

MEMORANDUM

January 19, 2012

TO: Education Committee

FROM: Elaine Bonner-Tompkins, Senior Legislative Analyst *EBT*
Office of Legislative Oversight

SUBJECT: **Worksession on OLO Report 2012-3: Services for Students on the Autism Spectrum**

On January 23rd, the Education Committee will hold a worksession on OLO Report 2012-3 which was released by the Council on January 17th. Councilmember Phil Andrews requested this study to improve the Council's understanding and oversight of County appropriations aimed at addressing the needs of students with autism spectrum disorders.

OLO Report 2012-3 summarizes research on best practices for serving students with autism spectrum disorders (ASD), County services for students with ASD, and the perspectives of staff and parents about what works well and what opportunities exist to improve services.

Overall, OLO found that enrollment of County students with ASD increased more than five fold over the past decade with such students currently accounting for one in ten students enrolled in local special education programs. Although Montgomery County's programs comply with policy mandates and many staff and parents cite several strengths with MCPS' and DHHS' delivery of services for students with autism, opportunities exist to improve services and to evaluate the effectiveness of local programs.

Committee members are asked to bring their copy of the report to the meeting. The report is also available on-line at www.montgomerycountymd.gov/olo. The following agency representatives plan to attend the Committee worksession:

Agency	Representative(s)
Montgomery County Public Schools	<ul style="list-style-type: none">• Chris Richardson, Office of Special Ed. and Student Services• Gwendolyn Mason, Department of Student Education Services• Kris Secan, Autism Unit
Montgomery County Government	<ul style="list-style-type: none">• Kate Garvey, Children, Youth and Family Services, DHHS• Jay Kenney, Aging and Disability Services, DHHS

Additionally, Felicia Piacente, Director of MCPS' Division of Prekindergarten, Special Programs, and Related Services and Sandi Posner, Supervisor of MCPS' Emotional Disabilities Services Unit will be in the audience and available to address questions.

A. REPORT HIGHLIGHTS AND AGENCY COMMENTS

The report's executive summary is attached starting on © 1; the report's 20 findings are listed starting on © 5; and Superintendent Starr's comments regarding these findings are listed starting on © 26. A list of OLO's report findings follows.

1. Children on the autism spectrum are a heterogeneous group in terms of cognitive ability and emotional needs, but often share common challenges related to language, social interaction, and behavior.
2. A body of evidence-based, best practices for improving the outcomes of children diagnosed with autism spectrum disorders (ASD) exists. Despite these research results, effective treatments for ASD remain a work in progress.
3. Both federally-funded researchers and state experts recognize the need for systemic structures to implement and scale up ASD best practices.
4. Beyond best practices, federal policies, state regulations, and local policies guide Montgomery County's delivery of services to children on the autism spectrum.
5. MCPS and DHHS work collaboratively to deliver services to children on the autism spectrum.
6. While a diagnosis from a private health care provider can help inform the IEP process, an MCPS IEP team ultimately decides a child's eligibility for special education services and a child's disability classification as mandated by IDEA.
7. Students with autism as a primary disability comprise nearly 10% of MCPS' special education enrollment - a five-fold increase over the past decade.
8. MCPS and Montgomery County Government's Department of Health and Human Services offer many types of programs aimed at improving outcomes among children on the spectrum.
9. Nearly 80% of students with ASDs in MCPS are served in settings that do not exclusively serve students on the autism spectrum.
10. Most students with ASDs are served in self-contained settings with many of these aligning with the Fundamental Life Skills curriculum.
11. Low student to staff ratios are a central feature of programs that serve students with ASD. Among the classes with the lowest ratios, staffing is based on a ratio of one teacher to two paraeducators.
12. In FY11, MCPS' weighted average per student cost for programs that serve students with autism was \$33,000. Average costs ranged from \$12,000 for Home School to \$73,000 for nonpublic placements.
13. In FY11, MCPS program costs for services to children with autism totaled \$52 million. Nonpublic placements represented 31% of total program costs but only 13% of enrollment.
14. At the county level, a data gap exists regarding the performance of children and students with autism spectrum disorders. MSDE's assessment of special education services for all disability classifications gave high marks to DHHS' administration of the Infants and Toddlers Program and MCPS' administration of IDEA Part B programs.

15. MCPS' collection and analysis of student data to implement its Baldrige performance management framework could help address the current gap in data regarding the performance of MCPS students with ASD.
16. Although MCPS provides staff development aimed at improving the capacity of staff to serve students with ASD, none of these trainings are offered as required Tier 1 trainings.
17. Both staff and parents generally have a favorable impression of the Infant and Toddler's Program, the Autism Waiver Program, MCPS' variety of special education options and services, and MCPS' social and organizational skills courses for students with ASD.
18. Staff and parents identified additional strengths in the County's current provision of services to students with ASD.
19. Staff and parents identified increasing resources for family support and wrap around services, interventions for meeting the needs of school-age children, support for students across the LRE continuum, communication between staff and families, and outreach to diverse families as opportunities for improving the delivery of services to students with ASD.
20. Parents interviewed identified four additional opportunities for improving the County's delivery of services to students with ASD (i.e. enhance training, improve consistency across programs, value perspectives of parents and private providers, and improve community awareness).

As noted in Superintendent Starr's letter on © 27, MCPS' main points of contention are with OLO findings 14 and 15. MCPS argues that there is no benefit to tracking county-wide performance data for students with ASD or any other subgroup of students with disabilities.

B. RECOMMENDED DISCUSSION ISSUES

OLO identified four issues for discussion between the Council and agency representative starting on © 22. These four issues are summarized below.

Discussion Issue #1: How MCPS' and DHHS' practices for serving students with autism spectrum disorders align with research-based best practices identified by federally-funded research studies.

In the course of this study, OLO observed that both DHHS and MCPS staff had a working knowledge of best practices research. OLO recommends a Council discussion of this issue with agency representatives to provide a more complete picture of each agency's best practices, including the strategies they use to stay abreast of and apply research results. Such a discussion could also explore where either agency should target its continuous improvement efforts for achieving desired outcomes among children with ASD. Specific questions for discussion include:

- How do DHHS' and MCPS' lists of best practices compare to those recommended by National Academy Science, National Standards Project, National Professional Development Center, and Maryland Autism Task Force?
- How does each agency ensure the use of best practices among its varied programs? How does each agency plan for training, professional development, and the use of best practices among staff and contractors?

Discussion Issue #2: MCPS efforts underway to improve the school system’s responsiveness to children on the autism spectrum with significant behavioral, emotional, and/or learning needs.

Over the past decade, MCPS’ enrollment of students classified as having autism as their primary disability has increased five-fold. In response, each year, MCPS has expanded its capacity - both staff and classrooms - to serve students with autism spectrum disorders. OLO’s analysis of enrollment data suggests that MCPS’ non-autism special education programs generally are shouldering much of the burden of these increased enrollments. Questions for discussion include:

- What strategies/practices does MCPS employ to address the behavioral/emotional challenges of students with ASD?
- What is the process for identifying and implementing additional strategies focused on meeting students’ “extraordinary” behavioral/emotional needs?
- What strategies/practices does MCPS employ to address the learning needs of students in the “middle” of the spectrum that typically participate in the modified state assessments (i.e. Mod-MSA’s)?

Discussion Issue #3: Improving communication with parents of children on the spectrum, particularly to enhance awareness of school-based programs and to increase outreach to culturally and linguistically diverse families.

MCPS recently updated its Parents Guide for Special Education website to provide a clearer overview of available services. OSESS is also in the process of developing a parent outreach committee to improve its services. However, both MCPS’ and DHHS’ strategies for communicating the breadth of their available programs and reaching out to diverse families may merit additional work. Questions for discussion include:

- What are the challenges each agency faces to improving parents’ understanding of its available programs? What are the opportunities for expanding parents’ understanding?
- Does either agency work with/foster the development of parent groups to improve coordination and communication with parents? How is this done?
- What, if any, additional efforts are underway to communicate to culturally and/or linguistically diverse families? How effective have these efforts been?

Discussion Issue #4: Potential merits and drawbacks of developing a strategic plan to track, understand, and improve the performance of students with autism spectrum disorders.

OLO recommends that the Council discuss with MCPS whether a strategic plan that would address the collective performance of children and students with ASD and identify opportunities for improving local services has merit. Some factors that suggest there could be some benefit to developing a unified strategic plan include common challenges among students with autism, the five-fold increase in enrollment, and that a few programs serve a majority of students on the spectrum. However, there could be some drawbacks to developing a strategic plan specific to students with ASD as well, as noted by the Superintendent’s letter. Questions for discussion include:

- What planning or policy work has the Board of Education and/or MCPS done to improve the school system's capacity to serve students on the autism spectrum?
- Has the Board or MCPS considered evaluating its services for students on the autism spectrum and/or developing a single strategic plan to improve outcomes among students on the spectrum?
- To what extent could focusing on the performance of students with autism result in progress in MCPS services to students with disabilities overall?

LIST OF ATTACHMENTS

Item	Begins at:
OLO Report 2012-3 Executive Summary	© 1
Chapter IX: Findings	© 5
Chapter X: Recommended Discussion Issues	© 22
MCPS Superintendent Starr's Response to OLO Report 2012-3	© 26

SERVICES FOR STUDENTS ON THE AUTISM SPECTRUM

OFFICE OF LEGISLATIVE OVERSIGHT REPORT 2012-3

THE ASSIGNMENT

This report responds to the Council's request for the Office of Legislative Oversight (OLO) to describe research on best practices for serving students with autism spectrum disorders (ASD), County services for students with ASD, and the perspectives of staff and parents about what works well and what opportunities exist to improve services.

Overall, OLO found that enrollment of students on the autism spectrum in MCPS increased more than five-fold in the last decade and students on the autism spectrum account for nearly one in ten current MCPS students enrolled in special education programs. Although Montgomery County's programs comply with policy mandates and many staff and parents cite several strengths with MCPS' and DHHS' delivery of services for students with ASD, opportunities exist to improve services and to evaluate the effectiveness of local programs.

AUTISM SPECTRUM DISORDERS

Autism spectrum disorders refer to a continuum of complex neurological disorders that can cause delays or problems in a variety of skills from infancy to adulthood. Children on the autism spectrum are a heterogeneous group who fall along the continuum based on the severity of their autism disorder and its co-morbidity with other disabilities, including emotional and intellectual disabilities.

The primary disorders on the spectrum are autistic disorder, Asperger's syndrome, and pervasive developmental disorder. Children diagnosed with an ASD often share challenges in three areas of development - social interaction, language and behavior - that present as ritualistic behaviors. The presence, onset, and severity of symptoms of ASD vary significantly by child. Over time, some children become more interactive and demonstrate fewer behavioral issues, while some continue to have difficulty with these developmental skills into adulthood.

