

Formative Evaluation of Ohio's Autism Scholarship Program

*LEGISLATIVE OFFICE OF EDUCATION OVERSIGHT
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The Legislative Office of Education Oversight (LOEO) serves as staff to the Legislative Committee on Education Oversight. Created by the Ohio General Assembly in 1989, the Office evaluates education-related activities funded by the State of Ohio. This LOEO report identifies early implementation issues related to Ohio's Autism Scholarship Program, examines participant and provider satisfaction, and points out concerns raised by school districts of the potential impact of the program. *Conclusions and recommendations in this report are those of the LOEO staff and do not necessarily reflect the views of the Committee or its members.*

This report is available at LOEO's web site: <http://www.loeo.state.oh.us>

Summary

Formative Evaluation of Ohio's Autism Scholarship Program

Introduction

Autism is the third most common developmental disability in the United States, estimated to occur in one of every 166 births and at a rate of four boys to every girl. It is generally thought of as a lifelong disorder, affecting over 1.5 million people in the United States. Treatments for children with autism may begin as early as 18 months of age. Experts agree that the earlier intervention is initiated, the greater the likelihood for success later in life.

The number of children diagnosed with autism increases dramatically each year. Over the last six years, Ohio school districts reported over a 1,000% increase in the number of students with autism, with 5,406 students reported in the 2003-2004 school year.

Ohio's Autism Scholarship Program

The Pilot Project Special Education Scholarship Program, also known as the Autism Scholarship Program, was created to give parents of autistic children the option to seek alternate special education services for their children, rather than those offered by their school district. The program allows services to be provided through private providers, nonpublic schools, or public schools in which parents would normally be required to pay for services.

As part of the creation of the pilot scholarship program under Am. Sub. H.B. 95, the Legislative Office of Education Oversight (LOEO) was required to conduct a *formative* evaluation of the program. The purpose of a formative evaluation is to identify issues related to the early implementation of a program. Its focus is to understand the *process* by which a program is administered. In this study, LOEO examined the approval and reimbursement process, participants' overall satisfaction, and school districts' views of the program. The report also provides recommendations for "mid-course" adjustments.

LOEO Findings

There are a total of 270 approved applicants to the program as of the first quarter of the 2004-2005 school year. Of these applicants, over 60% are in preschool and grades K-3. The majority of these applicants reside primarily in or around Ohio's eight major urban centers.

Satisfaction with the program. Overall, LOEO found that parents participating in the program are satisfied with the services their children are receiving and believe that their children are making progress. As for the administration of the program, both parents and providers are satisfied with the Ohio Department of Education's approval and reimbursement process.

School district concerns. LOEO found that school districts have some concerns about carrying out their responsibilities for maintaining the scholarship students' Individualized Education Programs (IEPs), especially if providers do not submit the required progress reports.

To date, most school districts have not seen an impact on their special education services or on their finances as a result of the scholarship program because of the relatively low numbers of students in their districts who are currently participating. Statewide, only 270 (5%) of the 5,406 students identified with autism have been approved for participation. They are concerned, however, if:

- The number of participants increases;
- The scholarship program expands to include students in other disability categories; or
- The amount of the scholarship increases.

If these changes were to occur, some districts feel there could be a devastating financial impact, which would result in modifications to the services they can offer the students who remain in their districts.

Conclusion and Recommendations

Given that the Autism Scholarship Program has been in operation for less than a full fiscal year, there are important questions that remain. Therefore, LOEO recommends that the pilot program continue for fiscal years 2006 and 2007 and that there be no increase in the scholarship amount or expansion to other disability categories until a full evaluation of the program is completed.

LOEO recommends that the extended pilot include a *summative* evaluation, one that will inform policymakers of the impact of the program, detailing the costs and benefits of making the program permanent in its current form or expanding the program. Such an evaluation might include:

- A complete accounting of parents' satisfaction with the Autism Scholarship Program, including a survey of parents who are no longer participating in the program;
- A thorough investigation of some of the concerns and suggestions raised by parents, providers, and school districts, such as the IEP process, the monitoring of service providers, and alternative reimbursement strategies.
- A discussion of the potential cost to the Ohio Department of Education (ODE) in administering the program if it were expanded;
- A description of the larger policy issues facing states regarding individuals with autism such as private insurance, public health programs administered by multiple agencies, and health care providers; and

- An update on the implementation of the Ohio Autism Task Force recommendations.

