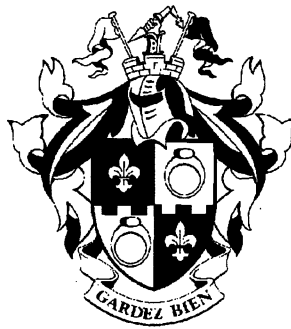


AN ANALYSIS OF MONTGOMERY COUNTY PUBLIC SCHOOLS' SPECIAL EDUCATION SPENDING: PART I



OFFICE OF LEGISLATIVE OVERSIGHT
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EXECUTIVE SUMMARY

Federal and state laws require local jurisdictions to deliver special education programs to all eligible children and their families. In Maryland, a jurisdiction must establish procedures to identify and assess all children suspected of having a disability, and provide free services to all eligible children and their families from birth through 21. In Montgomery County, the Department of Health and Human Services (DHHS) and Montgomery County Public Schools (MCPS) jointly administer and deliver special education programs and services.

This study presents enrollment data and a cost estimate for the County's special education programs. In Part I of this study, the Office of Legislative Oversight (OLO) found:

- In FY 04, 2,957 children from birth through age two receive special education services. This reflects a 144% enrollment increase since FY 95. In FY 03, over 80% of the children who received services qualified for MCPS services when they turned three.
- In FY 04, 17,379 children ages 3 to 21 receive special education services. Since FY 00, special education enrollment and general education enrollment both grew 7%; however, special education enrollment grew more than three times as fast as general education enrollment between FY 95 and FY 99.
- In FY 04, nearly 70% of the students who receive special education services are classified as Learning Disabled (35%) or Speech/Language Impaired (33%). These classifications grew, on average, 3% and 4% per year, respectively, since FY 95. In contrast, three disability classifications with smaller enrollments showed high average annual growth rates over the past five or ten years. They are: Developmental Delay (56% per year), Autism (43% per year), and Other Health Impairment (24% per year).
- Since FY 98, students with disabilities in self-contained classrooms grew almost five times as much as students with disabilities in general education classrooms and resource rooms. Specifically, enrollment grew 6% in general education classrooms/resource rooms, 7% in non-public placements, and 29% in self-contained classrooms. Enrollment in special schools declined 1%.
- In FY 04, African American, Hispanic, and White students are disproportionately over-represented and Asian students are disproportionately under-represented in special education programs. Between FY 98 and FY 04, African American disproportionate representation declined but did not disappear for the classifications of Learning Disability, Mild Mental Retardation, and Emotional Disturbance.

OLO estimates the County Council appropriated \$276 million for special education programs in FY 04. This amount funds the MCPS Department of Special Education (\$184 million), MCPS transportation services and employee benefits related to special education (\$76 million), other MCPS services that support special education (\$11 million), and DHHS programs (\$5 million).

For Part II of this study, OLO recommends that the Council ask OLO to prepare an analysis of the FY 05 special education budget and address one follow-up issue, e.g., a cost comparison of non-public placement and special schools; an estimate of the cost to implement the Collaborative Action Process; or, an estimate of the cost of inclusive services. OLO also recommends that the Council ask MCPS for an update on its plans for receiving reimbursement for transportation services through the Medical Assistance program.

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CHAPTER I: AUTHORITY, SCOPE, AND ORGANIZATION

A. Authority

Council Resolution 15-281, *FY 2004 OLO Work Program of the Office of Legislative Oversight*, adopted July 29, 2003.

B. Scope

This report is Part I of a two-part project to analyze MCPS' spending on special education services and provide an in-depth analysis of specific budget issues. Part I provides the Council with a fiscal overview of special education spending and identifies possible issues for follow-up study.

More specifically, this report describes the laws, regulations, and policies that govern the delivery of special education services; presents a history of special education enrollment and expenses; describes MCPS' special education programs; and provides a detailed analysis of FY 04 special education spending.

C. Organization of Report

Chapter II, Background, introduces the key components of the federal and state laws and regulations that shape the delivery of MCPS special education services. The chapter provides a brief overview of special education mandates. It also describes funding for special education services guided by federal and state law.

Chapter III, Student Characteristics and Enrollment, provides data and trends on the number, type, and demographic characteristics of students receiving special education services in MCPS and the children and families enrolled in the Department of Health and Human Services' Infants and Toddlers program.

Chapter IV, Overview of Special Education Programs and Services in Montgomery County, provides an overview of how MCPS develops, delivers and administers special education and related services to comply with federal and state laws and regulations.

Chapter V, Special Education Costs and Trends, summarizes current MCPS special education spending and provides an in-depth analysis of the FY 04 special education budget.

Chapters VI and VII present OLO's findings and a recommended scope for follow-up tasks.

Chapter VIII, Agency Comments, contains the written comments received from MCPS on the final draft of the report.

D. Methodology

Office of Legislative Oversight staff members Craig Howard, Sue Richards, and Ben Stutz conducted this study. OLO gathered information through document reviews, general research, and interviews with staff in Montgomery County Public Schools and the County Government's Department of Health and Human Services.

E. Acknowledgements

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CHAPTER II: BACKGROUND

Historically, many state laws allowed school districts to refuse to enroll students defined as “uneducable,” which often included students with disabilities. Since the early 1970s, a collection of state laws, federal court decisions, and federal laws established legal requirements that public schools must serve all children with disabilities.

This chapter introduces the key components of the federal and state laws and regulations that shape the delivery of special education services in Montgomery County. The chapter provides a brief overview of special education mandates. It is not intended to be a comprehensive review of all special education laws and regulations. The chapter is organized as follows:

- **Part A** explains the federal and state governance structure created by the Individuals with Disabilities Education Act (IDEA); the No Child Left Behind Act (NCLB); and civil rights laws.
- **Part B** describes funding for special education services in federal and state law.

A. Special Education Governance Structure

In 1975, Congress passed the Education for All Handicapped Children Act, culminating the movement to affirm the rights of children with disabilities to a public education. This law, subsequently re-titled the Individuals with Disabilities Education Act (IDEA), is the centerpiece of the federal legislative framework. IDEA established broad federal mandates for the delivery of special education and other related services to students with disabilities. The law left decisions about curricula and other instructional matters to state and local authorities. Major reauthorizations/amendments to IDEA occurred in 1986, 1990, and 1997. IDEA is currently up for reauthorization during the 108th Congress.

Several pieces of civil rights legislation also affirm the rights of individuals with disabilities to educational services. More recently, the No Child Left Behind Act (NCLB) introduced new accountability measures into both the general and special education systems.

1. Free and Appropriate Public Education (FAPE)

IDEA requires a local school district to provide a child with disabilities a free and appropriate public education between the ages of 3 and 21. By law, special education and related services must be provided at public expense; meet the standards of the State educational agency; and include appropriate preschool, elementary, and/or secondary education. The following components can be part of a FAPE for a student with disabilities:

Educational Services. Federal law and regulations do not specify in detail what constitutes an appropriate education. Since 1975, court cases have established standards

to be applied to individual cases. The IDEA entitlement does not provide open-ended access to every service that could conceivably benefit a child. However, the school district must provide “access to specialized instruction and related services that are individually designed to provide educational benefits to the handicapped child.” Generally, the history of court cases suggests that the courts will defer to the decisions of professional educators to define an “appropriate” education as long as they comply with the procedures required by IDEA and make good faith efforts to implement a student’s Individualized Education Program (discussed on page 7).

Related Services. When providing a FAPE, a district must address more than the educational needs of the child. Related services include transportation plus other supportive services that may help a child benefit from special education. Examples of related services are: physical therapy, occupational therapy, speech therapy, psychological services, social work services, parent counseling and training, school health services, and rehabilitative counseling.

Transition Services. Transition services are intended to assist students with disabilities as they prepare to leave school and move to post-school activities, including: vocational training, integrated employment, continuing and adult education, adult services, independent living, or community participation. Formal transition planning begins when a student turns 14 years old.

Extended School Year (ESY) Services. IDEA defines ESY services as an extension of specific services beyond the normal school year as needed to provide a FAPE to individual students. Recent 4th Circuit Court cases applicable to Maryland have served to define ESY services as only necessary to a FAPE “when the benefits a disabled child gains during the regular school year will be significantly jeopardized if he is not provided with an educational program during the summer months.”¹

Assistive Technology. The 1990 amendments to IDEA require schools to provide access to assistive technology for students with disabilities. Assistive technology refers to devices or services that are used to increase, maintain, or improve the functional capabilities of a child with a disability. Examples of assistive technology include auditory training equipment and computer software/equipment.

2. Identification and Referral of Children

IDEA requires each school district to have procedures in place to ensure that all children living in its jurisdiction who have a disability and need special education services are identified, located, and assessed for eligibility.

IDEA requires state departments of education and local school districts to establish a “child find” system to locate all students with disabilities. Initial identification and referral of students for consideration of special education services can come from a

¹ Maryland State Department of Education, July 2003. *Technical Assistance Bulletin 5: Extended School Year Services.*

variety of sources, including teachers, parents, health care professionals, and social services professionals. Today, most experts agree that local school districts have achieved the goal of identifying children with disabilities and providing services to them.

Pre-Referral Interventions. Concerns about over-identification of students with disabilities and/or costs have led to the establishment of prevention and focused intervention strategies, or a set of practices that aim to address students' learning issues within the general education environment. The goal of many of these strategies is to attempt interventions before a special education assessment is conducted and prevent unnecessary special education placements. Federal regulations do not address pre-referral strategies and state requirements vary widely. Maryland encourages but does not require the use of pre-referral intervention strategies.

3. Assessment for Eligibility for Services

Like Medicare and Medicaid, IDEA establishes entitlements that give legally enforceable rights to a cohort of people. A child's age and a local school district's assessment practices determine whether a child qualifies for special education services.

Age Eligibility. Under IDEA, states must provide a FAPE for students ages 3-21; however, state law can expand this eligibility. Several states have established broader eligibility requirements. Under Maryland law, each local school system must make a FAPE available to each child with a disability from birth through the school year in which the child turns 21.

Evaluation and Assessment Requirements. Under IDEA, a local school district must evaluate a child suspected of having a disability to determine his/her eligibility for services. IDEA requires an evaluation to take place before a district begins special programming. The process to determine a child's eligibility for special education services begins with two-questions:

- Does a child have a disability that meets one of the 13 disability categories defined in federal law?
- Does the disability interfere with the child's ability to learn?

IDEA requires a multidisciplinary team to conduct the assessment. The team must include the child's parents, teachers, other specialists knowledgeable about the suspected disability, and administrative school system representatives. A school district must provide the assessment at no cost and must share the results with the child's parents. If parents disagree with the results of the evaluation, they may obtain an independent evaluation and the school must consider this information in its programming decisions. Parents may obtain an evaluation at their own expense, or they may initiate a hearing and a hearing officer will decide who will pay for the evaluation.

Types of Disability Classifications. Currently, federal law defines 13 disability classifications listed below. See © 2 in the Appendix for definitions of these classifications.

- Autism
- Deaf-Blindness
- Developmental Delay
- Emotional Disturbance
- Hearing Impairments
- Mental Retardation
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech of Language Impairment
- Traumatic Brain Injury
- Visual Impairment

The number of disability classifications has increased since the enactment of IDEA in 1975. Specifically, Congress added the classifications of Autism and Traumatic Brain Injury in 1990 and added the Developmental Delay classification in 1999. In addition, in 1991 the U.S. Department of Education stated that children with attention deficit disorder (ADD) or attention deficit-hyperactivity disorder (ADHD) could qualify for special education services under the Other Health Impairment classification.

Methods for Determining Disabilities. Federal requirements provide a general definition for each disability classification. State regulations require the use of medical histories, physical examinations, and vision or hearing tests to identify the existence of sensory, physical or neurological disabilities, such as Vision or Hearing Impairment, Orthopedic Impairment, or Autism. In contrast, state regulations rely heavily on teacher referrals and aptitude tests to identify developmental disabilities, such as Learning Disability, Emotional Disability, and Mental Retardation.

Because federal and state regulations do not specify precise cut-offs for developmental disabilities, in practice, identifying a development disability involves a mix of testing and judgment based on the need for services. In 2002, the President's Commission on Excellence in Special Education reported that "the lack of consistently applied diagnostic criteria for a Specific Learning Disability (SLD) makes it possible to diagnose almost any low or under-achieving child as SLD depending on resources and other local considerations."²

Local school districts rely on both formal and informal procedures to help determine a student's eligibility. Formal procedures may include medical examinations and a battery of aptitude tests. Informal procedures include classroom observations, behavior checklists, and personal interviews.

² The President's Commission on Excellence in Special Education, 2002. *A New Era: Revitalizing Special Education for Children and Their Families*.

4. Individualized Education Programs (IEP)

Under IDEA, a local school district must develop and implement a written Individualized Education Program (IEP) for each child who is eligible for special education services. The IEP identifies:

- The child's present levels of educational performance;
- Measurable annual goals for the child;
- The special education and related services and supplementary aids and services to be provided to the child;
- An explanation of the extent to which the child will not participate with non-disabled children in the regular class;
- Any individual modifications in the administration of student achievement assessments that are needed in order for the child to participate; and
- The projected starting date for the beginning of the services and the anticipated frequency, location, and duration of the services.

A team of educators, parents and other professionals write the IEP. The team consists of the child's parents, a regular education teacher, a special education teacher, and a representative of the school system; it may also include an individual who can interpret the instructional implications of evaluation results, and other individuals who have knowledge or special expertise regarding the child. After the IEP team has agreed on the placement of a child, only the IEP team can change that placement.

Federal law requires the IEP team to review each child's IEP at least once a year and revise it as needed. The team can review an IEP more frequently either on a scheduled basis or at the request an IEP team member, such as a parent or teacher.

5. Least Restrictive Environment

Federal law and regulations do not specify how the states must provide education services to either a general education student or a student with disabilities. Under IDEA, placement decisions for the delivery of a child's special educational services must ensure that children with disabilities:

- Receive their education in the least restrictive environment possible; and
- Be educated, to the maximum extent appropriate, with children who do not have disabilities.

Regulations provide general guidance that each district must have a full continuum of services available in different settings to children with disabilities. These settings include instruction in regular classes, resource rooms, special classes, special schools, homes, and hospitals and institutions. Along this continuum, the least restrictive environment is the general education classroom and the most restrictive environment is an off-site, residential placement. A student's IEP specifies how much of a student's education will take place in a general education classroom.

Case law requires a school district to institute a range of services and aids to mainstream students with disabilities. These may include providing training for general education staff, or providing teaching assistants for children with disabilities in a regular classroom. If a school district chooses to place a child in a separate special education classroom, the district must address whether it is maximizing opportunities to mainstream that child.

Inclusion is an often-used term that refers to providing special education services in a general education setting because that is the least restrictive environment. Although neither federal or state regulations have an inclusion mandate, other than stating that each child must be placed in the least restrictive environment for that specific child, the Maryland State Department of Education (MSDE) has developed inclusion "goals" for local education agencies. The State's target, as reported in MSDE's *Maryland State Improvement Grant Performance Report, SY 2001-2002*, is for 80% of students with disabilities to receive special education services in a general education setting at least 40% of the time.

Non-Public Placements. IDEA allows for school districts to place students in non-public special education schools if the school district is unable to internally provide the services necessary for a student to receive a FAPE. School districts must provide these placements at no cost to the parents.

6. Staffing Ratios or Class Size Requirements

Federal law does not contain specific class size or staffing ratio requirements that govern the delivery of services to students with disabilities; however states may establish these guidelines. Maryland is one of 19 states that does not have specific staffing or class size requirements. Maryland previously had staffing ratios; but in 1999 replaced these ratios with a requirement that local school districts submit an annual staffing plan.

Under Maryland regulations, a staffing plan documents the data, procedures, and assumptions a local school district uses to determine the numbers and types of service providers it will require. A local school district must develop a staffing plan with public input and consider several factors. These factors include individual student needs, direct and/or indirect services, the number of students to be served, the proportions of students with disabilities in the general population, the frequency of services provided, the continuum of services, the location of services, collaboration with general education, and linkages to school improvement plans and initiatives.

7. Procedural Safeguards and Due Process Requirements

IDEA gives parents full participation in the process to develop, plan, and implement special education services for their children, and enforces these rights through an administrative legal system. States and local educational agencies must develop and maintain procedural safeguards for children with disabilities and their parents.

Examples of these safeguards include:

- Notice to parents of proposed actions;
- Attendance at meetings concerning the child's placement or IEP;
- The right to obtain an independent evaluation;
- The right to appeal local school district decisions to an impartial hearing officer;
- The right to bring a civil action in federal court; and
- The right to reasonable legal fees to parents who prevail in court or in an administrative hearing.

Under IDEA, a local school district must establish procedures to ensure that parents are involved in the development of the IEP. The law also gives students with disabilities and their parents the right to dispute any aspect of the IEP. At any point, a student or parent may question a local district's diagnosis or suggested range of services. If the local district cannot address a parent's concern, the parent may request an administrative hearing. An administrative law judge's decision may be appealed to the state Board of Education and the courts.

In 1997, the IDEA amendments required local school districts to develop mediation procedures as an alternative dispute resolution system. The mediation process is voluntary and cannot be used to deny a parent's due process rights. In practice, many states had mediation in place before the 1997 amendments took effect. Maryland established an alternative dispute resolution system in 1996.

8. Services To Infants And Toddlers

In 1986, Congress expanded IDEA to provide services to children from birth through age two. The Handicapped Infants and Toddlers program, found in Part C of the law, requires services to children from birth through age two who meet certain eligibility requirements.

To be eligible for services, a child must be determined to have a "developmental delay" in his/her physical, cognitive, communication, social, emotional, or adaptive development. Specifically, a child who is eligible for services:

- Is experiencing developmental delay in cognitive, physical, communication, social/emotional or adaptive development;
- Has been diagnosed with a physical or mental condition that has a high probability of resulting in developmental delay; or
- Is at risk of developmental delay if early intervention services are not provided.

Federal regulations allow each state to determine the definition of developmental delay. Maryland regulations define developmental delay as a 25% or greater delay in one of five areas of development: cognitive, physical (including vision and hearing), communication, social, emotional, or adaptive development. Any child who meets that criterion is eligible for early intervention services.

Part C of IDEA differs significantly from Part B, which governs services for children between the ages of 3 and 21. Services under Part C are delivered under an Individualized Family Services Plan (IFSP) instead of an IEP. The federal code defines an IFSP as a “family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family’s capacity to meet the development needs of the infant or toddler.” Services under Part C are referred to as “early intervention services.” Exhibit 1 identifies some of the major differences between the Part B and Part C legal requirements.

**EXHIBIT 1
DIFFERENCES BETWEEN IDEA PART B AND PART C**

PART B – Pre-School & K-12	PART C – Infants and Toddlers
Child Orientation Services concentrate primarily on the education of the child.	Family Orientation Services concentrate on helping the family cope and assist in the developmental needs of a child with a disability.
Educational Focus Concentrates on the disability as it relates to education.	Developmental Focus Concentrates on the disability as it relates to a child’s development.
Educational Eligibility Disability must impact child’s ability to learn or function in a classroom setting. Child must have a disability code.	Developmental Eligibility 25% delay in development or a diagnosed condition with a high probability of delay.
Special Education/Related Services Special instruction Related services: PT, OT, Speech, etc.	Early Intervention/Linkage Services Direct services: Phy. Therapy, Speech, etc. Linkage services: Medicaid, SSI, etc.
Least Restrictive Environment Services provided in any school setting ranging from regular education classrooms to residential centers.	Natural Environment Services provided in the home and/or daycare, places where typically developing children ages birth-3 are normally found.
Individualized Education Program (IEP) IEP concentrates on educational goals of the child.	Individualized Family Service Plan (IFSP) IFSP concentrates on the family and developmental outcomes for children.
School Year/Extended School Year (ESY) Children must meet certain criteria to qualify for ESY services.	Year-Round Services All services provided year-round.