POLICY MANDATES

Federal policy mandates, state regulations, and local policies guide Montgomery County's delivery of services to children on the autism spectrum. The primary applicable federal laws are the Individuals with Disabilities Act (IDEA) and the No Child Left Behind Act (NCLB). Some of the mandates in these laws require MCPS and/or DHHS to:

- Provide early intervention services to children from birth to age four;
- Provide a "free and appropriate public education" from birth to age 21;
- Educate students in the "least restrictive environment" appropriate (LRE);
- Create an individualized family service plan (IFSP) or an individualized education plan (IEP);
- Provide procedural safeguards so that parents of students with disabilities can receive prior notice of services and give consent for assessments and services, seek independent evaluation, and file complaints; and
- Demonstrate adequate yearly progress for all student groups, including those with disabilities.

The Code of Maryland also requires certain processes for serving students with disabilities including beginning transition planning by age 14; considering nonpublic placements when appropriate; and coordinating the State's Autism Waiver program. MCPS policy requires accountability for performance among all students.

BEST PRACTICES

Over the past decade, both federally-funded researchers and a state-wide task force have identified a number of best practices for improving outcomes among children and students with ASD. These best practices recommend how to plan and measure progress (e.g., process) and specific interventions. Recognized best practices for serving students with ASD are summarized in Chart A on the next page. Yet, it is important to recognize that research about effective treatments for ASD remains a work in progress with no one set of strategies benefiting every student with ASD.

**SERVICES FOR STUDENTS ON THE AUTISM SPECTRUM
OFFICE OF LEGISLATIVE OVERSIGHT REPORT 2012-3**

Chart A: Summary of Best Practices for Serving Students with Autism Spectrum Disorders

Best Practices: Process	Best Practices: Specific Interventions
<ul style="list-style-type: none"> • Set measurable objectives achievable within a year • Document and monitor progress frequently • Provide ongoing supports to parents and include them in the planning process • Develop a plan to train professionals and paraprofessional providers on best practices 	<ul style="list-style-type: none"> • Applied behavioral analysis packages and techniques • Modeling (by adults or peers) • Schedules (e.g. written words, pictures, or work stations) • Self management (e.g. use of checklists or tokens) • Story-based interventions • Social skills training groups

MCPS AND DHHS SERVICES FOR STUDENTS ON THE AUTISM SPECTRUM

MCPS and DHHS work collaboratively to deliver services to children on the autism spectrum. DHHS serves as the lead agency for the County’s Early Intervention Services Program for Infants, Toddlers, and Preschoolers. In addition, DHHS provides case management of wrap around services for children and families in MCPS’ Autism Waiver Program and administers three other programs that serve young people with developmental disabilities.

MCPS’ Office of Special Education and Student Services serves as the lead agency for the County’s special education programs and the Autism Waiver Program and, under contract to DHHS, provides most of the County’s early intervention services for young children from birth to age 3. MCPS’ school-based services offer a broad range of programs that serve students with ASD, including specific autism programs as well as other special education programs that also serve students with autism. (See Chart B at the top of the next page.)

For MCPS programs, an IEP screening team of staff and an IEP assessment team inclusive of staff and parents assess a student’s need for special education services. A parent may submit a private assessment of disability to the MCPS team for consideration during this process, but the IEP assessment team ultimately determines eligibility. If a child is deemed eligible for services, the IEP assessment team develops a plan that must address the child’s needs and makes a placement decision. At least annually, MCPS must revisit the placement and include parents in the process. The IEP is also used to track the student’s progress toward meeting his/her learning goals.

MCPS and DHHS also work together to provide any related services that are required for a student’s IFSP or IEP, such as assistive technology, speech and language services, and occupational or physical therapy.

PROGRAM ENROLLMENT AND COSTS

The number of children and students with ASD who received County services increased from 266 in FY01 to 1,642 in FY11. This five-fold increase over the past decade reflects factors such as the newness of autism as a federal disability classification, improving diagnostic trends, and a better understanding of ASD symptoms. Today, students with autism as a primary disability account for nearly 10% of MCPS’ special education enrollment.

In FY11, the County served 21% of students with ASD in MCPS programs specifically designed for students with ASD and it served the remaining 79% of students with ASD in other special education programs (such as home school settings) that aligned with their IEP goals and also served students with other disabilities (such as emotional or learning disabilities).

The County’s average per student cost of providing services to student with ASD ranged from \$73,000 for nonpublic placements to \$12,000 for home school settings. Overall, MCPS program costs for students with autism totaled about \$52 million in FY11, with an average cost of \$33,000 per student. Chart B on the next page shows the distribution of students with ASD by special education program and average cost per student in FY11.

Additionally, the Autism Waiver Program that provides wrap-around services for eligible students had an average cost of \$50,000 per student in FY11 and total cost of \$10 million. This program is funded in total by Medicaid.

**SERVICES FOR STUDENTS ON THE AUTISM SPECTRUM
OFFICE OF LEGISLATIVE OVERSIGHT REPORT 2012-3**

Chart B: MCPS Special Education Programs Serving Students with Autism Spectrum Disorders, Enrollment, and Average per Student Costs, FY11

Program/Placement	Description	% of ASD Enrollment	Average per Student Cost
Autism Programs	Pre K – 12 programs that <i>exclusively serve</i> students with ASD	21%	\$33,000
Home School Settings	Serve students in their neighborhood schools	20%	\$12,000
Fundamental Life Skills Programs	Serve students in certificate-bound programs	19%	\$30,000
Nonpublic Programs	Places students in private schools to meet their educational needs	13%	\$73,000
Learning Disability Services	Serve students with specific learning disabilities	11%	\$13,000
Emotional Disability Services	Serve students with emotional disabilities	7%	\$24,000
Learning Centers	Coordinated services for a variety of students with disabilities	6%	\$17,000
Preschool Education Programs	Service preschool students with disabilities	2%	\$20,000

PERFORMANCE AND STRATEGIC PLANNING

MCPS tracks County-wide performance data for students with disabilities to comply with NCLB. Both MCPS and DHHS also track County-wide performance measures for early intervening services and special education to comply with MSDE reporting requirements for IDEA. Each set of measures tracks the collective performance of all students with disabilities, but does not disaggregate or describe the performance of specific disability groups. MSDE's most recent assessments of DHHS' administration of the County's Infants and Toddlers Program (FY09) and MCPS' administration of IDEA Part B programs (FY09) ranked each program as "high." MCPS, however, has not reached several of its students with disabilities' performance targets for proficiency on state assessments (i.e. MSA and HSA).

Both DHHS and MCPS track performance data among individual students with ASD to document students' progress on their learning goals. Both agencies use individualized plan data to adjust strategies and short-term objectives if students are not making desired progress. Yet, neither agency aggregates data on the performance of children with ASD separate from the data they collect and monitor on the performance of students with disabilities overall.

MCPS' Office of Special Education and Student Services, its Department of Special Education Services, and the program units that serve students with ASD each track performance outcomes aimed at improving services and outcomes among students with disabilities as part of their strategic planning processes. Specific data points collected by MCPS include data on suspensions, graduation rates, LRE, and parent and staff satisfaction. MCPS has the ability to report performance outcomes specific to students with ASD among its strategic plan measures but does not do so because it perceives that its current approaches are sufficient for improving outcomes among students with ASD.

PERSPECTIVES ON SERVICES

OLO conducted interviews and two focus groups to elicit perspectives about the County's services. Both staff and parents generally have a favorable impression of the Infant and Toddler's program, the Autism Waiver Program, MCPS' variety of special education options and services, and MCPS' social and organizational skills courses for students with ASD. Some of the other strengths in the current provision of services to students with ASD that staff and parents identified included close working relationships among staff, services provided through MCPS' special education prekindergarten programs, the support of front line staff, and the expertise of central staff.

Some areas for improvement that staff and parents identified included increasing resources for family support and wrap-around services, interventions for meeting the needs of school-age children, support for students across the LRE continuum, communication between staff and families, and outreach to diverse families.

RECOMMENDED DISCUSSION ISSUES

OLO recommends the Council address the following discussion issues to improve their understanding and oversight of County appropriations aimed at addressing the needs of students with ASD.

Discussion Issue #1: How MCPS' and DHHS' practices for serving students with autism spectrum disorders align with research-based best practices. OLO recommends the Council discuss this issue with agency representatives to provide a more complete picture of their knowledge and application of best practices. Recommended questions for discussion include:

- What are DHHS' and MCPS' perspectives about their best practices for improving outcomes?
- How do agency practices compare to those recommended by the National Academy of Science, the National Standards Project, the National Professional Development Center, and the Maryland Autism Task Force?
- How does each agency ensure the use of best practices among its varied programs? How does each agency plan for training, professional development, and the use of best practices among staff and contractors?

Discussion Issue #2: MCPS efforts to improve the school system's responsiveness to children on the autism spectrum with significant behavioral, emotional and/or learning needs. Staff and parents recognize the need for additional and more effective interventions to address the behavioral and emotional needs of some students on the spectrum. Recommended discussion questions include:

- What strategies/practices does MCPS employ to address the behavioral/emotional challenges of students with ASD?
- What is the process for identifying and implementing additional strategies focused on meeting students' "extraordinary" behavioral/emotional needs?
- What strategies/practices does MCPS employ to address the learning needs of students in the "middle" of the spectrum that typically participate in the modified state assessments (i.e. Mod-MSA's)?

Discussion Issue #3: Improving communication with parents of students on the autism spectrum, particularly to enhance awareness of school-based programs and outreach to diverse families. During OLO's interviews, some parents said that neither they nor school-based staffs were aware of the potential MCPS resources and program options for children with ASD. For their part, MCPS staff identified "better communication with parents" as an opportunity for improvement. Recommended questions include:

- How does each agency communicate with parents about its services?
- What are the challenges and opportunities for improving parents' understanding of available programs?
- What, if any, additional efforts are underway to communicate to culturally and/or linguistically diverse families?

Discussion Issue #4: Potential merits and drawbacks of developing a strategic plan to track, understand, and improve the performance of students with autism spectrum disorders. Currently, information about how students with ASD perform on a County-wide level is lacking. OLO recommends that the Council discuss with MCPS whether a strategic plan that would address the collective performance of students with ASD has merit. Recommended discussion questions include:

- What planning has the Board of Education and/or MCPS staff undertaken to improve the school system's capacity to serve students on the autism spectrum?
- Has the Board or MCPS considered evaluating the school system's services for students on the autism spectrum and/or developing a strategic plan to improve outcomes among students on the spectrum?
- To what extent could focusing on the performance of students with ASD result in progress in MCPS services to students with disabilities overall?