Based on LOEO's preliminary examination of the program, there are also some suggestions for improving ODE's administration of the program, including:

- Making information about the Autism Scholarship Program more widely known, particularly in the southeast region of the state; and
- Using the Office's existing website and "frequently asked questions" to further educate those interested in the program.

Formative Evaluation of Ohio’s Autism Scholarship Program

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Formative Evaluation of Ohio's Autism Scholarship Program

This Legislative Office of Education Oversight report focuses on the beginning months of Ohio's Autism Scholarship Program. It includes an examination of participant and provider satisfaction, as well as issues related to the program's potential impact on school districts.

Introduction

The 125th Ohio General Assembly established the Pilot Project Special Education Scholarship Program, also known as the Autism Scholarship Program, to give parents of autistic children the option to seek alternate special education services for their children, rather than those offered by their school district of residence.

In June 2003, the Autism Scholarship Program was created in Amended Substitute House Bill 95. The program allows services to be provided through private providers, nonpublic schools, or public schools in which parents would normally be required to pay for services.

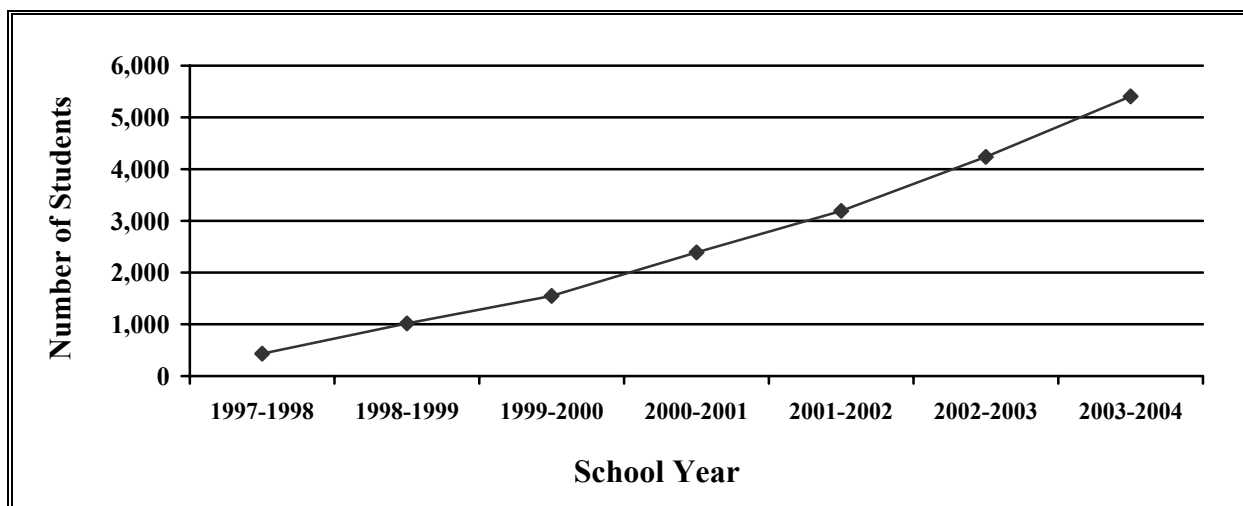
There are 178 students participating in the Autism Scholarship Program as of the first quarter of the 2004-2005 school year. The Legislative Office of Education Oversight (LOEO) was required to study this pilot program and present its findings by March 2005.

Prevalence of autism

Autism is the third most common developmental disability in the United States, estimated to occur in one of every 166 births and at a rate of four boys to every girl. It is generally thought of as a lifelong disorder, affecting over 1.5 million people in the United States. Treatments for children with autism may begin as early as 18 months of age. Experts agree that the earlier intervention is initiated, the greater the likelihood for success later in life.