Source: MCPS Department of Special Education, *Parent Resource Guide*, Spring 2003.

Federal law allows each state to charge a fee for infants and toddlers services; however this conflicts with Maryland law, which requires each local school system to provide a free appropriate public education to each child with a disability from birth to age 21. A local school system in the State of Maryland, notwithstanding the authority in the federal regulations, may not charge fees for IDEA Part C (Infants and Toddlers) services.

9. Oversight and Accountability

IDEA places responsibility on the states for implementation and oversight of local school systems in order to receive federal IDEA funds. States are in charge of ensuring local school districts comply with the procedural requirements of IDEA.

Passage of the No Child Left Behind (NCLB) Act in 2001 added a focus on results. NCLB requires states to establish a student accountability system based on standardized testing. Student test scores in math and reading must meet Adequate Yearly Progress (AYP) targets set by the State for each group of students in school: non-Hispanic Whites, Hispanics, African Americans, Asians, American Indians and Alaskan natives, students speaking English as a second language, students in poverty, and students with disabilities. A school not meeting the targets in any one group is labeled as a failing school.

Performance of children with disabilities on state and district-wide assessments will partly determine whether a school faces possible remediation. This creates a greater impetus to link special education IEP goals with the content standards of the general curriculum. Additionally, if a school's assessment participation rate does not meet a 95% requirement for all students, the school is judged out of compliance regardless of the students' performance.

NCLB also requires that every teacher hold full state certification or licensure in their specific teaching subject by 2005, including special education teachers, related services providers and early intervention teachers.

10. Civil Rights

Several pieces of federal civil rights legislation affect the provision of special education services by recognizing the rights of disabled individuals to receive educational services and prohibiting discrimination based on disabilities. Important pieces of legislation include the:

- Civil Rights Act of 1964;
- Rehabilitation Act of 1973; and
- Americans with Disabilities Act of 1990.

Collectively, these laws prohibit discrimination on the basis of disability for public entities and programs that receive federal financial assistance; require the provision of services to individuals with disabilities that are as effective as those provided to individuals without disabilities; and require equal educational opportunity within special education programs without regard to race, color, or national origin.

B. Special Education Funding Structure

Federal and state laws establish several sources of funds to help local school districts pay for special education and related services to children with disabilities. At the federal level, IDEA authorizes a combination of formula grants and entitlement grants. In addition, Medicaid is legally required to reimburse schools for some services under IDEA.

At the state level, the County receives annual funding for special education based on a State developed formula in the Bridge to Excellence in Public Schools Act. The formula is based on the number of students with disabilities in each local school district.

1. IDEA Formula Grants

IDEA authorizes three formula grants to assist states in providing a free and appropriate public education to children with disabilities. They are:

- Special Education Grants to States;
- Special Education Preschool Grants; and
- Special Education Grants for Infants and Families with Disabilities.

Special Education Grants to States. Authorized in Parts B and D of IDEA, this grant allocates funds to the states based on a certified count of children between the ages of 3 and 21 who receive special education and related services. This basic grant can pay for services to all eligible children.

When Congress adopted IDEA in 1975, it authorized a phasing in of federal money that would eventually reach the number of children ages 3-21 in a state multiplied by 40% of the average per pupil expenditure in public elementary and secondary schools in the U.S. In practice, Congress establishes spending for special education services through the appropriations process. The authorized spending for special education services never reached the 40% level outlined in 1975, and is currently at approximately 17%.

A local school district must apply to the state education agency to receive these funds. States have established different formulas to allocate these funds to local school districts. As a result, state contributions to special education services vary widely across the country.

In Maryland, the 2002 Bridge to Excellence in Public Schools Act established a new funding formula for special education services. This formula incrementally increases the amount of funding provided by the State per student receiving special education services from 2004 to 2008. When this new funding formula is implemented, the State share of spending for special education services will increase to 24.6% in 2004 and 32.8% in 2008.³ The Maryland State Department of Education (MSDE) serves as the lead agency for distributing these funds to local school districts.

³ Maryland Special Education Expenditure Project – Final Report, February 7, 2003

Special Education Preschool Grants. Authorized under Part B of IDEA, this grant assists states in providing services to children with disabilities between the ages of three and five. A state automatically receives this grant after it has established its eligibility for the basic grant. This grant money is awarded based on a statutory formula. The formula first provides a state the amount of money it received in 1997. If the federal appropriation exceeds that of the previous year, 85% of the excess appropriation is awarded based on each state's relative population of 3 to 5 year olds; and 15% is awarded based on each state's relative population of 3 to 5 year olds living in poverty. In Maryland, MSDE serves as the lead agency for distributing these funds to local school districts.

Special Education Grants for Infants and Families with Disabilities. In 1986, Congress added Part C to IDEA to create a nationwide incentive for states to implement coordinated systems of early intervention services for infants and toddlers with disabilities and their families. This formula grant, authorized under Part C, provides federal funds to assist each state with the implementation of these services.

In Maryland, a reimbursement formula for each county's infants and toddlers program is established in state law. Each county receives a grant that depends on the number of children receiving services under the program, the number of program referrals, the overall size of a county, and the birth rate in the jurisdiction.

MSDE serves as the lead agency for the administration of the statewide early intervention system. MSDE has signed interagency agreements with the State Department of Mental Health and Hygiene, the State Department of Human Resources, and the Governor's Office for Children, Youth, and Families. The agreements define the roles and responsibilities of each agency.

2. IDEA Project and Other Grants

In addition to formula grants, IDEA also establishes project grant funds, which address many different purposes. All of these funds are awarded through a competitive process. In addition, there are several other competitive grant programs at the federal and state level that could potentially provide funding support for students with disabilities depending on the circumstance. A recent example is a federal Safe Schools/Healthy Students grant initiative received by MCPS. This grant program will provide prevention and focused pre-referral intervention strategies for all MCPS students, including students with disabilities.

Additionally, the federal Impact Aid program provides financial assistance to local education agencies for students with disabilities whose parents live or work on federal property. The Impact Aid program is intended to reduce the financial burden on local school districts from having federal property (which is exempt from local property tax) in their jurisdiction. Funds are distributed to school districts through a formula based on the

number of eligible students with disabilities in the district, with higher reimbursement rates for students living on federal property.

3. Medicaid Funding

In 1988, Congress adopted the Medicare Catastrophic Coverage Act which requires Medicaid to reimburse school districts for medically-related IDEA services for Medicaid-eligible students with disabilities. Commonly provided school-based health services that qualify for Medicaid reimbursement include physical, occupational, and speech therapy as well as diagnostic, preventive, rehabilitative, nursing, and transportation services. School districts submit claims to their State Medicaid agency and are reimbursed at rates set by each state.

The U.S. General Accounting Office (GAO) reports that Maryland has the highest average claim per Medicaid-eligible child (\$818) among the 50 states.⁴ Maryland reimbursement rates are set in the Department of Health and Mental Hygiene Article of COMAR. Current federal participation rates are listed below:

- Initial Assessment – \$250, once per participant
- Ongoing Service Coordination – \$75 per month
- Health Related Service – \$41 per service per day
- Transportation – \$6.25 per one way trip
- Behavior Service – \$10 per hour

4. Additional State Funding Regulations

Maryland law (Education Article, §8-4) establishes two different mechanisms that affect the funding and costs associated with the placement of students in non-public special education schools.

Cost-Sharing for Non-Public Placements. The law creates a tuition cost-sharing mechanism for children with disabilities that require non-public placements due to the inability of a school district to serve the student's needs in a public facility. A local education agency is required to pay an amount equal to 300% of the basic annual cost of a general education student. Any tuition costs above that amount are paid 80% by the State and 20% by the local education agency.

Non-Public School Rate Setting. The law also authorizes the Maryland State Department of Education (MSDE) to administer and implement a rate setting process for non-public schools. The State therefore controls the rate of tuition increases for non-public special education programs.

⁴ United States General Accounting Office, 2000. *Medicaid in Schools: Poor Oversight and Improper Payments Compromise Potential Benefit* (GAO/T-HEHS/OSI-00-87).

CHAPTER III: STUDENT CHARACTERISTICS AND ENROLLMENT

In FY 04, Montgomery County provides special education services to 2,957 students ages birth through 2 and 17,379 students ages 3 to 21. This chapter provides data and trends on the number, type, and characteristics of students receiving special education services in Montgomery County Public Schools plus the children and families enrolled in the Infants and Toddlers program. The chapter is organized as follows:

- **Part A** provides enrollment data and trends for the Infants and Toddlers program;
- **Part B** examines enrollment and demographic data and trends for school-aged children; and
- **Part C** examines the issue of disproportionate representation in special education.

A. Enrollment Data and Trends for Infants and Toddlers

MCPS and the Department of Health and Human Services (DHHS) currently provide early intervention services to nearly 3,000 children and their families through the Infants and Toddlers program (see page 31 for a program description). Table 1 presents enrollment data and growth rates for the Infants and Toddlers program from FY 95 to FY 04. The data show:

- Infants and Toddlers enrollment has grown by 144% since FY 95, with an average annual growth rate of 11%.
- The total growth since FY 00, 83%, makes Infants and Toddlers the fastest growing special education program in Montgomery County over the past 5 years.

TABLE 1
MONTGOMERY COUNTY INFANTS AND TODDLERS ENROLLMENT TRENDS

School Year	Enrollment	Annual % Change
FY 95	1,210	--
FY 96	1,249	3%
FY 97	1,353	8%
FY 98	1,476	9%
FY 99	1,244	(16%)
FY 00	1,615	30%
FY 01	1,846	14%
FY 02	2,329	26%
FY 03	2,485	7%
FY 04*	2,957	19%
10 Year % Change (FY 95 – FY 04)		144%
5 Year % Change (FY 00 – FY 04)		83%
Avg. Annual % Change (FY 95- FY 04)		11%

*Projection based on average annual growth rate for the past four years.
Source: DHHS and OLO

MCPS and DHHS staff report FY 04 referrals to the Infants and Toddlers programs through November show a 30% increase over the same period last year. Staff believe the following factors explain enrollment increases in the Infants and Toddlers program:

- **Public Engagement About Early Intervention** – Public information efforts on the importance and benefits of early intervention services have increased both locally and across the nation. Specific examples in Montgomery County include the Resource ChildLink program and outreach to the medical community.
- **Increased Population and Live Births** – Montgomery County's population and the number of live births both increased a total of 7% between 1998 and 2002.
- **Pre-Mature and Multiple Births** – Staff report that the numbers of pre-mature births and multiple births are increasing, resulting in increased program referrals. Additionally, staff report that premature children tend to have more complex needs, require more intensive services, and stay in the program longer.

The FY 03 racial/ethnic breakdown for Infants and Toddlers children/families was 58% White, 15% African American, 11% Hispanic, 10% Asian, and 6% other. Also in FY 03, 82% of Infants and Toddlers children transitioned to MCPS special education services upon turning three.

B. Enrollment Trends and Demographic Data for School-Aged Children

MCPS has 17,379¹ students between the ages of 3 and 21 receiving special education services in FY 04. The specific programs that serve these students are described in Chapter IV, beginning on page 26. Students receiving special education services represent 12.4% of the total MCPS enrollment.

1. Ten Year Enrollment Trends

The percent of students receiving special education services within the MCPS enrollment increased from 10.4% in FY 95 to 12.4% in FY 95, and after decreasing slightly is back up to 12.4% in FY 04. Table 2 (page 17) compares enrollment trends for special education and general education students over the past 10 years. The data show:

- MCPS special education enrollment increased at an average annual rate of 4% compared to a 2% increase for general education enrollment;
- Special education annual growth showed more variability over the past 10 years, ranging from 1% to 11% versus 0% to 3% for general education enrollment.

¹ This number is a preliminary count as of November 1, 2003.

- Nearly 75% of the growth in special education enrollment over the past ten years occurred between FY 95 and FY 99. Since FY 00, both special education and general education enrollments increased by 7% or an average annual rate of around 2%.

TABLE 2
MCPS SPECIAL EDUCATION AND GENERAL EDUCATION ENROLLMENT TRENDS

School Year	Special Education		General Education	
	Students	Annual % Change	Students	Annual % Change
FY 95	12,151	--	104,931	--
FY 96	13,442	11%	106,849	2%
FY 97	14,317	7%	108,188	1%
FY 98	15,111	6%	109,912	2%
FY 99	15,891	5%	111,961	2%
FY 00	16,226	2%	114,463	2%
FY 01	16,359	1%	117,949	3%
FY 02	16,471	1%	120,361	2%
FY 03	17,013	3%	121,878	1%
FY 04	17,379	2%	122,420	0%
10 Year % Change (FY 95 – FY 04)	43%		17%	
5 Year % Change (FY 00 – FY 04)	7%		7%	
Avg. Annual % Change (FY 95 – FY 04)	4%		2%	

Source: MCPS and OLO

2. Demographic Characteristics

Table 3 (page 18) reports demographic characteristics for MCPS' students with disabilities and all MCPS students in FY 04. The data show:

- Students who receive special education services are more likely to be male and less likely to be female than all MCPS students;
- Students with disabilities are more likely to be in the pre-kindergarten or secondary grade levels and less likely to be in the elementary grade level than all MCPS students; and

- The percent of students in special education who receive FARMS is higher than the percent of all MCPS students who receive FARMS.

TABLE 3
FY 04 MCPS STUDENT DEMOGRAPHIC CHARACTERISTICS

Characteristic	MCPS Students with Disabilities	All MCPS Students*
GENDER		
Male	68%	51%
Female	32%	49%
GRADE LEVEL**		
Pre-Kindergarten	6%	2%
Elementary	38%	44%
Secondary	56%	54%
FARMS		
% Students who receive FARMS	30%	23%

*Includes students with disabilities.

**MCPS students with disabilities grade level data is from FY 03.

Source: MCPS

Among school-aged children, the pre-kindergarten grade level has seen the highest growth in special education enrollment. Pre-K special education enrollment increased 47% between FY 00 and FY 04. Part of the growth in pre-kindergarten enrollments is due to the increasing enrollments for infants and toddlers services described in Part A.

3. Disability Classifications

Under IDEA, each student receiving special education services must be classified in one of the 13 federally-defined disability classifications.² Table 4 presents disability classification data for FY 04. The data show:

- MCPS classified nearly 70% of students who receive special education and related services as Learning Disability (35%) or Speech/Language Impairment (33%).
- The other disability classifications containing at least 3% of students receiving special education services are Other Health Impairment (9%), Emotional Disturbance (7%), Multiple Disabilities (5%), Autism (4%), Mental Retardation (3%), and Developmental Delay (3%).

² See © 2 in the Appendix for a description of the 13 federally-defined disability classifications.

TABLE 4
MCPS FY 04 DISABILITY CLASSIFICATIONS

Disability Classification	# of Students	% of Students
Specific Learning Disability	6,073	35%
Speech or Language Impairment	5,671	33%
Other Health Impairment	1,538	9%
Emotional Disturbance	1,140	7%
Multiple Disabilities	810	5%
Autism	686	4%
Mental Retardation	559	3%
Developmental Delay	453	3%
Hearing Impairment	253	1%
Orthopedic Impairment	87	0%
Visual Impairment	67	0%
Traumatic Brain Injury	40	0%
Deaf-Blindness	2	0%
Total	17,379	100%

Source: MCPS

4. Disability Classification Trends

Changes in disability classifications over time reflect several factors such as changes in classification practices, medical technology, and classification categories. Some of the factors that influence changes in particular disability classifications at MCPS are highlighted below:

Emotional Disturbance – MCPS staff report a decreasing trend at the elementary level and an increasing trend at the secondary level within the classification.

Developmental Delay – Federal regulations did not establish Developmental Delay as a separate classification until 1999. Although state and federal regulations allow the classification of children as Developmentally Delay until age 9, it is MCPS policy to provide each child with a specific classification by age 5. Therefore, the majority of the students in the Developmental Delay classification are pre-kindergarten students.

Other Health Impairment –The federal Office of Special Education Programs identifies the increased identification and provision of services to children with attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD) as a potential explanation for growth in this classification across the United States.³

³ U.S. Department of Education, 2002. *24th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act*, pg. II-21.

Autism – MCPS staff believe the development of better and earlier identification practices offers one explanation for the increasing number of students with autism. For example, MCPS staff report that children with Asperger's (on the high-functioning end of the autism spectrum) were coded with Emotional Disturbance until approximately six years ago. The State of Maryland attributes statewide increases in Autism classifications to:⁴

1. A genuine increase in the prevalence of autism, potentially related to environmental triggers;
2. A change in the definition of the Autism classification to Autism Spectrum Disorders, which also includes pervasive developmental delay and Asperger's syndrome;
3. A greater awareness of autism among parents and diagnosing professionals; and
4. Less resistance by parents to a diagnosis of autism.

Multiple Disabilities – Staff report that this classification had become a “catch-all” that was not reflective of its true intention. In FY 99, staff began to limit the classification to children with Multiple Disabilities, placing children with multiple needs in a primary disability classification such as Autism. The number of students classified as having Multiple Disabilities has declined as a result of this change in practice.

MCPS Trends. Table 5 presents enrollment, annual percent change, and total percent change since FY 95 for the most common disabilities as well as those showing notable changes over time. The data show the Autism, Developmental Delay, and Other Health Impairment classifications have seen the highest increases. In contrast, the more populous classifications of Learning Disabilities and Speech/Language Impairment exhibited much smaller increases. Since FY 95:

- Students in the Autism classification increased at an average annual rate of 43%;
- Students in the Other Health Impairments classification increased at an average annual rate of 24%;
- Students in the Speech/Language Impairment classification increased at an average annual rate of 4.2%; and
- Students in the Learning Disability classification increased at an average annual rate of 2.8%.

In addition, since FY 00, students in the Developmental Delay classification increased at an average annual rate of 56%.⁵

⁴ U.S. Department of Education, 2002. Data Notes, pg. 4.

⁵ The Developmental Delay classification did not exist until FY 99.

