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Loudoun County School Board, Student Services Committee Meeting, Thursday, September 19, 2024

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[00:00:01] Good evening everyone. Thank you for being here and I apologize for being late to the meeting. Thank you to my committee members and to staff and everyone else who's in attendance.

[00:00:17] I will call this meeting to order. Do we have any public comment speakers signed up? No public comment speakers signed up. Okay. In that case we will move on to item number three on our agenda which is approval of the minutes from the August 22nd, 2024 minutes of the student services committee meeting.

[00:00:40] Committee members, have you had an opportunity to review the minutes? Do you have any questions, concerns, proposed edits? No concerns. I will entertain a motion in that case to approve the minutes. I make a motion to approve the minutes.

[00:00:59] Thank you, Chair Mansfield and Ms. LaBelle. The motion was made by Chair Mansfield and seconded by Ms. LaBelle. All of those in favor, please say aye. Aye. That motion passes unanimously.

[00:01:17] Moving on to item number four on our agenda today. We have no info items, so item number four are our action items for today. Mr. Dolson, I will turn it over to you for item 4.01 and possibly 4.02.

[00:01:38] I don't know if you want to talk about them together. or individually, but I will turn it over to you. If it's okay with you, Chair Donahue, we'll do it separately because that's the way we have it scheduled

for, just in order. Good evening.

[00:01:55] We are back here to talk about Policy 5360, Medical Homebound Instruction. On the first slide that is displayed for you are some of the initial edits that we've been through with you over the past, I believe, two committee meetings, and I'm not going to read all of those to you but it gives you the the gist of how we have separated out policy 5360 and then added the new policy 5365. The reference to the medical homebound or the word medical being

[00:02:29] added was something that our legal counsel recommended and then we have been through the rest of those bullets pretty much in detail. What I would like to do is go off to the next page and talk you through some of the integrated feedback that we received both from MSAC, from SEAC, and then from some of the public. What I will do is I'll just go through bullet by bullet and then reference the line so you can follow along. In section A, the purpose of medical homebound instruction, lines six through four were edited to reflect more positive affirmative

[00:03:05] language. In section B, titled Eligibility for Medical Homebound Instruction, lines 26 through 40 now outline more specificity regarding eligibility, approval decisions and durations, and implementation of services. In section C, implementation of services, lines 46 through 69, specifically in part five, it says that medical homebound instruction may be, and then in item E, lines 166 through 161, I'm sorry, 161 through 166.

[00:03:42] We have a reference to students with an IEP that has been amended to include general education students. Are you in the, which, which? 5360. I know, but like red copy.

[00:03:58] Oh, the red line, yes, ma'am, sorry. The red line copy, okay. The red line copy. Sorry, going so fast, okay. Then in that section C, also in part six, lines 171 through 179.

[00:04:14] Again, we're using more affirmative language to refer to some of the specialized courses that are in that section. Part 7, lines 181 through 196 have been amended to reflect the committee request and SEAC input.

[00:04:30] There were some additions there. In Part 8, lines 198 through 207, we provide clarity regarding homework. In Part 10 of Section C, lines 212 through 224, we explain that Homebound provides continuity of education.

[00:04:48] And then Part 11 of Section C, Lines 226 through 232, provides alignment with our VHSL policies. Section D, Section E, and Section F are pretty much summarized by the content based on the titles of those sections.

[00:05:25] Ms. Honor, would it be okay if we did 5365 as well, or do you want to take questions regarding 5365? If you have completed your walk-through of the changes, I will see if my fellow committee members have questions at this time.

[00:05:41] Sure. Ms. Mansfield. So, SEAC did, let's see, I did like the identifying need for homebound instruction. That would probably, I guess, if you're not on the red line, if you're on the clean copy, it may go on 18.

[00:06:07] However, there's a but, I do like the idea of looking preemptively, and if a student accumulates 10 consecutive, do we check, let me just ask the question, do we check in first to see after five absences, 10 absences with the student and the family, consecutive absences?

[00:06:36] So, in general, we notify parents every time a student is absent within a couple hours of the school day when it comes to homebound the teacher is the record keeper of the attendance and they will relay that to not only kurt mills but his staff as well and that's captured at the school level if a student misses a certain number of days in homebound we're going to reevaluate whether that's an appropriate placement for that student and see if there's an alternative setting that would better fit their needs, but in the general student population, if a student

[00:07:15] misses five or more, we have to develop an attendance plan, and then if they miss ten or more, we have to have a conference scheduled with the parents to discuss, and then if there are more than that, and it's regarding unexcused absences or excused absences, we need to look at whether that's a court route or whether that is something that the school can handle together.

[00:07:36] So is there any, if a student is, accumulates 10 or more or 5 or more, I would say more than like 10 or more, do we furnish the family with information regarding homebound instruction? Is that part in our, is that in our regulations?

[00:07:52] Yes. So when we have students who are in our schools that miss those absences, we want to identify what the barriers are for attendance. And sometimes it is medical conditions. So we offer alternative settings, including medical homebound. And we also look at modifying the day.

[00:08:08] We look at supports within the school building. We look at a lot of layers of support to try to keep them in the building. But in some situations, homebound is the best option. So we connect them with that. And some students, it's partial homebound. That is a better fit because of their needs.

[00:08:26] So we just try to individualize it based on each student's needs. So is that contemplated anywhere in this policy? Or is that contemplated in regulation? Or is that your standard operating procedure? So in our attendance regulation, it talks about what happens when all students start to miss school.

[00:08:44] And that's unexcused and excused absences. So that is 8140. We have that policy in place. And we will follow through. And it discusses the Unified Mental Health Team and their roles in those meetings. So an attendance meeting includes social worker, attendance officer, a school counselor, an administrator, family members, and the student to really brainstorm what's going on so that we can support them wherever they may be.

[00:09:12] There's no actual place where it says we will give comprehensive details on the application process, or we will furnish the family with information and paperwork regarding homebound instruction. We don't have that language anywhere.

[00:09:29] No, because for students, especially when it comes to mental health, medical homebound is probably not the ideal solution because you're removing them from any connection to the school, where they might have sources of support there, and then it makes it harder for them to come back.