The number of children diagnosed with autism increases dramatically each year. Over the last six years, Ohio school districts reported over a 1,000% increase in the number of students with autism, with 5,406 students reported in the 2003-2004 school year. Exhibit 1 illustrates the increasing number of students with autism in Ohio from 1997-1998 to 2003-2004.

Exhibit 1
Number of Ohio Students with Autism
1997-1998 through 2003-2004



Source: Ohio Department of Education, Education Management Information System (October of each year)

Definition and characteristics of autism

Autism is a brain disorder that interferes with how people understand and communicate. The American Psychiatric Association has identified three general categories of behavioral impairment common to all individuals with autism:

- *Qualitative impairment in social interaction* (e.g., failure to demonstrate typical signs of affection, such as hugs, as well as treating others as if they were inanimate objects);
- *Qualitative impairment in communication* (e.g., poor eye contact, communication using single words, and repeating words or phrases just spoken by others); and
- *Restricted, repetitive, and stereotyped patterns of behavior, interests, and activities* (e.g., mild behaviors may include: finger-snapping, repetitively

opening and closing doors, and lining up objects in rigid patterns. More severe behaviors may include eye-gouging, self-hitting, head-banging, destroying property, and physically attacking others without provocation).

In the mildest cases of autism, children often do not exhibit the repetitive behaviors, but may have impairment in communication or social interaction. In the most severe cases, impairment in social interaction, communication, and behavior is evident, and the behavioral impairment often threatens the safety of the child as well as others. Children with autism may fall anywhere between these extremes.

Autism spectrum. Autism is a part of a spectrum of disorders referred to as “Pervasive Developmental Disorders,” or “Autism Spectrum Disorders.” As such, a variety of disorders, including Asperger’s Syndrome, a milder variant of autism, are categorized as autism for the purpose of

identifying children with disabilities. Individuals with Asperger's may have many of the same social and behavioral characteristics of those with autism, but there is no clinically significant delay in language or cognitive development. More information on Autism Spectrum Disorders can be found in Appendix A.

Range of treatments. While no cure currently exists for any disorder on the autism spectrum, there are numerous treatments available specifically for children. In addition, children with autism often receive some of the same "related services" that are provided to other special needs children, such as occupational

therapy, physical therapy, speech therapy, and adaptive physical education to help them improve in specific areas of development.

The recommended types and intensity of treatment are dependent on both the nature and severity of each individual child's condition. Some of the more intensive treatments are very expensive to provide and can cost parents up to \$80,000 a year. More information on the types of treatments available for children with autism can be found in Appendix B. In addition, Appendix C has a selected bibliography referencing the resources used in compiling this report.

Ohio's Autism Scholarship Program

Although the Autism Scholarship Program was created in June 2003, time was needed to establish procedures for its operation. The Ohio Department of Education (ODE) made applications available to parents and providers in January 2004. However, it was not until March 2004 that students began receiving services that could be claimed for reimbursement, barely a year ago. As a pilot project, the program is scheduled to expire in June 2005. As mentioned, the intended purpose of the program is to offer a choice of special education providers to parents of autistic children.

Student eligibility

To be eligible for the Autism Scholarship Program, a child must:

- Be between the ages of 3 and 21;

- Be enrolled in his/her school district of residence in any grade from preschool through twelve;
- Be identified under the category of autism as defined by the Individuals with Disabilities Education Act (IDEA); and
- Have a current Multi-Factored Evaluation (MFE) and an agreed upon Individualized Education Program (IEP) written by the school district of residence.

In addition to these eligibility requirements, there can be no administrative or judicial mediations or proceedings pending with respect to the content of the child's IEP. Parents who wish to participate in the program must submit an application to ODE.

