discussed.

The program would be expected to incur additional costs for staff development, non-violent crisis intervention, CPR training, behavioral modification, general counseling, and emergency situations. Costs would also include expenses related to

recreational activities, travel associated with weekend activities, and contract services for nursing care on weekends. Other costs would be for instructional supplies, and one-time expenses. (See Appendix F for a tabulation of costs associated with this proposed program.)

Full-Time Enrollment

Placements would be based upon both the individual needs of the student and space availability within the existing program. School divisions could make application for students directly. Currently enrolled students could be placed in accordance with recommendations of the Individual Educational Plan (IEP) committee. A waiting list may be developed if the number of students asking for placement exceeds the availability of space.

Partial Enrollment

A partial program would be available for currently enrolled deaf students whose behavior requires services for a short period of time (less than 10 days). Should space be available, the partial program could be provided at no cost to the school division and could be considered an option for behavioral intervention as part of the program at VSDB-S.

If the emotional or behavioral needs of an existing student requires a full-time placement, the school division would need to consider such a placement via the IEP committee. Placement of the students would be based on the availability of space. The school division could be charged for the educational portion or residential portion of costs associated with the student's placement.

Cost Analysis

Currently, the state pays most of the cost of the placement of students in VSDB programs. The local contribution is based upon the number of children attending VSDB-S, based on the prior year December 1 child count. The costs for school divisions vary from a low of $622 to a high of $6,938. Currently, 57 of 135 divisions place children at the Staunton school.

The full cost of the proposed program is estimated to be $93,000 per student, based upon an enrollment of 10 students—a projected total of $930,000 annually. Should the program expand, the costs would decrease as the program would operate more efficiently. The initial cost may be lower than projected because a full complement of staff may not be needed the first year. However, a full staff would be in place within the first few operating years.

The Study Committee recommends two options to consider as sources for funding the program:

1. Maintain the current funding mechanism. The Commonwealth, under this option, would pay the cost of the placement in the special needs unit and the school division would pay its current rate.

2. Develop a shared state-local responsibility for funding. The costs would be based upon the current per pupil cost of educating a student at VSDB-S, which is subtracted from the individual student cost of the special needs program. Currently, the estimated cost of educating a student at VSDB-S is $38,000 per year. The difference between this cost and the projected cost of the new program ($93,000) is $55,000—a considerable savings from the current costs of out-of-state placements ($157,000). The cost of $55,000 could be borne under the Comprehensive Services Act (CSA) and would be a shared cost to the Commonwealth and locality under the current formula of CSA[1]. This cost is far less than $157,000 for out-of-state placements. Some costs may be billable to Medicaid.

The Study Committee recommends that option two, shared state-local responsibility, be implemented should such a program be created. The Study Committee concludes that this option would clearly demonstrate a shared responsibility toward educating the students, maintaining the ultimate goal of readying the student to return to the regular program on campus or to the school division.

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1 Code of Virginia changes may be necessary to enable the Comprehensive Services Act to pay for placements into the new program at the Virginia School for the Deaf and Blind.

Location on Campus of VSDB-Staunton

There are three possible locations for such a program at the Staunton site: Watts Hall, Darden Hall, and the Stuart Building. (Appendix G displays a map of the VSDB-S campus.) Darden Hall was identified in a 1994 study as needing remodeling to accommodate the needs of sensory-impaired, multidisabled students at an estimated cost of $1.9 million (1994 construction costs estimate). Watts Hall was formally a dormitory. The first floor is leased by the Virginia Department for the Visually Handicapped and the lower floor is used for temporary lodging by parents who visit their children, by interns from Gallaudet University, and other guests and alumni who want to visit the school. The Stuart Building would need renovation costing approximately $1.1 to $1.7 million, including an elevator to make the facility accessible.

The Study Committee considered three options for using existing space on the Staunton campus:

1. Remodel Darden Hall, at a cost of at least $1.9 million (1994 estimated construction cost).
2. Use Watts Hall, terminating the lease of VDVH, and requiring parents, guests, alumni, and interns to use area hotels.
3. Remodel the Stuart Building costing between $1.1 to $1.7 million.

The Study Committee cannot recommend option one, as it would be inappropriate to have a mix of sensory-impaired multidisabled children and children with emotional/social needs in the same building. The two populations would not be compatible. Additionally, the internal structure could not be remodeled for appropriate visual supervision of children identified as emotionally disturbed.

Using Watts Hall is the least expensive option but not a good choice for this program. It is anticipated that Watts Hall may be needed to handle an increase in the number of regular deaf children enrolled at VSDB-S. (See Appendix H - Identification of Students, SB270, 1998 General Assembly.) Additionally, the lower floor of Watts Hall is not secure, and remodeling the building would cost between $2 to 2.5 million due to changing the structural layout.

The Study Committee recommends renovating the Stuart Building at an approximate cost of $1.1 to $1.7 million. (See Appendix I, which details costs and floor plans.) The startup of the program would be contingent on the completion of renovation to the building. However, the committee believes that the building should be tailored to the program, and not the program to the building.