[00:09:45] So we want to try to engage them as much as possible, staying in that school, and then figure out what is the best fit, the least restrictive environment, and then sometimes it is medical homebound that's needed, at least when it comes to mental health, and clearly for medical reasons, but it's not a clear step one, two, three, four, this is what we do, it just depends on each student.

[00:10:06] homebound is offered it as an option when we believe it's appropriate or when a parent asks about it i mean because i do have i do see the concern that students are acquiring significant absences during due to disability and um things can get slipped through the cracks and so um especially now that we're going to have accountability be a part absences and everything are going to be a part of our accountability and all the rest of that via the state um so i'm just

[00:10:38] wondering, is there a space to try and identify earlier or not allow those kids to slip through the cracks? I think that's what SEAC is looking at, is so that those kids don't slip through the cracks. If I may, Mrs. Mansfield, I think the challenge that we have experienced is that for some of our students with disabilities, particularly, and I have knowledge of those situations,

[00:11:13] there is a time frame, the family is working with the physicians, the family is working with the schools, the schools are working with Mr. Mills's medical homebound office, and so the school is making sure that the student is staying connected as best as possible based on, you know, the impact of that medical need. The challenge that we have found, and I know that I have heard from SEAC, or members from SEAC is when a student with a disability gets to that 15-day mark or even maybe past the 15-day mark, but we have knowledge that the process is working, but then either

[00:11:53] there's not enough medical documentation to certify the need for medical homebound, there's communication to the school that the homebound has not been supported and we're going to be working with the family for additional information it is that time frame from a denial to the parents being notified and our staff working with them and their medical providers to get more information of how are we coding students is it the assumption that they go back to school during that time or are you it seems as though you're probably asking what's that intermediary sort of

[00:12:32] step? Is it a certain coding that we can consider? Because I know the concern is we don't want any students to be dropped from roll, but we know per Virginia code, after 15 consecutive days, you are unenrolled. So I think that might be the area that we're talking about. I know that that has been the area that has been brought to my attention. I believe it's been brought to the attention of the Office of Special Education. What happens when we know the process is in play, It's taking a little bit longer, maybe to get the information that is needed.

[00:13:05] We issue a denial, but acknowledge we're still working with you as the family, you as the school, and the physician. What is happening with the students, and how are we coding it? I think also, I mean, in their documentation, they said that a parent and guardian is not made aware.

[00:13:24] If they're concerned with students who are acquiring significant absences due to a disability, And the parent and guardian is not made aware of the option of homebound or home-based instruction. So I think it's both of those things, actually, as well as the withdrawn at 15 days.

[00:13:42] So, I mean, I think that their timeline is a little aggressive when it comes to coming up with IEPs and all the rest of that and making, you know. But, okay, that's one.

[00:14:05] And then, so that's one area. The other area that I'm looking at on the clean copy would be on 100, I guess it's 99 on the clean copy.

[00:14:27] It has for students receiving special education, the IEP team, should we also put, or section 504 team will determine the number of hours necessary. It's on page three.

[00:14:46] Yes, it is. Mrs. Mansfield, if you look down in that same section, section seven on the clean copy, If you look down on line 110, we do reference it. But are you making the request that everywhere we mention IEP you would also like to see or Section 504?

[00:15:04] I know it does sound kind of redundant. But, I mean, I think just to be consistent, and it looks like you have for students receiving homebound instruction who have Section 504 plans, The student's Section 504 team shall meet to determine if accommodations or services are required during homebound instruction.

[00:15:36] The Section 504 plan may be revised by the team as appropriate. In addition, the Section 504 team will determine whether the student should be referred for evaluation for eligibility. We have, you know, the child study team shall meet for the IEP or possibly a Section 504, but I don't know that we have something that says go from the 504 to the IEP well as I read lines 111 all right so I'm going to go back to 109 for students receiving homebound instruction

[00:16:12] who do not have an IEP or section 504 plan but are suspected as having a disability child study may meet okay section 504 so what you're saying is for those students well the process would still apply. So are you asking us to add language about or students currently eligible under 504 that they also be considered under child study? So you would have child study again for that? Yes. You wouldn't just go to eligibility? You wouldn't go for assessment? You would go to child study team again? Yes, because

[00:16:44] section 504 regards you as having an impairment and eligibility under the IDEA indicates that we're looking for a discrete disability. So we would really want a full comprehensive team to come back together. And the 504 would stay in place should the team determine that there's going to be an evaluation for a suspected disability under the IDEA. But I didn't realize you had to go back through the child study team process. I thought that the parent could just request. We do have the option. So yes, under regulations, that is allowable. But the cleanest way is to make sure

[00:17:22] we have a full team present to clearly talk about, okay, what are the new emerging concerns that we may have, making sure we have our school psychologist there, educational diagnostician, all of the general education teacher, the homebound teacher, parents, designees.

[00:17:42] So as I read that section, I would see it applicable to students that are general education or those under Section 504 plans because they're already not protected by the IDEA.

[00:17:59] Do you see what I'm saying? So I think that that language that the team shall meet to determine whether a child should be referred for evaluation for eligibility for an IEP or Section 504 plan in accordance with Policy 5330. And just for clarity, we're on the clean copy, starting at line 109.

[00:18:22] That's the section we're talking about. So you think all tiers are in there in that? Yes, because if you are not currently eligible. Go from general ed to find eligible for Section 504 or IDA or special education.

[00:18:37] And then also Section 504 to eligibility for special education. Correct, because students that are eligible under Section 504 are still considered general education students. That's why. Okay, okay.

[00:18:58] And then their other one was a recommendation eight, I think they had, which would be, I guess, let's see, 115 in the clean copy.

[00:19:16] So let's say homework should be expected. Not all assignments will be completed in the presence of a homebound teacher. This is reasonable accommodations for students with disabilities will be provided pursuant to the IEP or Section 504 plan. Can we put that in there?

[00:19:32] I would like to put that in there. You can make an amendment to put that in there, I guess. So as it reads now, the clean copy, starting at line 114, homework should be expected. Not all assignments will be completed in the presence of the homebound teacher.

[00:19:51] Students should be prepared to participate in the instructional process. This involves attending, scheduled sessions, completing assignments, and participating in discussions or activities as required. Where feasible school-based instructional options should be leveraged to provide a comprehensive educational experience.

