Presentation to the Special Education Interim Legislative Committee

Dr. Michelle Powers

July, 2019

Introduction

Good morning and thank you for inviting me to speak today

My professional background:

- BA in Elementary/Special Education, MA in Special Education, Ed.S in Prek-12 Principalship, Ed.D in Educational Leadership
- Special education teacher - Wisconsin, Nebraska, South Dakota
- SD Department of Education, Special Education Programs - 13 years - served as the State Director of Special Education
- Director of Special Education, Brookings School District - 12 years
- Service on a variety of boards, committees, professional organizations
- Assistant Professor of Special Education - Augustana University

(Opinions expressed are solely my own and do not express the views or opinions of my employer, Augustana University.)

Background and history of special education prior to federal special education law

- 1954: Brown v. Board of Education of Topeka
  - unconstitutional for educational institutions to segregate children by race.
  - legal ruling would have far-reaching implications for special education arena.
- 1965: Elementary and Secondary Education Act (ESEA)
  - "War on Poverty"
  - ESEA called for equal access to education for all students, but also federal funding for both primary and secondary education for students disadvantaged by poverty.
- 1971: Pennsylvania Association for Retarded Children (PARC) v. Commonwealth of Pennsylvania
  - U.S. District Court sided in favor of students with intellectual and learning disabilities in state-run institutions.
  - PARC v. Penn called for students with disabilities to be placed in publicly funded school settings that met their individual educational needs, based on a proper and thorough evaluation.

Source: U.S. Department of Education, Office of Special Education and Rehabilitation Services. (2010). Thirty-five years of progress in educating students with disabilities through IDEA (ED Publication). Retrieved from https://www2.ed.gov/about/offices/list/osers/idea35/history/idea-35-history.pdf

Background and history of special education prior to 94-142

- 1971: Mills v. Board of Education of the District of Columbia
  - U.S. District Court for the District of Columbia students classified as “exceptional” – including those with mental and learning disabilities and behavioral issues
  - Ruling made it unlawful for the D.C. Board of Education to deny these individuals access to publicly funded educational opportunities.
- Congressional Investigation of 1972:
  - In response to PARC and Mills ruling, Congress investigated to determine the amount of special education needs being underserved.
  - The Bureau of Education for the Handicapped found that there were 8 million children requiring special education services. Of this total, 3.9 million students adequately had their educational needs met, 2.5 million were receiving a substandard education and 1.75 million weren’t in school.

Source: U.S. Department of Education, Office of Special Education and Rehabilitation Services. (2010). Thirty-five years of progress in educating students with disabilities through IDEA (ED Publication). Retrieved from https://www2.ed.gov/about/offices/list/osers/idea35/history/idea-35-history.pdf

Background and history of special education beginning with PL 94-142

- 1975: Education for All Handicapped Children Act (PL 94-142)
  - Required all states that accepted money from the federal government were required to provide equal access to education for children with disabilities,
  - States given the responsibility to ensure compliance under the law within all of their public school systems.
  - Congress promised to cover 40 percent of the average cost to educate a child with disabilities. Congress amended later to say "a maximum" of 40% of per-pupil costs
- 1976: Public Law 99-457 (amendment to the All Handicapped Children Act)
  - Mandated that individual states provide services to families of children born with disabilities from the time they are born (previous benchmark was age 3)
- 1986: Handicapped Children's Protection Act
  - Provided parents of children with disabilities with more rights and involvement in the development of their child's Individual Education Plan, or IEP.

Source: U.S. Department of Education, Office of Special Education and Rehabilitation Services. (2010). Thirty-five years of progress in educating students with disabilities through IDEA (ED Publication). Retrieved from https://www2.ed.gov/about/offices/list/osers/idea35/history/idea-35-history.pdf

Background and history of special education in the 90's

- 1990: Public Law 101-476
  - Made significant changes to Public Law 94-142
  - Traumatic brain injury and autism were added as new disability categories.
  - Added requirements for an individual transition plan to be developed to help the student transition to post-secondary life.
- 1995: SD special education funding system revised, special education criteria established
  - SD Legislature passed SDCL 13-37-46. Rules defining special education process
  - Gave Department of Education authority to promulgate rules to define special education processes regarding student identification, the placement committee process, and create extraordinary cost fund board.
  - Gov. Janklow directed the department to develop statewide criteria for eligibility for special education
  - Funding formula was revised at this time, to the tiers of funding based on disability categories

Funding Formula Levels

Funding Levels
Level 1 = mild disability (speech/language, other health impaired, specific learning disability, developmental delay) 10% of ADM
Level 2 = cognitive disability, emotionally disturbed
Level 3 = hearing loss, deafness, vision loss, deaf-blind, orthopedic impairment, traumatic brain injury
Level 4 = autism
Level 5 = multiple disability (2 or more disabilities from levels 2,3,4 not including deaf-blind)
Level 6 = prolonged assistance

Background and history of recent reauthorizations of IDEA

- 1997: The Individuals with Disabilities Education Act (IDEA)
  - President Clinton reauthorized IDEA (formerly EHA) with several key amendments that emphasized providing all students with access to the same curriculum
  - Discipline of students with disabilities
  - Students in private schools
  - Allowed up to 20% of any increase in IDEA funds used flexibly, no mention of full-funding
- 2004: Individuals with Disabilities Education Act, most recent reauthorization of IDEA
  - Numerous changes in the federal law
  - Emphasis on early intervention for students, greater accountability and improved educational outcomes, and raised the standards for instructors who teach special education classes
  - Flexible use of up to 15% of IDEA funding for Early Intervening Services (prior to formal identification)
  - Formally established "high risk pools" in federal law to pay for high cost students
  - Congress stated a commitment to full funding by 2011

Source: U.S. Department of Education, Office of Special Education and Rehabilitation Services. (2010). Thirty-five years of progress in educating students with disabilities through IDEA (ED Publication). Retrieved from https://www2.ed.gov/about/offices/list/osers/idea35/history/idea-35-history.pdf

ARRA and Special Education

- 2009: American Recovery and Reinvestment Act (ARRA)
  - As part of this comprehensive package of funds, the federal government provided a one-time allocation of funds for IDEA (above and beyond the ongoing federal allocation)
  - Only able to be used for the excess costs of providing special education and related services to children with disabilities
  - School districts advised strongly to only use funds for short-term expenses
  - Funding available for obligation during school years 2008-09 and 2009-10 and the remainder during school year 2010-11
  - In South Dakota, the state legislature level-funded (0% increase) across the three years of the stimulus funding availability.