TABLE 5
MCPS STUDENTS AND GROWTH FOR SELECTED DISABILITY CLASSIFICATIONS

Disability	Number of Students						% Change		
	FY 95	FY 00	FY 01	FY 02	FY 03	FY 04	10 Year FY 95-04	5 Year FY 00-04	Avg. Annual FY 95-04
Autism	37	128	266	409	535	686	1,754%	436%	43%
<i>Annual % Change</i>	-	56%	108%	54%	31%	28%			
Developmental Delay	-	98	255	326	374	453	-	362%	56%*
<i>Annual % Change</i>	-	--	160%	28%	15%	21%			
Other Health Impairments	220	627	784	997	1,289	1,538	599%	145%	24%
<i>Annual % Change</i>	-	33%	25%	27%	29%	19%			
Mental Retardation	386	306	323	401	500	559	45%	83%	5%
<i>Annual % Change</i>	-	10%	6%	24%	25%	12%			
Specific Learning Disability	4,760	5,828	5,850	6,032	6,172	6,073	28%	4%	3%
<i>Annual % Change</i>	-	5%	0%	3%	2%	(2%)			
Speech/Language Impair.	3,984	5,571	5,415	5,257	5,486	5,671	42%	2%	4%
<i>Annual % Change</i>	-	(2%)	(3%)	(3%)	4%	3%			
Emotional Disturbance	1,029	1,121	1,202	1,155	1,122	1,140	11%	2%	1%
<i>Annual % Change</i>	-	(2%)	7%	(4%)	(3%)	2%			
Multiple Disabilities	1,417	2,191	1,892	1,484	1,118	810	(43%)	(63%)	(4%)
<i>Annual % Change</i>	-	(6%)	(14%)	(22%)	(25%)	(28%)			

*The Developmental Delay Average Annual % Change is FY 00 to FY 04, since that classification did not exist until FY 99.

Source: MCPS, MSDE, and OLO

See © 3 in the Appendix for the annual enrollment and growth in all 13 disability classifications since FY 95.

C. Disproportionate Representation of Minority Students in Special Education

Since the enactment of IDEA in 1975, local school systems across the country have disproportionately identified children in some racial or ethnic groups for special education services. According to a report by the National Research Council (NRC), identification rates continue to show striking differences in 2002. Nationally, the rates of identification for special education services in 2002 for African American, Hispanic, and American Indian students was similar to the rate for White students, despite the fact that White students make up over 60% of the national student population.

The NRC also reports that “the higher representation of minority students occurs in the high-incidence categories of mild Mental Retardation, Emotional Disturbance, and to a lesser extent Learning Disabilities, categories in which the problem is often identified first in the school context and the disability diagnosis is typically given without confirmation of an organic cause.”⁶

Patterns of disproportionality among minority students raise questions about whether the procedures school systems use to identify and enroll students with disabilities are working appropriately. National data show African American and Native American

⁶ National Research Council, *Minority Students in Special and Gifted Education*, 2002, p.1

students are significantly more likely than White students to be identified as having a disability.

1. MCPS Initiatives to Address Disproportionality

In 1996, MCPS entered into a voluntary partnership agreement with the U.S Department of Education's Office of Civil Rights (OCR) to address the issue of disproportionate African American representation in special education programs. Specifically, OCR identified the categories of Specific Learning Disability, Mental Retardation, and Serious Emotional Disturbance for review to ensure that identification of African American students in these classifications is based on educational need.

Specifically, MCPS agreed to:

- Revise and implement written criteria it used to identify students in general education for special education services because of academic and/or behavioral concerns.
- Develop and implement general education early intervention strategies, including strategies to address culturally-based differences in behavior and learning styles.
- Develop and implement targeted interventions in order to decrease the disproportionate referral of minority students for special education evaluations, particularly for elementary students.

MCPS and OCR jointly renewed the voluntary partnership agreement in 2000. Since then OCR focused its monitoring, looking specifically at overrepresentation of African American students at Mark Twain (a separate MCPS day school for students with emotional disabilities) and the equity of MCPS' regular education intervention programs. Additionally, OCR requested that MCPS begin providing data on students classified with "mild" Mental Retardation instead of all students with Mental Retardation.

After signing the agreement MCPS implemented several initiatives to reduce and/or eliminate the inappropriate identification of students with disabilities, such as:

- **Comprehensive Behavior Management Interventions Training Manual** – A manual intended to help classroom teachers address student behavior issues in a multicultural context.
- **Early Intervention for Reading Committee (EIRC)** – MCPS established EIRC to address the disproportionate identification of male African American students as learning disabled. EIRC recommended adopting the Reading Recovery program as an early intervention strategy.

- **Advocacy Review Committee (ARC)** – MCPS formed the ARC to review the files of African American students classified with Emotional Disturbance or Mental Retardation to ensure the determination was appropriate.
- **Guidelines for Confirming Emotional Disturbance and Mental Retardation** – These written guidelines, developed by the Montgomery County School Psychologists Association, are best practices to ensure that a school does not misidentify a student for special education services. The practices require school administrators who are dealing with a troubled child to pursue other strategies to address the child's problems before making a referral for a special education assessment. The possible interventions include the use of an Education Management Team (EMT), the Collaborative Action Process (described below) and/or a Functional Behavior Assessment (FBA).
- **Collaborative Action Process (CAP)** – MCPS developed the CAP to enhance the Educational Management Team (EMT) process and focus on helping schools strategically analyze resources and link these resources with student needs. Teams of teachers meet jointly to problem solve and share instructional strategies regularly. MCPS has implemented CAP in 26 schools to date.

MCPS reports that preliminary results of the CAP model show, “special education referrals have occurred less frequently, thus limiting disproportionality. On average, grade level teams are successfully resolving 50 percent of the referred instructional or behavioral cases, without referral to building level teams. Building level teams report that after review and input the majority of the remaining cases are returned to the grade level team and resolved.”⁷

On December 2, 2003, OCR formally released MCPS from the partnership agreement (see the Appendix, © 4, for a copy of the letter). In its release letter, OCR states that they find “the District has complied with the terms of its agreement. Therefore, we are closing our monitoring effective the date of this letter.”

2. MCPS Ethnic/Racial Group Enrollments for FY 04

Table 6 presents FY 04 enrollment data by racial/ethnic group. The data show:

- African American students are overrepresented in special education by nearly 5%;
- Asian students are underrepresented in special education by 8%; and
- White and Hispanic students are slightly overrepresented in special education.

⁷ MCPS, 2003. *Update on the Special Education Classical Program Review.*

TABLE 6
FY 04 MCPS RACE/ETHNICITY BREAKDOWN

Race/Ethnicity	% Students with Disabilities	% All MCPS Students	Disproportionate Representation
African American	26.9%	22.1%	4.8%
White	46.8%	44.6%	2.2%
Hispanic	19.6%	18.7%	0.9%
American Indian	0.3%	0.3%	0.0%
Asian	6.3%	14.3%	(8.3%)

Source: MCPS

3. Trends in Special Education Disproportionate Representation

Table 7 presents data to assess disproportionate patterns of special education representation among MCPS students. The table reports the difference between a racial group's share of the general education population compared to its share of the special education population since FY 00.⁸ The data show:

- African Americans students consistently have been disproportionately represented in special education, although the rate decreased slightly between FY 00 and FY 04;
- Asian students consistently have been underrepresented in special education; and
- Hispanic and White students consistently have been slightly overrepresented in special education.

TABLE 7
MCPS RACE/ETHNICITY DISPROPORTIONATE REPRESENTATION IN SPECIAL EDUCATION

Race/Ethnicity	FY 00	FY 01	FY 02	FY 03	FY 04
African American	5.8%	5.4%	5.4%	5.4%	4.8%
White	1.0%	1.7%	2.3%	2.0%	2.2%
Hispanic	0.9%	0.5%	0.4%	0.6%	0.9%
Asian	(7.7%)	(7.7%)	(8.0%)	(8.0%)	(8.0%)

Source: MCPS and OLO

⁸ American Indian students are not included in the table because they represent an extremely small percentage of both the special education population and the total MCPS population.

4. Disproportionate Representation of African American Students in High Incidence Classifications

Table 8 displays data measuring disproportionate representation of MCPS African American students in special education in FY 98 (near the beginning of the MCPS partnership agreement with OCR) and FY 04 (when MCPS' partnership agreement with OCR ended). The data report disproportionate representation rates for three disability classifications – Learning Disability, mild Mental Retardation, and Emotional Disturbance. The data show all three disability classifications continue to have a disproportionate number of African American students; however the rates of disproportionality have changed within each classification. Specifically the rates have:

- Decreased for Mild Mental Retardation by 1.4%;
- Decreased for Emotional Disturbance by 4.2%; and
- Decreased for Learning Disability by 0.3%.

TABLE 8
PERCENTAGE AFRICAN AMERICAN DISPROPORTIONATE REPRESENTATION IN SPECIFIC SPECIAL EDUCATION DISABILITY CLASSIFICATIONS

Classification	African American Disproportionate Representation	
	FY 98	FY 04
Mild Mental Retardation	24.1%	22.7%
Emotional Disturbance	16.7%	12.5%
Learning Disability	7.7%	7.4%

Source: MCPS and OLO

CHAPTER IV: OVERVIEW OF SPECIAL EDUCATION PROGRAMS AND SERVICES IN MONTGOMERY COUNTY

This chapter provides an overview of how MCPS develops, delivers and administers special education and related services to comply with federal and state laws and regulations. This chapter is organized as follows:

- **Part A** introduces the policy framework;
- **Part B** presents the management and staffing structure for the Department of Special Education;
- **Part C** describes the guidelines for programming the delivery of services;
- **Part D** presents the continuum of special education programs and services; and
- **Part E** describes other MCPS and County Government programs that support special education services.

A. MCPS Special Education Policies

The Montgomery County Board of Education has three formally adopted policies that affirm MCPS' commitment to comply with the federal and state laws and regulations for students with disabilities. These policies are listed below:

1. Board of Education of Montgomery County Policy IOB: *Education of Students with Disabilities* – This policy sets forth the framework and philosophy that all MCPS students who are disabled, “regardless of the severity of the disability, and who are in need of special education and related services shall be identified, assessed, and provided a free appropriate public education consistent with state regulations and Federal and state laws.”
2. Board of Education of Montgomery County Policy BLC: *Procedures for Review and Resolution of Special Education Disputes* – This policy establishes the MCPS mediation process for resolving special education disputes. It encourages “options that permit cooperative problem solving of disputes regarding identification, evaluation, or educational placement of students with disabilities or the provision of a free appropriate public education.”
3. Board of Education of Montgomery County Policy ACG: *Access to Services, Programs, and Activities by Individuals with Disabilities* – This policy mandates that MCPS prohibit and eliminate “any discrimination or harassment against qualified individuals with disabilities in regard to their participation in the school system’s services.”

B. MCPS Department of Special Education (DSE)

MCPS delivers a customized set of education and related services to students with a broad range of disabilities. The Director of the **Department of Special Education (DSE)** oversees the delivery of special education programs and related services. The Director reports to the Associate Superintendent for Student and Community Services.

1. Management Structure

In September 2003, the MCPS Board of Education approved a realignment of the DSE. See © 8 in the Appendix for the new DSE organizational chart. This realignment created two divisions and three administrative units

- The **Division of School-Based Special Education Services** develops instructional services, staffing plans, and facility plans for programs in grades K-12. Six special education cluster supervisors, one program supervisor for the ED/Bridge program, and one instructional specialist for the Autism program within the Division oversee the delivery of special education programs and services within tri-cluster or quad-cluster service areas. The supervisors advise the division directors on enrollment projections and facility options, consult with school administrators and staff about IEP implementation, assist parents with special education issues, maintain rosters and enrollment data, and plan resources and training for school personnel.
- The **Division of Preschool Special Education, Special Schools and Related Services** oversees and monitors early intervention programs, the special education schools, and related services programs. The division has six program supervisors who work with school-based staff throughout the county to monitor the delivery of their programs, provide specialized training to teachers, assist with the assessment and placement of students with intensive needs, and work with parents.
- The **Equity Assurance and Compliance Unit** ensures compliance with the procedural safeguards and due process requirements in federal and state law. This unit processes requests for administrative reviews, mediation sessions and hearings; assigns cases to appropriate staff; reviews records; and schedules and participates in briefings and hearings. This unit provides technical support and assistance to ensure systemwide compliance with procedures. The unit also managed MCPS' voluntary partnership agreement (see page 22) with the U.S. Department of Education, Office of Civil Rights regarding the overrepresentation of African American children in special education.
- The **Placement and Assessment Services Unit** manages and coordinates the placement of students with disabilities into and out of intensive special education programs. These programs may be provided in MCPS schools, in separate MCPS facilities or through non-public placements. This unit helps develop and implement a student's IEP and monitors the implementation of the IEP in non-public placements. The unit also monitors the costs of non-public placement programs.
- The **Medical Assistance Unit** administers the process to obtain Medicaid reimbursement for allowable special education services and manages the autism waiver program. The autism waiver program is a State Medical Assistance program that allows eligible children with Autism Spectrum Disorder to receive specific services to support them in their homes and communities.

2. Professional and Supporting Services Staff

The delivery of MCPS Special education programs and related services takes place in general education classrooms, self-contained special classrooms, and at five special schools. Professional and supporting services staff in the Department of Special Education deliver these programs.

- The FY 04 DSE professional staff (1,709 FTEs) includes special education teachers for special classes and resource rooms, elementary and secondary program specialists, instructional specialists, speech and hearing and vision teachers, physical and occupational therapists, and media specialists.
- The FY 04 DSE supporting services staff (1,132 FTEs) includes special educational instructional assistants (SEIAs), media assistants, school secretaries, office assistants, financial assistants and administrative secretaries.
- FY 04 DSE programs also include 30 FTEs of psychologists and social workers.

C. Guidelines for Programming the Delivery of Services

To comply with federal and state regulations, MCPS must provide an instructional program tailored to the needs of each individual student. Each Individualized Education Program (IEP) addresses many factors, such as the type of service and level of intensity a child needs, whether a child can receive services in his/her home school, and the appropriate educational setting. To deliver the over 17,000 individualized programs, MCPS operates an array of special education programs across a range of educational settings. This section briefly describes the guidelines that shape the delivery of the MCPS' special education programs and related services.

1. Levels of Service and Educational Setting

Determining the appropriate level of instructional support and related services for each student is an important component of the IEP process. Children who are eligible for special education instruction and related services require different levels of service intensity. A child with average cognitive abilities who has processing deficits that may affect his/her ability to read or write needs less intensive support than a child with multiple disabilities and complex learning needs.

MCPS uses two terms, resource program services or special classes, to describe the special education services a child receives. Within each category, a student can be served in different types of educational settings.

Resource Program Services. A student who needs less intensive support can receive up to 15 hours per week of resource services. MCPS delivers resource services in a general education classroom or a pull-out resource room for part of the school day.

A student may receive services from more than one resource program, depending on his/her individual needs. In FY 04, 8,527 MCPS students receive 18,783 resource services. Students in the resource program services category account for 49% of MCPS' FY 04 special education enrollment. Table 9 shows the number of students in the resource services category and the number of resource services delivered since FY 98.

TABLE 9
MCPS RESOURCE PROGRAMS: STUDENTS AND SERVICES*

School Year	Students	Annual % Change	Number of Services	Annual % Change
FY 98	8,012	--	18,769	--
FY 99	8,442	5%	18,582	(1%)
FY 00	8,543	1%	21,662	17%
FY 01	8,470	(1%)	18,554	(14%)
FY 02	8,512	1%	18,383	(1%)
FY 03	8,440	(1%)	18,582	1%
FY 04**	8,527	1%	18,783	1%
7 Year % Change (FY 98 – FY 04)	6%		0%	
Avg. Annual % Change (FY 98 – FY 04)	1%		0%	

*A seven year timeframe is used instead of five years because the FY 00 number of services data was uncharacteristically high that year, and using it as the initial comparative year may have created a skewed perception of overall change.

**FY 04 Projected

Source: MCPS and OLO

Special Classes. Students who need more intensive services and receive 15 or more hours a week of special education services are in the special classes category. Most MCPS students in special classes receive service in one of four educational settings:¹

- A general education classroom as part of an inclusive services model;
- A self-contained classroom on a regular education campus;
- An MCPS special day school for students with disabilities; or
- A non-public day or residential school for students with disabilities.

In FY 04, 8,852 (51% of the special education enrollment) MCPS students receive 15 or more hours a week of special education services. The majority of these students, 86%, receive services in a self-contained classroom.

¹ Some students with disabilities may also be served at one of MCPS' alternative schools or programs; see page 38 for more information.

TABLE 10
MCPS SPECIAL CLASSES: STUDENTS AND SETTINGS

Year	Inclusive Services		Self-Contained Classrooms		Non-Public Placements		MCPS Special Schools	
	Students	Annual % Change	Students	Annual % Change	Students	Annual % Change	Students	Annual % Change
FY 98	--	--	5,853	--	612	--	634	--
FY 99	--	--	6,158	5%	598	(2%)	693	9%
FY 00	--	--	6,478	5%	581	(3%)	624	(10%)
FY 01	77	--	6,657	3%	626	8%	606	(3%)
FY 02	137	78%	6,676	0%	659	5%	624	3%
FY 03	202	47%	7,318	10%	693	5%	562	(10%)
FY 04*	200	0%	7,570	3%	653	(6%)	629	12%
7 Year % Change (FY 98 – FY 04)	--		29%		7%		(1%)	
Avg. Annual % Change (FY 98 – FY 04)	--		4%		1%		0%	

*FY 04 Projected, except for non-public which is student count as of December 15, 2003.

Source: MCPS and OLO

2. Locating Program Sites – Service Delivery Models

MCPS uses four different sets of service area boundaries to locate sites for the delivery of special education programs and services. The incidence of a disability among the countywide population of students determines the service deliver model. The four service options, in place since FY 98, are:

- The *Home/School-Based Program Delivery Model* provides programs/services to students at their home school;
- The *Cluster-Based Program Delivery Model* provides programs/services to students at one school within each high school cluster;
- The *Multicluster Program Delivery Model* provides programs/services to students at one school within multiple high school clusters; and
- The *Systemwide Program Delivery Model* provides programs/services to students at one school within the entire county.

MCPS locates sites for high incidence disability categories (e.g. Learning Disability) at every school. MCPS locates for programs that address low incidence disabilities (e.g. Autism) at a few schools to serve students Countywide. See © 13 in the Appendix for the County's special education program delivery model and a map of MCPS' cluster and multicluster (also known as quad cluster) service areas.

D. Continuum of Special Education Programs and Related Services

As reported in Chapter II, federal and state regulations require local school systems to provide a “continuum of services” so that each student receives an appropriate education in his/her “least restrictive environment.” This section offers a brief synopsis of the special programs and related services available in Montgomery County.

1. Infants and Toddlers Program

The Department of Health and Human Services (DHHS), working closely with MCPS, administers Montgomery County’s Infants and Toddlers Program. The program uses a home based model to provide services to children with developmental delays from birth through age two in the natural environment (e.g. home, child care, other community settings). Staff, in conjunction with parents and families, provide special instruction, auditory and vision instruction, physical and occupational therapy, and speech and language development. The program emphasizes parent involvement, based on the philosophy that a parent can be a child’s most effective teacher in a “natural setting” (natural setting is defined in federal regulations as where a non-disabled child ages birth through age two is likely to be found, i.e. in the home, daycare, etc.). In FY 04, 176.5 DHHS and MCPS FTEs staff the Infants and Toddlers program.

2. Programs and Related Services at MCPS Facilities for School-Aged Children

The following exhibit lists the spectrum of special education programs and related services for students ages 3 – 21 provided in MCPS classrooms and special schools. The exhibit groups programs, to the extent possible, by the types of disabilities they tend to serve.