[00:20:09] The reason that we did not specifically reference what was needed for students with disabilities is because we've already previously stated that we'd be implementing their IEP, which would include their goals, services, and accommodations. So the teacher should be defaulting back to the IEP to apply those accommodations to homework assignments and expectations.

[00:20:32] And then the options that include, according to SEAC, the part-time homebound instruction and conjunction, like all those three options? Those are usually prescribed by the doctor. Okay, so. That's how they write the orders.

[00:20:48] Right, so it might, these options may include, you would rather have them in the doctor's orders as opposed to in the policy? Correct. Just asking my question. No, we appreciate it. Absolutely. Doing good. And then teacher qualifications is the other one.

[00:21:09] It looks like it would be probably 200. In determining the appropriate teacher to provide homebound instruction, the same requirements that must be met for in-school instruction. Wait, wait, okay.

[00:21:27] This is the problem with looking at two different things. They said, in determining appropriate teacher to provide homebound instruction for students with disabilities, Do you see the need to put in school instruction for students with disabilities must be met for those students receiving instruction at home?

[00:21:49] No. When staff sat down to review this, we always look at the needs of the student and Mr. Mills and his team, along with some creative support from our business and finance friends. We've been able to hire a full-time special ed teacher for Medical Homebound.

[00:22:07] But barring that, prior to that position, Mr. Mills would always reach out to the Office of Special Education if there were specific needs for students with disabilities that were on medical homebound that existing homebound staff could not meet. So for every student, if you need algebra, we need to make sure that we can find you a teacher that's endorsed in algebra.

[00:22:28] If you have calculus, we're going to make sure that we provide you with a teacher that is endorsed and able to teach calculus. So the specificity needed or referenced or recommended by SEAC is not necessary because we're applying this process equitably to every single student that applies for medical homebound.

[00:22:49] We're looking at their courses. We're working with their schools. And the first thing that Mr. Mills and his team do, if he reviews his available homebound teachers and realizes, oh, my goodness, I don't have someone endorsed in this area, he does the outreach to that homeschool first right so who knows the student that might be able to provide these services we start there whether you're general ed special ed section 504 eligible or eligible we still work to make sure that we're aligning our resources with what your needs are

[00:23:23] for for every student i will add you did incorporate a lot of their requests from I'm just saying that staff did a very in thorough for these other as to the reason why Yes, they did a very thorough line-by-line review. They also thank you At the guidance from video II I did see that too. Okay, thank you for indulging me Anything else Ms. Mansfield at this time

[00:24:03] Ms. LaBelle I'm good with it. It is very thorough I would like to go back just so that I can follow up on the third concern and recommendation that SEAC raised that we've already discussed a little bit about, particularly students with disabilities, accumulating significant numbers of absences and being dropped from the roles with the concern of families maybe not knowing about these options.

[00:24:43] Is there anything in the accompanying regulations that would address this issue? So the mandatory withdrawal is a state requirement, and it is in our 8140 regulation.

[00:25:02] And schools push that out at the beginning of the year as a reminder to parents as well. But when these situations are happening, that is communicated by the staff that we have to be very careful. We want to make sure that this doesn't happen. What can we do to support your child and you to navigate this?

[00:25:21] Right. Okay. But it is by policy, not just by practice, that there is some requirement somewhere that says if we're going down this path, there will be outreach to the families.

[00:25:37] Absolutely. And that's outlined in the 81-40 policy. Thank you. I don't have anything else. committee members should we vote on this policy or do you want to hear the discussion of the home-based policy first it is confusing because we got home-based instruction we have administrative

[00:26:09] homebound and then we have homebound instruction home instruction it's all same wording hard hard to think of new things to call them too yeah um i think personally i think we could vote on this and then move to the next one.

[00:26:30] Okay. I think that would put it to rest and keep us organized. Okay. Is that okay with staff? Okay. Okay, so we have put our questions out there. Is there a motion to Ms. LaBelle? I know.

[00:26:49] I was careful about that today. I move that we accept the Medical Homebound Instruction Policy 5360 as written in the clean copy. To be submitted to the full board?

[00:27:04] To the full board. is there a second I second the motion has was made by ms labelle and seconded by ms mansfield all those in favor say aye aye the vote is unanimous thank you staff please refer the clean version of this policy to the full board for its consideration and mr. Dolson I will turn back to you for item number 4.02 the

[00:27:35] revisions to the home-based. Correct. Testing your acuity and semantics here. So as we have shared with you previously, new policy 5365 has simply been removed from the current policy 5360 or the old policy 5360, I should say, and made into a separate policy entitled home-based instruction. I will,

again, not going to read to you because you all have heard about the new policy on the next slide we do talk about the integrated feedback and again

[00:28:11] section 2 refers to and this is in the red line copy so I do apologize with the line references it's in the red line copy the reference to the students receiving special education services specifically in parts A through D and in lines 33 through 61 and that is again of the red line copy and then at the very and section B teacher qualifications again referenced in lines 67 through 76 and if I'm not mistaken those lines are very similar to what we just talked about and we spoke

[00:28:47] about in the home medical homebound policy. We will certainly entertain any questions in regards to this new policy 50 through 65. Thank you Mr. Dolson, Ms. Labelle, Ms. Mansfield.

[00:29:10] Not to put you on the spot. Oh, there was one. Sorry. There was long-term instructional placement. Let me see where that was. I've got too many papers. This one is, which one is this? Medical homebound? This is medical homebound, right? No, ma'am. We're in home-based instruction. We just did medical

[00:29:44] homebound. Home-based instruction. Okay. There was one. Okay. So in the clean copy, line On 937, we have home-based instruction for students receiving special education services will be coordinated through the Office of Special Education and may be considered by the IEP team as a temporary instructional placement.

[00:30:15] Why wouldn't we do a long-term instructional placement, could you be? Free appropriate public education is typically deemed to be that in a public school setting. With that being said, we do, through the lens of special education, view a home-based placement as a temporary assignment.