SD Special Education Funding during ARRA

Special Education Aid Allocations:	FY2008	FY2009 (adj)	FY2010	FY2011	FY2012	FY2013 (adj)
Level 1 Disability (% of ADM)	$3,823	$4,057	$4,057	$4,057	$4,057	10.04% $4,525
Level 2 Disability (child count)	$8,957	$9,471	$9,471	$9,471	$9,471	$11,124
Level 3 Disability (child count)	$13,614	$15,220	$15,220	$15,220	$15,220	$14,788
Level 4 Disability (child count)	$12,987	$13,164	$13,164	$13,164	$13,164	$13,204
Level 5 Disability (child count)	$17,186	$16,539	$16,539	$16,539	$16,539	$19,993
Level 6 Disability (child count)	$8,789	$8,438	$8,438	$8,438	$8,438	$7,205

No increase across the six levels of funding until FY2013

Medicaid Administration Claims

- 2009 - SD Medicaid Administration claiming began
  - SD began to collect information (via intermittent time samples) from school districts
  - Source of additional funding for general fund, portion to SE fund
  - Reimbursement amounts vary according to the data collected by districts - small vs large
  - FY 2019 funding under Medicaid Administration Claims process:

Admin Fees	General Fund	Spec Ed Fund
210,086.25	**1,885,255.89**	**329,305.00**

Federal Budget Sequestration

- 2013 - Federal budget cut process implemented
  - Automatic reductions to defense and non-defense budgets
  - Some areas not included (Social Security, Medicaid, etc)
  - School districts saw reductions in their IDEA federal funds as a result of sequestration
  - Sequestration can happen in any budget year

Congressional Promise of Full-Funding

- In 1988, Congress provides 9% towards their promise of 40% of the per-pupil amount
- Current percentage is 16% (has been at this rate since 2011)
- Highest percentage was in 2009 (33%) with ARRA funds (one-time only money was approximately 16% of the 33%)

Source: NCD (2018). Broken Promises: The underfunding of IDEA National Council on Disability, Washington D.C.

Local funding decisions

- School boards negotiate (typically annually) with teacher associations to adopt master agreements
- Increases, decreases (or level funding) provided to the state funding formula for the general state aid to education drive the process
- All teachers, others under master agreement receive the same increase - general and special education teachers
- Special education budgets do not exactly match general fund budgets in terms of increases even though the state aid increase is the same (unless an adjustment year)

Special Education decision making

- To determine eligibility, a comprehensive evaluation of the student, in all areas of suspected disability, is completed
- School district must convene a team meeting to review results and determine if the student meets eligibility criteria for special education
- If the student is eligible for special education, the district must develop an IEP
- School districts determine a child's eligibility based on state criteria - they do not provide a diagnosis
- Families whose children have received a diagnosis from a medical professional or other non-school professional (counselor, private clinician, etc) will still need to have their child's eligibility determined through the evaluation process defined by IDEA.

Special Education decision making

- Required members of the team (for eligibility determination and development of IEPs):
  - Special education teacher
  - Regular education teacher
  - Administrator (someone who can designate funds)
  - Parent(s) of the child
  - Others - if discussing evaluation results, there must be someone who can interpret the results
- Once a student has been determined to be eligible for special education, the district is required to re-evaluate the student every three years to redetermine their eligibility.

Individual Education Program (IEP)

- Comprehensive document for student's individualized education needs:
  - student's present levels of performance and goals for the upcoming year
  - Addresses special factors impacting the students such as language, behavior, need for assistive technology, hearing aid maintenance, adaptive physical education
  - Accommodations and modifications needed
  - Includes detailed accounting of special education services aligned to the goals for the student (what, how much, how often provided, where)
  - Includes a determination of the placement of the student to receive services (must be in the least restrictive environment)
  - Includes mechanisms for reporting on progress towards meeting goals to parents
- Every IEP is reviewed annually, but the team can meet more frequently if needed to make changes to the plan
- <u>The entire document serves as the commitment of the school district that the goals and services outlined will deliver a free, appropriate public education (FAPE)</u>

Least Restrictive Environment (LRE)

LRE = Where the special education services are provided to the student

ARSD 24:05:28:01. Least restrictive program to be provided. Children in need of special education or special education and related services, to the maximum extent appropriate, ***shall be educated with children who are not disabled and shall be provided special programs and services to meet their individual needs*** which are coordinated with the regular educational program.

Special classes, separate schooling, or other removal of children with disabilities from the regular educational classroom ***may occur only when the nature or severity of the child's needs is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily***.

Factors in Determining Placement (LRE)

- Each child's educational placement must be individually determined at least annually and based on the child's individual education program
- Provisions are made for appropriate classroom or alternative settings necessary to implement a child's individual education program;
- Unless a child's IEP requires some other arrangement, the child shall be educated in the school which that child would normally attend if not disabled. Other placement shall be as close as possible to the child's home;
- Placement in the least restrictive environment will not produce a harmful effect on the child or reduce the quality of services which that child needs; and
- A child with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general education curriculum.