During the course of this study, a new program to serve hearing impaired, emotionally disabled students was proposed and is being considered at the Medical College of Virginia's Treatment Center for Children in Richmond. (See Appendix J - Proposed MCV Program.) This program could interface with the program at VSDB-S and both programs have the potential of complimenting each other by providing a range of services for students. Mr. Whytal, Director of the Virginia Schools for the Deaf and the Blind, met with officials from the Medical College of Virginia (MCV) at their request to find out if their program would compliment or conflict with the Study Committee's proposed program, or whether MCV's program would meet the needs described in this study.

The program that MCV described would provide a high level of services in a restrictive environment. The program will fall within the current continuum of care offered at MCV and will offer additional specialized services for children and adolescents who are deaf, hard of hearing, and deafblind. A licensed clinical psychologist who is fluent in American Sign Language and has specialized training and experience in working with patients who are deaf, hard of hearing, and deafblind and their families will direct the program and provide clinical services and supervision. The patients admitted to the hospital-based programs (Acute, Residential, and Day Treatment) will have the opportunity to participate in a treatment milieu with other deaf, hard of hearing, and deafblind patients who may share many of their communication and treatment needs. In addition, the patients will have the opportunity to interact with both hearing and nonhearing peers—an opportunity to improve their communication and interaction with peers who do not sign.

During the meeting, it was determined that the program at VSDB-S would compliment the program at MCV. Although the proposed MCV program has many components that are needed to serve the population of students that the Study Committee determined have unmet needs, the MCV program would be more appropriate for students with acute needs on a short-term basis. The new VSDB-S program would allow for long-term treatment and integration with the deaf population on campus, and it would allow for direct communication access without the need of an interpreter. Virginia children would benefit from both programs, and both programs would jointly provide a full continuum of treatment for children who are deaf—a less restrictive environment at VSDB-S to a more restrictive environment at MCV. Under these two programs, Virginia could create a state-of-the-art program for the delivery of essential services for children who are deaf and have emotional/social/behavioral disorders. The range of services offered in continuum of services could become a model for the nation.

SUMMARY OF RECOMMENDATION

The Study Committee recommends the establishment of a program serving 10 in-state children initially and 12 to 16 in-state children after a few years. The program will have staff needed to support a complete therapeutic program, as full-time and partial programs will be available to meet needs identified by school divisions. The cost can be shared by the state and participating localities.

Admission criteria would be established to ensure that only children who can be assisted and would benefit from this program would be admitted to the program. The program would work to prepare the child to return to the school division at some point in time. The school division, however, through the Individualized Educational Plan, would have the option of continuing to place the child at VSDB-S.

As previously stated, there are presently no services in Virginia for working with emotionally disturbed/socially maladjusted children who are deaf and who need a residential facility. Three to six children a year are being returned to school divisions from VSDB-Staunton because of behavioral/emotional concerns for which services are not available. Thus, the Study Committee recommends that a program of services be developed on the campus of the Virginia School for the Deaf and Blind in Staunton under a shared funding formula.

CONCLUSION

Most localities are limited in their ability to meet the needs of children who are deaf and behaviorally maladjusted or emotionally disturbed. The causes of these difficulties vary greatly and include early childhood trauma, psychiatric disorders, and organic disorders.

The Study Committee recommends creation of an educational/treatment program for students who are deaf or hard of hearing and have emotional or behavioral disorders. It is recommended that the program be housed at the campus of VSDB-Staunton.

1. Appropriations for construction would need to be made by the General Assembly to proceed with the remolding of Stuart Hall for costs not to exceed $1.7 million (current construction costs).

2. Operational/staffing funds must be appropriated for the program which would take several months of nationwide recruiting,

beginning after the budget is approved. Staff should be hired and on board at least six months prior to the opening of school for staff development, policy development, advertisement of the program, education of local division administrators, and for visits to other facilities.

Appendix A

RESOLUTION
SJR 193

SENATE JOINT RESOLUTION NO. 193

Requesting the Department of Education, in consultation with the Disability Commission, to study the educational needs of emotionally disturbed students with visual and hearing impairments.

Agreed to by the Senate, February 13, 1998
Agreed to by the House of Delegates, March 12, 1998

WHEREAS, it is estimated that 12 percent of the population may have special needs, making them eligible for special education services, pursuant to the Individuals with Disabilities Education Act (IDEA), P. L. 101-476; and

WHEREAS, among such students requiring special education services are those with emotional disturbances, characterized by an "inability to learn that cannot be explained by intellectual, sensory, or health factors"; and

WHEREAS, such students also demonstrate "inappropriate behavior and an inability to build or maintain satisfactory interpersonal relationships with peers and teachers"; and

WHEREAS, such students develop "physical symptoms or fears associated with personal or school problems, and the aforementioned characteristics are exhibited over a long period of time and to a marked degree that adversely affects educational performance"; and

WHEREAS, unfortunately, many students with emotional disturbances may also have other disabilities, including visual and hearing impairments that further impact their ability to learn; and

WHEREAS, alone, each disability requires specialized treatment and attention, and students with severe or multiple disabilities require ongoing, extensive support in more than one major life activity; and

WHEREAS, a variety of medical problems may accompany severe disabilities, and educational programs need to incorporate a variety of components and related services to address the educational needs of such students; and

WHEREAS, important outcomes of appropriate education for these students are school-to-work transition, job training, and life skills that help them live productively as they grow older; and

WHEREAS, assessing the needs of students with emotional disturbances who also have visual or hearing impairments would facilitate improvements and enhancements in their education; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Education, in consultation with the Disability Commission, be requested to study the educational needs of emotionally disturbed students with visual and hearing impairments.