Provider qualifications and accountability

To participate in the Autism Scholarship Program, all private and nonpublic school providers must first be approved and registered by ODE. To qualify, a provider must:

- Commit in writing to follow all rules established by the State Board of Education for the program;
- Meet the minimum standards of their applicable professional organization;
- Maintain a location within the State of Ohio, unless internet-based;
- Have, or be willing to obtain, a current criminal records check for all individuals responsible for the care, custody, or control of participating students;
- Demonstrate fiscal soundness;
- Have at least one staff person with the appropriate credentials to provide the services that will be claimed for reimbursement. For example, if a provider is providing and claiming speech therapy, they would need a staff person with credentials as a speech and language pathologist;
- Meet all applicable state and local health and safety codes;
- Provide a statement to the participating parents and their school district of residence that describes how student progress will be measured and how parents will be informed of that progress; and

- Comply with state and federal laws regarding the delivery of services to children with disabilities.

There are 93 approved providers participating in the program as of the first quarter of the 2004-2005 school year. Providers attest to meeting these requirements through the completion of a written application and affidavit. ODE reviews the provider application on a case-by-case basis to ensure that there is at least one staff member who has the necessary credentials to provide the service(s) identified on each student's IEP.

Additionally, a registered provider agrees to on-site monitoring visits upon the request of ODE. To date, ODE has performed approximately 20 on-site monitoring visits.

As part of its on-going improvement in the administration of the program, ODE has modified the approval process for providers participating in the program. For the last part of the 2003-2004 school year, ODE required providers to sign the affidavit assuring that staff had the appropriate credentials for the services provided and called them upon receipt of their application to discuss their credentials. Starting in the 2004-2005 school year, the application was modified to include a page for providers to list their credentials (e.g., license, certificate, etc.).

Providers are accountable to parents through regular reports detailing the child's progress toward his/her annual goals and the extent to which progress is sufficient to achieve those goals by the end of the year.

Providers are also required to send the same progress reports to the child's school district of residence.

Refusal to provide progress reports may result in the provider's removal from the program. If a district informs ODE that a provider is *not* submitting regular progress reports, ODE contacts the provider to remind them of this requirement. To date, no provider has refused to comply after being contacted by ODE.

A list of all registered private and nonpublic school providers is available from ODE to any parent within the State of Ohio. Public schools are not required to register as an alternate provider. To date, however, no public school is participating in the pilot program.

School district responsibilities

Once a child's parent(s) is notified by ODE that he/she has been approved to participate in the Autism Scholarship Program, the school district of residence is relieved of the federal mandate to provide a Free Appropriate Public Education (FAPE) for that child. In other words, students participating in the Autism Scholarship Program do not attend or receive services from their school district of residence. It is the responsibility of the child's parent(s) to make sure his/her IEP is implemented and that the child's educational needs are met.

The school district of residence, however, maintains the responsibility for providing the initial multi-factored evaluation as well as all subsequent re-evaluations required under IDEA, generally done every three years. The district is also responsible for the child's annual IEP. It is, therefore, important for school districts to

receive accurate and timely progress reports from the child's provider(s) in order to fulfill these responsibilities.

Scholarship payments and funding for special needs students

ODE deducts the payment for the Autism Scholarship Program from state funding for the school district of residence and sends the payment to participating parents. The scholarship payment cannot exceed \$15,000 annually per student. Payments are made for only the services specified in the child's IEP. Such payments will not cover costs related to services provided to the child that are not specified in the IEP or for associated costs of obtaining services from the alternate provider.

To receive payment, a provider sends cost statements, signed by the child's parent, to ODE. Money is then transferred, up to four times during the school year, from the school district to the parent as reimbursement for services received from the provider. In some cases, parents pay the provider up-front and wait for reimbursement. In other cases, the provider waits for payment until the parent receives the scholarship amount from ODE. In the case of a student receiving services from another public district, ODE would make the payments directly to that district. To date, there are no school districts participating in this capacity.

Funding of students with special needs. In its simplest form, Ohio's funding for school districts includes both a "base cost" amount for all students and a "weight" added for students with disabilities. A student with autism is given the highest possible weight.