For a complete copy of OLO-Report 2012-3, go to: www.montgomerycountymd.gov/olo

Chapter IX. Findings

In Montgomery County (and nationally), the prevalence of children on the autism spectrum is increasing rapidly. Since 2001, Montgomery County Public School's (MCPS) enrollment of students on the autism spectrum increased from 266 to 1,642 students¹. Today, students on the autism spectrum account for almost one of every ten MCPS students receiving special education.

This report by the Office of Legislative Oversight (OLO) responds to the Council's request for information about County services for children on the autism spectrum, current research on best practices, and the perspectives of staff and parents about what works well and where opportunities exist to improve local services. The findings in this chapter are based on OLO's interviews with agency staff, parents, school site visits, data analysis, and a review of the research literature.

This chapter presents OLO's findings organized into four parts:

- **Overview of Autism Spectrum Disorders (ASD)** summarizes current research about best practices for treating children who fall on the autism spectrum;
- **Policy Mandates and Administration** describes the legal, regulatory, and policy mandates and administration of programs and services delivered by MCPS and Montgomery County Government's Department of Health and Human Services (DHHS);
- **MCPS' ASD Enrollment, Program, and Cost Trends** describes MCPS data on students with ASD and programs that serve these students; and
- **Perspectives on What Works and Opportunities for Improvement** from parents and MCPS and DHHS staff about program strengths and opportunities for improvement.

Overview of Autism Spectrum Disorders

Finding #1. Children on the autism spectrum are a heterogeneous group in terms of cognitive ability and emotional needs, but often share common challenges related to language, social interaction, and behavior.

The autism spectrum is a continuum of complex neurological disorders that can cause delays or problems in a variety of skills from infancy to adulthood. Children on the autism spectrum are a heterogeneous group who fall along the continuum based on the severity of their autism disorder and its co-morbidity with other disabilities, including emotional and intellectual disabilities.

The primary disorders on the spectrum are autistic disorder, Asperger's syndrome, and pervasive developmental disorder. Notwithstanding their individual differences, children diagnosed with an ASD generally share challenges in three areas of development: social interaction, language, and behavior. Students on the autism spectrum often exhibit ritualistic behaviors.

¹ Two FY11 enrollment figures for students with autism spectrum disorders (ASD) are used in this report: 1,624 represents MCPS' official enrollment of students coded 14 for special education eligibility reported in the Maryland Special Education Census; and 1,735 represents MCPS' ASD enrollment on March 10, 2011.

The presence, onset, and severity of ASD symptoms vary significantly by child. Symptoms of ASD can appear in early infancy or they may not appear until 24 months of age or later. In some cases, children develop normally for the first few months or years of life but then symptoms appear. Over time, some children become more interactive and demonstrate fewer behavioral issues, while some continue to have difficulty with these developmental skills into adulthood.

Finding #2. A body of evidence-based, best practices for improving the outcomes of children diagnosed with autism spectrum disorders exists. Despite these research results, effective treatments for ASD remain a work in progress.

Since 2001, three federally-funded studies have been undertaken to improve practitioners' and parents' understanding of best practices for improving outcomes among children with ASDs:

- A **National Research Council (NRC)** review of best practices for serving young children (ages 0-8) with ASD's concluded that there is "evidence that interventions lead to improvements" but "a clear, direct relationship between any particular intervention and children's progress" did not appear. NRC' recommended best practices include:
 - Setting measurable objectives achievable within a year;
 - Focusing objectives on social, communication, motor, and cognitive skills development;
 - Documenting and monitoring progress in order to make plan adjustments frequently;
 - Beginning early intervention practices as soon as an ASD is suspected;
 - Individualized attention for young children with an ASD on a daily basis; and
 - A minimum of 25 hours of therapy a week for young children with an ASD.

- A **National Standards Project (NSP)** review of autism research literature (published between 1957 and 2007) focused on identifying effective treatment packages serving persons from birth to 21. Researchers identified and sorted treatments into four categories based on the strength of the research evidence. Based on its review of 724 peer reviewed studies, the NSP classified 11 treatments as "established"; 22 as "emerging"; and five as "unestablished." The fourth category, "ineffective or harmful," had no treatments classified.

- A **National Professional Development Center (NPDC)** study focused on effective practices that could be included in a child's individualized family services plan (IFSP) or individualized education plan (IEP). NPDC's list of effective practices included parental implemented interventions, social skills training groups, speech generating devices, computer aided instruction, and picture exchange communication systems. Many of these replicated practices that NSP had identified previously.

The synthesis of research to identify evidence-based best practices for children on the autism spectrum is considerable, especially for young children up to age eight. Nonetheless, the effective treatments for ASD remain a work in progress. Two limitations of the research are that many studies rely on single student observations rather than comparison groups to assess treatment impact and efficacy, and that research is often conducted in either clinic-based settings or one-to-one teaching sessions instead of classrooms, homes, and communities.

Finding #3. Both federally-funded researchers and state experts recognize the need for systemic structures to implement and scale up ASD best practices.

Over the past decade, the National Research Council, the National Standards Project, and the Maryland Autism Task Force all recognized the value of organizational components that support moving research into actual practice in schools and classrooms. Collectively, the program components identified by these three sources as essential to facilitating the wide spread implementation of best practices include:

- Enabling parents to serve as full participants in the IEP process;
- Providing ongoing support to parents, including training them on techniques for their children to acquire new skills and reduce problem behaviors and providing them with mental health supports and referrals;
- Valuing the judgment of professionals with expertise on ASDs;
- In selecting treatments, valuing the preferences of parents, care providers, and students;
- Recognizing the existing capacity of school systems to implement a best practice;
- Relying on an interdisciplinary approach to support a comprehensive intervention plan;
- Supporting a system of professional development to ensure that administrators, educators, related service providers, and paraeducators are familiar with best practices; and
- Offering a continuum of services based on the needs of each child and family.

A second Maryland task force is currently developing a statewide framework for meeting the needs of older children and young adults on the spectrum. The Maryland Autism Commission's preliminary report is expected in late 2011, with a final report in September 2012.

Policy Mandates and Administration

Finding #4. Beyond best practices, federal policies, state regulations, and local policies guide Montgomery County's delivery of services to children on the autism spectrum.

The policy framework that shapes the County's delivery of services to children on the autism spectrum is established in federal law, state regulation, and local policies. More specifically, the primary federal laws - **Individuals with Disabilities Education Act (IDEA)** and the **No Child Left Behind Act (NCLB)** – require the County via MCPS or the County's DHHS to:

- Provide early intervening services to children from birth to age four who are developmentally delayed or have disabilities and develop an individualized family services plan (IFSP) to deliver these services (IDEA, Part C);
- Provide a “free, appropriate public education” for students with disabilities from birth to 21 and related services to ensure access to the general education curriculum (IDEA, Part B);
- Educate students with disabilities in a setting with students who are not disabled to the maximum extent that is appropriate. The least restrictive environment provision also requires students to be educated in their home school when appropriate (IDEA, Part B);

- Create an individualized educational plan to serve as a written statement and a legal document of the educational program designed to meet a student's individual needs (IDEA, Part B);
- Establish procedural safeguards so that parents of students with disabilities receive prior notice of service changes, provide consent for assessments and services, can seek an independent evaluation, and can file complaints (IDEA, Part B);
- Include children on the autism spectrum in state assessments required at most grade levels and their scores in school and district level measures of student progress (NCLB);
- Require special educators who are the teacher of record (i.e., who assigns a grade for a subject) be certified as highly qualified (NCLB); and
- Demonstrate adequate yearly progress toward meeting goals for student academic achievement, attendance, and graduation rates for every student subgroup (NCLB).

Additionally, under the **Code of Maryland Regulations**, MCPS must:

- Adopt post-school transition plans for students with disabilities by age 14 rather than 16,
- Develop a special education staffing plan,
- Consider nonpublic placements for students with disabilities under certain conditions, and
- Coordinate the provision of services provided by the state's Autism Waiver Program.²

Finally, the **MCPS policies and practices** that address students on the autism spectrum:

- Affirm MCPS' commitment to meeting the requirements of federal and state law by developing an educational system that is committed to the success of all students;
- Require accountability for the performance results of all students;
- Describe MCPS procedures for implementing Section 504 plans for students, which can include students on the autism spectrum; and
- Include strategic plans aimed at reducing disproportionate representation in special education classification and suspensions.

Finding #5. MCPS and DHHS work collaboratively to deliver services to children on the autism spectrum.

DHHS and MCPS jointly administer those services for children on the autism spectrum that are authorized by IDEA and COMAR. More specifically, DHHS':

- ***Child, Youth, and Family Services Unit*** serves as the lead agency for the County's Early Intervening Services Program for Infants, Toddlers, and Preschoolers in the Extended Individual Family Support Plan Option; and
- ***The Aging and Disabilities Services Unit*** provides case management of wrap around services for children and families in MCPS' Autism Waiver Program, and administers three other programs that serve young people with developmental disabilities, including autism: the My Turn Program, Respite Services, and Transition Services.

² The Autism Waiver Program targets services to children on the spectrum who would otherwise need to be placed in an intermediate care facility but can be safely maintained in the community with wrap-around services.



MCPS' **Office of Special Education and Student Services (OSESS)** serves as the lead agency for the County's special education programs and the Autism Waiver Program and also assists DHHS with early intervening services for young children from birth to age three. More specifically, in OSESS' **Department of Special Education Services:**

- The ***Division of Preschool, Special Programs, and Related Services*** serves as the lead agency for the County's prekindergarten special education programs, the school system's Autism and Emotional Disturbance Units, and related service programs (e.g. speech, and occupational therapy); and works with DHHS to provide early intervening services to infants and toddlers;
- The ***School Support Team*** provides oversight of all K-12 school-based special education programs, assists student placements, and implements professional development for general and special educators; and
- The ***School Based Services Team*** provides administrative oversight for the Learning for Independence, Resource Room, Special Schools, School/Community Based Programs, Extensions, and Elementary Learning Centers.

Finally, OSESS' **Department of Special Education Operations** in FY11 managed nonpublic placements, the state-mandated Autism Waiver Program, and programs to ensure that MCPS complies with procedural safeguards mandated in federal and state law.³

Finding #6. While a diagnosis from a private health care provider can help inform the IEP process, an MCPS IEP team ultimately decides a child's eligibility for special education services and a child's disability classification as mandated by IDEA.