In conducting its study, the Department shall determine the number of students with emotional disturbances who also have visual or hearing impairments; identify and review the educational programs available for such students in Virginia; determine the need for instructional staff and the qualifications required to teach such students; evaluate the educational needs of such students over the next 5, 10, and 15 years; and recommend the changes and alternatives necessary to ensure the availability of quality special education programs for these students.

Technical assistance for the study shall be provided by the Virginia Schools for the Deaf and Blind at Hampton and Staunton. All agencies of the Commonwealth shall provide assistance to the Department, upon request.

The Department of Education shall complete its work in time to submit its findings and recommendations to the Governor and the 1999 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Appendix B

MEMBERS OF ADVISORY COMMISSION

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Appendix C

EXISTING REGIONAL COUNSELING PROGRAMS

REGIONAL COUNSELING PROGRAMS

Valley Community Services Board

Valley Community Services Board Deaf Services is a public, not-for-profit organization serving Health Planning Region I. Services are offered to deaf, deafblind and hard of hearing persons and their family members. Services include individual and family therapy as well as case management and crisis intervention. Consultation and education concerning the rights of persons who are deaf, deafblind or hard of hearing are also offered.

During fiscal year 1996-1997, forty-nine (49) clients received outpatient services from Valley CSB Deaf Services on site in Staunton, Fredericksburg and Virginia School for the Deaf and Blind in Staunton. Consultations were provided to residential programs, psychiatric facilities and employment specialists concerning the needs of deaf consumers of these services.

Fairfax/Falls Church Community Services Board

Springfield Outpatient Unit of Mount Vernon Center for Community Mental Health in Fairfax County is the location of the regional program for mental health services to persons who are deaf, deafblind or hard of hearing and their family members. This region covers Health Planning Region II, which includes Alexandria, Fairfax, Loudoun and Prince William counties.

Services provided by the Deaf Services Unit include intervention and referral to appropriate resources; linking and coordinating services, and direct psychotherapy services at the Springfield Outpatient Unit. Services are provided by one full-time Coordinator of Regional Deaf Services, one part-time Mental Health Therapist. The Deaf Services unit also provides clinical supervision to intern students from Gallaudet University in Washington, D.C. Sign language classes were taught by a deaf employee from Fairfax County Office of Training. Community training, advocacy and interagency collaboration were services also performed by the Deaf Services Staff.

During fiscal year 1996-1997, seventy-one clients (71), primarily residents of Fairfax County, were served. Three time limited skill building groups were offered at local schools to mainstreamed deaf and hard of hearing students. Two support groups for adult outpatient clients were ongoing.

Blue Ridge Community Services Board

Blue Ridge Community Services is the location for the Regional Program for Mental Health Services for the Deaf and Hard of Hearing in Health Planning Region III. The position of Regional Coordinator was filled in April 1996 following a 10 month vacancy.

The program provides limited direct outpatient clinical services, consultant, educational and advocacy services to the eleven (11) Community Service Boards within Health Planning Region III. Emphasis is placed on case funding, assessment, appropriate referral and follow up within each CSB catchment area.

Coordinating of existing resources and program development to ensure accessibility and quality of care for consumers who are deaf, deafblind or hard of hearing is also emphasized. Limited direct clinical services, through crisis stabilization and short term counseling, are provided at various Community Service Board sites. Video teleconferencing has recently been added to the methods employed by the Coordinator of Regional Deaf Services in the provision of direct, consultant and educational services.

During fiscal year 1996-1997, sixty-four (64) consumers received direct clinical services from the Regional Program for Mental Health Services for the Deaf, DeafBlind and Hard of Hearing.

Deaf and Hard of Hearing Community Counseling Services

Deaf and Hard of Hearing Community Counseling Services (DHHCCS) is a licensed private, non-profit outpatient counseling facility administered by Challenge Discovery Projects. DHHCCS has had a contract with the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services since December 1981, with Chesterfield Community Services Board being the fiscal agent. Individual, marital, family and group counseling services are available to persons who are deaf, hard of hearing or deafblind and their family members, in Health Planning Region IV. In addition to providing comprehensive mental health counseling, DHHCCS advocates for the rights of persons who are deaf, deafblind or hard of hearing, provides consultation, educational workshops and participates in special projects.