[00:30:38] Now that is not to say that IEP teams are not continuing to work with families and other participants within the educational process, and it could end up being a long-term placement. Oftentimes if it does end up being a long-term placement for a student with a disability, We would then begin to look at medical factors possibly because we wouldn't have a long-term home-based placement for discipline.

[00:31:06] We wouldn't have a long-term home-based placement for mental health for students with disabilities because we know that we have other structures and other resources along the continuum of services to consider as placement options. So that's why we were comfortable leaving the word temporary but acknowledging the special education process and how it is constantly moving and collaborative and teams can come back together. You get new information, you find out new things, and you come back together, you meet, you talk about it, and that's where you make your placement determination. And

[00:31:42] so even if it's temporary and say we dated it nine weeks out, we know that within that nine weeks we're going to meet again. And we would often schedule it right then and there to say, okay, here's the factors that we're looking at that would monitor progress or here's some more data points that we would like.

[00:31:58] So then that would make it always temporary? Yes, but it could end up being long-term. But we view it as temporary because we're constantly coming back to the educational process for students with disabilities, looking at impact of disability, looking at our placement options here in the public school setting, considering private separate school settings, maybe it's residential, maybe it's hospitalization.

[00:32:25] We're constantly wanting to talk about and move along that continuum of services. I guess I'm concerned that there might be a time when we are considering long term, even though we're, that's very confusing, Ms. Richardson.

[00:32:44] So, and so then if it's not in the policy, then it's not going to be something that people think about. Well, it's really to the, we didn't define temporary. Temporary just means it's not permanent, right? Because we always want students.

[00:33:01] We're always considering how they are attaining skills, developing skills, growing, what their needs are. So temporary, right, could be 180 days. Could be. We're not defining it in policy, but we're just not saying for a student with a disability that it's your stay put placement.

[00:33:21] That we've determined that that is the only way that you can access a free appropriate public education. We're not saying that. Ms. Mansfield, just one other point of clarification. If you look at what it says, it says that it may be considered.

[00:33:38] It doesn't say it must be considered as a temporary placement. So it's maybe which leaves the door open for interpretation. - Thank you, Ms. Mansfield.

[00:33:54] Mr. Dolson, I noticed that one of the recommendations was to add a cross-reference to 5360 in the revisions to this policy. Is that something that staff is open to?

[00:34:15] we can um i think one of our goals here was to keep these separate but we can certainly cross-reference i mean there are a lot of similarities between the two especially when you talk about teacher qualifications etc but yeah we can certainly make that make that as a cross-reference well it's a it's just a question because i i take your point that the reason why you wrote this policy was to separate these two processes so um do my fellow committee members have

[00:34:55] thoughts. Ms. LaBelle? Just as a question for everybody to think about, we're going here to separate the two types and distinguish the two types of home-based instruction. If we cross-reference each other and somebody decides, okay, I'm going to read this and then I'm going to read this, is there a danger of them becoming confused again, having these things intermingled once again?

[00:35:24] So I would just offer the conversation that you all had as a committee prior to, there's a lot of nuances within these two. I feel as though if we were training a new administrator on these two policies, it is really convenient for them to be separate because the verbiage is so similar, homebound versus home-based and explaining what that means to teachers, what that means to parents and what it means to new administrators implementing these policies. I like the idea of keeping them very cleanly separated.

[00:35:58] I don't think a reference to a policy is going to confuse, but it could because they are so similar and they need to be, in my opinion and I think in SAF's opinion, they do need to be separate so they're implemented by policy and fairly to make, to ensure that the students are receiving the services they're entitled to.

[00:36:21] Thank you, Mr. Dolson. I think I'm convinced that it would potentially be harmful to add the cross-reference. And I'm not sure how much benefit it would bring. So do you have thoughts, Ms. Mansfield? I mean, there are a lot of policies that we could cross-reference that we just don't.

[00:36:41] So, or we just don't think about it. The policies are still there in board docs or wherever. But so I don't see a necessary reason to go ahead and cross-reference. I agree. Any other questions, fellow

committee members?

[00:37:02] Would you mind if Mr. Mills just makes a comment? Please. Yeah, we did add several cross-references to both of those policies in response to the feedback we got from SEAC and the other committees. Thank you.

[00:37:18] It's very evident with both of these policies that the staff took all the recommendations very seriously because we see that you implemented many, but not all. To me, that is strongly indicative of your careful consideration.

[00:37:34] rather than just adopting wholesale every request that was made, really giving a lot of careful thought to what would make the policy better and what would help our students more. I appreciate you all going through that process.

[00:37:50] Is there a motion to refer this policy clean version to the full board? I make a motion to send policy 5365, home-based instruction, to the full board for their consideration and information.

[00:38:13] Ms. LaBelle. I second. The motion has been properly made by Ms. Mansfield and seconded by Ms. LaBelle. All those in favor, please say aye. Aye. Aye. That motion passes unanimously. Staff, will you please refer the clean version of policy 5365 to the full board for its consideration?

[00:38:36] Thank you. And next, we will move on to item 4.03 on our agenda, the student medication policy 8420. Mr. Dolson, is this you again? This is me again. Lucky you.

[00:38:52] Lucky me. So within policy 8420, which is student medication, again, we have been through this policy a few times with you. I will just articulate some of the highlights and then go through some of the changes that we have added regarding naloxone.

[00:39:10] So you see that we added for the stock albuterol that authorized personnel include any school nurse, health clinic specialist, or licensed athletic trainer, just to add some clarity. When we talk about student self-carry and self-administration of prescription medications, we did do some grammatical changes there.

[00:39:30] Obviously, we talked about adding access to an inhaler, epinephrine, injectable insulin, glucagon, pancreatic enzymes, hydrocortisone, emergency stress dose, or solucortef. Those will all be permitted to self-carry, and those are in recommendations and feedback from public, as well as some of the public comment that you all have heard, I think, previously.