Least Restrictive Environment (LRE)

ARSD 24:05:28:02. Continuum of alternative placements. Alternative placements which must be made available include the following:

(1) Regular educational programs with modification;

(2) Resource rooms;

(3) Self-contained programs;

(4) Separate day school programs;

(5) Residential school programs;

(6) Home and hospital programs; and

(7) Other settings.

For each of the programs listed in this section, the IEP team shall determine the extent to which related services are required in order for the child to benefit from the program. The length of the school day must be equal in duration to that of a regular public school day unless an adjusted school day is required to meet the individual needs of the child. The IEP team shall provide for supplementary services, such as resource room or itinerant instruction, to be provided in conjunction with regular class placement, as applicable.

SD Data on Least Restrictive Environment (LRE)

Educational Setting	2013	2014	2015	2016	2017	2018
General Classroom	2,014	2,015	11,879	12,598	13,207	13,794
Resource Room	3,604	3,630	3,652	3,608	3,621	3,533
Self-Contained Classroom	852	912	953	948	998	1,047
Separate Day Program	163	134	148	164	164	179
Residential Facility	134	140	150	137	138	133
Home/Hospital	19	26	18	24	20	18
EC 10 hrs.+ services in EC	406	378	437	534	583	543
EC 10 hrs. +sv other location	1,365	1,348	1,345	1,395	1,465	1,476
EC Less than 10 hrs., services in EC	154	143	149	125	130	141
EC less than 10 hrs., other location	144	129	158	133	139	142
Separate Class	393	386	346	357	416	424
Separate School	17	13	11	17	6	9
Residential Facility	0	3	2	1	1	0
Home	31	19	27	28	30	38
Service Provider Location	156	168	148	155	170	148
Total Ages 3-21	9,452	9,444	19,423	20,224	21,088	21,625

*

Source: https://doe.sd.gov/ofm/data-childcount.aspx

*330 students out of 18,704 school-age students OOD

Standard for services - Endrew F. Supreme Court

- Endrew F. v. Douglas County School District (2017)
  - Parents sought relief for their child making no progress on IEP goals
  - Supreme Court unanimous ruling
  - Established the standard for benefit from an IEP
  - Justice Roberts noted IDEA aims for grade level advancement for children who can be educated in the regular classroom
  - Roberts stated - *"If that is not a reasonable prospect for a child, his IEP need not aim for grade-level advancement. But his educational program must be appropriately ambitious in light of his circumstances, just as advancement from grade to grade is appropriately ambitious for most children in the regular classroom. The goals may differ, but every child should have the chance to meet challenging objectives."*
  - Roberts also noted that IDEA requires IEPs to be developed in partnership with parents and that schools must give "cogent and responsive explanation[s]" for their decisions on services"

FAPE drives service/placement decisions

- IDEA mandates students with disabilities are entitled to a Free, Appropriate Public Education
- The IEP document represents what the district has proposed as FAPE for each student on an individual basis.
- To meet FAPE requirements, a district may not use costs as a reason to determine or not determine eligibility for services, decide what goals to select, what accommodations/modifications may be needed, what service(s) or related services are required or the educational placement needed to ensure a student has an IEP which is "appropriately ambitious"
- States must seek to identify all eligible children under IDEA (ages birth through 21). This means the state (and school district) cannot not restrict or attempt to arbitrarily limit the amount of students identified with disabilities

Percentage of children served in SD

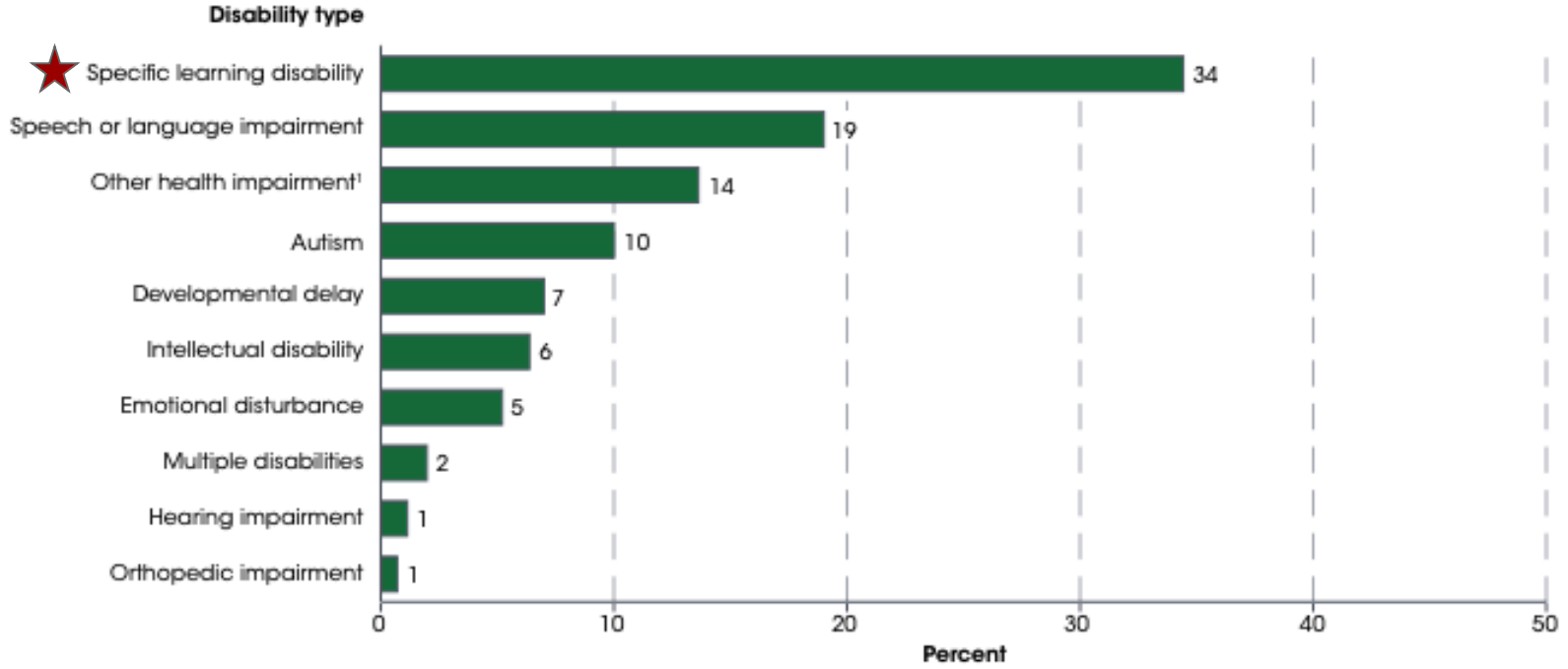
- SD collects data on the numbers of students in special education annual on Dec. 1st
- Approx. 2% change in percentage of identified students from FY11 to FY18
- Nationally average until 2001 was13.2%, in 2017-18 the national average was 14% (NCES,2019)