DHHCCS served ninety-two (92) clients during the fiscal year 1996-1997, primarily from the Greater Richmond area. Core services included comprehensive outpatient treatment for individuals manifesting psychological, emotional or behavioral disorders. Aftercare services are offered as part of the discharge planning for individuals returning from psychiatric hospitalization to the community. Consultations to federal, state and local agencies, private

Appendix D

PUBLIC SCHOOL SURVEY

Public School Survey

The following counties/cities responded that a program for children who are deaf with emotional/behavioral needs could be of assistance:

Counties: Amelia, Arlington, Botetourt, Buckingham, Cumberland, Frederick, Giles, Halifax, Henrico, King William, Lee, Louisa, Madison, Mecklenburg, Montgomery, Northampton, Page, Prince William, Pulaski, Richmond County, Roanoke County, Rockbridge, Russell, Stafford, Tazewell, Warren, Wythe

Cities: Charlottesville, Chesapeake, Danville, Hampton, Harrisonburg, Martinsville, Norfolk, Portsmouth, Richmond City, Roanoke City, Salem, Virginia Beach, Waynesboro

December 10, 1997

TO: Special Education Directors

FROM: Bob Whytal
Director, Virginia Schools for the Deaf and the Blind

SUBJECT: Special Needs/ED Program at VSDB-Staunton

As you may be aware, the General Assembly established the Advisory Commission on the Virginia Schools for the Deaf and the Blind composed of Senators, Delegates, and two citizen members. At the December meeting, members discussed the issue of educating deaf and/or blind students who have special behavioral/emotional needs.

At the Department of Education, I have been working on the development of such a program on the campus of the Virginia School for the Deaf and the Blind at Staunton. Out of state placements for this population may exceed $150,000.00 a year and there are very few state schools of the deaf and blind in the nation providing such services.

I would appreciate if you could reflect on your past individual cases and complete the following information. Please send it or FAX it to my office using this same sheet of paper. My FAX number is 804-225-2831. Should you have questions my telephone number is 804-692-0251. I need this returned by Jan. 5th to be able to include your information in a presentation to the Advisory Commission in January. If I do not hear from you I will assume that from your experience such a program would not be of benefit to your system.

Thank you for your assistance.

Note: The behavioral/emotional needs would be addressed in a special program separate from the regular educational/residential program at VSDB unless part of the program would be day or residential depending upon individual need. These identified children would not be successful in the regular public schools or on the campus of either VSDB in the regular setting.

SCHOOL DIVISION_____

1. The number of deaf children I have worked with who could benefit from a special program for behavioral/emotional needs are _____.
2. The number of blind children I have worked with who could benefit from a special program for behavioral/emotional needs are _____.
3. Of the number for the deaf, how many would need both a special day and residential program? _____. Of this number, how many would just need residential _____. (Their educational program would be in the regular setting on campus.)
4. Of the number for the blind, how many would need both a special day and residential program? _____. Of this number, how many would just need residential _____. (Their educational program would be in the regular setting on campus.)

INDIVIDUAL FILLING OUT FORM _____ TELEPHONE _____

Appendix E

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Appendix F

TABLE OF ESTIMATED COST

Table of Estimated Cost

STAFFING	
Program Director	$ 60,000
4 Teachers	$ 172,276
2 Teacher Aides	$ 47,684
1 Clinical Psychologist	$ 43,100
1 Clinical Social Worker	$ 43,100
2 Behavioral Management Specialists	$ 86,200
1 Residential Director	$ 48,441
7 Evening Dorm Supervisors	$ 196,539
5 Night Dorm Supervisors	$ 119,210
1 Housekeeping Staff	$ 23,000
Contracting Nursing Services for Weekends	$ 25,000
Subtotal:	**$ 864,550**
YEARLY PROGRAM EXPENSES	
Educational Supplies	$ 4,000
Training	$ 1,000
Recreational Activities	$ 10,000
Food Service - Contract Weekends	$ 9,500
Subtotal:	**$ 24,500**
REOCCURRING EXPENSES	
*Electric, Equipment, Upkeep [Estimate Range: $22,00-$41,000]	$ 41,000
Subtotal:	**$ 41,000**
TOTAL:	**$ 930,050**

ONE TIME EXPENSE
Furniture [Estimate Range: $110,660 - $165,720]: $165,720

*See next page(s) for ranges and backup data.