When the weighted amount is added to the base cost, the *maximum* funding that can be generated by a student with autism is about \$27,000 for school year 2004-2005. However, there are no districts that actually receive this amount *from the state*, because both the base cost and the weighted special education amounts come from a combination of state and local sources. The portion that the state pays each district depends on the district's local property wealth.

For the wealthiest districts, little or no state funding is contributed to these amounts. On the other extreme, the state paid 89% for the poorest district in 2004-2005. Most of the 613 school districts receive a state contribution between these extremes. The state average is 49%. As a result, districts receive varying amounts of state funding for their students with autism, but none receives the maximum of \$27,000.

In the event that an autistic student generates more base cost and weighted state funding than the amount of the scholarship paid to the parent, the school district retains the balance. However, if the student does not generate enough base cost and weighted state funding for a district to cover the cost of the scholarship, the difference comes out of other state funds.

Funding adjustments. If a student enrolls in a school district solely for the purpose of participating in the Autism Scholarship Program *after* the official enrollment count in October, ODE manually adjusts that school district's average daily membership (ADM) to reflect that student. In this way, the district is credited with state funding for the student prior to the deduction for the scholarship payment.

In addition, school districts may count *preschool* students participating in the program in their regular enrollments, which credits the district with regular state funding for those students, rather than the unit funding that is normally provided for preschoolers.

Cost to the state. Because scholarship payments are deducted from the state funding of school districts, the program does not require any additional state dollars for students *previously* attending Ohio public schools. However, there is a cost to the state when “new” funding is required for students who were not enrolled in a school district or community school prior to participating in the program. Additional state funding is required for students:

- Previously enrolled in a private school;
- Home schooled; or
- New residents who move in from another state.

It is also important to note that no additional state funds or personnel were allocated for ODE's administration of the program.

Ohio Autism Task Force

In addition to the Autism Scholarship Program, Am. Sub. H.B. 95 also created the Ohio Autism Task Force. The Task Force addressed the growing incidence of autism in Ohio and developed recommendations for improving the delivery of autism services for adults and children. More information on the Task Force and a list of its recommendations can be found in Appendix D. Information on other states' efforts regarding special education scholarship legislation is in Appendix E.

LOEO Study Scope and Methods

LOEO mandate

As part of the creation of the pilot scholarship program under Am. Sub. H.B. 95, the Legislative Office of Education Oversight (LOEO) was required to conduct a *formative* evaluation of the program:

The Legislative Office of Education Oversight shall conduct a formative evaluation of the program established under this section and shall report its findings to the General Assembly not later than March 1, 2005. In conducting the evaluation, the Office shall to the extent possible gather comments from parents who have been awarded scholarships under the program, school district officials, representatives of registered private providers, educators, and representatives of educational organizations for inclusion in the report required under this section.

Study scope

The purpose of a formative evaluation is to identify issues related to the early implementation of a program. Its focus is to understand the *process* by which a program is administered and provide recommendations for “mid-course” adjustments.

Specifically, this LOEO report identifies the successes and difficulties associated with the program’s administration and answers the following questions:

1. Are parents satisfied with the services rendered by their current provider?
2. Are parents and providers satisfied with the *provider* approval process?

3. Are parents and providers satisfied with the *parent* approval process?
4. Are parents and providers satisfied with ODE’s administration of the program?
5. How do school districts view the Autism Scholarship Program? Are there any early indications of fiscal or programmatic impact on their districts?

Study methods

To learn about their experiences with the Autism Scholarship Program and to gauge their satisfaction with its administration, LOEO interviewed the following individuals:

- Parents with children participating in the program (28);
- Approved private providers (15);
- Special education administrators from districts with participating students (11); and
- Special education administrators from districts with *no* participating students (2).

Parents, providers, and school districts were selected to reflect a variety of different educational settings in Ohio: urban, suburban, small town, and rural. Where possible, the sample also attempted to strike a balance among the various regions of the state. Once these considerations were applied, the participants were randomly selected.

LOEO also interviewed staff members from ODE's Office for Exceptional Children, nonparticipating private providers in southeast Ohio, and representatives from the Ohio Autism Society and the Ohio Association of Pupil Services Administrators.