Year	Total Child Count	Percent of pk-12 Fall enrollment
FY 11	17825	13.77%
FY 12	18158	13.89%
FY 13	18354	13.97%
FY 14	18,846	14.19%
FY 15	19,423	14.06%
FY 16	20224	14.89%
FY 17	21,055	15.36%
FY 18	21,625	15.62%

Source: https://doe.sd.gov/ofm/data-childcount.aspx

National Child Count Data 2017-18

Figure 1. Percentage distribution of students ages 3–21 served under the Individuals with Disabilities Education Act (IDEA), by disability type: School year 2017–18



Source: https://nces.ed.gov/programs/coe/pdf/coe_cgg.pdf

SD Child Count Data by Disability 2012-18

CHILD COUNT SUMMARY, BY DISABILITY (Public School District Data Only)

December 2012 through December 2018

as of 2/14/2019

south dakota DEPARTMENT OF EDUCATION
Learning. Leadership. Service.

Disabling Condition	December 2012	December 2013	December 2014	December 2015	December 2016	December 2017	December 2018	Annual % change
Deaf/Blind (500)	4	4	2	3	3	3	2	-33.33%
Emotionally Disturbed (505)	1,080	1,037	1,094	1,090	1,145	1,165	1,199	2.92%
Cognitive Disability (510)	1,538	1,584	1,648	1,747	1,856	1,900	1,903	0.16%
Hearing Loss (515)	112	106	97	91	94	85	92	8.24%
Specific Learning Disabled (525)	6,344	6,416	6,604	6,735	6,836	6,978	7,097	1.71%
Multiple Disabilities (530)	520	494	502	518	541	578	583	0.87%
Orthopedic Impairments (535)	79	80	76	71	65	68	78	14.71%
Vision Loss (540)	55	58	54	52	46	51	55	7.84%
Deaf (545)	46	43	53	60	54	54	56	3.70%
Speech/Language Impairments (550)	4,252	4,144	4,087	4,062	4,293	4,499	4,587	1.96%
Other Health Impaired (555)	1,935	2,184	2,371	2,525	2,623	2,767	2,932	5.96%
Autism (560)	851	884	972	1,154	1,318	1,503	1,580	5.12%
Traumatic Brain Injury (565)	58	47	51	60	54	53	48	-9.43%
Preschool 3-5 (570)	1,284	1,273	1,235	1,255	1,296	1,384	1,413	2.10%
TOTAL CHILD COUNT (Ages 3-21)	18,158	18,354	18,846	19,423	20,224	21,088	21,625	2.55%
Total Ages 3-5	2,657	2,666	2,586	2,623	2,745	2,940	2,918	-0.75%
Total Ages 6-21	15,501	15,688	16,258	16,800	17,479	18,148	18,707	3.08%
Prolonged Assistance (Ages 0-2)	287	298	292	317	316	303	330	8.91%
Annual % change in total (not including Prolonged Assistance)	1.86%	1.08%	2.68%	3.06%	4.12%	4.27%	2.55%	