ONE TIME EXPENSES

The Virginia School for the Deaf and the Blind

Staunton, Virginia

E.D. Program Renovations - Equipment

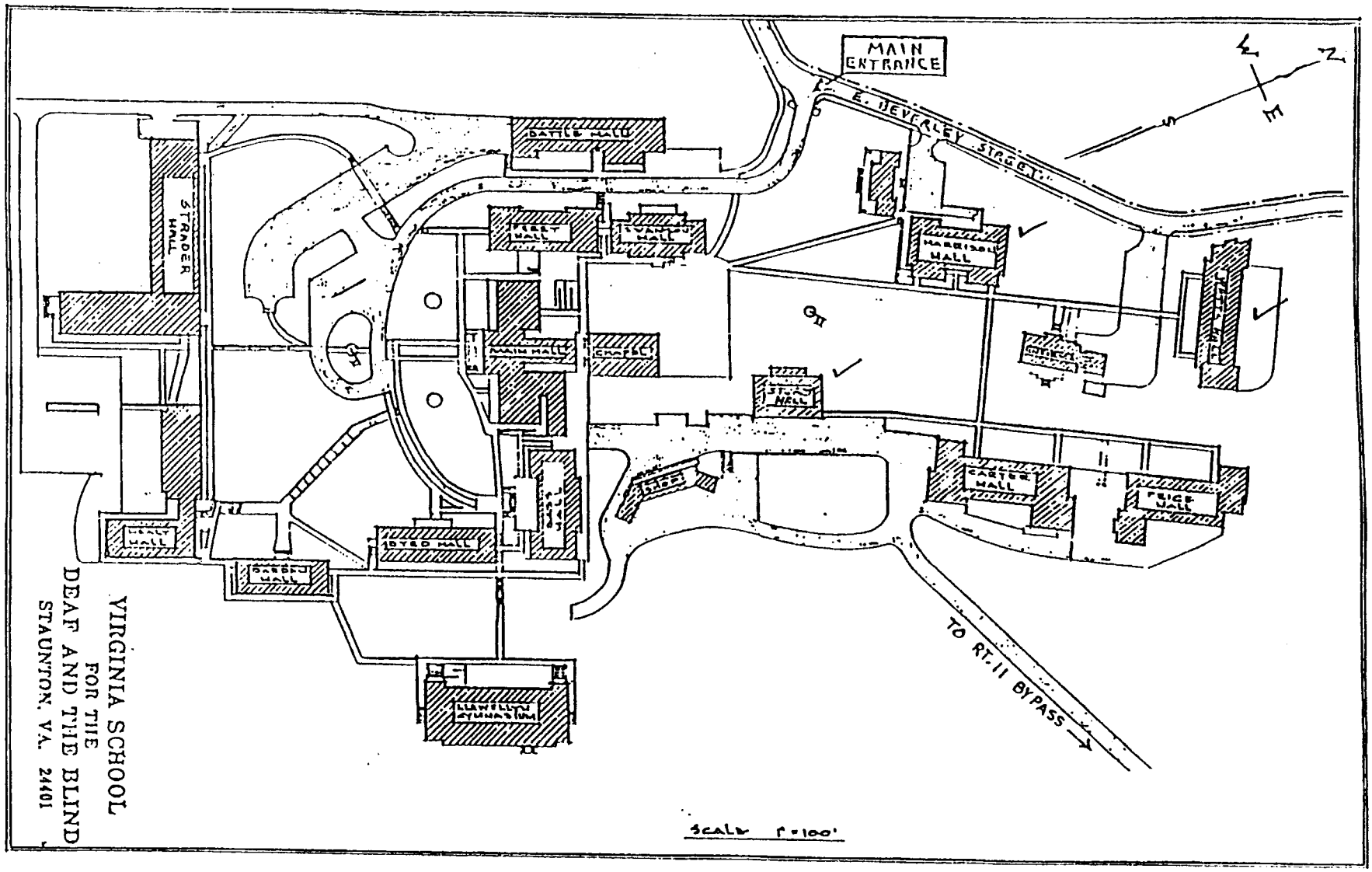
Description	Quantity	Cost/Unit (Min)	Cost/Unit (Max)	Min Total	Max. Total
Beds	16 each	$150.00	$200.00	$2,400.00	$3,200.00
Mattresses	16 each	$100.00	$150.00	$1,600.00	$2,400.00
Pillows	16 each	$10.00	$20.00	$160.00	$320.00
Dressers	16 each	$150.00	$250.00	$2,400.00	$4,000.00
Desks-Dorm	16 each	$150.00	$200.00	$2,400.00	$3,200.00
Desks-Teachers	4 each	$250.00	$300.00	$1,000.00	$1,200.00
Trash Cans	20 each	$15.00	$25.00	$300.00	$500.00
Locking File Cabinet	4 each	$150.00	$200.00	$600.00	$800.00
Desk Chairs	36 each	$100.00	$125.00	$3,600.00	$4,500.00
Student Desks	16 each	$175.00	$275.00	$2,800.00	$4,400.00
Wardrobe	16 each	$225.00	$275.00	$3,600.00	$4,400.00
Couches	4 each	$300.00	$400.00	$1,200.00	$1,600.00
Small Couches (Love Seats)	4 each	$275.00	$350.00	$1,100.00	$1,400.00
End Tables	8 each	$100.00	$125.00	$800.00	$1,000.00
Living Room Chairs	8 each	$200.00	$275.00	$1,600.00	$2,200.00
Tables	12 each	$150.00	$200.00	$1,800.00	$2,400.00
TTY Machines	4 each	$150.00	$300.00	$600.00	$1,200.00
Computers w/Printers	20 each	$2,500.00	$3,500.00	$50,000.00	$70,000.00
Drapes	1 Lump Sum	$15,000.00	$30,000.00	$15,000.00	$30,000.00
Blinds	1 Lump Sum	$2,000.00	$3,000.00	$2,000.00	$3,000.00
Evacutrac for HC	2 each	$2,000.00	$3,000.00	$4,000.00	$6,000.00
Overhead Projector	4 each	$100.00	$125.00	$400.00	$500.00
Overhead Projection Screen	4 each	$75.00	$100.00	$300.00	$400.00
Television	4 each	$250.00	$350.00	$1,000.00	$1,400.00
VCR	4 each	$200.00	$300.00	$800.00	$1,200.00
Washer	2 each	$400.00	$500.00	$800.00	$1,000.00
Dryer	2 each	$300.00	$400.00	$600.00	$800.00