**EXHIBIT 2
MCPS SPECIAL EDUCATION PROGRAMS**

MCPS Program Name	Educational Setting/Service Delivery Area	Program Description	FY 04 Enrollment* (Budgeted)
Collaborative Autism Preschool	Self-contained special classes provide service countywide.	Serves students with autism, ages 3-5, who need a highly structured, repetitive educational approach across all instructional and behavioral areas.	160
High Functioning Autism or Asperger’s Program	Self-contained special classes provide service countywide.	Serves students with high functioning autism or Asperger’s Syndrome for whom itinerant and school-based resources have been insufficient to remediate significant social, adaptive, and behavioral issues.	
School-Age Autism Program	Self-contained special classes provide service countywide.	Serves students with autism spectrum disorder, ages 5-21 whose complex needs require systematic, repetitive instruction in a small group environment.	

MCPS Program Name	Educational Setting/Service Delivery Area	Program Description	FY 04 Enrollment* (Budgeted)
Deaf and Hard of Hearing	Resource services in home schools.	Itinerant teachers provide auditory training, support with assistive technology, and school consulting services for students with educationally significant hearing loss.	225
	Self-contained special classes provide service countywide.	Program provides intensive language and communication skill development for students from birth through 21 with permanent hearing loss.	105
Emotional Disabilities Cluster Model Program	Self-contained special classes provide service to multi-cluster areas.	Program serves students with emotional disturbance within a general education setting. Provides individualized instruction and a comprehensive management system.	455
Bridge Program	Self-contained special classes at 2 HS sites and 2 MS sites provide service countywide.	Program serves socially vulnerable middle and high school students with emotional disturbance challenged by problem solving, establishing peer relationships, organizing and planning, and coping with anxiety.	80
Regional Institute for Children and Adolescents (RICA)	Special school with program jointly offered by MCPS and MD Dep't of Health and Mental Hygiene.	Program for children in grades 4-12 with severe emotional disabilities offers accredited program and day and residential treatment and therapy.	145
Mark Twain	Special school provides services countywide.	Program for children in grades 6-12 with social, emotional, and behavioral disabilities promotes growth in emotional, behavioral and academics through use of strong curriculum and defined system of behavioral expectations.	140
Crossroads Program	Special classes within Mark Twain provide services countywide.	Serves students ages 13-18 with mild or moderate mental retardation or multiple disabilities with behavior issues. Includes vocational training built around horticulture and landscaping skills.	
Preschool Education Program	Self-contained special classes provide service to multi-cluster areas.	Program offers a variety of services for children ages 3-5 with multiple types of disabilities. Services range from itinerant instruction at home or community-based preschools to theme-based classes for children needing a comprehensive approach to learning.	391
Physical Disabilities	Resource services in home schools.	Program offers physical and occupational therapy to students with physical or other types of educational disabilities.	3,000
	Self-contained special classes provide services countywide.	Program serves students with physical disabilities that require intensive support. Typical disabilities include cerebral palsy, muscular dystrophy, spina bifida, and traumatic brain injury.	55

MCPS Program Name	Educational Setting/Service Delivery Area	Program Description	FY 04 Enrollment* (Budgeted)
Resource Services Program	Resource services in home schools.	Program serves students who require 15 hours or less of special education services as a result of a disability that impacts academic achievement, typically learning or behavioral disabilities.	5,741
Elementary Learning and Academic Disabilities Cluster Model Program	Self-contained special classes at one ES in each HS cluster with general education inclusion opportunities.	Program for elementary students with a learning or language disability that significantly impacts academic achievement. Most students have received considerable resource support, and did not make sufficient progress toward IEP goals.	956
Elementary Home School Model (Inclusive Services)	Regular academic classrooms at home school.	Program serves students with learning disabilities, mild mental retardation and language disabilities in their home school. Support for students, including instructional, curricular, and behavioral interventions is viewed as a school-wide responsibility.	200
Secondary Learning and Academic Disabilities Program	Self-contained special classes in home school with general ed inclusion opportunities.	Program for middle and high school students with a learning or language disability that significantly impacts academic achievement. Most students have received considerable resource support, and did not make sufficient progress toward IEP goals.	2,972
Elementary (School Based) Learning Center	Self-contained special classes provide service to multi-cluster areas.	Program serves students in grades K-5 who have multiple disabilities and complex learning needs. Program is highly structured with low teacher student ratio.	350
Secondary (School Based) Learning Center	Self-contained special classes provide service to multi-cluster areas.	Program offers intensive specialized instruction and integrated related services to students with significant learning, language and/or multiple disabilities.	600
Carl Sandburg Center	Special school provides services countywide.	Program serves elementary students with multiple disabilities. Some students have diagnosed syndromes that present complex medical and educational needs.	100
Speech and Language Programs	Resource services in home schools.	Program diagnoses and remediates communication disorders, facilitates the development of compensatory skills and enhances development of communication skills.	9,567
Pre-K and Elementary Language Disabilities	Self-contained special classes provide service to multi-cluster areas.	Program serves Pre-k through 1 st grade students with moderate to severe disorders in receptive and/or expressive language.	280
Augmentative and Alternative Communication	Self-contained special classes provide services countywide.	Program serves students who are non-speaking or have limited speech with severe intelligibility issues in Kindergarten through grade 2. Emphasizes use of alternative communication systems.	11

MCPS Program Name	Educational Setting/Service Delivery Area	Program Description	FY 04 Enrollment* (Budgeted)
Learning for Independence	Self-contained special classes provide service to multi-cluster areas.	Program serves students with mild to moderate mental retardation and emphasizes basic skills, personal management, career, vocational, and leisure skills.	95
School/Community Based Programs	Self-contained special classes provide service to multi-cluster areas.	Program serves students with moderate, severe, or profound mental retardation, or multiple disabilities including autism. Emphasizes basic skills.	375
Rock Terrace	Special school provides services countywide.	Program provides services to students ages 12 through 21 whose learning and behavioral needs require a highly structured setting.	120
Stephen Knolls	Special school provides services countywide.	Program serves students ages 5-21 with severe to profound mental retardation and multiple disabilities.	60
Longview	Special school provides services countywide.	Program serves students ages 5-21 with severe to profound mental retardation and multiple disabilities.	64
Longview Extensions	Self-contained special classes provide services countywide.	Program serves students ages 11-16 with moderate, severe, and profound mental retardation, or multiple disabilities that must include mental retardation and/or autism.	
Visual Impairments	Resource services in home schools.	Itinerant vision teachers provide services to school-age children. Materials and specialized equipment may also be provided to these students.	250
	Self-contained special classes provide services countywide.	Preschool services prepare blind and low vision students for entry into school. Secondary services provide assistance for students who need more intensive vision support.	15
Community and Career Connection Transition Services	Non-school based classes.	Off site program for students ages 18-21 with mental retardation or autism spectrum disorders to promote movement from school to post-school settings.	40

*This column reports the number of students in each program, whether MCPS delivers the program as a resource service or in a special class. Many students receive more than one resource service, and the data in this exhibit counts a student who receives resource services from different programs multiple times. As a result, the sum of the FY 04 enrollment numbers in this exhibit exceeds the total FY 04 student enrollment.

Source: MCPS

3. Programs and Related Services Provided through Non-Public Placements

In FY 04, approximately 4% (653 students) of MCPS' school-aged special education population is enrolled in non-public placements. Non-public placements serve students with a range of disabilities in different types of educational settings.

- 75% of the 653 students are in school-age day programs;
- 3% of the 653 students are placed in residential programs;
- 12% of the 653 students are preschool students; and
- Some students attend the Maryland School for the Blind, Maryland School for the Deaf, or are placed in a non-public facility by a different governmental entity (e.g. Department of Juvenile Services).

Students with an Emotional Disturbance classification make up the largest percentage (40%) of FY 04 non-public student placements. The other most prevalent disability classifications in non-public placements are Autism (18%) and Multiple Disabilities (16%). The following table lists student enrollments in non-public placements by disability classification for the past four fiscal years.

TABLE 11
MCPS NON-PUBLIC ENROLLMENT BY DISABILITY CLASSIFICATION

Disability Classification	FY 01	FY 02	FY 03	FY 04*
Emotional Disturbance	251	252	262	262
Autism	61	84	120	120
Multiple Disabilities	177	151	121	102
Specific Learning Disability	66	62	64	55
Developmental Delay	31	50	57	51
Other Health Impaired	8	22	31	33
Mental Retardation	10	16	14	11
Visually Impaired	13	12	11	7
Speech Impaired	4	3	8	7
Traumatic Brain Injury	1	4	4	4
Deaf/Hard of Hearing	4	3	1	1
Total	626	659	693	653

*As of December 15, 2003.

Source: MCPS

MCPS developed five internal programs over the past few years to serve students previously referred to non-public placements. These programs focus on students within the Autism, Emotional Disturbance, Multiple Disabilities, and Mental Retardation classifications. The five programs, which are included in the MCPS special education programs exhibit beginning on page 31, are:

- Collaborative Autism Preschool Program;
- Services for High Functioning Asperger's Syndrome;
- Crossroads Program for students with moderate to severe cognitive and emotional/behavioral disabilities;
- Longview Extensions for students with autism spectrum disorder or mental retardation and emotional/behavioral disabilities; and
- Community and Career Connection transition services for 18 year old students with mental retardation or autism spectrum disorders.

E. Other Programs and Services that Support Special Education

The MCPS philosophy of special education strives to maximize the delivery of special education services within the MCPS framework for general education. Other MCPS programs and initiatives operating within the general education structure support the provision of special education services. This section identifies these other programs and offices, and explains how they support the delivery of special education. One of the other programs is administered by DHHS but delivered in MCPS facilities.

For analytical purposes, OLO has divided the other programs and services into three categories:

- **Direct Services** – Programs and services required to be provided to students receiving special education services under IDEA or a child's Individualized Education Program (IEP);
- **Supporting Services** – Programs and services provided to a school-wide population, including students with disabilities; and
- **Prevention Services** – Programs designed to enhance the general education environment and prevent inappropriate placement in special education.

1. Direct Services

General Education School IEP Responsibilities. School-based, general education staff includes principals, assistant principals, and general education teachers. At each school, these staff routinely carry out special education management responsibilities, including:

- Identifying, referring, and assessing students who may be eligible for special education services;
- Developing and writing IEPs for qualified students, with the full participation of parents, in compliance with federal and state laws and regulations; and
- Implementing and monitoring IEPs, including conducting annual IEP reviews.

The participation of the principals and teachers in these tasks varies depending on individual school practices.

Middle School Mainstreaming Teachers. Mainstreaming teachers support efforts to mainstream students with disabilities in special classes into the general school population. These teachers are regular classroom teachers who support schools with large numbers of mainstreamed students. The number of mainstreaming FTEs per school depends on the number of special education classes in each local school.

In FY 04, there were 12.8 FTEs of mainstreaming teachers for 36 middle schools.³

Department of Student Services (DSS) IEP Responsibilities. The Department of Student Services (DSS), in the Office of Student and Community Services, coordinates programs in MCPS schools to promote the health and well-being of students. DSS works through a team of counselors, school psychologists and pupil personnel workers to prevent or intervene to meet students' social/emotional needs. Typically, pupil personnel workers, psychologists, and guidance counselors from DSS are assigned specific tasks as part of the IEP process.

- **Pupil Personnel Workers (PPWs).** MCPS provides PPWs (43 FTEs in FY 04) to support the general education population and special schools plus one PPW FTE to support all alternative programs. Each PPW has a caseload of five or six schools. A PPW may help students and their families find and access services, or assist with other logistics and issues. MCPS staff estimate that approximately 25% of each PPW's time is devoted to supporting students with disabilities.
- **Psychologists.** MCPS assigns psychologists (61 FTEs in FY 04) to support the general student population. At this level of staffing, each psychologist serves three or four schools. Psychologists are heavily involved in the IEP screening and assessment process. They conduct psychometric screening and assessment tests to determine whether a disability exists and, if so, how it impacts a child's learning. They also participate in the development of the IEP. MCPS estimates that approximately 70% of each psychologist's time is spent serving students with disabilities. School psychologists also provide psychological services, including psychological counseling as a related service on IEPs.
- **Guidance Counselors.** MCPS assigns guidance counselors (418 FTEs in FY 04) to support the general student population. The number of guidance counselors assigned to each school depends on enrollment. Guidance counselors fill a variety of roles at a school depending on the school's programs. According to MCPS, the extent to which a guidance counselor serves students with disabilities varies widely from school to school, depending on the programs offered. For example, if a school has a learning center or a community-based program, children in these programs may receive counseling services from a guidance counselor. Due to variance among schools, MCPS staff were reluctant to provide an estimate of the percent of time each guidance counselor spends serving students with disabilities.

³ The Superintendent's FY 05 Budget Request recommends these positions for elimination.

Students with Disabilities in Alternative Programs. The Department of Alternative Programs (DAP), in the Office of Student and Community Services, provides education services in alternative school settings for troubled adolescents (i.e. Phoenix, Kingsley Wilderness, Glenmont, Emory Grove, etc.). As of December 22, 2003, MCPS serves 327 students in alternative schools, including 44 students with IEPs.

A school-based IEP team may recommend an alternative school placement as part of an IEP review process; however a student may not enroll unless the alternative school can implement the student's IEP needs within its existing resources. A student with disabilities who attends an alternative school is educated with other students. Each alternative school has one certified special education teacher at every site.

General education teachers at an alternative school may consult with specialists at the student's home school to receive advice and instructional suggestions. The home school manages the student's IEP process. If problems or issues arise with the IEP, an alternative school has the option to return a student to his/her home school.

Students with Disabilities in Head Start and the County Pre-K Program. The Division of Early Childhood Programs and Services in the Department of Instructional Programs provides education services for pre-kindergarteners through Head Start and the County Pre-K Program, separate from the Pre-K programs provided by the Department of Special Education. In FY 04, 2,363 students are enrolled in the Head Start/Pre-K program. Of this total, MCPS staff estimate 130 students have IEPs as of January 2004. Children with IEPs in the Head Start/County Pre-K program receive most special education services, i.e., assessments, teaching, counseling, from the Head Start/Pre-K teachers, psychologists and social workers. Department of Special Education staff provide occupational therapy and physical therapy services to those children who need them.

English for Speakers of Other Languages (ESOL) Students with Disabilities. The ESOL office maintains a Bilingual Assessment Team with 16.2 FTEs that consists of psychologists, assessment specialists, speech and language personnel, and administrative assistants. The Bilingual Assessment Team conducts assessments of ESOL students suspected of having a learning problem, serves on IEP teams, and provides direct services called for in the IEP. They also consult with other members of the IEP team. MCPS staff estimate that the Bilingual Assessment Team spends 100% of its time providing services directly related to special education.

Special Education Computers. The Office of Global Access Technology receives, purchases, and installs computer hardware requested by the Department of Special Education. In FY 04, the Department requested 256 pieces of hardware specifically for students with disabilities with assistive technology needs.

DHHS School Health Services. The School Health Services (SHS) Program is administered and delivered by the Department of Health and Human Services in MCPS facilities to address the health needs of MCPS students. SHS staff (School Community Health Nurses and School Health Room Aides) provide services to students with disabilities related to the students' health needs. Some of these activities include

assessment, medication administration, treatment, training of health aides and MCPS staff, health education for students and parents and school staff, and acting as a liaison between community health care providers, health resources, parents and school staff. School health nurses also participate in the IEP process and have staff dedicated to MCPS' special schools for students with disabilities.

Developmental Evaluation Services for Children (DESC). MCPS and DHHS jointly staff the Developmental Evaluation Services for Children (DESC) program. DESC evaluates children ages three to five with suspected development problems and provides support to parents, teachers and physicians. In addition to MCPS staff within the Department of Special Education, DHHS provides a part-time community health nurse (0.6 FTE), a part-time clinical psychologist (0.3 FTE), and audiological services.

2. Supporting Services

Special Education Content Specialists. The Office of Staff Development is charged with strengthening the knowledge and skills of MCPS staff. According to a recent update of special education services provided to the MCPS Board of Education,⁴ training general education teachers to address the needs of diverse learners begins at new teacher induction and continues through ongoing special professional development opportunities. The Office of Staff Development has two special education content specialists who develop training programs for general education teachers or for school resource personnel in FY 04.

Special Education Curriculum and Instruction. The Department of Curriculum and Instruction (DCI), within the Office for Curriculum and Instructional Programs, develops and supports MCPS curricula. For students with disabilities, instructional specialists and teachers in DCI develop the Fundamental Life Skills curriculum (2.0 FTEs), address special education health and physical education curriculum issues (0.6 FTE), work with ESOL teachers (1.2 FTEs), and work with teachers in the Head Start/County Pre-K program (1.0 FTE).

Early Childhood Initiatives. The Department of Instructional Programs (DIP), within the Office of Curriculum and Instructional Programs, is tasked with bringing the perspectives of diverse students to the curriculum development process. Together with DCI, DIP identifies appropriate instructional strategies and materials in a variety of formats to support teaching and learning. Around 1999, MCPS began implementing a series of early childhood initiatives aimed at children from Kindergarten to second grade. These initiatives are focused on all MCPS early childhood students and are funded as part of the general education curriculum, however, they also serve and have an impact on students receiving special education services. Two notable initiatives include the Reading Initiative and the Early Success Performance Plan.

- The Reading Initiative, began in FY 99, is an early literacy program designed to improve the reading performance of elementary school students through reduced first and second grade reading class sizes; increased classroom time for

⁴ MCPS, *Update on the Special Education Classical Program Review*, December 9, 2003.

uninterrupted reading instruction; and staff development activities in reading instruction. MCPS' Office of Shared Accountability reports improved reading performance for students receiving special education services after implementation of the Reading Initiative.⁵

- The Early Success Performance Plan, began in FY 01, is aimed at addressing gaps in achievement for Kindergarten through second grade students through implementing full-day Kindergarten; lowering class sizes; implementing a standards-based curriculum; periodic diagnostic assessments; professional development; extended-day and extended-year programs, and increased family/school communication. The Office of Shared Accountability reports an 18% to 40% increase in students receiving special education services meeting initiative benchmarks three years after implementation.⁶

3. Prevention Services

Primary Prevention and Early Interventions. As part of the process to determine whether a troubled child has disabilities that would qualify him/her for special education services, school-based teams convene meetings and develop interventions that might defer or prevent a referral to special education. One of the goals of pre-referral intervention, as discussed on Chapter III, is to help eliminate inappropriate identification of students with learning disabilities, emotional disabilities, and/or mild mental retardation.

Department of Student Services staff coordinate the delivery of pre-referral intervention programs. MCPS schools follow two different models of early intervention strategies:

- Most schools use the Educational Management Teams (EMT) model. Under this approach, EMTs are charged with diagnosing a child's problems and developing interventions to help the child change his/her behavior.
- Two middle schools and 24 elementary schools use a Collaborative Action Process (CAP) approach, which employs an outcome-based, strategic approach to identify and address the underlying factors potentially causing a child's problems and monitor how these interventions affect the presenting issues. Initial data show the CAP approach to be a promising strategy. In three elementary schools that have fully implemented CAP, the number of special education referrals decreased by 35% and the number of special education placements decreased by 59% compared to the previous year in those schools.

The Psychological Services Unit within DSS manages the CAP program. In the fall of 2003, the MCPS Board of Education and the County Council approved a 3-year, \$6 million Safe Schools/Healthy Students federal grant in part to expand the CAP approach to four additional schools.