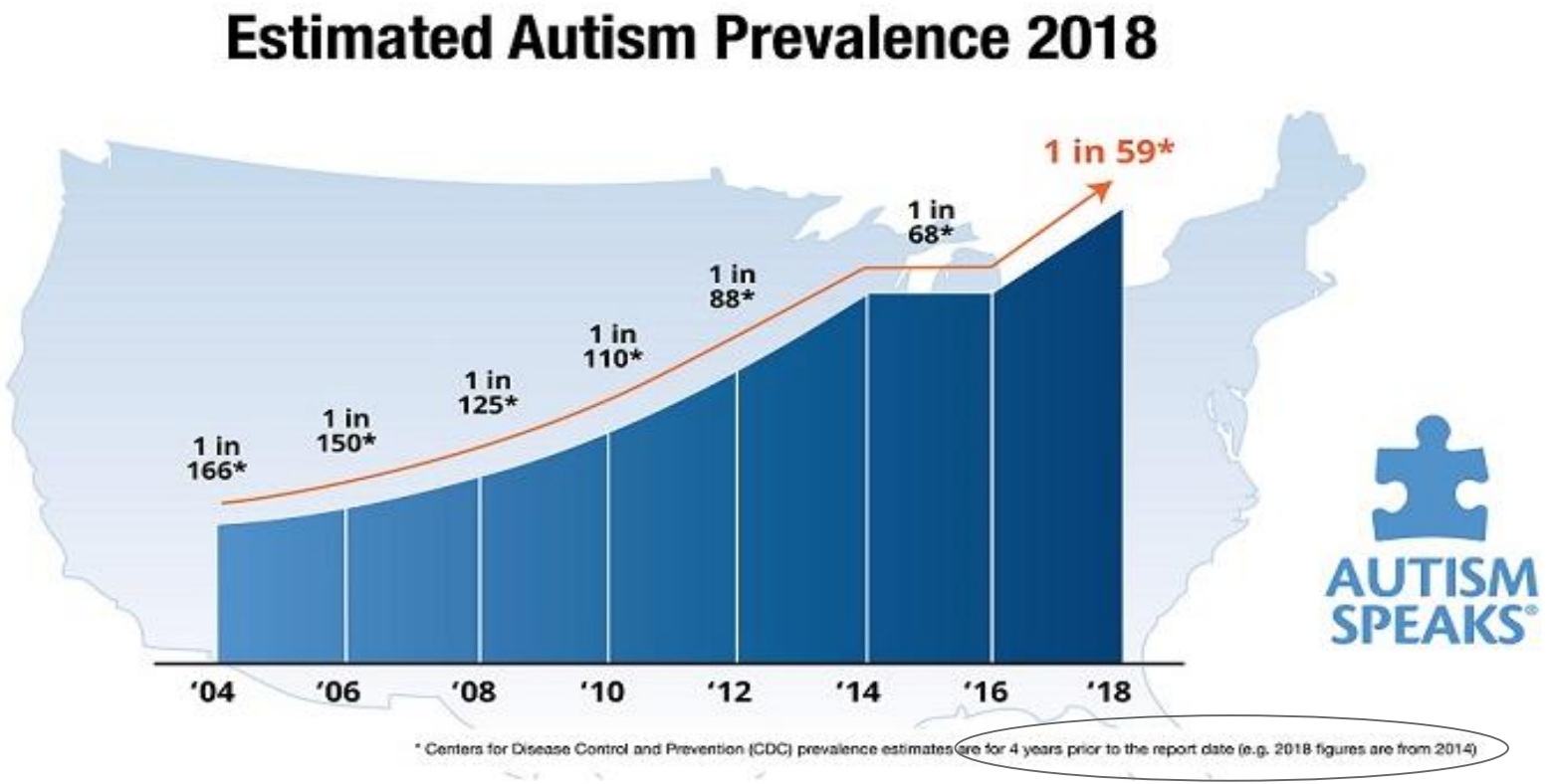
Source: https://doe.sd.gov/ofm/data-childcount.aspx

Changes in Rates of Autism Identification

- Autism rates since 2012 and changes
  - 2012 - 851
  - 2013 - 884 (3.9% change)
  - 2014 - 972 (10% change)
  - 2015 -1154 (19% change)
  - 2016 - 1318 (13.3% change)
  - 2017 - 1503 (15% change)
  - 2018 - 1580 (5.12% change)
- In SD, the autism category represents 7% of all students in special education

April 26, 2018

Changes in Rates of Autism Identification



National Data on ASD Increased Identification

- Centers for Disease Control and Prevention Autism and Developmental Disabilities Monitoring (ADDM) Network since 2000
- Collected data across the US
- Used health and education records of 8 years olds
- Prevalence rate has increased across the nation

Causes for Increase in Prevalence Rates

- Genetics are involved in the vast majority of cases.
- Children born to older parents
- Higher chance for additional siblings with autism if one child has autism
- Identical twins - if one child has autism, the other will be affected about 36 to 95 percent of the time. In non-identical twins, if one child has autism, then the other is affected about 31 percent of the time.
- Prematurity/low birth weight has slight risk factor
- ASD occurs in approximately 10% of people who have certain genetic or chromosomal conditions (Down Syndrome, Fragile X, etc)
- Results of extensive research confirms vaccines do not cause autism.

Source: https://www.autismspeaks.org/autism-facts-and-figures and https://www.cdc.gov/ncbddd/autism/data.html

DSM-5

- Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
  - The guide for healthcare professionals diagnosing mental health conditions. The manual's fifth edition – DSM-5 – took effect in May 2013.
  - The American Psychiatric Association periodically updates the DSM to reflect new understanding of mental health conditions and the best ways to identify them.
- The goals for updating the criteria for diagnosing autism included:
  - More accurate diagnosis
  - Identification of symptoms that may warrant treatment or support services
  - Assessment of severity level

Source: https://www.autismspeaks.org/dsm-5-and-autism-frequently-asked-questions

Summary of Changes to DSM-5

1. Four previously separate categories of autism consolidated into one umbrella diagnosis of "autism spectrum disorder."

   The previous categories were:

   - Autistic disorder
   - Asperger syndrome
   - Childhood disintegrative disorder
   - Pervasive developmental disorder-not otherwise specified (PDD-NOS)

2. Consolidation of 3 previous categories of autism symptoms

   - Social impairment
   - Language/communication impairment and
   - Repetitive/restricted behaviors

   into 2 categories of symptoms

   - Persistent deficits in social communication/interaction and
   - Restricted, repetitive patterns of behavior

Source: https://www.autismspeaks.org/dsm-5-and-autism-frequently-asked-questions

Summary of Changes to DSM-5

3. The addition of sensory issues as a symptom under the restricted/repetitive behavior category. This includes hyper- or hypo-reactivity to stimuli (lights, sounds, tastes, touch, etc.) or unusual interests in stimuli (staring at lights, spinning objects, etc.)