Two school-based teams carry out the MCPS process to assess and place children who are referred for special education services. Initially, an ***Individual Education Plan (IEP) screening team*** assembles existing information, solicits parental information, and obtains parental consent. If a disability is suspected, this IEP team determines the appropriate strategies for further assessment. If a disability is not suspected, this IEP team provides written notice of its determination to not assess the child. This initial evaluation must be completed within 60 days of a referral.

If a disability is suspected, another IEP team conducts a second evaluation to assess the child for all disabilities. This ***IEP assessment team*** consists of MCPS staff, the parents, and the student, if appropriate.⁴ This evaluation is based on parents' observations, reports from educational professionals, and written and oral tests.

If a child is eligible for services, the IEP assessment team develops a plan that must address a child's needs for any disabilities identified and makes a placement decision.⁵ At least once per year, MCPS must revisit its placement decision and include parents in the process.

³ In FY12, this department was reorganized to become the Department of Business, Fiscal, and Information Systems with oversight of nonpublic placements transferred to the Department of Special Education Services.

⁴ The MCPS members of the team include a general education teacher, a special education teacher, a representative who is familiar with MCPS services, an individual who can interpret instructional implications of evaluation; and other educational service providers (i.e. speech therapists, psychologists, etc). If the student is an English language learner, assessments may need to be referred to the Bilingual Assessment Team, who can conduct the assessment in the child's native language.

⁵ An IEP lists measurable academic and functional goals, establishes short term objectives, identifies services to be provided, addresses the educational environment and whether accommodations are required, and defines the

A parent can elect to fund their own private assessment to submit to the IEP assessment team for their review. If a parent disagrees with the results of MCPS' assessments, they can request an independent educational evaluation that the school system may agree to fund, or they may request a due process hearing to defend the results of their assessment. However, a private provider's diagnosis of a disability does not automatically confer access to special education or related services. Instead, a child's eligibility for special education services requires a determination by an IEP team.

MCPS' ASD Enrollment, Program, and Cost Trends

Finding #7. Students with autism as a primary disability comprise nearly 10% of MCPS' special education enrollment - a five-fold increase over the past decade.

Enrollment of students who have a primary disability of autism (Code I4) increased more than five-fold since FY01, from 266 to 1,642 students. As Table 20 shows growth among students classified as having an ASD substantially outpaced growth for special education enrollment overall and most other special education disability classifications.

The five-fold increase in autism enrollment reflects in part the newness of autism as a federal disability classification, improving diagnostic trends, and a better understanding of ASD symptoms. However, the MCPS autism enrollment data excludes former MCPS students with ASD residing in the County who are no longer enrolled in MCPS (e.g. home-schooled students).

Table 20: MCPS Enrollment for Autism, All Students, and Special Education, FY01-FY11

Enrollment	FY01	FY11	Change	
			#	%
Autism	266	1,642	1,376	517%
All students	134,180	143,309	9,129	7%
Special Education	16,359	17,307	948	6%
-Intellectual Disabilities	323	655	332	107%
-Emotional Disturbance	1,202	663	-539	-47%
-Other Health Impaired	784	2,831	2,047	261%
-Multiple Disabilities	1,892	257	-1,635	-86%
-Developmental Delay	255	1,869	1,614	633%
-All Other Disabilities*	11,637	9,390	-2,247	-19%

*All Other Disabilities includes enrollment for learning disabilities, traumatic brain injuries and impairments in speech, orthopedics, vision, and hearing
Sources: MSDE (Special Education Census and Annual Report Cards)

duration, frequency and location of services. MCPS placement options can include general education classes, special classes, special schools, home instruction, and instruction in hospitals and institutions.

Finding #8. MCPS and Montgomery County Government's Department of Health and Human Services (DHHS) offer many types of programs aimed at improving outcomes among children on the spectrum.

MCPS offers a continuum of programs aimed at providing effective services for children on the autism spectrum in the least restrictive environment appropriate with a child's IEP. MCPS delivers special education services to students with ASD across eight types of programs noted below.

- **Autism Programs** comprised of Pre-K through Grade 12 programs that exclusively serve students with ASD (e.g. Autism and Asperger's classes),
- **Home School Settings** that serve a variety of students with disabilities in their neighborhood schools (e.g. Resource Rooms),
- **Fundamental Life Skills Programs** for students with disabilities in certificate-bound programs (e.g. Learning for Independence and School/Community Based programs),
- **Nonpublic Programs** for students with disabilities served in private schools to meet their educational needs,
- **Learning Disability Placements** that typically serve students with specific learning disabilities (e.g. Learning and Academic Disability Services),
- **Emotional Disability Placements** that typically serve students with emotional disabilities (e.g. the Bridge Program),
- **Learning Centers** (Grades K-5, Grades 10-12) that provide coordinated services for a variety of students with disabilities, and
- **Preschool Education Programs** serving preschool students with disabilities.

DHHS also offers a continuum of early intervening services for infants and toddlers with developmental delays that include ASD and administers community and home-based services for children and families with developmental disabilities that include autism. MCPS serves as the main provider of these services.

Students with ASD are also entitled to receive related services if their individualized family support or education plan (i.e. IFSP or IEP) requires them. MCPS and DHHS coordinate the delivery of these services that can include assistive technology, speech and language services, and occupational and physical therapy.

Finding #9. Nearly 80% of students with ASDs in MCPS are served in settings that do not exclusively serve students on the autism spectrum.

Table 21 on the next page describes by program category the number of MCPS program sites, ASD enrollment, and the distribution of students with ASD. While Autism Programs inclusive of the Comprehensive Autism Preschool Program (CAPP), Autism Classes, Asperger's Classes, and Autism Resource Service are the modal placement for students with ASD serving 21% of MCPS' ASD enrollment, 79% of students with ASDs are served outside of these four autism placements in programs originally designed to serve students with other primary disabilities.

Table 21: Programs Serving Students with Autism Spectrum Disorders by Enrollment, FY11

Program Categories	Specific Programs in each Category (# of Sites)	ASD Enrollment	% of ASD Enrollment
MCPS Special Education Programs			
Autism Programs	Comprehensive Autism Preschool Program (5) Autism Classes (17) Asperger's Classes (5) Autism Resource Services (2)	371	21%
Home School Settings	Resource Rooms (200) Home School Model (66) Hours Based Staffing (31)	355	20%
Fundamental Life Skills	Learning for Independence (27) School/Community Based Programs(32) Special Schools (5) Extensions (2)	328	19%
Nonpublic Programs	Ivymount School, Forbush at Oakmont, and other private schools (32)	217	13%
Learning Disability Services	Learning and Academic Disabilities (50) Gifted Talented/Learning Disabled (5)	191	11%
Emotional Disability Services	ED Cluster (19) Bridge Program (4) RICA (1)*	113	7%
Learning Centers	Elementary (11) High School (3)	107	6%
Preschool Special Education	Preschool Special Education Program - All Types (15)	37	2%
Medicaid Waiver Programs			
Autism Waiver	Most students (62%) enrolled in non-public placements, special schools, & autism classes.	200	12%

* Students with ASD at RICA included in FLS data for Special Schools although not all enrolled in FLS.
Sources: MCPS FY12 Program Budget, MCPS Parent Guide to Special Education, MCPS unpublished data on March 10, 2010 ASD Enrollment by Program.

Finding #10. Most students with ASDs are served in self-contained settings with many of these aligning with the Fundamental Life Skills curriculum.

MCPS' delivery of services across a continuum for students with ASD varies by the least restrictive environment (LRE) level associated with each program⁶ and its alignment with the Fundamental Life Skills (FLS) curriculum that leads to a certificate of completion or the MCPS general education curriculum that leads to a high school diploma.

⁶ School age children who receive special education services outside of the regular classroom for less than 21% of the day are **LRE A**; those outside of the regular classroom for 21-60% of the day are **LRE B**, those outside the regular classroom for over 60% of the day are **LRE C**. **LRE F** refers to school age children served in a public day school for students with disabilities; **LRE G/H/I** refers to school age children served in non-public day schools for students with disabilities or residential placements; and **LRE N** refers to preschool students who receive all of their special education services in environments designed primarily for children with disabilities.

Table 22 summarizes the key features of the MCPS’ special education program types serving students with ASD by LRE level and alignment with the FLS curriculum and describes the distribution of students with ASD by special education program.

Table 22: Key Features of Programs Serving Students with Autism Spectrum Disorders, FY11

Program Categories (and Specific Programs)	Focus *	Placement by LRE Level	% of ASD Enrollment
MCPS Special Education Programs			
Autism Programs (CAPP, Autism, Asperger’s, and Autism Resource Services)	Certificate (Autism) & Diploma Bound	LRE C/N except for LRE B for Autism Resources	21%
Home School Settings (Resource, HSM, and Hours Based Staffing)	Diploma Bound	LRE A, B, C	20%
Fundamental Life Skills (LFI, S/CB, Special Schools, and Extensions)	Certificate Bound	LRE C or higher	19%
Nonpublic Programs	Certificate and Diploma Bound	LRE G/H/I	13%
Learning Disability Services (LAD and GT/LD)	Diploma Bound	LRE B	11%
Emotional Disability Services (ED Cluster and Bridge Program)	Diploma Bound	LRE C	7%
Learning Centers	Diploma Bound	LRE C	6%
Preschool Special Education (PEP)	Preschool General Education	LRE N	2%

*Focus – Diploma bound or certificate bound program aligned with Fundamental Life Skills Curriculum.
Sources: MCPS FY12 Program Budget, MCPS Parent Guide to Special Education, MCPS unpublished data on March 10, 2010 ASD Enrollment by Program.

Two-thirds of all MCPS students with ASD are served in the following self-contained programs/settings (LRE C or higher) where they receive special education services outside of a regular classroom more than 60% of the day:

- Autism programs (e.g. Autism and Asperger’s classes);
- Settings aligned with the FLS curriculum (e.g. Learning for Independence);
- Nonpublic programs (e.g. Ivymount and Kennedy Krieger Institute);
- Emotional disabilities programs (e.g. Bridge);
- Learning centers; and
- Preschool special education programs.

Of note, up to half of all MCPS students with ASD are served in settings that align with the Fundamental Life Skills curriculum⁷ and lead to a certificate of completion instead of a diploma.

⁷ Calculation based on the majority of students with ASD in Autism Programs and Nonpublic programs (approximately 32% of all students with ASD) being enrolled in FLS aligned settings combined with students with ASD in FLS-specific programs (19% of all students with ASD).

Finding #11. Low student to staff ratios are a central feature of programs that serve students with ASD. Among the classes with the lowest ratios, staffing is based on a ratio of one teacher to two paraeducators.