[00:39:55] We added that the parent, guardian, and student have signed the parent-student agreement. That is something that we added. And then we added references to consultation with the parent, guardian will occur before any limitations, restrictions, or a school-based decision to revoke the student permission to self-carry and or administer and inhaler epinephrine injectable insulin glucagon pancreatic enzymes hydrocortisone or solucartef is enforced and then specifically i do want to reference i believe

[00:40:32] miss winslow provided you all a letter that was provided to mrs richardson addressed to dr spence from the chris atwood foundation in regards to the next part of the conversation that we are going to have. I will not read that aloud to you, but Ms. Winslow did provide you access to that letter. It's very compelling. And so the next part of 8420 that we have added is the self-carrying of naloxone. Some of the changes that we implemented or we added to

[00:41:08] what you see here is specific training. So we named the Revive training, which is offered through VDH, as well as Loudoun County Mental Health. Additionally, some of the changes reference the required naloxone authorization, which I believe was also submitted in board docs for you all to look at, and that has to be signed by a parent or guardian. And then it also denotes where that document, the authorization will be stored, and that will be stored in the student's health record.

[00:41:41] And so we will certainly, Ms. Kloman and I will certainly answer any questions that you might have in regards to policy 8420. Ms. Mansfield.

[00:41:58] So the REVIVE training, is that required now? Or can you get, I mean, is that the stuff that, is that the one you get from the Department of Health? Or is this, okay, it's, I just want to make sure that we had multiple options for training.

[00:42:15] Absolutely. So that is the training that VDH provides, but also Loudoun County Mental Health, Substance Abuse and Developmental Services, their prevention intervention team in collaboration with our student health services trained our staff so they offer that ongoing in the community too and it's actually just a seven minute video if you complete it and they will provide that to you at your home okay and so but in our document just says trained to understand

[00:42:47] and can recognize science not sorry um there were a bunch of um so SEAC and I'm sorry I really don't know much about this, but I do want to ask. This would be, I think, to you. B-A-Q-S-I-M-I should be listed anywhere glucagon is mentioned. Could you? So, Baximi is glucagon. They're one and the same.

[00:43:25] It's a brand name of a nasal spray powder form of glucagon rather than an injectable form. And so, I think their thought was that it differed because one's a nasal spray and the other one is not but you're saying no it doesn't matter right okay it's like liquid tylenol versus capsule tylenol if that is a good analogy yeah so this policy under its current version allows students to carry back CV we tried to

[00:44:05] simplify that specifically because we did not want to be redundant and again to miss Coleman's point that's a brand name so we obviously can't name every brand name of a medication that a student might be able to self carry.

[00:44:21] So because that specific name is also glucagon, glucagon covers all the different types that a student might be permitted to self carry. Ms. Donahue, I did just wanna point out one other thing.

[00:44:37] I'm sorry, I got ahead of myself in turning it over for questions. On the slide that you see before you right now, we did provide guidance, 'cause that was specifically asked to principals if a student is misusing the medication, And we outlined steps that the administration could take if a revocation should be considered.

[00:44:56] So I just wanted to point your attention to that because that was a request that I believe the committee made last time. Thank you, Mr. Dolson. Ms. Mansfield. So let's say that a student does not have a parent consent and they do have naloxone in their backpack.

[00:45:26] I'm sorry, Ms. Mansfield, would you mind if we... I have a couple of questions about the other parts of the policy. Sure. I know I have questions. But I was hoping to, I was thinking maybe to work through issues not related to the naloxone, if that's okay.

[00:45:45] Do you have any questions about the non-naloxone parts of the policy, Ms. LaBelle? I have a question about the authorization form. Ms. Mansfield, did you have any other questions about not related to naloxone? I wanted to address, there was some feedback from the public about the revocation potential for self-carry and whether or not the policy should be changed to include requirements to

[00:46:22] consult with a student's mental health team, if applicable, if the student is eligible for 504 IEP services and also whether to include a requirement for school staff to consult with some other health professional, presumably a medical doctor, before making a decision to revoke.

[00:46:44] And I'm struggling with that request because I can certainly see as a parent the concern, you know, if my child is diabetic and is being told, well, you can't self-inject, you can't bring your own needles to self-inject anymore. I can envision a set of circumstances where I would have the conversation with the principal but feel like I really want the principal to talk to my kid's doctor about why it's so important. However, I also try to be sensitive to the burdens that

[00:47:20] we're adding to our school staff, that it is not, maybe wouldn't be necessary in every circumstance or appropriate in every circumstance. And so I, as I know you all have read and considered the recommendations, I was hoping that you could tell me a little bit about why the choice was made not to incorporate those suggestions.

[00:47:47] Sure. Certainly, please understand the provision in the policy about the consideration of revocation would only, only be under the circumstances of a student intentionally misusing a medication that is allowable under student medication policy.

[00:48:07] So with that being said, if we go through these steps, principal is notified, we call the student in, we work with the parents. Certainly if a parent says, please work with my medical provider and they provide us release to exchange information and consent to speak to the medical physician, we'd be happy to do so.

[00:48:27] We know for some of these medications, if I'm a diabetic and carrying glucagon and I decide to misuse that and I give it to somebody who's not diabetic, that could have a consequence. Naloxone, if I'm carrying it and misuse it and give it to someone, will not have a negative consequence.

[00:48:45] And hear me out, to my knowledge, and mind you, my tenure is not long here, but Mr. Dolson and Mrs. Kloman have been here quite a long time. We don't believe that we've ever had to revoke any student's ability to self-carry.

[00:49:00] Our students are responsible when self-carrying, but we do need the provision in policy in case. That's very helpful for me. Thank you for that explanation and additional information. You said, Ms. Richardson, that permission to self-carry or self-administer would be revoked only in the case of intentional misuse.

[00:49:24] is that in the accompanying regulation? Because I don't see that clearly laid out here. And I love that we're saying that that's the only basis, but I'm wondering if it is in writing anywhere. So I'm on the red line copy starting at line 99.

[00:49:43] Permission to self-carry and or self-administer may be limited, revised, or revoked by the building principal or designee. Consultation with the student's parent or guardian will occur before any limitations, restrictions, or school-based decision to revoke.

[00:49:59] So we did not specifically say intentional misuse because there might be some other reasons. We may have some students that may not be able to make the right decisions with carrying their medications, right? Could be subject to peer pressure possibly. So we did not specifically say that, but I can tell you that that was sort of the line of thinking that we had, certainly when drafting that section of the policy.