⁵ MCPS Office of Shared Accountability, 2000. *Reading Initiative Study Year 2 Assessment Report*.

⁶ MCPS Office of Shared Accountability, 2003. *Longitudinal Impact of Early Success Performance Plan Initiatives on Student Academic Achievement: Technical Report on Three Years of Implementation*.

CHAPTER V: SPECIAL EDUCATION COSTS AND TRENDS

This chapter provides an overview of special education costs and trends. Specifically, it examines standard special education budget categories, provides an analysis of the FY 04 MCPS budget to estimate the total cost of special education, and presents information on average program costs by educational setting. The chapter is organized as follows:

- **Part A** examines the Category 6 expenditures for Special Education;
- **Part B** examines the Category 9 and 12 expenditures for special education transportation and special education employee benefits;
- **Part C** provides an estimate of the total known costs of special education programs and services in FY 04; and
- **Part D** presents average costs per student by educational setting.

The information presented in this chapter uses two different data sources. Costs reported in Parts A, B and C are based on data from the MCPS' budget reporting system; costs reported in Part D are based on data from MCPS' FY 2004 Selected Program Budgets and Budget Staff Guidelines, January 2003.

A. MCPS Category 6 Expenditures for Special Education

Maryland state financial reporting regulations require local school systems to record and expend funds in certain state-defined budget categories. The State mandates that school districts record direct special education-related expenses in Category 6. This section examines these expenditure data.

Table 12 presents MCPS Category 6 expenditures for a five year period, FY 00 to FY 04. The data show:

- The FY 04 Category 6 appropriation is \$183.4 million; and
- Category 6 expenditures have increased by 37% (\$55.2 million) since FY 00, with average annual growth of 9%.

TABLE 12
MCPS CATEGORY 6 SPECIAL EDUCATION EXPENDITURES (IN MILLIONS)

Year	Category 6 Expenditures	Annual Increase	Annual % Change
FY 00 Actual	\$128.7	--	--
FY 01 Actual	\$140.9	\$12.2	10%
FY 02 Actual	\$155.6	\$14.7	11%
FY 03 Actual	\$170.5	\$14.9	10%
FY 04 Current	\$183.9	\$13.3	8%
Total Increase (FY 00 – FY 04)		\$55.2	37%

Source: MCPS and OLO

Table 13 presents the sources of funds for Category 6. In FY 04, local funds account for 75% of Category 6 dollars.

TABLE 13
MCPS CATEGORY 6 FUNDING SOURCES (IN MILLIONS)

Year	Federal Funds	State Funds	County Funds	Total
FY 04 Current	\$22.6	\$23.9	\$137.4	\$183.9
<i>% of Total</i>	<i>12%</i>	<i>13%</i>	<i>75%</i>	<i>100%</i>

Source: MCPS and OLO

In FY 04, 80% of Category 6 funds pay for salaries and wages. The other 20% of Category 6 funds pay for operating costs. Table 14 on the next page presents a detailed breakdown of the FY 04 Category 6 budget by administrative and direct services. The data show that:

- 59% (\$108.2 million) supports school-based programs and related services.
- 17% (\$31.7 million) funds non-public placements.
- 10% (\$19.2 million) supports pre-school and other miscellaneous services.
- 7% (\$13.3 million) funds special schools.
- 6% (\$11.4 million) supports general administration and operating expenses.

TABLE 14: FY 04 BREAKDOWN OF CATEGORY 6 SPENDING BY ADMINISTRATIVE AND DIRECT SERVICES

DESCRIPTION	# OF FTES	CATEGORY 6 DOLLARS (IN MILLIONS)
GENERAL ADMINISTRATION & OPERATING EXPENSES		
Office of the Director	7.0	\$0.7
Office of School Based Special Education Services ¹	30.5	\$7.2
Equity Assurance and Compliance	13.0	\$1.7
Office of Placement and Assessment	19.2	\$1.8
SCHOOL BASED PROGRAMS AND RELATED SERVICES		
School Based Programs	1,138.4	\$53.7
Secondary Learning Centers	117.4	\$5.6
Elementary Learning Centers	81.1	\$3.8
ED Administration ²	13.0	\$0.9
Bridge	40.8	\$1.8
Autism	96.7	\$3.5
School Community Based	166.8	\$5.9
Transition	55.7	\$3.1
Deaf and Hard of Hearing	92.0	\$4.9
Visual	18.2	\$1.3
Physical	103.2	\$5.6
Speech and Language	201.9	\$13.5
Services paid for by Medical Assistance ³	112.8	\$3.4
Extended School Year Services	N/A	\$1.4
SPECIAL SCHOOLS		
Longview (Includes Extensions) ⁴	29.8	\$1.5
Carl Sandburg	39.5	\$1.8
Rock Terrace	37.5	\$1.9
Mark Twain	63.9	\$3.1
Stephen Knolls	37.4	\$1.5
RICA	63.4	\$3.5
NON-PUBLIC PLACEMENTS		
Residential	N/A	\$3.2
Day School Age	N/A	\$24.2
Pre-School	N/A	\$2.4
MD School for the Blind	N/A	\$0.02
Other MD School Unit	N/A	\$0.02
Jointly Funded Tuition	N/A	\$1.7
Family Clause Tuition	N/A	\$0.07
Hospital Tuition	N/A	\$0.04
Pre-School and Other⁵		
Other Special Education Support	293.3	\$17.7
InterACT		
Infants and Toddlers		
Preschool Education Program (PEP)		
Elementary Schools	N/A	\$0.1
Graphics and Publishing	N/A	\$0.03
Family and Community Unit	2.5	\$0.2
Future Supported Projects	N/A	\$1.1
TOTAL CATEGORY SIX: FY 2004	2,875.0	\$183.9

¹ Includes instructional materials, i.e, textbooks, and travel for all special education programs.

² ED Administration provides direct service for students with emotional disabilities.

³ 5 of the Medical Assistance FTEs are for the administration of Medical Assistance and Autism Waiver.

⁴ Spending for Longview is based on 29.8 FTEs from FY 05 Personnel Compliment

⁵ In FY 04 Infants and Toddlers and PEP accounted for 86% of the total FTEs in ODD 299, 913, and 930 (FY 04 Operating Budget pg. 8-22).

B. MCPS Category 6, 9, and 12 Expenditures for Special Education

In addition to Category 6, MCPS identified components from the State budget categories for Transportation (Category 9) and Employee Benefits (Category 12) as special education spending. These spending components relate directly to the provision of special education services, but cannot be reported in Category 6 due to the state financial reporting regulations. This section describes the Categories 6, 9, and 12 special education costs for FY 04 based on data provided by MCPS and compiled by OLO.

The cost includes three spending components:

- The special education costs reported in Category 6 (discussed in Part A above);
- The costs of transportation services for students with disabilities (reported in Category 9); and
- MCPS' budgeted estimate of employee benefits for Department of Special Education (DSE) staff (reported in Category 12).⁶

TABLE 15
MCPS SPECIAL EDUCATION COSTS - CATEGORIES 6, 9 AND 12 (IN MILLIONS)

Component	FY 04 Current	% of Total
Category 6: Special Education	\$183.9	70%
Category 9: Special Education Transportation	\$37.7	15%
Category 12: DSE Employee Benefits	\$38.0	15%
Total Categories 6, 9, and 12	\$259.6	100%

Source: MCPS and OLO

C. Estimated Aggregate Cost of Special Education

OLO's review of special education programs and services described in Chapter IV identified special education costs in other MCPS offices and County departments in addition to the costs identified in Parts A and B. This section provides an estimate of the County's aggregate costs for special education services, based on this description of services.

Cost Estimate. Table 16 summarizes OLO's estimate of the aggregate cost for special education services in FY 04, and the rest of this section presents the methodology and documentation for this estimate. *Note: The FY 04 estimate cost does not reflect all special education costs. OLO identified other programs and services that support special education where specific costs could not be determined, i.e. guidance counselors.*

TABLE 16

⁶ The total for Category 12 is comprised of an estimate from MCPS of \$32.3 for local employee benefits and an additional \$5.7 million identified by OLO for federal employee benefits.

FY 04 ESTIMATED AGGREGATE COST OF SPECIAL EDUCATION (IN MILLIONS)

Description	Source of Funds	Amount	% of Total
MCPS Department of Special Education Program Budget	MCPS: Category 6	\$183.9	66.7%
MCPS Special Education Transportation and Employee Benefit Costs	MCPS: Categories 9 and 12	\$75.7	27.5%
MCPS Additional Costs	MCPS: Categories 1, 2, 3, and 7	\$11.1	4.0%
County Government Costs	DHHS	\$5.1	1.8%
FY 04 ESTIMATED AGGREGATE COST OF SPECIAL EDUCATION		\$275.8	100%

Source: MCPS and OLO

Methodology. OLO followed a three-step process to estimate total special education program costs. First, OLO established expenditure categories to capture the costs of special education programs, services, and related activities. Next, OLO assigned items to each expenditure category. Finally, OLO calculated estimates for the items in each expenditure category, based on data and assumptions provided by MCPS. See © 9 in the Appendix for a detailed methodology of the estimates.

Expenditure categories. OLO established and defined three general expenditure categories to capture the budgeted and estimated costs of special education programs and services.

- **Direct service expenditures** account for the costs of providing services to students receiving special education services and the costs of tasks mandated under IDEA.
- **Supporting expenditures** account for the costs of initiatives or programs that serve a school-wide population, including students with disabilities.
- **Prevention expenditures** account for the costs of activities that enhance supports in the general education environment, such as the Collaborative Action Process pre-referral intervention program.

Table 17 lists the items assigned to each category along with a description of each item.

TABLE 17
DESCRIPTION OF SPECIAL EDUCATION COSTS - FY 04

OLO Expenditure Category	Item	Description of Item
DIRECT	Department of Special Education (DSE) Budget – Category 6	Expenditures for administrators, teachers, secretaries, instructional assistants, and operating costs for students with disabilities and programs.
	Employee Benefits for the DSE Staff <ul style="list-style-type: none"> • Local FTEs – Category 12 • Federal FTEs – Category 12 	MCPS appropriates funds for employee benefits in Category 12 to comply with state financial reporting requirements.
	Transportation for Students with Disabilities	MCPS has estimated the cost to transport students with disabilities as part of its staffing plan report to the state.
	Special Education Psychologists	These psychologists work directly for DSE but are budgeted for in Category 3 to comply with state financial reporting requirements.
	Special Education Social Workers	These social workers work directly for DSE but are budgeted for in Category 7 to comply with state financial reporting requirements.
	Special Education Computers (Office of Global Access Technology)	The Office of Global Technology is responsible for purchasing and installing computers requested by DSE for students with assistive technology needs. These computers are in addition the general education computer ratio.
	Students with Disabilities in Alternative Programs	A school based IEP team may recommend an alternative school placement as part of the IEP review process. A student who attends an alternative school is educated with other students. As of December 2003 there were 44 students with IEPs attending alternative schools.
	Students with Disabilities in Head Start and Pre-K (separate from DSE Pre-K programs)	Children with IEPs in Head Start/Pre-K receive most of their IEP mandated services through the Head Start/Pre-K program. As of January 2004 an estimated XX students with IEPs are in Head Start and Pre-K programs.
	Mainstreaming Support Teachers	These positions support the effort to mainstream students with disabilities in special classes into the general education population. The number of mainstreaming teachers depends on the number of special classes a local school may have.
	IEP Process Administration includes: <ul style="list-style-type: none"> • Pupil Personnel Workers • Psychologists • Principals and Assistant Principals • Guidance Counselors 	These school based staff assess whether students qualify for special education services and develop and monitor IEP plans throughout the year.
ESOL Bilingual Assessment Team	The Bilingual Assessment team assesses ESOL children for possible learning problems, serves on IEP teams, and provides direct services called for in an IEP.	

TABLE 17, CONTINUED
DESCRIPTION OF SPECIAL EDUCATION COSTS - FY 2004

OLO Expenditure Category	Item	Description of Item
DIRECT	Developmental Evaluation Services for Children (DESC)	DESC evaluates children ages three to five with suspected development problems and provides support to parents, teachers and physicians.
	School Health Services for students with disabilities provided by DHHS.	School health services in MCPS schools address the health needs of MCPS students, including students with disabilities.
	Services for students in Infants and Toddlers provided by DHHS	Expenditures provided by the County Government for Infants and Toddlers in addition to dollars from the Federal MCPS grant.
SUPPORTING	Central administration time spent on Special Education issues.	Staff in central administration offices who address issues such as the overall DSE budget, financial reporting, staffing plan, human resources needs, and special education policy.
	Reading Initiative Teachers	An early literacy program designed to improve the reading performance of elementary students through reduced class size, and increased time for reading instruction.
	Special Education Content Specialists (Office of Staff Development)	The Office of Staff Development develops training programs for general education teachers and school resource personnel in techniques for teaching students with disabilities within the general education curriculum.
	Special Education Curriculum and Instruction (Office of Curriculum and Instruction)	Staff in the Office of Curriculum and Instruction is responsible for forming and training the "Fundamental Life Skills Curriculum" and also for providing Pre-K and ESOL special education curriculum.
PREVENTION	Primary Prevention and Early Interventions (EMT and CAP)	The Psychological Services Unit in the Office of Student and Community Services manages the Collaborative Action Process pre-intervention program.

Source: OLO

Table 18 on the next page lists a cost estimate for each item above along with the source/calculation of the estimate.

Although OLO identified 17 different items among the expenditure categories, OLO was unable to develop a cost estimate for each item. "Unknown" in the cost estimate column of the table refers to those items where a specific dollar estimate could not be made. See © 9 in the Appendix for the methodology of these estimates.

TABLE 18: OLO ESTIMATE OF SPECIAL EDUCATION COSTS - FY 04 (IN MILLIONS)

Expenditure Category	Item	Cost Estimate	Description of Estimate	Source
DIRECT	Department of Special Education (DSE) Budget	\$183.9	--	MCPS
	Employee Benefits for the DSE Staff	\$32.3	--	MCPS
	<ul style="list-style-type: none"> • Local FTEs • Federal FTEs 	\$5.7	Benefits for Federal Dollars spent on Special Education FTEs	OLO
	Transportation for Students with Disabilities	\$37.7	--	MCPS
	Special Education Psychologists	\$2.1	21.5 FTEs Actual Cost with Benefits	OLO
	Special Education Social Workers	\$0.7	8.5 FTEs Actual Cost with Benefits	OLO
	Special Education Computers (Office of Global Access Technology)	\$0.3	256 Computers Installed for Special Education	OLO
	Students with Disabilities in Alternative Programs ⁷	\$0.8	13.5% of Alternative Schools Program Budget	OLO
	Students with Disabilities in Head Start and Pre-K (separate from DSE Pre-K programs)	\$0.6	5.5% of Head Start/Pre-K Program Budget	OLO
	Mainstreaming Support Teachers	\$0.7	12.8 FTEs New Hire Cost with Benefits	OLO
	IEP Process Administration includes:			
	<ul style="list-style-type: none"> • Pupil Personnel Workers 	\$0.8	25% of 45 FTEs New Hire Cost with Benefits	OLO
	<ul style="list-style-type: none"> • Psychologists 	\$3.2	70% of 61 FTEs New Hire Cost with Benefits	OLO
	<ul style="list-style-type: none"> • Principals and Assistant Principals • Guidance Counselors 	Unknown Unknown	-- --	OLO OLO
	School Health Services for students with disabilities provided by DHHS.	\$2.0	--	DHHS
	Developmental Evaluation Services for Children	\$0.1	--	DHHS
Infants and Toddlers Services for students with disabilities provided by DHHS.	\$3.0	--	DHHS	
ESOL Bilingual Assessment Team	\$1.4	16.2 FTEs Actual Cost with Benefits	MCPS	
SUPPORTING	Central administration time spent on Special Education issues.	Unknown	--	OLO
	Reading Initiative Teachers	Unknown	--	OLO
	Special Education Content Specialists (Office of Staff Development)	\$0.1	2.0 FTEs New Hire Cost with Benefits	OLO
	Special Education Curriculum and Instruction (Office of Curriculum and Instruction)	\$0.5	4.8 FTEs Actual Cost with Benefits	OLO
PREVENTION	Primary Prevention and Early Interventions (EMT and CAP)	Unknown	--	OLO
Estimated Aggregate Cost of Special Education		\$275.8		

⁷ The cost of benefits for FTEs in Alternative Programs is not included in the cost estimate.

D. Special Education Program Costs per Student

Given the complex array of special education services and programs, OLO calculated an average cost per student by educational setting to gain a better understanding of the variation in programs costs. OLO recognizes that an average cost masks wide ranging differences among individual students; however, average costs can be useful for budgeting and forecasting purposes or for understanding cost trends.

OLO used FY 03 special education program expenditures and enrollment data to determine the average program costs for different educational settings.⁸ Table 19 on the following page provides information on the FY 03 per student cost of special education programs, as well as the weighted average per student cost for resource services programs, special classes programs, and infants and toddlers programs.

The data show that the average cost for each student in the Infants and Toddler Program is \$4,400, with a range between \$2,250 and \$26,000. The data for school aged programs show:

- Resource Services program costs range from \$1,500 to \$8,200 per student, with a weighted average cost around \$2,300 per student;
- Self-Contained Special Classes program costs ranged from \$8,000 to \$37,500 per student, with a weighted average cost around \$11,900 per student;
- Special Schools program costs ranged from \$23,700 to \$31,700 per student, with a weighted average cost around \$28,000 per student; and
- Non-public programs cost, on average, \$26,000 per student.⁹

These data show how much the cost of enrollment increases in special education can vary, depending on where the enrollment growth occurs. Generally, more restrictive educational settings cost more. For example:

- Adding a student to a self-contained classroom will cost, on average, five times more than the marginal cost of adding a student to a resource services program; or
- Adding a student to a special school will cost, on average, slightly more than twice as much as the cost of a student in a self-contained classroom.

Between FY 98 and FY 04, enrollment in self-contained classes grew three times as fast as the enrollment in resource services programs. If this trend continues, the \$9,600 cost *difference* between the marginal cost of a resource service student (\$2,300) and a student in a self-contained classroom (\$11,900) will have significant cost implications.

⁸ FY 03 is the latest year complete expenditure and enrollment data are available broken down by resource services and special classes.

⁹ Non-Public cost takes into account tuition reimbursement received from the State.