Table 23 compiles data from several sources to describe MCPS budgeted staffing levels by special education programs that serve students with ASDs. The data show:

- Self contained small class sizes are a central feature of the special education programs serving students with ASD, ranging from six students per class (for most Autism and FLS programs) to 13 to 15 students (for most Learning Disability and Home School programs). On average, classes are staffed at one position per 5.4 students.
- Student to staff ratios vary across programs. They range from 1.5 students for each staff member for Autism programs to 8.5 students per staff member for Learning Disability Service programs.
- MCPS teams professionals and paraeducators to achieve low student to staff ratios. For autism programs these classes are staffed one teacher per 2 paraeducators. By comparison, for FLS and emotional disability programs, these programs are staffed one teacher per paraeducator.

Table 23: FY11 Staffing Levels of Special Education Programs

Programs	CIP Class Size	Budgeted Professionals*	Budgeted Paraeducators	Budgeted Enrollment	Student to Staff Ratio
Autism Programs	6	66.0	140.9	370	1.5
Home School Settings	13	522.3	271.2	6,724	8.5
Fundamental Life Skills (FLS) Programs	6 to 10	235.9	250.5	1,370	2.8
Learning Disability Services	13 to 15	259.8	216.5	2,846	6.0
Emotional Disability Services	10	101.5	109.9	591	2.8
Learning Centers	10	77.0	57.9	600	4.4
Preschool Special Education (PEP)	6 to 9	129.4	81.3	1,006	4.8
Total	--	1,391.9	1,128.1	13,507	5.4

*Includes Teachers and Other Professionals, but not Program Support

Sources: MCPS Projected Special Education Enrollment, Services, and Positions, December 2010; MCPS CIP

Finding #12. In FY11, MCPS' weighted average per student cost for programs that serve students with autism was \$33,000. Average costs ranged from \$12,000 for Home School to \$73,000 for nonpublic placements.

OLO used estimates of program costs and enrollment listed in the MCPS Program Budget and provided by MCPS staff to calculate average per student costs for each MCPS special education program category that serves ASD students. These data show:

- Budgeted costs for special education programs that serve ASD students averaged \$33,000 per student for FY11 including the estimated costs of employee benefits.

- Budgeted special education costs range from a high of \$73,000 on average for students on the spectrum in nonpublic placements to a low of \$12,000 on average for students in home school special education placements.

Table 24: Special Education Average Costs per ASD Student by Program Category, FY11

Program Category (# of Enrolled ASD Students)	Average Costs per Student
Nonpublic Placements (217)	\$73,000
Autism Waiver Program* (200)	\$50,000
Autism Programs (388)	\$33,000
Fundamental Life Skills Programs (328)	\$30,000
Emotional Disabilities Services (113)	\$24,000
Preschool Special Education Programs (37)	\$20,000
Learning Centers (107)	\$17,000
Learning Disability Services (191)	\$13,000
Home School Settings (355)	\$12,000
Weighted Average Costs*	\$33,000

*Funded through Medicaid Waiver, not with Local Funds; Autism Waiver Program excluded from Weighted Average Cost calculation.

Finding #13. In FY11, MCPS program costs for services to children with autism totaled \$52 million. Nonpublic placements represented 31% of total program costs but only 13% of enrollment.

OLO used per student costs and program enrollment data to develop an estimate of total program costs for MCPS’ services to children with autism in FY11. Table 25 on the next page displays these data by program category. A comparison of each program’s cost and enrollment shares shows:

- Comparable costs and enrollment exists for five program categories – Autism, Emotional Disabilities, Learning Centers, Preschool Special Education Programs, and Fundamental Life Skills Programs.
- The Nonpublic Placement program category accounts for 31% of total program costs but only 13% of enrollment.
- The Home Schools program category accounts for 8% of total program costs but accommodates 20% of enrollment.

Additionally, another \$10 million is expended in Medicaid funding to support 200 MCPS students enrolled in the state’s Autism Waiver Program.

Table 25: Total Costs by Special Education Program for Autism Enrollment, FY11

Program	Total Costs*	Share of Total ASD Costs	Share of ASD Enrollment
MCPS Special Education Programs and Services			
Autism Programs*	\$12,200,000	23%	21%
Home School Settings	\$4,200,000	8%	20%
Fundamental Life Skills Programs	\$9,700,000	19%	19%
Nonpublic Programs	\$15,800,000	31%	13%
Learning Disability Services	\$2,500,000	5%	11%
Emotional Disability Services	\$2,700,000	5%	7%
Learning Centers	\$1,800,000	4%	6%
Preschool Special Education Programs	\$750,000	1%	2%
Autism Consults	\$1,350,000	3%	
Total	\$52,000,000		
Medicaid Assistance Programs			
Autism Waiver Program	\$10,000,000		12%

*Costs rounded to nearest thousand and included estimated benefit costs.

Sources: OLO calculations of data from FY11 Current Budget and Program Enrollment described in FY12 MCPS Recommended Program Budget, MCPS unpublished data on March 10, 2010 ASD Enrollment by Program, and MCPS provided estimates of per pupil costs for non-public placements and autism waiver services for students on the autism spectrum.

Perspectives on What Works and Opportunities for Improvement

Finding #14. At the county level, a data gap exists regarding the performance of children and students with autism spectrum disorders. MSDE’s assessment of special education services for all disability classifications gave high marks to DHHS’ administration of the Infants and Toddlers Program and MCPS’ administration of IDEA Part B programs.

Both DHHS and MCPS track performance data among individual students with ASD to document students’ progress on their IFSP and IEP goals. Data collected by school-based personnel can include daily checks of student progress on specific tasks and “data-books” documenting progress on specific academic and behavioral goals. MCPS uses these data at the school level to adjust strategies and short-term objectives if students are not making desired progress. To date, however, neither agency has compiled nor analyzed individual student data at the Countywide level to understand the performance of students with ASD on any global measures. In turn, neither agency has developed a single strategic plan specific to students with ASD nor evaluated its services to students with ASD.

Both MCPS and DHHS track Countywide performance measures for early intervening services and special education to comply with MSDE reporting requirements for IDEA. These measures track the collective performance of all students with disabilities, but do not disaggregate or describe the performance of specific disability groups such as students with ASD. MSDE’s most recent assessments rank DHHS’ administration of the County’s Infants and Toddlers Program and MCPS’ administration of IDEA Part B programs as “high.”

Finding #15. MCPS' collection and analysis of student data to implement its Baldrige performance management framework could help address the current gap in data regarding the performance of MCPS students with ASD.

In 2010, MCPS was awarded the Baldrige National Quality Award in recognition of its interlocking efforts to implement its strategic plan, Our Call to Action. This award was based on MCPS' systemic implementation of the following Baldrige Education Criteria:

- **Leadership** to guide and sustain an organization in reaching its performance expectations;
- **Strategic Planning** to align resources to actualize organizational goals;
- **Customer Focus** to discern customers' level of satisfaction with services;
- **Measurement, Analysis, and Knowledge Management** to support the use of data-driven decision making;
- **Workforce Focus** to improve the workforce's ability to reach organizational goals;
- **Operations Focus** to improve key work processes (i.e. core work of the organization); and
- **Performance Results** that provide measures of progress and evaluation for student learning, customer-focused, workforce-focused, leadership, and budgetary outcomes.

MCPS' efforts to implement the Baldrige performance management framework have focused on school-based school improvement planning that includes students with disabilities and central-office planning for improving programs for students with disabilities. These efforts include a strategic plan by the Office of Special Education and Student Services focused on four goals:

- Ensure students with disabilities reach AYP goals,
- Reduce disproportionality in special education classifications and suspensions,
- Address areas identified as in need of improvement by MSDE (e.g. complete 100% of evaluations within 60 days); and
- Develop processes to gather parent feedback as a way to improve services and implement professional development for staff members.

OSESS' strategic planning efforts also include the development and execution of strategic plans for its Department of Special Education Services (DSES) and each of its units that serve students with ASD. This project reviewed the strategic plans (i.e. linkages charts) for DSES and several of its units including Autism, Emotional Disabilities Services, and Early Intervening Services/Pre-K.

OLO's review of these DSES strategic plans demonstrates that each plan includes key features of Baldrige performance management framework. Each has a strategic plan that articulates their mission, strategic goals, professional development goals, and data sources for performance benchmarks and results. As such, MCPS has the capacity to track performance benchmarks among students with ASD by their current special education settings (e.g. Autism Programs).

The review and analysis of student performance data by special education setting – as currently codified by OSESS' and DSES' implementation of the Baldrige framework - would enable MCPS to assess the performance of students with ASD by special education setting. Further, since data on students with ASD are included among the performance indicators tracked to comply with NCLB, MCPS should also be able to describe the specific performance of students with ASD on NCLB measures (e.g. standardized assessments and graduation rates).

Finding #16. Although MCPS provides staff development aimed at improving the capacity of staff to serve students with ASD, none of these trainings are offered as required Tier 1 trainings.

Professional development serves as a key component of both the Baldrige framework and the DSES strategic plan. DSES offer two types of professional development to reach its strategic goals:

- Tier 1 trainings are required courses where participants are paid their regular rate to attend or substitutes are provided if the training takes place during the school day. There are currently only three required Tier 1 courses – they focus on collaboration, co-teaching, and training select staff on crisis prevention techniques.
- Tier 2 training are voluntary courses that offer teachers a \$20 stipend and paraprofessionals a \$15 stipend to participate. The vast majority of DSES and its unit's staff development are provided as Tier 2 trainings, including all of the Autism Unit's staff trainings.

Over the past year, both DSES and its Autism Unit have provided a number of staff trainings aimed at increasing the use of best practices for serving students with ASD. Session topics have focused on serving students with ASD across the LRE continuum, crisis management, and reading. According to MCPS, these trainings are generally well received and oversubscribed among staff who work with students on the autism spectrum.

Of note, the Autism Unit is currently working on a process to create, deliver, and evaluate its professional development for school-based and central office staff. It remains unclear, however, whether the Autism Unit has had or will have enough resources to offer the level of professional development and training to staff necessary to meet its strategic goals.

Finding #17. Both staff and parents generally have a favorable impression of the Infant and Toddler's Program, the Autism Waiver Program, MCPS' variety of special education options and services, and MCPS' social and organizational skills courses for students with ASD.

OLO conducted interviews with MCPS and DHHS staff and two parent focus groups to explore the question of "What things work well regarding the current delivery of services to children and students on the autism spectrum?" Staff and parents generally agreed about the strengths of the County's current services in the following areas:

1. **Autism Waiver Services works well for those who receive services.** Both MCPS and DHHS staffs agreed that this program provides beneficial services for the families who receive them; parents stated they value these services and the coordination of DHHS staff.
2. **Infants and Toddlers Program serves families well.** Both MCPS and DHHS staffs agreed that Montgomery County Infant and Toddlers Program (MCTIP) works at providing early intervening services to children and families; parents indicated that they value their partnership with MCITP staff in the development and execution of IFSPs.