[00:50:23] just for the safety of the student and others involved if we find ourselves in in a situation where we need to come together as a team and call in the parents and talk about purpose of the medication how it's supposed to be used any sort of misuse or misjudgment of use then it's protected under that paragraph thank you absolutely miss mansfield would you is there an appeal process

[00:50:52] for that i think depending on the nature so if it was intentional misuse right like willful misuse i'm going to give you something that i know might hurt you um then that would fall under discipline and so there is an appeals process under our disciplinary procedures policy 82 20 and 82 10

[00:51:19] and 84 20 all all of those we did say that i thought we did discuss adding cross-reference to 8420 because Ms. LaBelle had brought it to our attention from her experience on SBAC that there is a section in 8420, right?

[00:51:49] Sorry, 8240. Sorry, 8240. Reversals are all part of special education. Yes, yes. There is a part in 8240 that references if students are caught with substances that they could be subject to discipline.

[00:52:10] And Ms. LaBelle had brought that to our attention while we were going through the revisions of 8420 student medication. And so I do believe we intended to cross-reference that. Did we not on the...

[00:52:26] I am only seeing Virginia Code and U.S. Code cross-references, I think. - So Ms. Donoghue, I did speak with our legal counsel yesterday, actually I've been in conversation since Ms. Richardson brought up Ms. LaBelle's question.

[00:52:43] And they did suggest that we look at 8240, Section D specifically, and there is a phrase that they recommend that we add that would clarify and cross-reference this 8420 and provide that guidance.

[00:53:05] And I want to say it's something to the effect of any LCPS medication that was approved through this policy would not then endure disciplinary action, if that makes sense. My legalese is not all that great. I'm getting better, though.

[00:53:21] I am getting better. So your expectation is to add that language into this? So it would not be added into this current policy. it would be impacting policy 8240, which specifically references the carrying of medication.

[00:53:41] - Can we add the cross-reference? - We can do that, yes. - Ms. Lebel. - I have a quick question. I see that on your slide, that it says authorization to possess Noxelone shall be reviewed annually.

[00:53:59] Will that also require them to take the revived training annually? - No, ma'am, it would just mean they would have to turn in an authorization form each year? Ms. Mansfield, would you like to return to Naloxone discussion? Okay, let's say that a kid has it in their backpack, they don't have this

[00:54:28] nifty little form signed, something happens, they use it, will they be subject to consequences per our discipline policy? I've actually had students ask this in presentations, and I've consulted with the Office of School Administration if they're doing it to save someone's life, that they're protected under the Good Samaritan Law.

[00:55:06] Yes, yes, I would fight that. I just figured that out today.

[00:55:31] They just told me that today. I didn't know that otherwise. It is a good way to shut me off. Just everybody has three mics on at one time. So getting back to, so if, um, is there an appeals process that could happen for a child who got their, uh, their medication permission revoked for not discipline, but just because

[00:56:09] they're being squirrely or something, um, is there an appeals process for that? What, what could happen? What, what do you envision? So I think it's a good question.

[00:56:26] I think it would be very similar to the traditional discipline process, which if there was a reason, like you just said, squirrely, that might be a conversation with a parent and a student to explain what the process really, the why behind the student is allowed to carry the medication in the first place.

[00:56:49] So as a former principal, I would want to have that conversation and make it not disciplinary, make it a learning experience, but to explain the impact of the fact that, as Ms. Richardson said, naloxone is one medication that students can carry that would not have a negative impact on someone if they ingest it.

[00:57:11] However, there are other medications in this policy that could impact a student's health and well-being, and we would certainly want to take those things very seriously. As we also said, there may be times when if we know that it is done intentionally that yes a discipline might incur and we might have and that would go through the regular appeals process so I could see it going both ways I think initially um if the intent is just being squirrely that's that's a conversation um and possibly not a disciplinary action ms labelle we say that they have to go

[00:57:49] through training and they have to have the authorization form suppose a student says well they never check and he's carrying Narcan not having gone through the process if this was discovered would he get disciplinary action or would he I mean maybe he's not 16 maybe he's only 15 and he's carrying it how would we handle that I would it would be a conversation and we would not have a discipline infraction for that student who was carrying especially if they were carrying it in order to save their peers, save a peer's life, yeah.

[00:58:33] I wanted to ask about this, the revisions to this policy are quite different from the last time we saw it here in committee. So could you explain the change, what you looked at to make the changes?

[00:58:56] So we really looked at neighboring jurisdictions that have already implemented the ability to carry Naloxone or Narcan. We contacted, or actually Ms. Clemon contacted a lot of her colleagues within neighboring jurisdictions.

[00:59:11] Our, and I did double check with our legal team this morning, our authorization form, it looks almost identical to all of the other jurisdictions that currently have this in practice. And so we feel confident that this policy in its current revision really reflects A lot of the Northern Virginia districts that are already using something to this, to save lives, I'll just say that, as well as the parental authorization form.

[00:59:45] There are a few differences in how different districts are implementing that, but for the most part, our implementation that we have in this version or in this draft is very similar to our neighboring jurisdictions. So my understanding is there are, thank you for that.

[01:00:03] My understanding is that there are at least a couple of northern Virginia districts that deal with parental permission to carry naloxone in their student rights and responsibilities handbooks that the students and the parents have to sign at the beginning of every school year.

[01:00:21] Is that something, and I only just learned that since our last meeting, so I did not have the opportunity to suggest or ask about it previously, But is that something that was considered for implementation here? And if so, what was the thought process? So those drafts and how the SRNR is drafted is a hugely collaborative effort.

[01:00:43] And obviously, given that this policy was not being revised until, I guess it was the spring, but then also this summer, it was not something that we considered for this year's SRNR, but it certainly can be something that we consider with all the different offices that this policy will impact.

[01:01:02] We can certainly consider that for next year's SR&R. So my, I'm, I think I said this last time, I'm very happy that we are proposing this policy change. I want us to approve this because I, as you said, Mr. Dolson, I think that it will help save lives in our schools.

[01:01:23] I have a little bit of concern with the, well, two things, I guess. One, I don't love that we're specifically identifying the REVIVE training as the one that the students have to take, only because programs come and go and change.

[01:01:45] And previously, we didn't have a specific program listed in your first round of proposals, just that the student had to have received appropriate training from a certified source, something like that, without identifying a specific program?