TABLE 19
FY 03 SPECIAL EDUCATION PROGRAM COSTS PER STUDENT*

Program	Disability Type	FY 03 Students	FY 03 Cost per Student	Weighted Avg. Cost for:
Resource Services				Resource Services: \$2,304
Physical Disabilities	Physical	2991	\$1,523	
Speech and Language Programs	Speech/Language	9577	\$1,534	
General Resource Services Program	Multiple Types	5581	\$3,604	
Visual Impairments	Visual	245	\$5,009	
Deaf and Hard of Hearing	Deaf/Hearing	304	\$8,202	
Special Classes: Self-Contained				Self-Contained: \$11,870
LAD Cluster Model Program	Learning Disabilities	3970	\$7,954	
Speech and Language Program	Speech/Language	313	\$8,459	
Learning for Independence	Mental Retardation	525	\$9,648	
Secondary Learning Centers	Learning Disabilities	539	\$12,704	
Elementary Learning Center	Learning Disabilities	343	\$14,061	
Emotional Disabilities Clusters	Emotional Disabilities	424	\$17,611	
School/Community Based Programs	Mental Retardation	362	\$18,248	
Preschool Education Program	Multiple Types	436	\$21,848	
Autism	Autism Spectrum	134	\$29,003	
Bridge Program	Emotional	79	\$33,314	
Deaf and Hard of Hearing	Deaf/Hearing	84	\$34,410	
Visual Impairments	Visual	13	\$34,475	
Physical Disabilities	Physical	51	\$37,515	
Special Classes: Special Schools				Special Schools: \$27,961
Carl Sandburg Center	Learning Disabilities	93	\$23,732	
Rock Terrace	Mental Retardation	100	\$25,174	
Longview/Stephen Knolls	Mental Retardation	98	\$28,289	
RICA	Emotional Disabilities	142	\$29,011	
Mark Twain	Emotional Disabilities	129	\$31,764	
Special Classes: Non-Public				Non-Public: \$26,047
Non-Public Schools Tuition	Multiple Types	693	\$26,047	
Infants and Toddlers Early Intervention Services				Infants and Toddlers: \$4,418
Low Level Services	Developmental Delay	2485	\$2,250	
Mid Level Services			\$3,303	
High Level Services			\$4,355	
Intense Level Services			\$5,409	
Very Intense Level Services			\$26,084	

*FY 03 MCPS program costs from MCPS' FY 2004 Selected Program Budgets and Budget Staffing Guidelines.
Source: MCPS, DHHS and OLO.

CHAPTER VI: FINDINGS

Federal and state laws and regulations govern the provision of special education services by local educational agencies. In FY 04, Montgomery County provides special education services to 2,957 students ages birth through 2 and 17,379 students ages 3 through 21. To serve these children, Montgomery County Public Schools, along with the County Government's Department of Health and Human Services, has developed an array of special education services and programs across a range of educational settings.

This chapter presents OLO's findings from its analysis of MCPS special education services and spending. The findings are divided into the following categories:

- Laws and Mandates;
- Enrollment and Demographics;
- Special Education Programs and Practices in Montgomery County; and
- Special Education Spending.

LAWS AND MANDATES

Finding #1. Special education laws mandate a free, appropriate, and individualized public education for each school-age child with disabilities that adversely impact his/her ability to learn.

In 1975, Congress passed the Education for All Handicapped Children Act, culminating the movement to affirm the rights of children with disabilities to a public education. This law, subsequently re-titled the Individuals with Disabilities Education Act (IDEA), establishes broad federal mandates for the delivery of special education and other related services to children with disabilities.

Other federal legislation, such as civil rights laws and the No Child Left Behind Act (NCLB), also impact special education service delivery and spending. Federal and state regulations under IDEA, NCLB, and civil rights laws provide definitions and requirements for:

- A free and appropriate public education (FAPE);
- Identification and referral of students with disabilities;
- Assessment for eligibility for special education services;
- Individualized Education Programs (IEPs) for each student;
- Least restrictive environment for educational settings;
- Procedural safeguards and due process requirements; and
- Oversight and accountability.

Finding #2. IDEA establishes two systems to govern the delivery of special education services to children with disabilities. IDEA Part B governs services for children between the ages of 3 and 21; IDEA Part C governs services for children from birth through age 2.

IDEA creates two systems for the delivery of special education services:

- IDEA Part B governs services for children between the ages of 3 and 21.
- IDEA Part C governs services for children from birth through age 2,

In Montgomery County, MCPS and DHHS share responsibility for the administration and delivery of special education services. MCPS delivers services under Part B, and both MCPS and DHHS deliver services under Part C. MCPS administers Part B and DHHS administers Part C.

IDEA Parts B and C both mandate services for students with disabilities; however, they differ significantly in many key aspects. Exhibit 3 highlights some of the major differences between the Part B and Part C legal requirements.

**EXHIBIT 3
DIFFERENCES BETWEEN IDEA PARTS B AND PART C**

PART B – Pre-School & K-12	PART C – Infants and Toddlers
Child Orientation Services concentrate primarily on the education of the child.	Family Orientation Services concentrate on helping the family cope and assist in the development of a child with a disability.
Educational Focus Concentrates on the disability as it relates to education.	Developmental Focus Concentrates on the disability as it relates to a child's developmental needs.
Educational Eligibility Disability must impact child's ability to learn or function in a classroom setting. Child must have a disability code.	Developmental Eligibility 25% delay in development or a diagnosed condition with a high probability of delay.
Special Education/Related Services Special instruction Related services: PT, OT, Speech, etc.	Early Intervention/Linkage Services Direct services: Phy. Therapy, Speech, etc. Linkage services: Medicaid, SSI, etc.
Least Restrictive Environment Services provided in any school setting ranging from regular education classrooms to residential centers.	Natural Environment Services provided in the home and/or daycare, places where typically developing children ages birth - 2 are normally found.
Individualized Education Program (IEP) IEP concentrates on educational goals of the child.	Individualized Family Service Plan (IFSP) IFSP concentrates on the family and developmental outcomes for children.
School Year/Extended School Year (ESY) Children must meet certain criteria to qualify for ESY services.	Year-Round Services All services provided year-round.

Source: MCPS Department of Special Education, *Parent Resource Guide*, Spring 2003.

Finding #3. Federal and state laws provide some funds to assist school districts pay for special education and related services to children with disabilities. The sources of funds include formula grants, entitlement grants, and Medicaid reimbursement.

IDEA authorizes three formula grants to assist states fund a free and appropriate public education to children with disabilities. IDEA also establishes project grant funds, which address many different purposes. All of the project grant funds are awarded through a competitive process. In addition, several other competitive grant programs exist at the federal and state level that provide funding related to special education.

To supplement these funds, in 1988, Congress adopted the Medicare Catastrophic Coverage Act which requires Medicaid to reimburse school districts for medically-related IDEA services for Medicaid-eligible students with disabilities. School-based health services that qualify for Medicaid reimbursement include physical, occupational, and speech therapy as well as diagnostic, preventive, rehabilitative, nursing, and transportation services. School districts submit claims to their State Medicaid agency and are reimbursed at rates set by the State.

ENROLLMENT AND DEMOGRAPHICS

Finding #4. In FY 04, nearly 3,000 children and families receive services from the Department of Health and Human Services and MCPS through the Infants and Toddlers program. Over the past ten years, Infants and Toddlers enrollment increased at an average rate of 11% per year.

Ten years ago, MCPS and the Department of Health and Human Services (DHHS) provided early intervention services to 1,200 children and their families. Five years ago, the program served 1,615 children and families. In FY 04, the program serves 2,957 children and families.

Total enrollment increased 144% over the last ten years and 83% over the last five years. The average annual enrollment increase between FY 95 and FY 04 has been 11%, making this the County's fastest growing special education area. According to MCPS and DHHS, some of the factors responsible for this growth in enrollment are:

- **Public Engagement About Early Intervention** – Public information efforts on the importance and benefits of early intervention services have increased both locally and across the nation. Specific examples in Montgomery County include the Resource ChildLink program and outreach to the medical community.
- **Increased Population and Live Births** – Montgomery County's population and the number of live births both increased a total of 7% between 1998 and 2002.
- **Pre-Mature and Multiple Births** – Staff report that the numbers of pre-mature births and multiple births are increasing, resulting in increased program referrals.

Finding #5. As of November 1, 2003, 17,379 students between the ages of 3 and 21 receive special education services from MCPS, representing 12.4% of the total MCPS student population. Over the past 10 years, MCPS' special education enrollment increased at an average rate of 4% per year. Over the same period, general education enrollment increased at an average rate of 2% per year.

In FY 04, 17,379 MCPS students between the ages of 3-21 receive special education services as of November 1, 2003. The percent of students receiving special education services within the MCPS enrollment increased from 10.4% in FY 95 to 12.4% in FY 95, and after decreasing slightly is back up to 12.4% in FY 04.

Over the past ten years (FY 95 to FY 04), MCPS' special education enrollment increased 43%, from 12,151 students to 17,379 students. The MCPS general education enrollment increased 17% over the same ten year period, from 104,931 to 122,420 students. MCPS special education enrollment increased at an average annual rate of 4% since FY 95 compared to a 2% increase for general education enrollment.

Nearly 75% of the growth in students receiving special education services over the past ten years occurred between FY 95 and FY 99. Between FY 00 and FY 04, both special education and general education enrollments increased by 7% or an average annual rate of approximately 2%.

Finding #6. The demographic characteristics of MCPS special education school-aged students differ from those of the MCPS student body as a whole.

In FY 04, MCPS school-aged students with disabilities differ from all MCPS students in certain demographic characteristics. The data show:

- Students who receive special education services are more likely to be male (68% to 51%) and less likely to be female (32% to 49%) than students in general education; and
- The percentage of students in special education who receive FARMS (30%) is higher than the percentage of all MCPS students who receive FARMS (23%).

Finding #7. IDEA requires a local school district to classify each student who receives special education in one of 13 disability categories. In FY 04, nearly 70% of the MCPS students who receive special education services fall into the Learning Disability or Speech/Language Impairment classifications.

Under IDEA, each student receiving special education services must be classified in one of the 13 federally-defined disability classifications.¹ The FY 04 MCPS disability classification data show:

- MCPS classified nearly 70% of students who receive special education and related services as Learning Disability (35%) or Speech/Language Impairment (33%).
- The other disability classifications containing at least 3% of students receiving special education services are Other Health Impairment (9%), Emotional Disturbance (7%), Multiple Disabilities (5%), Autism (4%), Mental Retardation (3%), and Developmental Delay (3%).

Finding #8. Changes in disability classifications over time reflect advances in medical technology, the creation of new classifications, changes in classification practices, and increased prevalence of a disability.

Changes in disability classifications over time reflect several factors such as changes in classification practices, medical technology, classification categories, and increased prevalence of a disability. Some of the factors that influence changes in particular disability classifications at MCPS are highlighted below:

- Increased identification and provision of services to children with attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD), who are generally coded under the Other Health Impairment classification;
- An expanded definition of the Autism classification to include Autism Spectrum Disorders, such as pervasive developmental delay and Asperger's syndrome;
- A greater awareness of autism among parents and diagnosing professionals; and
- The increase in Infants and Toddlers enrollment, described in Finding #4, since the majority of infants and toddlers are classified under Developmental Delay.

¹ See © 2 in the Appendix for a description of the 13 federally-defined disability classifications. A student may be classified as having more than one disability (other than those that are classified as Multiple Disabilities), but one disability must be selected as the primary disability.

Finding #9. MCPS disability classification data since FY 95 shows that Autism, Developmental Delay, and Other Health Impairment classifications have seen the highest increases over the past 10 years.

Data show that Autism, Other Health Impairments and Developmental Delay are the fastest growing disability classifications at MCPS over the past five to ten years. Specifically:

- Students in the Autism classification increased by over 1700% between FY 95 and FY 04, with an average annual increase of 43%;
- Students in the Other Health Impairments classification increased by 600% between FY 95 and FY 04, with an average annual increase of 24%; and
- Students in the Developmental Delay classification increased 362% between FY 00 and FY 04, with an average annual increase of 56%. Developmental Delay did not become a federal disability classification until 1999.

Finding #10. Disproportionate representation of minority students in special education is a national issue.

Since the enactment of IDEA, children in some racial or ethnic groups have been identified for special education services in disproportionately large numbers. According to a report by the National Research Council (NRC), identification rates continue to show striking differences in 2002.

The NRC also reports that “the higher representation of minority students occurs in the high-incidence categories of mild Mental Retardation, Emotional Disturbance, and to a lesser extent Learning Disabilities, categories in which the problem is often identified first in the school context and the disability diagnosis is typically given without confirmation of an organic cause.”²

Patterns of overrepresentation or underrepresentation among minority students raise questions about whether the processes used to identify and enroll students with disabilities are working appropriately. National data show African American and Native American students are significantly more likely than White students to be identified as having a disability.

² National Research Council, *Minority Students in Special and Gifted Education*, 2002, p.1

Finding #11. In December 2003, the U.S. Department of Education, Office of Civil Rights released MCPS from a voluntary consent agreement to examine disproportionate representation.

In 1996, MCPS entered into a voluntary partnership agreement with the U.S. Department of Education's Office of Civil Rights (OCR) to address the issue of disproportionate African American representation in special education programs. Specifically, OCR identified the classifications of Learning Disability, Mental Retardation, and Serious Emotional Disturbance for review to ensure that identification of African American students in these categories was based on educational need. MCPS and OCR jointly renewed the voluntary partnership agreement in 2000.

After signing the agreement in 1996, MCPS implemented several initiatives to reduce and/or eliminate potential inappropriate identification of students with disabilities. These initiatives included staff training and development, early intervention programs for low-performing students, and the development of procedural guidelines identifying children in the high incidence categories of Emotional Disturbance and Mental Retardation (see Chapter III, pages 22-23 for a description of the initiatives).

On December 2, 2003, OCR formally released MCPS from the partnership agreement (see the appendix for a copy of the letter). In its release letter, OCR states that they find "the District has complied with the terms of its agreement. Therefore, we are closing our monitoring effective the date of this letter."

Finding #12. MCPS FY 04 special education race/ethnicity data show disproportionate representation of African American students and underrepresentation of Asian students.

MCPS FY 04 special education race/ethnicity compared to overall MCPS race/ethnicity data show:

- African American students are disproportionately represented in special education by nearly 5%, and have been consistently overrepresented since FY 00. African American overrepresentation has decreased 1% since FY 00;
- Asian students are underrepresented in special education by 8%, and have been consistently underrepresented since FY 00; and
- White and Hispanic students are slightly overrepresented in special education, and have been so since FY 00.

Additionally, in FY 04 African American students with disabilities are disproportionately represented within the Emotional Disturbance and Learning Disability classifications, and the "mild" tier of the Mental Retardation classification. When compared with FY 98 data

(near the beginning of the MCPS partnership agreement with OCR), the rates of African American overrepresentation has:

- Decreased for Emotional Disturbance by 4.2%;
- Decreased for Mild Mental Retardation by 1.4%; and
- Decreased for Learning Disability by 0.3%.

Finding #13: MCPS reports that preliminary data from the Collaborative Action Process program indicate it may be a promising strategy for limiting disproportionate representation.

MCPS developed the CAP as a problem solving early intervention model to limit or prevent unnecessary referrals for special education services. The CAP model focuses on helping schools strategically analyze resources and link these resources with student needs. Teams of teachers meet jointly to problem solve and share instructional strategies regularly. MCPS has implemented CAP in 26 schools to date.

MCPS reports that, as a result of the CAP model, “special education referrals have occurred less frequently, thus limiting disproportionality. On average, grade level teams are successfully resolving 50 percent of the referred instructional or behavioral cases, without referral to building level teams. Building level teams report that after review and input the majority of the remaining cases are returned to the grade level team and resolved.”³ Additionally, within CAP schools special education referrals decreased 35% and special education placement decreased 59% compared to the previous year.

SPECIAL EDUCATION PROGRAMS AND SERVICES IN MONTGOMERY COUNTY

Finding #14. MCPS' Department of Special Education administers the delivery of special education programs and related services.

In FY 04, professional and supporting services staff (2,870 FTEs) in MCPS' Department of Special Education (DSE) deliver special education programs and services. The delivery of these programs and related services occurs in general education classrooms, self-contained special classrooms, and special schools.

- The DSE professional staff (1,709 FTEs) includes special education teachers for special classes and resource rooms, elementary and secondary program specialists, instructional specialists, speech and hearing and vision teachers, physical and occupational therapists, and media specialists.
- The DSE supporting services staff (1,132 FTEs) includes special educational instructional assistants (SEIAs), media assistants, school secretaries, office assistants, financial assistants, and administrative secretaries.
- DSE programs also include 30 FTEs of psychologists and social workers.

³ MCPS, 2003. *Update on the Special Education Classical Program Review.*

Finding #15. To serve students with varying levels of disabilities and needs, MCPS provides a continuum of special education programs and related services.

As reported in Chapter II, federal and state regulations require local school systems to provide a “continuum of services” so that each student receives an appropriate education in his/her “least restrictive environment.” Over the years, an extensive array programs has evolved to meet student needs. The programs and services available in Montgomery County include:

Infants and Toddlers Services. The County Government’s Department of Health and Human Services (DHHS) administers Montgomery County’s Infants and Toddlers Program, working closely with MCPS. The program provides services to children with developmental delays from birth through age two using in the natural environment (e.g. home, child care, and other community settings). Staff provide special instruction, auditory and vision instruction, physical and occupational therapy, and speech and language development.

Programs and Related Services at MCPS Facilities for School-Aged Children. MCPS offers programs through resource services, self-contained special classes, and special schools for students within all 13 disability classifications. Exhibit 2, beginning on page 31, lists the spectrum of special education programs and related services for students ages 3 – 21 provided in MCPS classrooms and special schools.

Programs and Related Services Provided through Non-Public Placements. Students may be placed in a non-public program if MCPS’ public programs cannot provide the needed services called for by a student’s Individualized Education Program (IEP). Non-public placements cover a broad range of program types and disability needs. The most common classifications within non-public placement are Emotional Disturbance, Autism, and Multiple Disabilities.

Finding #16. MCPS offers special education programs and services that vary in intensity to meet the needs of each individual student. Enrollment in higher intensity programs and services is increasing at a higher rate than lower intensity programs and services.

Determining the appropriate level of instructional support and related services for each student is an important component of the Individualized Education Program (IEP) process. MCPS uses two terms, resource program services or special classes, to describe the special education services a child receives. Within each category, a student can be served in different types of educational settings.

- **Resource Program Services.** A student who needs less intensive support can receive up to 15 hours per week of resource services. MCPS delivers resource

services in a general education classroom or a pull-out resource room for part of the school day. A student may receive services from more than one resource program, depending on his/her individual needs.

- **Special Classes.** Students who need more intensive services and receive 15 or more hours a week of special education services are placed in special classes. MCPS serves students in the special classes category in one of four educational settings: a general education classroom as part of an inclusive services model; a self-contained classroom on a regular education campus; an MCPS special day school for students with disabilities; or a non-public day or residential school for students with disabilities.⁴

In FY 04, 49% of MCPS students with disabilities receive resource services and 51% receive instruction and services in special classes. Between FY 98 and FY 04:

- Students in resource services increased by 6%, with an average annual increase of 1%;
- Students in self-contained classrooms increased by 29%, with an average annual increase of 4%;
- Students in special schools decreased by 1%; and
- Students in non-public placements increased by 7%, with an average annual increase of 1%.

Finding #17. In addition to the programs and staff within the Department of Special Education, other MCPS programs and services support students with disabilities.

The MCPS philosophy of special education strives to maximize the delivery of special education services within the MCPS framework for general education. Several other MCPS programs and initiatives operating within the general education structure support the provision of special education services. One of the other programs is administered by DHHS but delivered in MCPS facilities.

For analytical purposes, OLO has divided the other programs and services into three categories (see Chapter IV, page 36 for a more detailed description of the programs and services listed below):

Direct Services – Programs and services required to be provided to students with disabilities under IDEA or a child's Individualized Education Program (IEP). These programs and services include:

- Special education management responsibilities carried out by staff (principals, assistant principals, general education teachers) in general education schools;

⁴ Some students with disabilities may also be served at one of MCPS' alternative schools or programs; see page 38 for more information.