3. **MCPS offers a variety of placement, service, and best practices options.** Both MCPS staff and parents noted that families move to the County to access services unavailable in other public school systems, such as applied behavior analysis (ABA) prekindergarten programs (e.g. Comprehensive Autism Preschool Program aka CAPP).
4. **MCPS' social skills and resource classes are effective.** MCPS staff and parents viewed these classes as essential to improving student's organization and social skills and maximizing the inclusion of students in general education classes for core content areas.
5. Both MCPS staff and parents also commented that **knowledgeable school administrators** improve the delivery of school-based services for students with ASD by making schools more responsive to the needs of students with ASD, supporting the programs that serve students with ASD, and encouraging support from the larger school community.

Finding #18. Staff and parents identified additional strengths in the County's current provision of services to students with ASD.

MCPS staff interviewed by OLO for this project identified three additional strengths in the school system's delivery of services for students with ASD:

1. **The Autism Unit provides valuable consultative services, information, and training** that increases the capacity of schools to serve students on the autism spectrum.
2. **Other academic and technological services provided by MCPS** also effectively assist school-based personnel in meeting the learning needs of students on the spectrum (e.g., Read 180, FAST, promethean boards, E-writer).
3. **Close working relationships across central office and school-based staffs** enable appropriate placements and effective services for children on the spectrum.

Parents interviewed noted the following three additional strengths of the County's current services (i.e. MCPS and DHHS):

1. **MCPS Special Education Prekindergarten Programs.** Parents offered uniformly positive praise for MCPS' Comprehensive Autism Preschool Program (CAPP) and its Preschool Education Programs (PEP).
2. **For the most part, the Child Find Process is timely and efficient.** A majority of parents offered considerable praise on the work of the Child Find offices in helping to identify their child(ren)'s eligibility for services in a timely and efficient fashion.
3. **Support of strong front line staff and expertise of central staff.** Most parents cited the front-line staffs that deliver services to their children (i.e. teachers, paraeducators) as a significant strength of MCPS' current service delivery.

Finding #19. Staff and parents identified increasing resources for family support and wrap around services, interventions for meeting the needs of school-age children, support for students across the LRE continuum, communication between staff and families, and outreach to diverse families as opportunities for improving the delivery of services to students with ASD.

As part of this project's interviews with MCPS and DHHS staff and the parent focus groups, OLO elicited responses to this question: "Where are there opportunities for improving the delivery of services to children and students on the autism spectrum in the County?" In general, there was consensus among MCPS and DHHS staff and parents about six opportunities for improving services.

1. **Increase wrap-around and young adult services.** MCPS and DHHS staff and parents indicate there is a need for more wrap-around services for children, particularly among families on the Autism Waiver Program waitlist, and for more programs for young adults.
2. **Increase services to meet the needs of school-age children.** From MCPS staff's point of view, improving the school system's ability to meet the emotional and behavioral needs of students on the spectrum and to meet the learning needs of students in the "middle" of the spectrum are major concerns. Among the parents there was a desire to improve services and program options for school-age children on the spectrum, particularly among students in diploma-bound programs.
3. **Enhance resources to support program goals and inclusion.** Both MCPS staff and parents cite large class sizes and limited paraeducator positions to support inclusion as common concerns. MCPS staff note some additional concerns include challenges in master scheduling, lack of common planning time for general and special educators, increasing paperwork, limited itinerant staffing, and limited stipends for training.
4. **Enhance communication about school-based programs.** Among MCPS staff, improving parents' understanding of the value of MCPS' portfolio of programs and services is a key concern; among parents, the perceived lack of information about available programs, particularly at key transition points, is a common concern.
5. **Improve outreach to culturally and linguistically diverse families.** Staff and parents cite the need to improve communication and outreach to diverse families to ensure they understand both the symptoms of autism in young children and benefits of available services as an opportunity for improvement.
6. **Expand capacity to serve ASD enrollment at new schools.** MCPS school-based staff voiced concerns about expanding ASD programs on their current campuses – most felt they are at full capacity. And several parents advocated for growing more programs for students with ASD in the Eastern part of the County to minimize long bus commutes.

Further, both DHHS and MCPS staff note that seeking **earlier referrals and services for infants and toddlers** is an opportunity for improving the County's programs. Both staffs indicate that earlier referrals of children on the spectrum by medical professionals are warranted. DHHS also notes the need to increase the number of applied behavioral analysis (ABA) providers for MCITP as an opportunity for improvement since there is only one contracted provider of ABA services.

Finding #20. Parents interviewed identified four additional opportunities for improving the County's delivery of services to students with ASD.

Parents interviewed by OLO for this project also identified four additional opportunities for improving the County's programs that serve students with ASD:

1. **Enhance training of front-line staff and administrators on best practices for serving students on the spectrum.** Parents perceive that DHHS and MCPS staffs who are trained in special education and general education often lack an understanding of the dimensions of ASD and the skills deficits that need to be addressed to support students.
2. **Improve consistency across programs serving students on the spectrum.** Parents suggest that some programs are stronger than others, even if they supposedly provide similar services. Parents perceive that the strength of each program depends more on school-based staff and administrators than on the central office's vision and support for each program.
3. **Value the perspectives of parents and private providers as partners in delivering services for students on the spectrum.** Several parents raised concerns about how they are included in their child's education planning process. They remarked that despite federal mandates to include parents and private service providers in meetings to determine a child's IEP plan and special education placement, their collective input is often ignored either as part of the IEP development process and/or among school-based teams.
4. **Improve community awareness of autism spectrum disorders.** In particular, several parents indicated a need to educate law enforcement on the symptoms of autism to support children on the spectrum and to minimize misunderstandings that could lead to preventable altercations and prosecutions.

Chapter X. Recommended Discussion Issues

Children with autism spectrum disorders (ASD) are a growing concern both nationally and in Montgomery County.¹ Available data suggest that Montgomery County saw a five-fold increase in children diagnosed with ASD over the past decade. In FY11, the cost of services for the County's children with ASD and their families totaled an estimated \$61 million.²

This report responds to the Council's request for the Office of Legislative Oversight (OLO) to describe current research on best practices, County services for children with ASD, and the perspectives of staff and parents about what works well and opportunities to improve services.

In brief, this OLO study supports the following findings:

- **Best Practices Research.** Research on autism spectrum disorders demonstrates that children with ASDs are a heterogeneous group and that diagnosis of ASDs can be confounded by differences in the severity, onset, and nature of each child's symptoms. There is an emerging body of research on effective practices that can lessen the social, developmental, and behavior challenges associated with autism. Beyond the question of specific strategies that are proven to be effective, best practices research also addresses the question of effective implementation practices
- **County Services.** The delivery of early intervening and special education services for children with ASDs that are mandated by federal, state, and local policy are jointly administered by MCPS and DHHS. Specifically, eight of MCPS' special education programs enroll children with ASDs at an estimated cost of \$52 million per year, with the Autism Waiver Program costing another \$10 million in Medicaid funding. Despite rapidly increasing enrollments, neither MCPS nor DHHS have evaluated its services for students with ASD, nor does either agency have a strategic plan focused on autism.
- **Perspectives about County Services.** During two focus groups and several interviews, parents and agency staff shared mixed views about the County's programs. Parents generally voiced positive comments about the Infants and Toddlers Program, Autism Waiver Program, and the variety of services and programs offered by MCPS. Parents and agency staff expressed concerns about the agencies' communication with parents, and the need for additional supports and services for families and school-age students.

In an effort to stay abreast of emerging research and ensure the best use of County resources to support County families who have children with ASD, OLO recommends the Council address the following four discussion issues. The issues address both concerns raised by parents and staff and other broader program implementation and planning issues. The intent of these recommended discussion issues is to improve the Council's understanding and oversight of County appropriations aimed at addressing the needs of children with ASD.

¹ The autism spectrum is a continuum of complex neurological disorders that can cause delays or problems in a variety of skills from infancy to adulthood. Children on the autism spectrum are a heterogeneous group who fall along the continuum based on the severity of their autism disorder and its co-morbidity with other disabilities, including emotional and intellectual disabilities.

² This total includes an estimated cost for employee benefits and includes the cost of the Autism Waiver Program. Per student costs vary widely by program, from a low of \$12,000 per year for home school placements to a high of \$73,000 per year for nonpublic (private) placements.

Discussion Issue #1: How MCPS' and DHHS' practices for serving students with autism spectrum disorders align with research-based best practices identified by federally-funded research studies.

Over the past decade, both federally-funded researchers and a state-wide task force have identified a number of best practices for improving outcomes among children and students with autism spectrum disorders. These best practices recommend how to plan and measure progress as well as specific types of interventions. Some of the “process-oriented” best practices identified in research include:

- Set measurable objectives achievable within a year;
- Document and monitor progress frequently;
- Provide ongoing supports to parents and include them in the planning process; and
- Develop a plan to train professionals and paraprofessional providers on best practices.

Some of the “specific interventions” best practices intended to address challenges typically associated with autism include:

- Applied behavioral analysis packages and techniques,
- Schedules (e.g. written words, pictures, or work stations),
- Story-based interventions, and
- Social skills training groups.

In the course of this study, OLO observed that both DHHS and MCPS staff had a working knowledge of best practices research. OLO recommends a Council discussion of this issue with agency representatives to provide a more complete picture of their best practices, including the strategies they use to stay abreast of and apply research results. Such a discussion could also explore where either agency should target its continuous improvement efforts for achieving desired outcomes among children with ASD.

At the Committee worksession for this report, OLO recommends the Council ask MCPS and County Government representatives to address the following questions:

- From DHHS' and MCPS' work in the field, what are their perspectives about best practices for improving outcomes among children and students with ASDs?
- How do DHHS' and MCPS' lists of best practices compare to those recommended by National Academy Science, National Standards Project, National Professional Development Center, and Maryland Autism Task Force?
- How does each agency ensure the use of best practices among its varied programs? How does each agency plan for training, professional development, and the use of best practices among staff and contractors?

Discussion Issue #2: MCPS efforts underway to improve the school system's responsiveness to children on the spectrum with significant behavioral, emotional, and/or learning needs.

Over the past decade, MCPS' enrollment of students classified as having autism as their primary disability has increased five-fold. In response, each year, MCPS has expanded its capacity - both staff and classrooms - to serve students with autism spectrum disorders.

OLO's analysis of enrollment data suggests that MCPS' non-autism special education programs generally are shouldering much of the burden of these increased enrollments. Specifically, nearly 80% of ASD students are served in other MCPS special education programs (e.g. nonpublic placements and emotional disability programs) even though MCPS' Autism Programs are the modal special education placement for students on the autism spectrum.