Refrigerator	4 each	$800.00	$1,200.00	$3,200.00	$4,800.00
Microwave	4 each	$150.00	$250.00	$600.00	$1,000.00
Microwave Stand	4 each	$50.00	$125.00	$ 200.00	$ 500.00
Description	**Quantity**	**Cost/Unit (Min)**	**Cost/Unit (Max)**	**Min. Total**	**Max. Total**
Fire Extinguishers	8 each	$ 50.00	$100.00	$400.00	$ 800.00
Recreational Equipment	1 Lump Sum	$3,000.00	$5,000.00	$3,000.00	$5,000.00
Vacuums	2 each	$200.00	$300.00	$400.00	$600.00
TOTAL:			**(ONE TIME EXPENSES)**	**$110,660.00**	**$165,720.00**

Appendix G

CAMPUS MAP: VSDB-S

APPENDIX G


MAIN ENTRANCE
E. BEVERLEY STREET
STRADER HALL
BATTLE HALL
FERRY HALL
SWANSON HALL
HARRISON HALL
MAIN HALL
CHAPEL
STUART HALL
CARTER HALL
FRICK HALL
HEALY HALL
BARDEN HALL
BYRD HALL
LLEWELLYN GYMNASIUM
TO RT. 11 BYPASS
SCALE 1"=100'
VIRGINIA SCHOOL
FOR THE
DEAF AND THE BLIND
STAUNTON, VA. 24401

Appendix H

SB 270, 1998 GENERAL ASSEMBLY

CHAPTER 351

An Act to amend the Code of Virginia by adding a section numbered 22.1-217.01, relating to identification of students with hearing or visual impairments.

[S 270]

Approved April 11, 1998

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 22.1-217.01 as follows:

§22.1-217.01. Information on educational and other services for students identified as hearing or visually impaired.

The Department of Education shall annually prepare and distribute to local school boards packets of information describing the educational and other services available through the Virginia Schools for the Deaf and the Blind, the Virginia Department for the Deaf and Hard-of-Hearing, and the Virginia Department for the Visually Handicapped to students who are identified as hearing impaired or visually impaired. Local school boards shall annually distribute this information to the parents of those students who are identified as hearing impaired or visually impaired.

Appendix I

REMODELING COSTS, STUART BUILDING

REOCCURRING EXPENSES
The Virginia School for the Deaf and the Blind

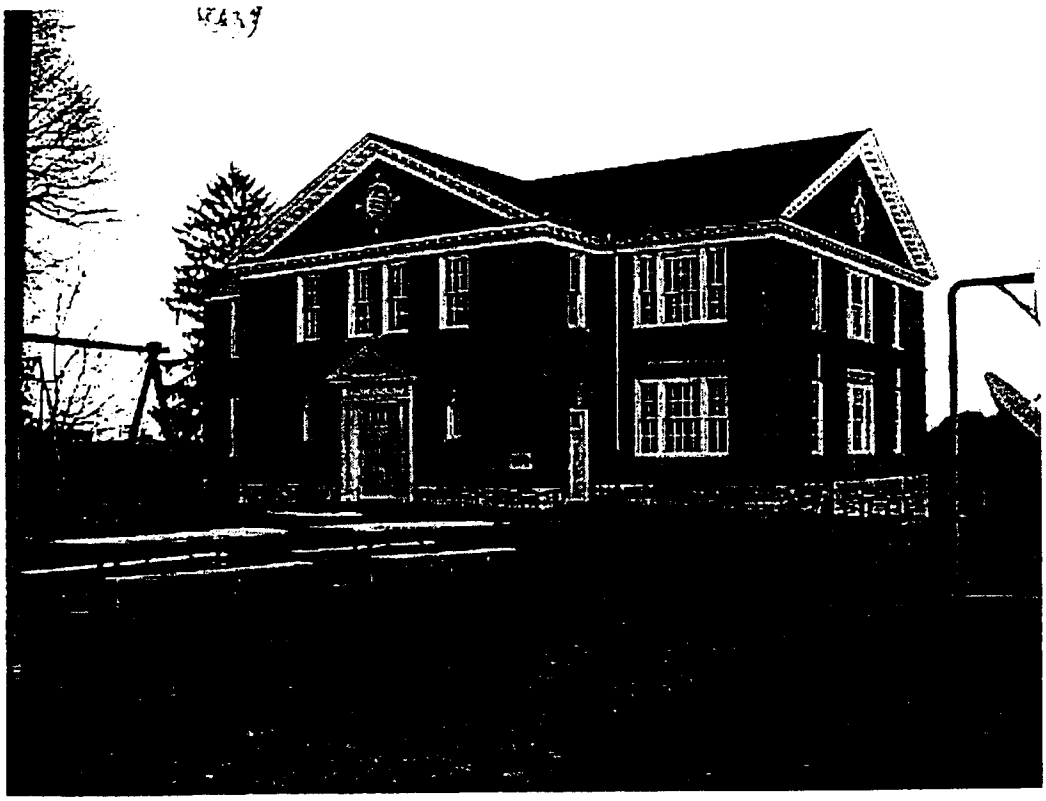
Staunton, Virginia
E.D. Program Renovations - Added Reoccurring Costs