[01:02:04] So REVIVE is the recommended training through the Virginia Department of Health. We could add something similar to VDH approved, which obviously would then include anything else that they might bring along.

[01:02:21] I do understand what you're saying. I think we just wanted to be in alignment with the Virginia Department of Health and make sure that we were proposing something that could be supported by the Commonwealth. Okay, that's Ms. Mansfield, yes.

[01:02:38] Do we have to name training at all? Can we just say training? So I'm looking at the Department of Behavioral Health and Developmental Services website, and it says revive opioid overdose and naloxone education program.

[01:02:54] We could call it something as simple as that, opioid overdose and naloxone training. Well, approved by whom, certified by whom. DBH, DS, BDH.

[01:03:12] So I will say my bigger concern is I have some worry that the requirement to obtain parental authorization could inhibit some students from, who would otherwise want to carry naloxone.

[01:03:28] It may inhibit them from attempting to or might make it impossible for them to do. So I am not sure what to do about that. I think that's why I asked the question if they were going to get in trouble or not.

[01:03:45] Sure. So I did, again, know, I spent some time with our legal team today, and as I said, our authorization form looks very similar, if not almost identical, to other jurisdictions in the Commonwealth. According to what our legal team was able to research, the only state they found right now that does not require a parental, some type of authorization, is the state of California.

[01:04:13] So, again, does the state of Virginia require parental approval? Well, Mr. Dolson was saying that the only state that does not require parental approval is California. So I was asking, does the state of Virginia, is there a requirement by law in the state of Virginia that we have to provide a mechanism for parental approval?

[01:04:38] I can chime in. I believe there's no school division that doesn't require it in the state of Virginia. But I do know that Loudoun County offers the training for anyone, regardless of parents' consent. So they can carry, and that's why I appreciate your question about what would happen if a kid was carrying because he sought the training out on his own and didn't have this form.

[01:04:59] I think we've covered that with that conversation, but I do hear your concern. Some students don't have parents who are involved that would be willing to sign. I have a point of clarity, please, if I could ask the committee.

[01:05:21] Going back to Section A, regarding the training, did we come to consensus that we wanted to remove, revive, and have the statement read, students requesting permission to carry naloxone nasal spray should have completed an approved opioid and naloxone education training. I would take out approved because I don't know who approves it. It's approved by the Virginia Department of Health. What about, I mean, we know that the

[01:05:52] Atwood, he has, they have training there too. They use revive, I believe, don't they? What if someone moves here from out of state in the middle of the year and they were certified under a program in another state that's... So not approved but an opioid and naloxone education training.

[01:06:14] Thank you. I'm comfortable with that. Ms. LaBeau. I would like to include the word revived. I would like it to say revive or... Something similar? Yeah. Well, what Dr. Richardson just said. For example, revive or something like that. Okay.

[01:06:35] So we will play with the wording. We'll keep revive somewhere right but really the focus is that they have participated in an opioid and naloxone education training that's really our goal got it example revive we'll we'll work with that because i think there are other people like the outward foundation i think they do provide training too i don't know that's necessarily revive maybe you know better than i do but i

[01:07:03] didn't get that sense from this okay so i also wondered why we removed um what were previously sections b through e under part four um that say if students are going to carry naloxone they have to keep it in its original sealed packaging they have to keep it in their backpack um they cannot

[01:07:40] alter it um why did we remove that language and why did we add um never mind that so so some of those provisions are outlined on the authorization form and we just felt like um was a little cleaner to have those provisions on the form versus having them actually in policy not being able to foretell

[01:08:14] how naloxone or narcan are going to evolve over time um so we we felt like it was easier to have but on the form which we would be able to edit if we needed to, to align with differences that may come out. That was the discussion that we had.

[01:08:36] Thoughts, questions? Ms. Mansfield. I just appreciate that we're looking into harm reduction strategies myself. And I think that it's important. And in the news today, by the way, they said that U.S.

overdose deaths are plummeting.

[01:08:57] And one of the reasons why is because the access to naloxone. And I think, I mean, you're talking 20,000 fewer deaths in 2024 with that i mean that's pretty significant and if we can just keep them alive i think that's important i i will say that's that is my that's the source of my concern with some of the proposed changes because i but as i said i do have a fear that adding more steps adding

[01:09:25] barriers um is may cause some students who would want to not to um and i'm i wonder what staff and my committee members would think about instead of having a separate authorization form like this, that we have something in the parent portal that's an opt-out.

[01:09:51] And we say, you know, kids who have received the training, students who have received the training will be allowed to carry naloxone unless their parents affirmatively opt out and say they can't. I don't know that we're going to get away here without having parents do some, you know, Without some sort of parent provision for some kids, I think what I do appreciate is the fact that they're not going to get in trouble if something happens.

[01:10:22] And they can go and get it at the pharmacy or they can go get something later and keep it. I totally understand where you're coming from because there are a lot of kids who would not be telling their parents. And I think the messaging that we have to also provide is that it's okay to carry, just like it's okay to carry a mask for CPR or anything else, and it's good, and it's a good thing for us to do that and not for it to be, you know, a scary thing.

[01:10:57] We're not telling, you know, your kids not, because they want to carry naloxone doesn't mean that they are using an opioid or something. I mean, I think that's the messaging that we have to look at. I agree. Sorry, I was just thinking if I was a high school student, there is no way I would ask my mother because she would have immediately assumed that I was doing drugs and all my friends were doing drugs and then she would have locked me in the house until I was 21.

[01:11:27] And I would imagine that some of our students have similar concerns, whether they're valid or not. But if the concern inhibits them from caring, that inhibits our ability to reduce harm.

[01:11:47] Ms. LaBelle. Would it be possible to put out a big push for parent education as to why we are approving this policy? Please allow your children to do this. It will help save lives.

[01:12:04] It's no harm to anyone. It doesn't mean they're on drugs. We just need to educate the public and be transparent about this so that I think that the parents are not going to do lockups for their children until they're 21.

[01:12:21] My mother would have waited until I was 30, I'm sure. So I do want to chime in. When we do our parent presentations, we're doing a three-part series. We're presenting about opioids and fentanyl to parents in various high schools.