- Middle school mainstreaming support teachers;
- IEP responsibilities carried out by staff (pupil personnel workers, psychologists, guidance counselors) within the Department of Student Services;
- Teachers at alternative schools serving students with IEPs;
- Special education computers received, purchased, and installed by the Office of Global Access Technology;
- Head Start and County Pre-K programs;
- The ESOL office that assesses students for special education services;
- Developmental Evaluation Services for Children (DESC); and
- DHHS School Health Services that are delivered in MCPS facilities.

Supporting Services – Programs and services provided to a school-wide population, including students with disabilities. These programs include:

- Special education training provided by the Office of Staff Development;
- Instructional specialists and teachers in the Department of Curriculum and Instruction that develop special education curricula; and
- Early Childhood Initiatives developed by the Department of Instructional Programs.

Prevention Services – Programs designed to enhance the general education environment and prevent inappropriate placement in special education. These programs include:

- Pre-Referral Intervention programs run by the Department of Student Services.

SPECIAL EDUCATION SPENDING

Finding #18. In FY 04, MCPS' Category 6 (the State mandated expenditure category for special education) appropriation for special education is \$184 million. The County funds 75% of the FY 04 Category 6 appropriation.

State financial reporting regulations require local school systems to record and report direct expenditures for special education programs and services in Category 6. This Category funds all the programs and staff (2,875 FTEs in FY 04) within the Department of Special Education. Between FY 00 and FY 04, Category 6 expenditures increased 37% (\$55 million). During the same period, overall special education enrollment increased 7%.⁵

Local funds comprise the majority of Category 6 expenditures, 75% in FY 04. Federal funds contribute 12%, and State funds contribute 13%.

⁵ Between FY 00 and FY 04, the overall MCPS budget increased 36% and overall MCPS enrollment increased 7%.

Finding #19. OLO estimates the aggregate FY 04 spending on special education services in Montgomery County is \$275.8 million.

OLO's review of special education programs and services described in Chapter IV identified special education costs in other MCPS offices and County departments in addition to the costs in Category 6.

OLO followed a three-step process to estimate total special education program costs. First, OLO established expenditure categories to capture the costs of special education programs, services, and related activities. Next, OLO assigned items to each expenditure category. Finally, OLO calculated estimates for the items in each expenditure category, based on data and assumptions provided by MCPS. See © 9 in the appendix for a detailed methodology of the estimates.

The FY 04 estimated total spending on special education services includes:

- \$183.9 million in MCPS Category 6 funds;
- \$75.7 million in MCPS Categories 9 and 12 for transportation of students with disabilities and employee benefits for Department of Special Education staff;
- \$11.1 million in MCPS Categories 1, 2, 3, and 7 for salaries and benefits of non-Department of Special Education staff that provide special education services and training; and
- \$5.1 million in Department of Health and Human Services funds.

The estimated FY 04 amount does not reflect all special education costs. OLO also identified other direct, supporting, and prevention programs and services that support special education where specific costs could not be determined. For example, MCPS guidance counselors routinely participate in the implementation of Individualized Education Programs (IEP) and are often assigned specific IEP tasks. Due to variance among schools, MCPS staff were reluctant to provide an estimate of the percent of time (and associated cost) each guidance counselor spends serving students with disabilities.

Finding #20. The costs of special education programs vary by type of program and setting. On average, programs in more restrictive educational settings cost more.

Given the complex array of special education services and programs, OLO calculated an average cost per student by educational setting to gain a better understanding of the variation in programs costs. OLO recognizes that an average cost masks wide ranging differences among individual students; however, average costs can be useful for budgeting and forecasting purposes or for understanding cost trends.

OLO used FY 03 special education program expenditures and enrollment data to determine the average program costs for different educational settings.⁶ The data show that the average cost for each student in the Infants and Toddler Program is \$4,400, with a range between \$2,250 and \$26,000. The data for school aged programs show:

- Resource Services program costs range from \$1,500 to \$8,200 per student, with a weighted average cost around \$2,300 per student;
- Self-Contained Special Classes program costs ranged from \$8,000 to \$37,500 per student, with a weighted average cost around \$11,900 per student;
- Special Schools program costs ranged from \$23,700 to \$31,700 per student, with a weighted average cost around \$28,000 per student; and
- Non-public programs cost, on average, \$26,000 per student.

These data show how much the cost of enrollment increases in special education can vary, depending on where the enrollment growth occurs. Generally, more restrictive educational settings cost more. For example:

- Adding a student to a self-contained classroom will cost, on average, five times more than the marginal cost of adding a student to a resource services program; or
- Adding a student to a special school will cost, on average, slightly more than twice as much as the cost of a student in a self-contained classroom.

Between FY 98 and FY 04, enrollment in self-contained classes grew three times as fast as the enrollment in resource services programs. If this trend continues, the \$9,600 cost *difference* between the marginal cost of a resource service student (\$2,300) and a student in a self-contained classroom (\$11,900) will have significant cost implications.

⁶ FY 03 is the latest year complete expenditure and enrollment data are available broken down by resource services and special classes.

CHAPTER VII: SCOPE OF OLO PART II WORK

One of the purposes of reviewing MCPS special education spending was to identify follow-up budget issues that merit further study. Some of these issues are most efficiently addressed by MCPS and others through OLO's previously scheduled Part II follow-up to this report. Further analysis and information on these issues should assist the Council during its FY 05 budget deliberations. OLO recommends the first three as potential OLO follow-up tasks, and the last one as a potential MCPS follow-up task.

FOLLOW-UP TASKS

During its analysis of MCPS' FY 04 budget, OLO learned that several areas not traditionally labeled as special education spending support students receiving special education services. OLO developed an in-depth breakdown of those costs in FY 04 to determine a more accurate total cost of special education services.

As the first component of the Part II follow-up study, OLO recommends that we conduct a similar analysis on MCPS' FY 05 budget request. This will provide the Council with a better understanding of special education expenses during its FY 05 budget discussions. In addition, OLO recommends that the Council select one of the following three fiscal tasks to be the second component of OLO's Part II follow-up study:

Task A. Conduct a cost analysis of MCPS' recent efforts to internally provide programs traditionally provided in non-public settings.

MCPS developed five internal programs over the past few years to serve students previously referred to non-public placements. These programs focus on students within the Autism, Emotional Disturbance, Multiple Disabilities, and Mental Retardation classifications. These programs, which tend to be for low-incidence, high intensity disabilities, are:

- Collaborative Autism Preschool Program;
- Services for High Functioning Asperger's Syndrome;
- Crossroads Program for students with moderate to severe cognitive and emotional/behavioral disabilities;
- Longview Extensions for students with autism spectrum disorder or mental retardation and emotional/behavioral disabilities; and
- Community and Career Connection transition services for 18 year old students with mental retardation or autism spectrum disorders.

A cost analysis for this issue would select one of the special education programs, calculate the program's development and annual operating costs, and compare these costs to an assessment of future non-public placement costs.

OR

Task B. Conduct an analysis of potential long-term cost savings of the Collaborative Action Process (CAP) early intervention program. The analysis should include estimated costs for systemwide expansion of CAP.

MCPS currently implements the Collaborative Action Process (CAP) early intervention program in 26 schools. CAP utilizes a school-based problem solving approach to design interventions for students exhibiting learning difficulties and/or problem behavior. One of CAP's goals is to prevent inappropriate referrals for special education assessments.

Preliminary data indicate that CAP's approach may be successful. MCPS reports that in FY 03, approximately 50% of student instructional and behavioral concerns were resolved successfully at the grade-level. Additionally, within CAP schools special education referrals decreased 35% and special education placement decreased 59% compared to the previous year.

CAP has several potential benefits. By reducing unnecessary special education placements, CAP helps students because they are served in a more appropriate and effective manner. Because it costs less to educate a student who is kept in a general education setting, CAP also saves money.

An OLO analysis of this issue would determine the cost of implementing and operating the program systemwide and identify the potential long-term cost savings.

OR

Task C. Examine the cost of inclusion by comparing the program costs for the Elementary Home School Inclusive Services Model to a comparable program in school without this model. This analysis should also address the future fiscal implications of increasing inclusion opportunities.

Inclusion is an often-used term that refers to providing special education services in a general education setting because that is the least restrictive environment. Although neither federal or state regulations have an inclusion mandate, other than stating that each child must be placed in the least restrictive environment for that specific child, the Maryland State Department of Education (MSDE) has developed inclusion "goals" for local education agencies. The State's target, as reported in MSDE's *Maryland State Improvement Grant Performance Report, SY 2001-2002*, is for 80% of students with disabilities to receive special education services in a general education setting at least 40% of the time.

The Bethesda-Chevy Chase, Northwest, and Sherwood school clusters have both implemented the Elementary Home School Inclusive Services Model for special education. This program serves students with disabilities in general classrooms in their home schools, providing more opportunities for inclusion. Support for students in this

model, including instructional, curricular, and behavioral interventions, is viewed as a school-wide responsibility. Collaboration among parents, general educators, special educators, and other school personnel occurs on an ongoing basis.

A cost analysis of this issue would compare the program costs in one of these clusters to the program costs for a Learning and Academic Disability elementary school program in another cluster operating under a more traditional service delivery model. The results would provide insight into potential future costs associated with increasing inclusion opportunities in MCPS.

MCPS FOLLOW-UP TASK

Task D. The Council should request an MCPS update about plans for receiving transportation reimbursement through the medical assistance program.

In 1988, Congress passed legislation allowing school systems to receive federal reimbursement for medically-related IDEA services for Medicaid-eligible students with disabilities. MCPS has excelled in obtaining non-County revenue through the Medical Assistance Program. In FY 04, MCPS expects to receive \$4.2 million dollars in reimbursement which funds 113 FTEs for special education. MCPS has increased its Medical Assistance revenue by \$2.9 million since FY 2000, a 216% increase.

One untapped resource for MCPS within the Medical Assistance reimbursement program is allowable reimbursement for transportation expenses. Federal and State regulations allow school districts to receive reimbursement for transportation services provided to Medicaid-eligible students with disabilities for the specific day's a student receives medically-related IDEA services.

MCPS staff report that they have been unable to request reimbursement for transportation expenses in the past due to: 1) the lack of a database to track which students ride which bus routes; and 2) the lack of a mechanism (i.e. driver's log, etc.) to confirm a student actually rode the bus on a given day. MCPS reports they are close to resolving these two issues.

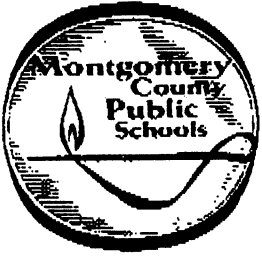
The Council should request an MCPS update regarding this issue. Specifically, the Council should ask MCPS to specify when they will be ready to request reimbursement for transportation services and how much they expect to receive.

CHAPTER VIII: AGENCY COMMENTS

The Office of Legislative Oversight circulated a final draft of this report to Montgomery County Public Schools and the Department of Health and Human Services. The final report incorporates all of the technical corrections provided by the agencies.

Written comments from the Superintendent are included in their entirety beginning on the following page.

OLO greatly appreciates the time taken by everyone who reviewed the draft report and looks forward to discussing the issues raised in this study.



850 Hungerford Drive • Rockville, Maryland • 20850-1747

Telephone (301)

279-3381

January 28, 2004

Ms. Sue Richards, Program Evaluator
Office of Legislative Oversight
100 Maryland Avenue
Rockville, Maryland 20850

COPY

Dear Ms. Richards:

I have reviewed a draft of the Office of Legislative Oversight (OLO) report that provides an analysis of the Montgomery County Public Schools (MCPS) spending on special education services. Feedback and comments from MCPS about the draft report have been provided to OLO. I would like to thank the OLO staff for their cooperation and detailed analysis, and look forward to the release of the report by the County Council on Tuesday, February 3, 2004.

We will provide the County Council with an update about plans for receiving transportation reimbursement through the medical assistance program. MCPS also supports the recommendation that the first component of the Phase II study includes a similar analysis of the FY 2005 budget request.

If you need additional information regarding MCPS spending on special education services, please contact Mr. Brian J. Bartels, director, Department of Special Education, at 301-279-3135 or Dr. Marshall Spatz, director, Department of Management, Budget, and Planning, at 301-279-3547.

Respectfully,

A handwritten signature in black ink, appearing to read "J. Weast".

Jerry D. Weast, Ed.D.
Superintendent of Schools

JDW:vnb

Copy to:

Mr. Bowers
Dr. Lacey
Dr. Thornton
Dr. Wright
Dr. Spatz
Mr. Bartels

**AN ANALYSIS OF MONTGOMERY COUNTY PUBLIC SCHOOLS’
SPECIAL EDUCATION SPENDING: PART ONE**

OLO REPORT 2004-4

APPENDIX

Description	Circle Number
Definitions of the 13 Federal Disability Classifications	© 2
Annual Enrollment and Growth for the 13 Federal Disability Classifications since FY 95	© 3
Letter from the United States Department of Education’s Office of Civil Rights formally releasing MCPS from the 1996 partnership agreement	© 4
New MCPS Department of Special Education Organizational Chart, September 2003	© 8
Methodology for the additional costs to Special Education FY 04	© 9
County’s special education program delivery model and map of MCPS’ cluster and quad cluster service areas	©13

DISABILITY DEFINITIONS

The Individuals with Disabilities Education Act (IDEA), Public Law 101-476, lists 13 separate categories of disabilities under which children may be eligible for special education and related services. These are:

- *autism*: a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3;
- *deafness*: a hearing impairment that is so severe that the child is impaired in processing linguistic information, with or without amplification;
- *deaf-blindness*: simultaneous hearing and visual impairments;
- *hearing impairment*: an impairment in hearing, whether permanent or fluctuating;
- *mental retardation*: significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior;
- *multiple disabilities*: the manifestation of two or more disabilities (such as mental retardation-blindness), the combination of which requires special accommodation for maximal learning;
- *orthopedic impairment*: physical disabilities, including congenital impairments, impairments caused by disease, and impairments from other causes;
- *other health impairment*: having limited strength, vitality, or alertness due to chronic or acute health problems;
- *serious emotional disturbance*: a disability where a child of typical intelligence has difficulty, over time and to a marked degree, building satisfactory interpersonal relationships; responds inappropriately behaviorally or emotionally under normal circumstances; demonstrates a pervasive mood of unhappiness; or has a tendency to develop physical symptoms or fears;
- *specific learning disability*: a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations;
- *speech or language impairment*: a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment;
- *traumatic brain injury*: an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both;
- *visual impairment*: a visual difficulty (including blindness) that, even with correction, adversely affects a child's educational performance.

MCPS SPECIAL EDUCATION ENROLLMENT BY DISABILITY, AGES 3-21

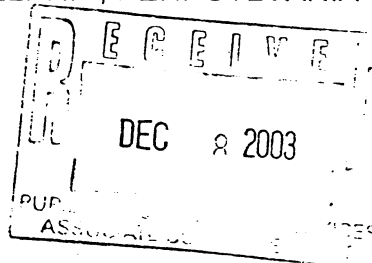
Disability	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03	FY 04
Specific Learning Disabilities	4760	4768	4931	5169	5534	5828	5850	6032	6172	6073
% Growth	--	0.2%	3.4%	4.8%	7.1%	5.3%	0.4%	3.1%	2.3%	-1.6%
Speech or Language Impairment	3984	4610	5062	5449	5678	5571	5415	5257	5486	5671
% Growth	--	15.7%	9.8%	7.7%	4.2%	-1.9%	-2.8%	-2.9%	4.4%	3.4%
Other Health Impairments	220	279	331	400	471	627	784	997	1289	1538
% Growth	--	26.8%	18.6%	20.9%	17.8%	33.1%	25.0%	27.2%	29.3%	19.3%
Emotional Disturbance	1029	1178	1157	1199	1143	1121	1202	1155	1122	1140
% Growth	--	14.5%	-1.8%	3.6%	-4.7%	-1.9%	7.2%	-3.9%	-2.9%	1.6%
Multiple Disabilities	1417	1759	2050	2179	2332	2191	1892	1484	1118	810
% Growth	--	24.1%	16.5%	6.3%	7.0%	-6.1%	-13.7%	-21.6%	-24.7%	-27.6%
Autism	37	74	65	65	82	128	266	409	535	686
% Growth	--	100.0%	-12.2%	0.0%	26.2%	56.1%	107.8%	53.8%	30.8%	28.2%
Mental Retardation	386	383	333	293	278	306	323	401	500	559
% Growth	--	-0.8%	-13.1%	-12.0%	-5.1%	10.1%	5.6%	24.2%	24.7%	11.8%
Developmental Delay	--	--	--	--	20	98	255	326	374	453
% Growth	--	--	--	--	390.0%	160.2%	27.8%	14.7%	21.1%	
Hearing Impairments	224	237	215	199	202	204	213	246	241	253
% Growth	--	5.8%	-9.3%	-7.4%	1.2%	1.0%	4.4%	15.5%	-2.0%	5.0%
Orthopedic Impairments	75	67	69	64	59	56	54	58	63	87
% Growth	--	-10.7%	3.0%	-7.3%	-7.8%	-5.1%	-3.6%	7.4%	8.6%	38.1%
Visual Impairments	0	65	66	66	63	62	67	65	68	67
% Growth	--	--	1.5%	0.0%	-4.6%	-1.6%	8.1%	-3.0%	4.6%	-1.5%
Traumatic Brain Injury	18	21	34	24	28	32	36	39	43	40
% Growth	--	16.7%	61.9%	-29.4%	16.7%	14.3%	12.5%	8.3%	10.3%	-7.0%
Deaf-Blindness	1	1	4	4	1	2	2	2	2	2
% Growth	--	300.0%	0.0%	-75.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	12151	13442	14317	15111	15891	16226	16359	16471	17013	17379
% Growth	--	10.6%	6.5%	5.6%	5.2%	2.1%	0.8%	0.7%	3.3%	2.2%



U.S. DEPARTMENT OF EDUCATION

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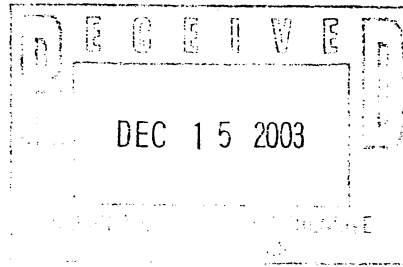


WENDELLA P. FOX
DIRECTOR
PHILADELPHIA OFFICE
EASTERN DIVISION

IN RESPONSE, PLEASE REFER TO: 03965004

December 2, 2003

Dr. Jerry D. Weast
Superintendent of Schools
Montgomery County Public Schools
850 Hungerford Drive
Rockville, Maryland 20850



Dear Dr. Weast:

This is in response to the reports provided by the Montgomery County School District by letters to us dated July 31 and September 24, 2003. The information was provided pursuant to the District's agreement concerning the issue of minority students in special education. We have reviewed this data and data from prior reports and find that the District has complied with the terms of its agreement. Therefore, we are closing our monitoring effective the date of this letter.