4. A severity assessment scale (levels 1-3) based on level of support needed for daily function.

5. Additional assessment for:
   - Any known genetic causes of autism (e.g. fragile X syndrome, Rett syndrome)
   - Language level
   - Intellectual disability and
   - The presence of autism-associated medical conditions (e.g. seizures, anxiety, gastrointestinal disorders, disrupted sleep)

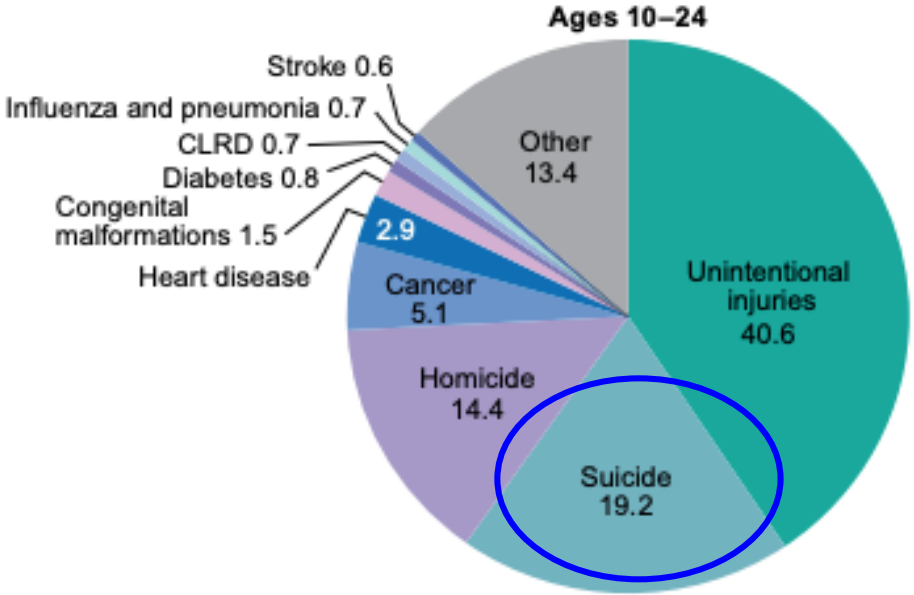
Source: https://www.autismspeaks.org/dsm-5-and-autism-frequently-asked-questions

Data on Mental Health - NASP

- Adverse Childhood Experiences (ACEs)- emotional, physical, or sexual abuse, physical or emotional neglect, household members using substances, mentally ill household members, witnessing domestic violence, incarcerated family member
- 50% surveyed (out of 18000 adults) reported at least 1 ACE. 25% reported at 2 ACEs
- ACEs predict adult outcomes, impact neurobiology (changes the brain) resulting in social, emotional, cognitive impairments
- Overall prevalence of mental illness is reported to be 13-20% of children
  - Numbers rising from 1994 to 2011
  - 24% increase in inpatient admission (2007-2010)
    - Mood disorders are common primary diagnosis
    - 80% increase in rate of hospitalizations of children with depression
  - Incarcerated youth - 65% of boys, and 75% of girls in juvenile detention have at least one mental illness

Sources: Felitti et al. (1998); Merikangas et al. (2010); Health Care Cost Institute (2012); Peroud et al (2013); Pfuntner et al. (2013); Telpin et al. (2002)

Leading Causes of Death (ages 10-24)



90% of all suicides are associated with mental illness

Suicide is the 2nd leading cause of death for persons ages 10-24

National Vital Statistics report, June 24, 2019
Centers for Disease Control

Extraordinary Cost Fund

- Prior to 2014 ECF available funding was based on any funds remaining after the formula aid was fully funded and a set aside of 5.75% of the special education appropriation.
- Beginning in fiscal year 2014, the appropriation for ECF was legislatively set at the amount of four million dollars ($4,000,000) of the special education appropriation.
- Legislation also allowed any remaining funds not expended to be carried over to the next fiscal year, however the total amount available for ECF expenses in each fiscal year may not exceed $5,500,000.

Source: https://doe.sd.gov/ofm/documents/18-ECFBrf.pdf

Extraordinary Cost Fund

- Ten percent of total appropriation for ECF shall be used to fund applications for supplemental aid. The maximum allowable school district request for supplemental aid may not exceed $50,000. (ARSD 24:05:33.01:11)

- Application Process (ARSD 24:05:33.01:06) A school district may be eligible to receive ECF if the district:
  - Is levying for the special education fund at the maximum levy authorized by SDCL 13-37-16;
  - Is not participating in Coordinated Early Intervening Services Program (CEIS using either state/local or federal funds); and
  - Does not have any outstanding deficiencies pursuant to ARSD chapter 24:05:20. Eligibility for federal funds.

Source: https://doe.sd.gov/ofm/documents/18-ECFBrf.pdf

Extraordinary Cost Fund

- There are three types of applications that may be submitted by a school district to receive ECF:
  - High Cost Student (expenditures for the student must exceed twice the funding level)
  - High Cost Program (request must exceed $50,000)
  - Supplemental Aid (requests may not exceed $50,000)

- Districts are restricted from combining an application for both high cost program/supplemental aid or high cost student/high cost program.
- Priority for ECF is given to high cost student applications.

Source: https://doe.sd.gov/ofm/documents/18-ECFBrf.pdf

Extraordinary Cost Fund

Extraordinary Cost Fund:	5.75% of Appropriation	Funds Requested	Funds Expended	# of Requests
School Year 2007-2008 (5.75%)	$2,478,645	$4,750,130	$4,381,806	41
School Year 2008-2009 (5.75%)	$2,594,824	$4,117,389	$4,080,484	42
School Year 2009-2010 (5.75%)	$2,690,744	$1,622,712	$1,616,435	15
School Year 2010-2011 (5.75%)	$2,457,101	$3,522,592	$3,418,263	28
School Year 2011-2012 (5.75%)	$2,622,759	$3,927,980	$3,680,819	31
School Year 2012-2013 (5.75%)	$2,622,759	$3,531,357	$3,143,205	32
New ECF Application Process:	Appropriation	Requested	Expended	# of Requests
School Year 2013-2014	$4,000,000	$3,191,277	$3,171,335	36
School Year 2014-2015	$4,828,665	$3,104,864	$3,104,864	24
School Year 2015-2016	$5,500,000	$4,559,803	$4,559,803	26
School Year 2016-2017	$4,940,197	$4,973,283	$4,845,535	29

Extraordinary Cost Fund - last 2 years

Extraordinary Cost Fund School year	Appropriation	Requested	Funds Expended	Number of requests
2017-18	$4,094,662	$4,334,128	$4,028,315	25
2018-19	$4,066,348	$3,016,145	$2,939,924	22

- Average amount of requested funds over past six years (since new ECF process) is $3,863,252.
- Average number of requests over past six years is 27

Recommendation Considerations

I encourage you to consider the following slides when developing recommendations...