Description	Quantity	Reoccurring Cost/Unit (Min)	Reoccurring Cost/Unit (Max)	Reoccurring Min. Total	Reoccurring Max. Total
Housekeeping Supplies	1 Lump Sum	$1,000.00	$1,000.00	$1,000.00	$1,000.00
General Maintenance	1 Lump Sum	$5,000.00	$10,000.00	$5,000.00	$10,000.00
Fire Extinguisher Testing, Inspection	1 Lump Sum	$500.00	$1,000.00	$500.00	$1,000.00
Sprinkler Testing & Maintenance	1 Lump Sum Yearly	$1,000.00	$3,000.00	$1,000.00	$3,000.00
Fire Alarm Maintenance & Testing	1 Lump Sum Yearly	$1,500.00	$3,000.00	$1,500.00	$3,000.00
Fire Alarm Service Contract	1 Lump Sum Yearly	$1,000.00	$1,500.00	$1,000.00	$1,500.00
Elevator Service, Maintenance, Inspection & Testing	1 Lump Sum Yearly	$2,000.00	$3,000.00	$2,000.00	$3,000.00
Electric, Heat, Water, Sewer, & Trash	1 Lump Sum Yearly	$7,000.00	$10,000.00	$7,000.00	$10,000.00
Phone	1 Lump Sum Yearly	$1,000.00	$1,500.00	$1,000.00	$1,500.00
Internet & Networking Connect	1 Lump Sum Yearly	$1,000.00	$5,000.00	$1,000.00	$5,000.00
Laundry & Linen	1 Lump Sum Yearly	$1,000.00	$2,000.00	$1,000.00	$2,000.00
TOTAL: REOCCURRING EXPENSES				**$22,000.00**	**$41,000.00**

ONE TIME EXPENSE

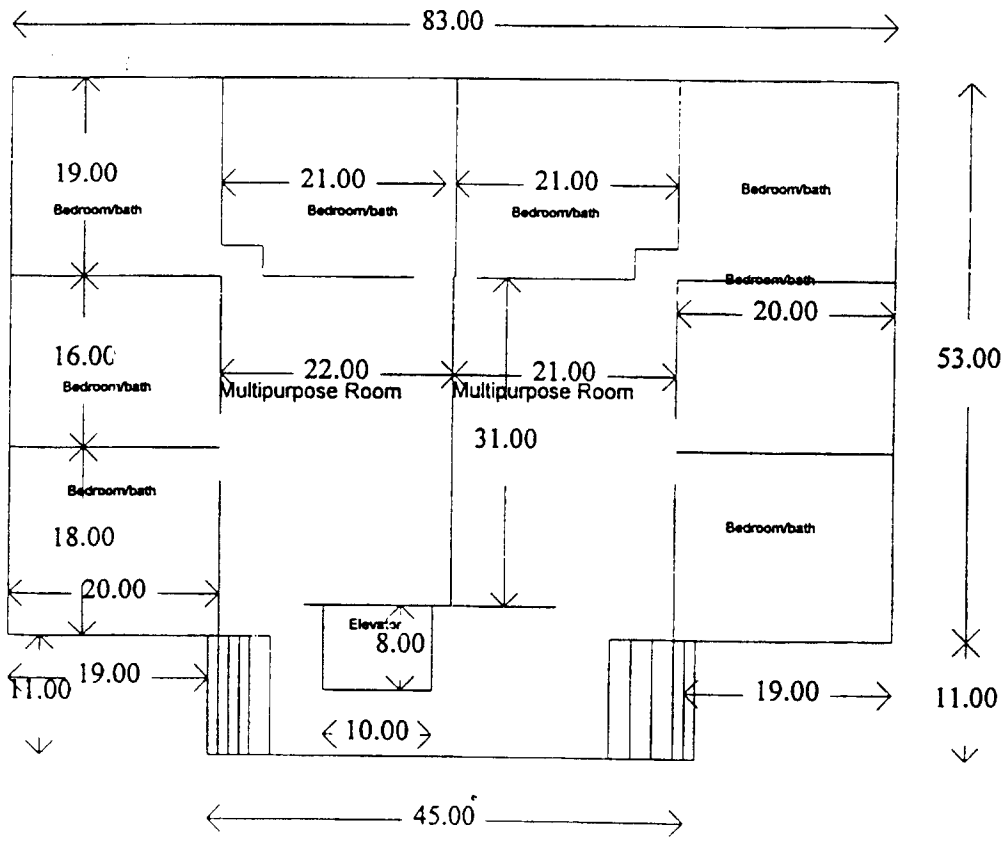
Note: **3rd stop is required to allow future access to basement, which could be renovated into classrooms, etc.**