[01:12:38] And then following that, we're going to meet with the students. And in all those presentations, we're sharing how you get trained, how the students can get trained right now, where they need to go. I've had many students ask me if they can carry, and I've told them exactly what I told you, that you can carry right now.

[01:12:54] We're working on the policy. We're not quite there. But if you get caught with it and you have it for the right reasons, you can just email me and we'll figure that out. But you're right. I think the

communication to parents about these changes and that they should have that dialogue with their kids and ask them if they want to carry and how do they go about doing that, I think is essential.

[01:13:14] And I think for us to continue messaging to all students that there are options, whether it's through your parent or whether it's through the Community Services Board. Hopefully this will get out to the right people in the media.

[01:13:32] And they will do a story on it. I think the one thing I would ask the committee to consider is because we're so close, right?

[01:13:50] We're very close. What I think I would like is for the committee to strongly consider the policy as it's written with the parent verification form. Let us do our parent information, you know, our blast.

[01:14:06] We can update our website. Of course, our media partners are going to assist us with getting the information out. Our communication department will get the information out. And then that will also give us the opportunity over the course of this year, once we have established, it's okay to carry naloxone, right?

[01:14:23] It's okay. So that you are well-armed and able to assist. And then over the course of this year, we can certainly work with legal on what do we need to navigate with the option that you put forward, Mrs. Donahue, with regards to the opt-out options.

[01:14:40] Because sometimes legally we have to consider other things with an opt-out versus an opt-in. So the form is a clear opt-in, right? But we need to make sure that we've sort of processed all of the obstacles that we need to consider and maneuver with an opt-out.

[01:14:57] So that would be my kind request of the committee. One more thing. I think that's reasonable, Ms. Richardson. And while there would be things that maybe I would like to have read slightly differently in how it is right now, I absolutely think that it's too important to hold up.

[01:15:24] So I am comfortable with your suggestion, particularly if I can advocate for investigating other options to be explored before the beginning of the next school year that would, you know, whether it's an opt-in or opt-out or something else, just that if we can couple it to the beginning of the school year when parents are already in the habit of doing all the things and then maybe it's just less of a hurdle. If it's a hurdle at all maybe it's not. I don't know. Ms. Bansfield. If we could also have

[01:16:03] it on our facts page will I get into trouble if I carry? We'll work that out. Something like that you know. Ms. LaBelle. We are going to have to come back and go through this policy at the beginning the school year because we'll have more students turning 16 so it is something that we will be revisiting all right are there any other questions concerns

[01:16:36] comments from my fellow committee members none all right in that case I move to refer policy 8420 with the amendment related to the training language that we discussed to the full board for its consideration Ms. LaBelle second motion has been properly Moved by myself and seconded by Ms. LaBelle all those in favor. Please say aye aye

[01:17:11] That motion passes unanimously of staff. Will you please refer the policy with the specified edit to the full board for its consideration?

[01:17:29] We will move on to item number five our discussion item, which is the scheduling of our committee meeting date for December Our traditional standard date, if we keep it, has us fall on

December 19th, which is before LCPS goes on the winter break, but is the Thursday before the Friday, which is the last Friday of the break.

[01:18:00] So, in a desire to try and head off the possibility of us realizing in December that there's no chance we can make forum on the 19th, I wanted to have just a quick conversation about do we want to keep the meeting on December 19th or is there a need or desire to try to move it to a different day.

[01:18:39] if we were to keep it on a thursday it would have to be the fifth or if we wanted to move the meeting but still have it on a thursday it would have to be the fifth or the 12th this is not october this is when november december oh wow okay i i believe we already agreed the october meeting was gonna stay we are keeping on the 10th but so we have a work session on the 10th and i will refer to mrs

[01:19:14] we have a work session scheduled for october 10th that is separate and apart from our regular standing committee meeting which is october 17th yes thank you at our regular time of 5 30 we did already notify you of changes for november because you all will be um at a conference at vsba yes and so then the consideration that we that is before you now is do we need to make any adjustments to the December meeting the last day of instruction for students prior to winter break is December

[01:19:47] 20th which is that Friday and we're scheduled to meet that Thursday the 19th but certainly recognizing that some folks might have travel plans family coming into town that sort of thing wanted to go ahead and talk about it now holiday anxiety yes holiday anxiety we can work through that too yes and we did have this challenge last year with having a quorum in december so it's it's wonderful that you guys were thinking ahead thank you okay so when did you want to move it in

[01:20:22] december not the 19th well i i don't i'm not i'm fine with the 19th i just wanted to see if my fellow committee members if that date works for you and if it doesn't if we could try to find one it does if you want or i can ask chair mansfield to appoint a substitute to join the committee for that day if if anyone is not able to join us if two of us are there we are quorum okay yeah i'm

[01:21:00] boring this year too i naturally i think i mean i'm supposed to be here at that time so i think the 19th is fine i mean it is stressful time but you know seriously just from november 26 on on all the way is the whole stressful time, so I'm good.

[01:21:20] So we're okay with keeping the 19th? Unless you want to back it up to like the 12th. Just to make sure, okay? Not necessarily. But is there, would there be openness to maybe a slightly earlier start time?

[01:21:41] 4.30, 5? If staff, if that works for staff. Which one would you like us to consider? 4, 4.30, or 5? 4? 4 o'clock.

[01:21:57] 4 o'clock it is. We will work on that. Thank you. And we're keeping the date of Thursday, December 19th. Thank you. Yes, please. Is there, I think we're done with that. Item number 6, is there any new business?

[01:22:14] Okay. That gets us to the end of our agenda. Thank you for the reminder, Ms. Richardson. We do have our next work session to discuss our consideration of possible revisions to the special permission policies and process will be on October 10th at 5, I think, 4.30?

[01:22:41] I don't know. 4.30. October 10th at 4.30, and then our next regular committee meeting will be October 17th. You are correct by the 4.30 start time on October 10th. Thank you. With that, the next regular committee meeting is October 17th, and our work session is October 10th.

[01:23:07] - Yes, ma'am. With that, the September 19th, 2024 meeting of the Student Services Committee is hereby adjourned. Thank you all for being here and get home safely.



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