Improving instruction for students with disabilities

Current State Testing
Results for Students with Disabilities

Math –

6% - Advanced
13% - Proficient
24% - Basic
58% - Below Basic

English/Language Arts-

5% - Advanced
14% - Proficient
24% - Basic
57% - Below basic

Science -

4% - Advanced
13% - Proficient
20% - Basic
63% - Below basic

Totals*

Math - 82% basic or below
ELA - 81% basic or below
Science - 83% basic or below

*Results nearly identical for the past 3 years for Math and ELA, Science in 2014 and 2015 which was 57% and 59%, then dropped to 78% (2016)

Special Education Teachers need...

- Administrative support
- Manageable caseload sizes
- Dedicated time for special educators to collaborate with general educators
- Adequate mentoring for new special education professionals by highly skilled special educators - supported time during the school day to go see other professionals actually teaching/be seen teaching by them and get feedback
- Provision of ongoing professional development in research-validated practices

High Leverage Practices

- Council for Exceptional Children (CEC), and federally funded CEEDAR Center published High Leverage Practices (HLPs) in 2017 (SD participated)
- Developed in response to What Works Clearinghouse (WWC), which contains limited evidence-based practices for special education
- Organized around four aspects of practice:
  - Collaboration
  - Assessment
  - Social/emotional/behavioral practices
  - Instruction

Examples of Evidence-based High Leverage Practices in Instruction

- Identify and prioritize long and short term goals
- Systematically design instruction towards a specific learning goal
- Adapt curriculum tasks and materials for specific learning goals
- Teach cognitive and metacognitive strategies to support learning and independence
- Provide scaffolded supports
- Use explicit instruction
- Use flexible grouping
- Use strategies to promote active student engagement
- Use assistive and instructional technologies
- Provide intensive instruction
- Teach students to maintain and generalize new learning across time and settings
- Provide positive and constructive feedback to guide students' learning and behavior

These practices have the benefit of being validated through research as effective for students with disabilities.

High-leverage practices questions

- SD needs to promote the use of high-leverage practices in special education classroom
- Better instruction = better student outcomes
- Better instruction = potential of less need for special education services over time/less students requiring special education

Impacting student outcomes through Applied Behavioral Analysis (ABA)

What is Applied Behavioral Analysis (ABA)

ABA is not one intervention or strategy…

- It is a scientific discipline based on the principles of behavior
- Strategies are individualized based on student data, including
  - Positive reinforcement
  - Natural environment training
  - Visual schedules
  - Prompting
  - Modeling
- Focuses on socially important behaviors

What does ABA do?

- Teaches skills to replace problem behaviors.
- Increase positive behavior and reduce interfering behavior.
- Maintain behaviors. For example: Teaching self-control and self monitoring procedures to maintain and generalize job-related social skills
- Change our responses to the child's behavior. These responses could unintentionally be rewarding problem behavior.
- Increase a child's academic, social, and self-help skills.
- Improve ability to focus on tasks, comply with tasks, and increase motivation to perform.
- Aim to improve cognitive skills. Helps your child be more available for learning.
- Generalize or to transfer behavior from one situation or response to another (For example, from completing assignments in the resource room to performing as well in the regular classroom).

Source: www.autismspeaks.org

Applied Behavioral Analysis (ABA)

ABA strategies have been used in general and special education classes to improve:

- Academic skills for all students
- Classroom behavior management for all students
- Social-communication skills for students with autism spectrum disorders
- Self-management/self-regulation skills for students with or at risk for emotional behavioral disorders

Applied Behavioral Analysis (ABA)

Research indicates that ABA strategies are:

- The most effective treatments for individuals with autism spectrum disorders (Wong et al., 2015)
  - early intensive intervention
  - across the lifespan
- Effective treatments for students, with and without disabilities, in schools (Trump et al., 2018)
  - Academic instruction
  - Communication and social behaviors
  - Employment skills

Applied Behavioral Analysis (ABA)

Endorsed by:

- Centers for Disease Control (CDC)
- Autism Speaks
- American Psychological Association
- American Academy of Pediatrics

Supported in SD's own study of ABA as an effective practice (Health Management Associates study, "An Analysis of Treatment Coverage for Children with Autism Spectrum Disorder in South Dakota", Nov. 17, 2014)

Applied Behavior Analysis (ABA)

- SD does not have enough ABA trained specialists in the state to meet our growing need
- SD needs to increase access to ABA services for early intervention for the most effective and best outcomes for students
- SD school districts need to become knowledgeable and apply ABA concepts in their instruction for improved outcomes for students on the autism spectrum and other disabilities

