

Members of the Ways and Means Committee, my name is Guy Stephens. I am a father of two amazing children and a resident of the State of Maryland. I am sharing my written testimony to offer my support for HB 0522, which would require the Maryland State Department of Education (MSDE) to study certain matters relating to the Home and Hospital Teaching Program for Students and make recommendations regarding any statutory or regulatory changes to the program. I would like to share a little of my family's story related to home and hospital teaching and why I believe that you should consider supporting legislation to study and improve the Home and Hospital Teaching Program.

My son Cooper is a bright, creative and energetic young man. He enjoys spending time outdoors and collecting items including sea glass, shells, bottles, coins, and road signs. He plays the drums and enjoys horseback riding in his free time. However, Cooper is on the autism spectrum and has difficulty with focus, impulsivity and social situations. Therefore, attending school has been a challenge for Cooper. For him to access a free and appropriate public education, he needs the right environment, appropriate supports, strong supportive relationships, and a thoughtful individualized education program (IEP). While my son did well in the public school system for many years in the Fall of 2018 things changed unexpectedly.

My son suffered from significant trauma after being inappropriately restrained and secluded by school staff in the Fall of 2018. My son was forcefully put into a seclusion room and physically restrained on at least four occasions over 15 days. Following a traumatic seclusion and restraint event that occurred on October 3rd, 2018 he decided that he no longer wanted to go to school. We informed the school and started a series of IEP meetings. A week passed by and Cooper was receiving no services and had no interest in returning to school after being traumatized by school staff. While the IEP team was meeting Cooper was not receiving a free and appropriate public education. Because I knew about home and hospital teaching I requested that it be considered for Cooper due to an emotional crisis. I made a formal request which was ultimately approved.

Cooper received Home and Hospital Teaching (HHT) from November 2018 until June 2019. Based on our experience with the Home and Hospital Teaching program I believe that it needs to be critically reviewed and improved, below are a few of the concerns that I have based on our experience:

- Knowledge about the HHT program is very limited within IEP teams. We recommended HHT for Cooper because I knew about the program based on a training program that I had completed with The Parents Place of Maryland. IEP team members should be aware of the program and when it might be an appropriate option for students in need, such as my son.
- The process is slow and cumbersome, we formally requested HHT on October 21st when we sent a letter from Cooper's doctor who recommended HHT. On November 9th we received an approval letter from Student Services. Our first session was on November

16th. Cooper had been out of school since October 3rd. Cooper had been out of school and received no services for approximately six weeks.

- Students in HHT receive very nominal services. It is typical for students in HHT to receive just six hours of instruction per week. While HHT is intended as a short-term solution in most cases, this is still significantly inadequate. It does not seem that the limited time allocated is sufficient to provide a free appropriate public education as required by Federal law.
- Students who are requesting HHT due to an emotional crisis are required to be under the care of a psychiatrist or licensed psychologist. While the intent of this is good, it can be a barrier to children getting the services that they desperately need. If you have ever tried to make an appointment with a mental health professional you are probably aware that waiting list of three months or more is typical. You need to be under the care of a mental health professional, yet it may be nearly impossible to get an appointment. Additionally, the school system is assuming you have the financial resources to cover the cost. While we are fortunate to have a high-quality private insurance provider, not everyone is so fortunate. Schools need better guidance and flexibility to provide transition plans that meet the individual needs of a diverse population of students. A student like Cooper who experienced trauma at his school will need a very thoughtful and gradual transition plan. MSDE should provide more guidance on the development of appropriate transition planning.
- The length of services for a student with an emotional condition is 60 continuous school days except in rare cases for which the IEP team has determined that it is necessary to meet the individualized needs of the student. This is an arbitrary constraint, not based on the individual needs of the student and should be re-examined.
- The re-verification process is required frequently and time-consuming. The dates of services are sometimes artificial, meaning re-verification needs to occur even though the student should have services remaining.

The bottom line is that HHT is a necessary service that can support students with a variety of special needs, including those with physical disabilities or emotional crises that prevent them from being in a classroom. However, the system needs to be critically reviewed and improved so that Maryland can continue to offer students the best opportunities in the nation. I ask that you please consider creating a task force to study and make recommendations to improve the Home and Hospital Teaching Program. I also ask that you involve parents and educators as active members of the task force.

Respectfully,

Guy Stephens