Note: **The cost of a new maintenance building to house the relocated lawn mower/tractor shop from the basement of the Stuart Building is included with anticipation that the Fire code will not allow the residential use of Stuart Building while gasoline is being used/stored below.**



The Virginia School for the Deaf and the Blind

Staunton, Virginia



Stuart Building

Scale 1"=16'

Appendix J

PROPOSED MCV PROGRAM

COMPREHENSIVE MENTAL HEALTH TREATMENT PROGRAM FOR CHILDREN AND ADOLESCENTS WHO ARE DEAF, HARD OF HEARING, AND DEAFBLIND

BACKGROUND

The Virginia Treatment Center for Children (VTCC) has been providing quality and accessible treatment to children, adolescents, and their families since its creation in 1962. VTCC is part of the pre-eminent Medical College of Virginia Hospitals/Virginia Commonwealth University Medical Center, (MCV/VCU), and offers a broad spectrum of psychiatric services to Virginians and residents of other states. The services provided by VTCC include outpatient psychotherapy, evaluation, and medication management, acute hospitalization/crisis stabilization, residential and day treatment, and community-based services. The VTCC hospital-based programs also feature a fully equipped State Department of Education supported school program. The VTCC Treatment Team includes child psychiatrists, clinical psychologists, social workers, nurses, educators, occupational, recreational, music, and art therapists, a nutritional specialist, and child care technicians. Having served as a model program for service, research, and training in the field of child mental health for the past 36 years, we believe we are in a unique position to offer innovative treatment services to children with special needs.

PROPOSED PROGRAM

The program we are proposing will fall within our current continuum of care and will offer additional specialized services for children and adolescents who are deaf, hard of hearing, and deafblind and their families. A licensed clinical psychologist who is fluent in American Sign Language and has specialized training and experience in working with patients who are deaf, hard of hearing, and deafblind and their families will direct the program and provide clinical services and supervision. The additional professionals and staff working within the program will be knowledgeable of issues affecting the psychological development and adjustment of deaf, hard of hearing, and deafblind children and their families and will know sign language, be attending ongoing sign language courses, and/or use sign language interpreters at all times. The patients admitted to the hospital-based programs (Acute, Residential, and Day Treatment) will have the opportunity to participate in a treatment milieu with other deaf, hard of hearing, and deafblind patients who may share many of their communication and treatment needs. In addition, the patients will have the opportunity to interact with hearing peers and to work to improve their communication and interaction with peers who do not sign.

FUNDING SOURCES

VTCC accepts funding for the acute and outpatient services through private health insurance, Champus, Medicaid, and most major managed care plans. VTCC is knowledgeable about the reporting/authorization and co-payment requirements of most managed care programs. All VTCC programs accept special education and CSA funding. After a one-year start-up period when the census of the specialized hospital-based services has reached capacity and stabilized, these funding sources will be used to maintain the majority of the specialized services. The remaining ongoing additional costs for the specialized mandated educational services required for children who are deaf, hard of hearing, and deafblind would need to be funded through the State-Operated Education Program (S.O.P.) funded through the Virginia Department of Education. These ongoing costs will include the salary for a full-time teacher for the hearing impaired and funding for educational interpreters as needed for higher level academic courses as an estimated cost of $50,000.

In order to begin implementation of the specialized services, start-up funding for a one-year period is needed. The start-up funding is needed to cover the additional expenses involved in implementing the specialized services required to operate accessible and quality hospital-based treatment programs for patients who are deaf, hard of hearing, and deafblind. Additional Start up costs would include a program director, sign language instructor, sign language interpreter, equipment, materials, and staff time for program evaluation for an estimated cost of $106,695.

BENEFITS OF PROPOSED PROGRAM

There are several advantages to the type of comprehensive mental-health treatment program for deaf, hard of hearing, and deafblind children and their families proposed by VTCC. The range of services offered by VTCC allows a child or adolescent to receive the intensity of services his/her individual situation warrants and also allows for transition among services as needed. The hospital-based services offer individualized treatment in an integrated treatment setting with professionals and staff who are highly trained and experienced in working with children and adolescents with significant emotional and behavioral problems. Equally as important, the patients will have the opportunity to participate in a treatment milieu with peers who are deaf, hard of hearing, deafblind, and hearing and with staff who are familiar with sign language and sensitive to their special needs and concerns. Due to the highly structured and supervised milieu and the quality of treatment services provided through the hospital-based services, the length of stay will likely be lower than for children and adolescents placed within a program with less intensive therapeutic services. In addition, the strong emphasis on family and community involvement in the therapeutic process is likely to allow for a more successful re-integration into the community setting. Finally, the hospital-based programs offer full-time medical care by board certified child psychiatrists and nurses, and VTCC's affiliation will MCV/VCU also allows easy access to other medical evaluations and treatments which may be required.

VTCC CONTACTS

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