Both MCPS staff and parents recognize the need for additional and more effective interventions to address the behavioral and emotional needs of some students on the spectrum and the learning needs of students in the middle of the spectrum served in diploma-bound programs.

At the Committee worksession for this report, OLO recommends the Council ask MCPS representatives to address the following questions:

- What strategies/practices does MCPS employ to address the behavioral/emotional challenges of students with ASD?
- What is the process for identifying and implementing additional strategies focused on meeting students' "extraordinary" behavioral/emotional needs?
- What strategies/practices does MCPS employ to address the learning needs of students in the "middle" of the spectrum that typically participate in the modified state assessments (i.e. Mod-MSA's)?

Discussion Issue #3: Improving communication with parents of children on the spectrum, particularly to enhance awareness of school-based programs and to increase outreach to culturally and linguistically diverse families.

Parent involvement and participation in special education planning and programming are key components of IDEA. The National Research Council and the National Standards Project also recognize the vital role that parents should play in shaping educational planning and learning techniques to reduce problem behaviors. Both the IFSP and IEP processes depend on parents who are not only engaged and well-informed about their child's education options, but also trained to observe and assess their child's responsiveness to their individualized plan's strategies and interventions.

MCPS recently updated its Parents Guide for Special Education website to provide a clearer overview of available services. OSESS is also in the process of developing a parent outreach committee to improve its services. However, both MCPS' and DHHS' strategy for communicating the breadth of its available programs and reaching out to diverse families may merit additional work. A common concern raised by parents during OLO's interviews was that neither they nor school-based staffs were aware of the full range of resources and program options available in the County.

At the Committee worksession for the report, OLO recommends that the Council discuss the following questions with MCPS and DHHS representatives:

- How does each agency communicate with parents about its services generally and specifically during periods of transition (e.g. Part C to Part B, elementary to middle school)?
- What are the challenges each agency faces to improving parents' understanding of its available programs? What are the opportunities for expanding parents' understanding?
- How does each agency communicate with parents and others to counter "myths" with factual information?
- Does either agency work with/foster the development of parent groups to improve coordination and communication with parents? How is this done?
- What, if any, additional efforts are underway to communicate to culturally and/or linguistically diverse families? How effective have these efforts been?

Discussion Issue #4: Potential merits and drawbacks of developing a strategic plan to track, understand, and improve the performance of students with autism spectrum disorders.

In 2010, MCPS was awarded the Malcolm Baldrige National Quality Award in recognition of their use of strategic planning and performance management principles to achieve organizational goals. While MCPS' strategic planning efforts extend to its special education departments and units, a strategic plan focused exclusively on students with ASD does not exist. In addition the mandates that MCPS and DHHS comply with under federal law do not require the compilation or analysis of countywide performance data for children with ASD. As such, information about how children and students with ASDs perform on a countywide level is currently unknown.

OLO recommends that the Council discuss with MCPS whether a strategic plan that would address the collective performance of children and students with ASD and identify opportunities for improving local services has merit. Some factors that suggest there could be some benefit to developing a strategic plan include common challenges among students with ASD, the five-fold increase in MCPS' ASD enrollment, and that a few programs (i.e. Autism, Home School, and Fundamental Life Skills programs) serve a majority (60%) of students on the spectrum. However, there could be some drawbacks to a strategic plan process specific to ASD as well.

At the Committee worksession for this report, OLO recommends the Council ask MCPS representatives to address the following questions:

- What planning or policy work has the Board of Education and/or MCPS done to improve the school system's capacity to serve students on the autism spectrum?
- Has the Board or MCPS considered evaluating its services for students on the autism spectrum and/or developing a single strategic plan to improve outcomes among students on the spectrum?
- To what extent could focusing on the performance of students with ASDs result in progress in MCPS services to students with disabilities overall?



MONTGOMERY COUNTY PUBLIC SCHOOLS

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MARYLAND

January 12, 2012



Dr. Elaine Bonner-Tompkins, Senior Legislative Analyst
Montgomery County Office of Legislative Oversight
Stella B. Werner Council Office Building
100 Maryland Avenue
Rockville, Maryland 20850

Dear Dr. Bonner-Tompkins:

Thank you for providing Montgomery County Public Schools (MCPS) staff members with the opportunity to review and comment on the Office of Legislative Oversight (OLO) Report on Services for Students with Autism Spectrum Disorders (ASDs). MCPS staff members who participated in the review and development of this report appreciate the collaborative interagency process. Comments and suggestions for technical changes were previously provided, but not all suggestions and changes were evident in the final report. We have additional comments that address your specific findings.

An analysis of the report indicates that feedback from MCPS staff members was carefully considered and incorporated into the draft. The following comments on the completed draft are included below:

- As evidenced in your report, MCPS adheres to federal, state, and local policies regarding the provision of services for students with ASD. The report indicates that an evolving body of best practices for improving the outcomes of students diagnosed with ASD exists. MCPS consistently strives to incorporate appropriate best practices, resulting in staff members and parents having a favorable impression of the variety of services and supports available for this group of students from birth through 21 years of age. These services, based on best practices, have a positive impact on student performance outcomes.
- The Maryland State Department of Education (MSDE) gave MCPS and the Department of Health and Human Resources high marks regarding the implementation of the *Individuals with Disabilities Education Act*.
- The MCPS Office of Special Education and Student Services (OSESS) and the Department of Special Education Services (DSES) are responsible for serving the largest number of students with ASD in the state of Maryland. ASD students represent 10.0 percent of the special education population in MCPS.

Office of the Superintendent of Schools

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- The report recognizes that students with ASD are a heterogeneous group that share common challenges related to language, social interaction, and behavior.
- Despite acknowledging in the report that students with ASD are a heterogeneous group, the report finds that a “data gap” exists regarding the performance of students with ASD in MCPS. This assertion, predicated upon the assumption that there would be some programmatic value to analyzing aggregated data for students with ASD, is problematic. MCPS strongly disagrees with this finding. MCPS and other local educational agencies throughout the nation recognize the importance of monitoring the performance and achievement of students with disabilities as a unique grouping of students. Since the implementation of the *No Child Left Behind Act of 2001* (NCLB), MCPS special education students have ranked among the highest in the state on the Maryland School Assessments (MSA). Neither MCPS nor MSDE monitors the performance of students with autism or any other disability category regarding their specific academic growth and achievement on the MSA. Given the heterogeneous nature of autism, such data, if collected and analyzed, would not accurately reflect the overall performance of students with ASD nor provide educators with data to inform instruction.

MCPS offers the following comments on project findings included in the report:

Finding #2: A body of evidence-based, best practices for improving the outcomes of children diagnosed with autism spectrum disorders exists. Despite these research results, effective treatments for ASD remain a work in progress.

As part of our commitment to continuous improvement, MCPS consistently consults with leading experts and reviews the current body of research on evidence-based and best practices to improve the outcomes of students diagnosed with ASD. As cited in the report, most research studies are conducted in a clinical setting resulting in single student study observations rather than group studies in a classroom setting. Single subject research studies are conducted in this manner due to the unique and complex nature of how this disability presents in each individual. Even the use of the word “treatments” in the report rather than instructional strategies underscores the inherent complexities of providing educational services for students with ASD.

Finding #9: Nearly 80 percent of students with ASDs in MCPS are served in settings that do not exclusively serve students on the autism spectrum.

As stated in the report, MCPS offers a variety of programs and services to ensure the provision of a Free and Appropriate Public Education (FAPE) for students with ASD. ASD is a spectrum disorder, which means that the cognitive, communication, behavioral, and social needs of this population vary significantly. As a result, students identified with ASD receive services in a variety of settings selected to best address their unique constellation of strengths and needs. These settings range from the general education classroom to a residential school. Clearly, students with ASD served in the general education environment are not as greatly impacted as

those served in a residential school. Given the vast range for students with ASD, it is imperative that there be a variety of settings where the coordinated services, strategies and practices may be used to instruct these students. The disability of a student does not drive the placement decision rendered by an Individualized Education Program (IEP) team; rather, the placement decision must be based upon the individual needs of the student. This is especially important for students with ASD due to the heterogeneous nature of this group.

Finding #11: Low student-to-staff ratio is a central feature of programs that serve students with ASD. Among the classes with the lowest ratios, staffing is based on a ratio of one teacher to two paraeducators.

As evident in MCPS self-contained classes that serve students with ASD, low student/staff ratio exists to ensure the delivery of appropriate supports and services. The staffing model implemented by MCPS is based upon research that supports the need for small, well-designed, and structured classrooms that offer visual, physical, and verbal prompting strategies. MCPS special education classes that serve students with ASD in the Extensions Program have greater and more complex needs. This program is staffed on a 1:3 (one teacher to three paraeducators) ratio.

Finding #12: In FY11, MCPS' weighted average per student cost for programs that serve students with autism was \$33,000. Average costs ranged from \$12,000 for Home Schooling to \$73,000 for nonpublic placements.

MCPS nonpublic tuition ranges from \$30,000–\$438,000 per year. The average tuition rate for a student attending a nonpublic special education day school is \$73,000.

Finding #14: MSDE gave high marks to MCPS and DHHS for their administration of IDEA programs but a data gap exists regarding the performance of children with ASD in Montgomery County.

As stated in the report, MSDE gives MCPS and DHHS high marks for the administration of services for students with ASD. However, MCPS is not in agreement that a data gap exists regarding the performance of students with ASD in Montgomery County. According to the report, "MCPS has not complied nor analyzed the performance of students with ASD on any global measures nor has it evaluated its services."

As stated previously in this response, neither MSDE nor any other local education agency aggregates global assessment and performance data for this disability category for the purpose of improving the academic achievement and performance outcomes for students with ASD because it has little to no relevance for providing instruction for students with ASD. The aggregation of data for this group that is clearly defined accurately in this report as being "heterogeneous" would not provide accurate or meaningful information to inform or drive effective decision making for instructional purposes. The OLO Report cites national research regarding

“treatments” for students with ASD that are conducted on an individual case basis in clinical settings. The report’s reliance on research conducted not in classroom but in clinical settings further highlights how difficult it may be to even discuss this population in the aggregate due to the heterogeneous nature of this disability category. MCPS has consulted with national experts on this topic and they agree that the use of global assessment and performance data has minimal value.