Utilizing Response to Intervention

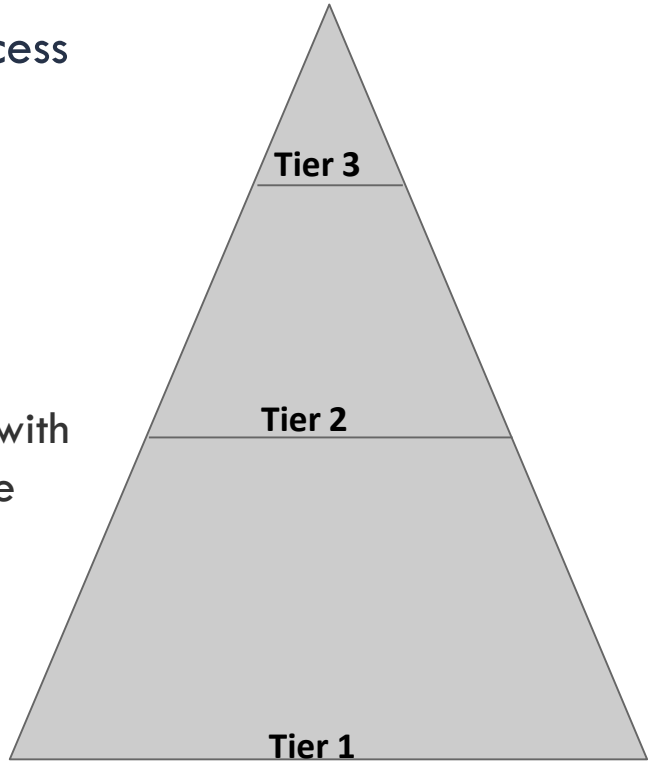
Response to Intervention (RtI)

- An educational practice for ALL students:
  - All students in classroom
  - Includes students in at-risk, students with disabilities
- Intended as a defined process for identifying and intervening with students not meeting expected benchmarks in performance in the classroom
- Can be used as a way to identify students with learning disabilities as an alternative to using a discrepancy approach
- SD has made efforts to adopt RtI practices - no district currently using this for identification processes

Response to Intervention (RtI)

Most models of RtI use 3 tiers to describe the process of interventions

- Tier 1 - 80% of students who respond typically to effective, scientifically-based core instruction
- Tier 2 - 15% of students who do not respond adequately, receive supplemental instruction
- Tier 3 - 5% of students who do not respond even with core and supplemental instruction, receive intensive interventions, more frequent progress monitoring



Response to Intervention (RtI)

- SD Department of Education, Special Education Programs has an active workgroup addressing RtI
- RtI efforts must be reframed as a general education initiative - Special education alone cannot push the rope up the hill
- RtI can improve educational outcomes and potentially reduce the number of students needing special education

Improving educational outcomes for students with dyslexia

Students with dyslexia

Dyslexia -

- A language-based learning disability that is neurobiological in origin
- Characterized by difficulties with accurate and/or fluent word recognition, and by poor spelling and decoding abilities.
- The difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction.
- Interferes with academic success in the classroom
- Dyslexia is specifically listed in the federal IDEA definition of learning disabilities

Prevalence Rates of Students with Dyslexia

- Estimates in the range of 5-10% of the school population is believed to have dyslexia
- International Dyslexia Association cites statistics of 1 in 5 children (20%) are students with dyslexia

Screening students for dyslexia

- Students with dyslexia can be identified with adequate screening mechanisms in kindergarten/1st grade
- Many districts already use screening tools such as DIBELS Next and AIMSweb but can adopt a tool such as the Shaywitz Dyslexia Screen.

Source: https://dyslexiaida.org/effective-reading-instruction/

Reading and Students with dyslexia

- Use of popular reading approaches such as Guided Reading or Balanced Literacy do not meet the needs of students with dyslexia
- Students with dyslexia must be provided reading instruction which provides a systematic and explicit understanding of language structure, including phonics.
- Structured literacy is effective to teach students with dyslexia to decode (and it works for all students learning to read)

Source: https://dyslexiaida.org/effective-reading-instruction/

Effective Instruction for Students with dyslexia

- Principles of structured literacy:
  - Systematic and cumulative - follows logical order of language, each steps builds on the next
  - Explicit instruction - student is deliberately taught all concepts, students are not expected to "discover" their own path to reading
  - Diagnostic teaching - instruction based on precise, ongoing assessment (formal and informal), working for student automaticity to ensure they can read to learn

Source: https://dyslexiaida.org/effective-reading-instruction/

Meeting the needs of students with dyslexia

- All SD school districts need to be screening for dyslexia in kindergarten and 1st grade.
- SD school districts must be expected to use structured literacy practices in the teaching of reading. This has the best potential to meet the needs of all students, including those with dyslexia.

Addressing mental health in schools

Addressing mental health in schools

- Coordinate efforts of this committee with the 2019 Interim Legislative task forces which are working to provide recommendations and proposed legislation regarding sustainable sustainable improvements to the continuum of mental health services available in the state.

Use Current Sources of Funding for Mental Health

- Possible sources of funding in education -
  - Title IV, Part A (Student Support and Enrichment Act) provides discretionary dollars to school districts ($1.3 billion flexible block grant)
    - Can be used to provide access to a well-rounded education, specifically including social/emotional learning
  - Safe and Healthy Schools - ESEA 4108
    - Authorized topics - Safe and Supportive Schools, Student Physical and mental health
- Allowable use of these funds include mental health training, direct mental health services to students, and mental health personnel salaries

Summary of Recommendations

1. Promote the use of **high-leverage, research-based practices** for students with disabilities
2. Increase number of **ABA** trained specialists, increase understanding and access to school-based ABA for early intervention and school-age children, especially those on the autism spectrum
3. Reframe current efforts in **Response to Intervention (RtI),** to emphasize general education as being capable of meeting many student needs
4. Promote **screening for dyslexia and structured literacy approaches** to meet the needs of all students learning to read, including students with dyslexia
5. **Partner with Interim Committee task forces meeting on mental health** to address mental health needs in a comprehensive approach for children - home, school, community

Delaney