Mark Twain School

The District had agreed to examine the pattern of students' referred from individual schools to the Mark Twain School, a separate school for students classified as emotionally disturbed (ED), where African American students are enrolled at a high rate. In response, the District provided data from 2001 through 2003, including a sample of student records, and its analysis of the data. We concur with the District's assessment that there is no discernible pattern to the referrals. By letter dated April 7, 2003, we informed the District that it had satisfactorily demonstrated that the assignment of students to the Mark Twain School was compliant with the applicable Federal regulation, and that the number of African American students assigned to the Mark Twain School had reduced. Thus, we are ending our monitoring of this issue.

Regular Education Interventions

In its agreement, the District agreed to assess the equity of its regular education interventions. By letter dated April 7, 2003, we requested that the District produce a report that focused on the elementary schools and utilized the available data, including disaggregated data for specific early intervention programs (e.g., CAP), and also provide a brief narrative overview of the racial impact of regular education interventions at the elementary level and recommendations for any changes that result from the District's review of this data. The District reported its assessment of a number of on-going initiatives.

cc: Dr. Wright
Ms. Tropp
Mr. Bartels
Ms. Falkenha

The Extended Learning Opportunities (ELO) is a pilot summer program in reading arts and mathematics offered in 18 schools and serving 4,328 students (25% were African American). The District analyzed data, by ethnic group, in each component of the program by grade level, and determined that all ethnic groups benefited from participation.

The Kindergarten Initiative was started in 2000 and has a goal of increasing the reading skills of children by using a reading curriculum that includes phonemic awareness, a research-based reading assessment program, increased communication between parents and schools, and a full-time schedule and reduced class size. During the 2002-03 school year, the Initiative expanded to 56 schools, from 17 schools in the first year. The District selected schools based on the number of academically disadvantaged and economically deprived students attending. The District reported that students in the Kindergarten Initiative showed significant progress in achieving the reading benchmarks by the end of their Kindergarten year, and that all racial/ethnic groups benefited from the program.

The District provided an update on the implementation and expansion of its Collaborative Action Program (CAP), which utilizes a school-based problem solving approach to design interventions. The CAP program was initiated at four elementary schools. During the 2002-2003 school year, 14 elementary schools fully implemented the CAP and reported disaggregated data. An additional 11 elementary and middle schools are in various stages of initial implementation.

The District provided data regarding the outcomes of the implementation of the CAP process at three of the four initial elementary schools. CAP activities at these schools included the development of grade level problem-solving teams, improvements in instructional and behavioral consultation, school-wide social skills programs, and refinements to the problem-solving process. The figures in the table below are for all three elementary schools combined.

Table 1

Outcome	1st Year of Program*	2002-03	% Decrease
<i>Special education referrals</i>	118	77	35%
<i>Special education placements</i>	74	30	59%
<i>School-based discipline referrals</i>	410	320	22%
<i>School bus discipline referrals</i>	36	23	36%
<i>Out-of-school suspensions</i>	82	19	77%
<i>Grade retentions</i>	20	8	60%

*First year of program varies among schools.

The District provided data by race from the 14 schools that fully implemented the CAP process during the school year 2002-03, which is summarized in Table 2, next page.

Table 2

Outcome	White	African American	Other
<i>Referrals to grade level team</i>	247 (100%)	221 (100%)	211 (100%)
<i>Resolved at grade level</i>	140 (57%)	132 (60%)	143 (68%)
<i>Referrals to building level team</i>	107 (43%)	89 (40%)	57 (27%)
<i>Resolved at building level</i>	70 (28%)	50 (23%)	22 (10%)
<i>Referrals for IEP screening</i>	39 (16%)	40 (18%)	19 (9%)
<i>Eligible for IEP services</i>	30 (12%)	31 (14%)	11 (5%)
<i>Referred for additional problem solving</i>	15 (6%)	11 (5%)	9 (4%)

The data presented in Table 1 support the District's contention that the CAP process has been successful as an early intervention to reduce unnecessary referrals and inappropriate special education placements. The data presented in Table 2 further demonstrate the effectiveness of the CAP process in resolving more than 4 out of 5 academic or behavioral problems at the grade or building level, rather than with a referral and placement in special education. Although the data are for a limited number of schools and for a short period of time, these initial results support the District's efforts to expand the CAP process.

The District analyzed the results of the 2002 and 2003 Comprehensive Tests of Basic Skills (CTBS) and California Achievement Tests (CAT), by race, of the three grade levels tested (grades 2, 4 and 6). Among its findings were that grade 2 African American and Hispanic students showed significant increases in mathematics computation, language mechanics and reading, narrowing the achievement gap with white and Asian classmates.

One new initiative, Continuous Improvement Team (CIT), is in the process of developing a set of indicators that can be applied to the District's special education program at the school building level, in order to assess the effectiveness of the program. The CIT has recommended, among other things, that individual school improvement teams use certain indicators to develop base-line data regarding each school's special education program to identify deficiencies and develop corrective action. Among these indicators is the representation of African American students in special education. The CIT also recommends the examination of the process for identifying students as emotionally disturbed (ED), as well as the development of social, behavioral and instructional interventions to prevent unnecessary referrals for special education evaluation.

Based on the information provided in this and in previous reports, we find that the District has fulfilled this aspect of the agreement by conducting an analysis to ensure that there was no discrimination in regular education interventions.

We thank the many District administrators, professional and teaching staff, who have worked diligently to develop and implement the strategies of the agreement. We are confident that these efforts will continue.

Page 4 –Dr. Jerry D. Weast

Under the Freedom of Information Act, it may be necessary to release this document and related correspondence and records upon request. If OCR receives such a request, we will seek to protect, to the extent provided by law, personal information that, if released, could constitute an unwarranted invasion of privacy.

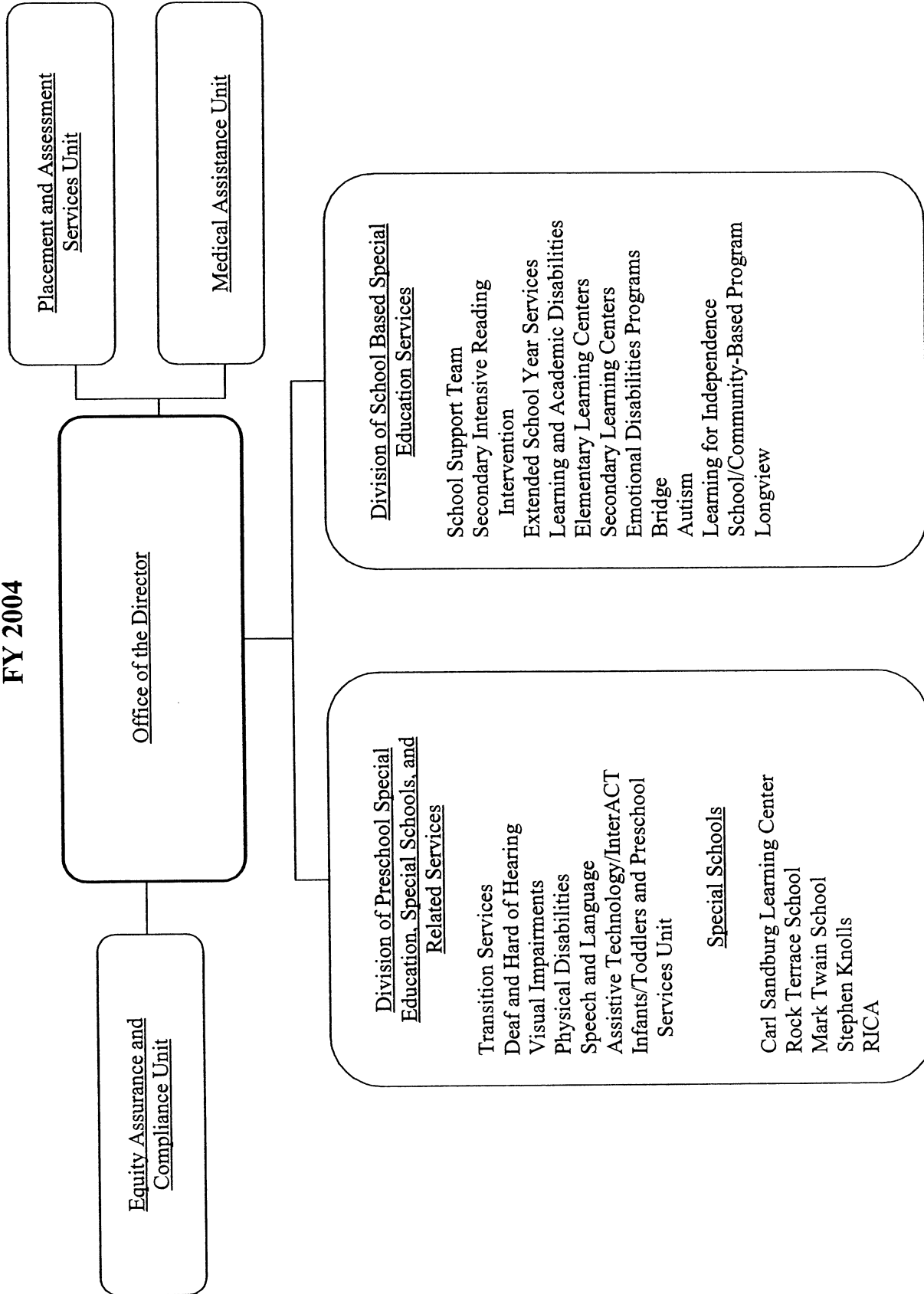
If you have any questions, do not hesitate to contact me at (215) 656-8564 or Gregory P. Martonik, Equal Opportunity Specialist, at (215) 656-8569.

Sincerely,



Joseph Mahoney
Team Leader
Philadelphia Office

**Department of Special Education
FY 2004**



**COST ANALYSIS FOR DIRECT, SUPPORTING, AND PREVENTION GOVERNMENT
ADDITIONAL SERVICES TO SPECIAL EDUCATION STUDENTS**

DIRECT

Department of Special Education Budget – Category 6: See table 14, page 43.

Employee Benefits for:

- Local Special Education FTEs: MCPS staff estimates the cost of employee benefits for those FTEs paid for by category 6 dollars to be \$32,307,134 in FY 04.
- Federal Special Education FTEs: All Federal dollars received by MCPS for Special Education must include benefits. In FY 04 MCPS spent \$5,703,571 on benefits for FTEs paid for by federal dollars.

Transportation for Special Education Students: MCPS estimates the cost to transport special education students in FY 04 is estimated \$37,728,074.

Special Education Psychologists: In FY 04 there are 21.5 psychologist FTEs working exclusively for special education programs. These FTEs, salaries, and benefits are NOT budgeted in Category 6. The salary cost of the 21.5 FTEs in FY 04 is \$1,766,228. By applying a professional benefit factor of 20% to the salary cost the total cost of the 21.5 psychologists in FY 04 is \$2,119,947.

Special Education Social Workers: In FY 04 there are 8.5 social worker FTEs working exclusively for special education programs. These FTEs, salaries, and benefits are NOT budgeted in Category 6. The salary cost of the 8.5 FTEs in FY 04 is \$564,315. By applying a professional benefit factor of 20% to the salary cost the total cost of the 8.5 social workers in FY 04 is \$677,178.

Office of Global Access Technology (OGAT): OGAT purchases and installed 256 special education computers in FY 04 at \$1,000 per unit = \$256,000.

Alternative Programs: The current FY 04 Budget for Alternative School Programs is \$6,674,416 (Source: FY 05 Select Program Budget). As of December 22, 2003 MCPS staff report there are 44 students with IEPs attending alternative schools. These students represent 13.5% of the total alternative school enrollment of 327. 13.5% of the current FY 04 Alternative School Program budget equals \$901,046 in services to students with IEPs attending Alternative Schools.

Head Start and Pre-K: The current FY 04 Budget for the Head Start/Pre-K program is \$11,195,291 (Source: FY 05 Select Program Budget). As of January 2004 MCPS staff estimate there are 130 students with IEPs attending Head Start/Pre-K. These students represent 5.5% of the total Head Start/Pre-K enrollment of 2,363. 5.5% of the current FY 04 Head Start/Pre-K equals \$615,741 in services to students with IEPs attending Head Start/Pre-K.

Mainstreaming Support Teachers: In FY 04 there are 12.8 mainstreaming support teachers FTEs working in schools across the County. Based on the cost of a “new hire” teacher in FY 04 of \$51,200 including benefits, COLA, and substitute days the total cost of the 12.8 mainstreaming teachers with benefits is \$655,360 (12.8 * \$51,200).

IEP Process Administration:

- Psychological Services: The Office of Psychological services reports there are currently 61 psychologists working in County schools and 70% of their time is spent working with special education students. Based on MCPS’ FY 04 “new hire” salary for a psychologist of \$74,087 including benefits, the total cost of the 61 psychologists in FY 04 is \$4,519,307 (61 * \$74,087). Because 70% of their time is spent with special education students, MCPS spends an additional \$3,163,515 (.70 * \$4,519,307) on psychological services for students receiving special education services.
- Pupil Personnel Workers (PPW): The Office of Psychological services reports there are currently 44 PPW FTEs working in County schools (1 work in alternative schools) and 25% their time is spent working with special education students. Based on MCPS’ FY 04 “new hire” salary for a PPW of \$74,087 including benefits, the total cost of the 45 PPW’s is \$3,259,828 (44 * \$74,087). Because 45% their time is spent with special education students, MCPS spends an additional \$814,957 (.25 * \$3,259,828) on PPW services for students receiving special education services.
- Principals and Assistant Principals: Unknown
- Guidance Counselors: Unknown

School Health Services: See table on © 12 for the estimated cost of school health services for students receiving special education services in FY 04.

Infants and Toddlers: The FY 04 the DHHS portion of the Infants and Toddlers budget is \$3,018,235. The includes \$907,991 in local county funds, \$1,007,149 in Federal IDEA Part B and C funds, \$949,520 from the State/Thorton GAP funds, and \$153,575 in medical assistance.

Developmental Evaluation Services for Children (DESC): In FY 04 DESC was comprised of 9 FTEs from MCPS’ Infants and Toddlers Child Find Program and .9 FTE from the Department of Health and Human Services. The cost of the 9 MCPS FTEs are accounted for in Category 6, Department of Special Education, Infants and Toddlers Division. The cost of the .9 FTE in DHHS for DESC services in FY 05 will be \$87,230.

ESOL Bilingual Assessment Team: The ESOL Bilingual Assessment Team (BAT) consists of 16.2 FTEs. In FY 04 these 16.2 FTEs with benefits cost \$1,352,248. The BAT spends 100% of their time with ESOL children who require special education assessments and services.

SUPPORTING

Central Administration: Unknown

Reading Initiative Teachers: Unknown

Office of Staff Development (OSD): In FY 04 OSD employs 2 FTEs (special education content specialists). Using MCPS' FY 04 "new hire" cost for an instructional specialist of \$74,052 with benefits the 2 FTEs cost \$148,104 in FY 04.

Office of Curriculum and Instruction: In FY 04 the Office of Curriculum and Instruction has 2.0 FTE's of instructional specialists (Category 2) who support the special education LFI curriculum. In addition, the Office has 2.8 FTEs (.6 FTE Special Needs Instructional Specialist for Health and PE, 1.0 Pre-K and Head Start teacher and 1.2 ESOL teachers dedicated to serve all special needs ESOL, Head Start and Pre-K students. Based on FY04 actual costs these 4.8 FTEs cost \$421,789. An additional 20% in benefits for these positions makes the total \$506,147.

PREVENTION

Primary Prevention and Early Interventions (Educational Management Team and Collaborative Action Process): Unknown

**ESTIMATED COST OF SCHOOL HEALTH SERVICES FOR STUDENTS RECEIVING SPECIAL
EDUCATION SERVICES**

Item	Cost	Units of Service ¹	Description
GENERAL SCHOOLS PERSONNEL COST			
Treatment School Community Health Nurses (SCHNs) and School Health Room Aide (SHRA)	\$577,530	42,780	.5 hour/nurse for each treatment
Assessment (SCHN)	\$131,760	1,220	4 nurse hours for IEP treatments
Training (SCHN)	\$65,880	1,220	2 nurse hours for IEP training
Activities of Daily Living (SHRA)	\$116,000	11,600	.5 hour/SHRA for ADLs
Medication Assistant Training.	\$3,460		4 sessions (32 hours each session) - nurse
Record Review/CARD by Nurse Administrators (NA)	\$5,400	60	2 hours/nurse administrator per record review/CARD
IEP EMT/SARD meetings SCHN	\$213,800	5,279	1.5 nurse hours per EMT/SARD
Record Review SCHN	\$66,630	17,539	.5 nurse hours per record and MCHD3153 reviewed
Meds	\$107,690	159,536	10% of remaining meds X 25% per nurse/hour
Sub-Total	\$1,288,150		
SPECIAL SCHOOLS PERSONNEL COST (NURSE AND SHRA)			
Stephen Knolls	\$127,660		
Rock Terrace	\$43,130		
Carl Sandberg	\$69,060		
Longview (Matsunaga)	\$134,880		
Mark Twain	\$60,660		
Meds (Special Schools)	\$172,380	12,769	.5 nurse hour per medication administered in special schools
Sub-Total	\$607,770		
EXTENDED SCHOOL YEAR SERVICES			
Summer School Coverage	\$70,000		Non budgeted summer school cost
Sub-Total	\$70,000		
FY 04 Estimated Total	\$1,965,92		

Source: DHHS School Health Services

¹ Unit of service is actual number of services provided; average hourly wage for nurses, school health room aides and nurse administrators.

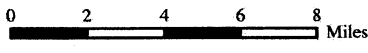
rate special education classroom in an elementary, middle, or high school). On the other hand, programs for students with learning disabilities are delivered in every cluster, because there is a high enough level of occurrence identified to support a

program in every cluster. Appendix F describes all special education programs available, the space required for each program, and the type of delivery model for each program as described above.

Special Education Program Delivery Model				
	Home/School Program Delivery	Cluster-Based Program Delivery	Multicenter Program Delivery	Systemwide Program Delivery
Elementary	Resource Services Speech Home School Program Model	Learning and Academic Disabilities	Elementary School-Based Learning Center (ESBLC) Emotional Disabilities (ED) Language (Lang) Pre-k Speech Preschool Education Program (PEP) Learning for Independence (LFI) School/Community Based (SCB)	Autism (Aut) Deaf and Hard of Hearing (DHOH) Early Childhood (EC) Learning Disabled/Gifted and Talented (LD/GT) Physically Disabled (PD) Vision
Middle	Learning and Academic Disabilities		Emotional Disabilities (ED) Secondary School/Community-Based Learning Center (SBLC) Learning for Independence (LFI) School/Community Based (SCB)	Autism (Aut) Bridge High Functioning Autism or Aspergers Syndrome (Consultative Model) Deaf and Hard of Hearing (DHOH) Physically Disabled (PD)
High	Learning and Academic Disabilities		Emotional Disabilities (ED) Secondary School-Based Learning Center (SBLC) Learning for Independence (LFI) School/Community-Based (SCB)	Autism (Aut) Bridge Deaf and Hard of Hearing (DHOH) Physically Disabled (PD)

Cluster Service Areas and Quad Clusters

Montgomery County Public Schools
Rockville, Maryland



— Cluster Service Area
— Quad Cluster Boundary

Vicinity Map



Map Compiled by MCPS Department of Planning and Capital Programming September 12, 2003
Map base provided by Montgomery County DIST Geographic Information System Team

Community Superintendent Listed in Bold
Director of School Performance Listed in *Italic*