That is not to say that MCPS does not monitor the progress of students with ASD. All MCPS students, including students with ASD, participate in a variety of assessments on a regular basis. State assessments are used to provide information regarding the progress of students’ attainment of early broad curriculum standards used to determine if a school achieves Adequate Yearly Progress. The special education subgroup data are aligned with overall school performance and student scores do not even equate from one year to the next. For example, a score of 500 in Grade 3 might yield a designation of proficient, while Grade 4 students only need to achieve a score of 450 to be considered proficient. Furthermore, there is no breakdown of scores beyond the level of basic, proficient, or advanced on MSA. Thus, the lagging data based on a cohort grade level are not useful for instructional planning purposes.

Instead, the achievement of each student in special education is evaluated to determine progress toward mastery of individually defined goals and objectives. County assessments, such as the MCPS Assessment of Progress in Primary Reading, are administered on a regular basis. These data are most effectively used to monitor and support the academic progress of individual students.

MCPS also collects and analyzes other data, i.e., suspension and graduation data for all students in order to address the instructional and behavioral needs of students at risk. Some of these data are then disaggregated by demographic variables such as student ethnicity, gender, disability, and economic status.

The Autism Unit maintains data that tracks students with ASD served in the discrete autism programs regarding placement in the least restrictive environment.

Finding #15: MCPS’ full implementation of the Baldrige Performance Management Framework could help address the current gap in data regarding the performance of MCPS students with ASD.

This finding evidences a misunderstanding of the purpose and usage of the Baldrige Framework. Former U.S. Secretary of Commerce, Gary Locke, named MCPS as a recipient of the 2010 Malcolm Baldrige National Quality Award, the highest presidential honor given to American organizations for performance excellence. MCPS is only the sixth public school system in the nation to receive the award, which validates MCPS’ work and the systematic and systemic implementation of the Baldrige Performance Management Framework.

The implication underlying Finding #15 is that the collection of global data for students with ASD would add value to the provision of services for students with ASD, as articulated in response to Finding # 14. MCPS, based on research, benchmarking, and consultation, does not believe that the collection of these data would have any substantive value.

Under the Baldrige-guided Improvement Process there are a myriad of data that are collected, analyzed, and used to inform instructional and programmatic decision making. For example, when monitoring the progress or performance of students with disabilities, offices and schools identify gaps and embed goals into their IEPs. Students with ASD are present in every setting from full inclusion to nonpublic placements. It is the individual classroom teacher that identifies the gaps of individual students to address the variability in performance across and within each disability category, and specifically students with ASD.

The purpose of data collection in the Baldrige-guided Improvement Process is for the results to be studied and utilized to plan for continuous improvement. Prior to the collection of any specific data, it must be determined that the value of the information that could be gleaned from the data would outweigh the investment required to collect and analyze the data. If MCPS were in agreement that the collection and analysis of global data on students with ASD would be useful instructionally or programmatically, it clearly would make sense to include that in our strategic planning; however, because the data has little to no value, the data are not included. The Baldrige Process is designed for institutions to organize for continuous improvement; an important component of organizing for continuous improvement is focusing on monitoring data that will make a difference in practice and outcomes.

It is important to consider Findings 14 and 15 in the context of how MCPS does monitor, analyze, and use the tremendous amount of data collected. Data for all disaggregated groups of students, defined by NCLB, are included and addressed in the plan and progress toward meeting the goals in the plan are reviewed at least quarterly and adjusted as necessary. Central services and individual schools review and analyze the data to determine how well students are performing, set goals for increased achievement, and develop plans for how to help students, teachers, and schools reach those goals. While summative data such as standardized assessments are utilized to determine the overall and individual performance of students with disabilities, schools also monitor progress on curriculum and IEP goals/objective-based assessments.

Finding #16: Although MCPS provides staff development aimed at improving the capacity of staff to serve students with ASD, none of these trainings are offered as required Tier 1 Trainings.

More and more research has indicated that there is a need for job-embedded professional development. This format is recognized as the most effective and enduring approach to enhancing the knowledge and skills of educational staff. The goal is to provide job-embedded training, allow an opportunity to practice, monitor implementation of the strategies or

techniques, and provide follow-up coaching and support based on this ongoing evaluation. Tier 1 and Tier 2 professional development also are necessary as they provide a broader focus and address the needs of students. However, in order to most effectively change teacher behavior, there is a need to combine Tier 1 and Tier 2 group professional development with more personalized job-embedded opportunities.

MCPS, with input from the special education parent community, supports and advocates for general and special education teachers and paraeducators to participate in Tier I and Tier II professional development that includes strategies for instructing students with ASD. Since summer of 2007, MCPS has conducted and completed required professional development for elementary, secondary, and special schools staff members on effective instructional strategies and collaborative planning processes to improve instruction. Information and training specifically for all disabilities categories, including students with autism, are shared to enable staff members to more effectively serve this population. MCPS provides on-site job embedded professional development at specific schools to address the ongoing need to ensure teachers and paraeducators have access to knowledge about effective practices. The goal of MCPS is to expand community partnerships to improve the delivery of special education services.

Finding #19: Both staff members and parents identified increasing resources for the following as opportunities for program improvement.

OLO did conduct interviews with parents and conducted two focus group sessions; however, they did not have an opportunity to run focus groups with a representative sample of parents. One of the focus groups was conducted at a Special Education Advisory Committee (SEAC) meeting. Several parents at the SEAC meeting did not have a child with autism or did not need services for students on the autism spectrum. The other focus group consisted only of 10 parents. Some of these parents also participated in the SEAC meeting. We understand that OLO did not have time for a valid and reliable survey or additional focus groups and we appreciate that they suggested a future evaluation of the county's services for students on the autism spectrum to include a more broad-based survey of parents' insights.

1. Increase wrap-around and young adult services

MCPS staff members serve as active participants in the Local Care Team of the Montgomery County Collaboration Council for Children, Youth and Families. This includes working with other child agencies including Child Welfare, Core Services Agency, and the Montgomery County Federation of Families, to identify appropriate resources for students who need services beyond the school day. A Waiver Services Specialist coordinates resources for students receiving Autism Waiver Program services. MCPS staff members work with individual families to problem solve and identify community resources that may be able to provide support. MCPS agrees, however, that the needs of families with children with ASDs may be considerable and existing community resources are often insufficient to meet family needs.

2. Increase services to meet the needs of school-age children

In response to the increasing population of students with ASD, MCPS expanded services to include the Aspergers Program at the high school level and autism resource services at three middle schools. The MCPS proposed Fiscal Year (FY) 2013 budget recommends the expansion of autism resource series at the high school level. MCPS agrees that the need to expand and improve services for students with ASD is a goal. MCPS currently is working with community partners to discuss ideas for improving services for student with ASD.

3. Enhance resources to support program goals and inclusion

MCPS provides supports to students with ASDs in every possible placement in the school system, ranging from home school settings to the public, separate day, and residential schools. The majority of support for schools comes from the Autism Unit, which sees approximately 250 students for consultation each year. Consultation may range from a telephone discussion up to approximately 30 hours per year of on-site observations, feedback, and professional development. The Behavioral and Educational Support Team provides similar services to students with an ASD who are served in Learning for Independence and School Community-Based Programs. Special education supervisors, instructional specialists, and itinerant resource teachers also provide consultation. In addition to the formula-based allocation of paraeducators per classroom, MCPS spent more than five million dollars during the 2010–2011 school year to provide supplemental paraeducators. These supplemental paraeducators are often assigned to classes to support students with disabilities in the least restrictive environment.

4. Enhance communication about school-based programs

MCPS maintains a section of its website, A Parent's Guide to Special Education, that provides information ranging from the special education identification process to descriptions of school-based programs. Staff members in the Office of Public Information and Web Services, DSES, as well as individual offices answer parent questions and guide them to resources relating to special education information. The families of children transitioning from pre-K to school-age programs are invited to transition meetings held in the evening where representatives for different programs discuss the variety of special education services and supports available in MCPS. For the past three years, MCPS staff members collaborated with the Extraordinary Minds organization in presenting an evening seminar highlighting the variety of services supporting diploma-bound students with ASD.

5. Improve outreach to culturally and linguistically diverse families

OSESS staff members participate annually in the MCPS Back-to-School Fair, which attracts a diverse group of participants. Staff members in the Department of Family and Community Partnerships provide many outreach events (community meetings, workshops, etc.) and assist school teams in providing resources, education, and supports for families. The MCPS Language Line is an invaluable resource for staff members who need assistance in communicating with families who do not speak English or have limited English language skills. Autism Unit staff members have presented at community events, such as the Asian American Community Resource Group. MCPS continues to provide professional development in the area of cultural competence for staff members.

Finding #20: Parents interviewed identified five additional opportunities for program improvements.

1. Expand capacity to serve ASD enrollment at new schools

Between January 2010 and January 2011, OSESS staff members presented 14 trainings specific to ASD, and an additional 6 trainings on topics that included students with ASDs in their emphasis. The audience for these sessions ranged from security staff to secondary school resource teachers. Administrators also participate in these trainings.

2. Improve consistency across programs serving students on the spectrum

MCPS agrees that professional development is the key to reducing variance that may exist in programs and services. MCPS supports the need for continued professional development and job-embedded coaching to reduce the variance in programs that serve students with ASD.

3. Value the perspectives of parents and private providers as partners in delivering services for students on the spectrum

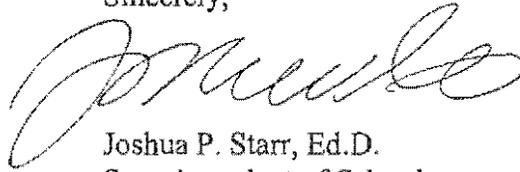
A new Parent Outreach Committee was formed in OSESS to better identify the needs of our parents of students with disabilities. Previous efforts to gather feedback from parents resulted in low response rates. This includes the MSDE survey, which had a response rate of only nine percent, which is insufficient for use in program evaluation and planning. MCPS also plans to work with MSDE to expand the use of the facilitated IEP process to enable parents to feel empowered as equal partners in the process.

4. Improve community awareness of autism spectrum disorders

Annually, the Board of Education and the superintendent of schools proclaim April as Autism Awareness month, reiterating MCPS' commitment to the education of students with ASDs. Often, the MCPS *Bulletin* runs a brief article highlighting this proclamation. Across the county, individual schools participate in awareness activities ranging from showcasing bulletin boards about ASD to hosting ice cream socials. Community organizations, including the Autism Society of America and Autism Speaks, contribute awareness ribbons and other materials for display and distribution at the school level. MCPS will continue to support these advocacy groups in their outreach efforts.

We have appreciated the collaborative nature of this process and look forward to discussing the provision of special education services for students with ASD.

Sincerely,



Joshua P. Starr, Ed.D.
Superintendent of Schools

JPS:ct

Copy to:

Dr. Lacey
Mr. Edwards
Mrs. Richardson
Ms. Mason
Ms. Webb