Parents. Of the 28 parents interviewed, 20 described their child's autism as mild to moderate. Twelve of the children whose parents were interviewed are in preschool, eight are in grades K-3, and six are in grades 4-8. Two children could not be placed in any specific grade level.

Providers. LOEO interviewed 15 private service providers, including:

- Nonpublic schools or centers that provide full-day, year-round treatment and academic services to autistic children;
- A center that provides treatment to autistic students – but not academic services;
- A center and an individual that provide in-home treatment services;
- Religious and secular nonpublic schools that focus exclusively on serving the special needs population – but not necessarily severe cases of autism;
- A nonpublic alternative school that serves students struggling in either regular or special education classrooms; and
- Religious and secular nonpublic schools with no special emphasis on the special needs population.

The providers interviewed serve a wide age-range of autism scholarship

students from preschool through grade twelve. Seven of the 15 providers interviewed serve *only* autistic students. An additional provider, although its focus is on serving students with autism, also enrolls typically-developing children. The eight providers interviewed that focus on autistic students serve the full spectrum of the disorder in terms of severity or handle predominantly moderate to severe cases. All of the other seven providers interviewed serve mild cases or high-functioning students.

School districts. LOEO interviewed 11 special education administrators from school districts with students participating in the Autism Scholarship Program and two administrators from districts with no participants. These districts serve children from preschool to grade twelve with cases of autism ranging from mild to severe.

The types of services provided by the school districts interviewed range from “pull-out” classes to “full-inclusion” classrooms, depending on the individual needs of the student and the services needed. Districts provide a full range of services, such as speech and language pathology, occupational therapy, physical therapy, visual specialist, and aides/attendants. Some of the districts interviewed incorporate various methods used to teach autistic students, including Applied Behavior Analysis (ABA) and Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH). (See Appendix B for a complete description of these approaches.)

Districts also have a myriad of arrangements for delivering services to students with autism through cooperative agreements with other school districts, county boards of Mental Retardation and

Developmental Disabilities (MR/DD), Educational Service Centers, and other

organizations providing programs for children with autism, such as hospitals.

LOEO Findings Related to Program Participation

Autism Scholarship Program participants

There are 178 students participating in the Autism Scholarship Program as of the first quarter of the 2004-2005 school year. LOEO categorizes a student as a “participant” if his/her parent has received

reimbursement from ODE. There are an additional 92 approved applicants that have not yet sought reimbursement for services. Exhibit 2 shows the number of approved applicants by grade level. Of the 270 approved applicants, over 60% are in preschool and grades Kindergarten-3.

**Exhibit 2
Number of Approved Applicants by Grade Level
2004-2005**

Grade Level*	Number of Approved Applicants	Percent of Total
Preschool	42	15.6%
Kindergarten – 3	129	47.8%
4 – 8	70	25.9%
9 – 12	29	10.7%
Total	270	100%

*Approximate grade levels based on date of birth

Source: Ohio Department of Education, Office for Exceptional Children

Exhibit 3 indicates the location of each of the 270 approved applicants throughout the state. As the map illustrates, approved applicants reside primarily in or around Ohio’s major urban centers. In addition, there is a noticeable lack of participation in the southeast quadrant of the state. LOEO contacted two school districts

in southeast Ohio with no participating students and found the following reasons as possible explanations for this lack of participation:

- A limited number of providers in that area of the state;

- Parents may be somewhat intimidated by the amount of “paperwork” involved to participate in the program; and
- A reflection of the parents’ satisfaction with services provided to their children by their school districts.

LOEO explored the issue of availability by contacting three providers in this area of the state. Although none of those contacted by LOEO had heard of the

Autism Scholarship Program, they indicated a willingness to participate in the program.

In contrast to the school district perspective, the providers believe that there is a general lack of information regarding the program in that region of the state and parents are not necessarily satisfied with the services they are receiving from school districts. Further, they believe that parents typically will not seek out alternative services on their own.

LOEO Findings Related to Parent and Provider Satisfaction

Parent satisfaction with service providers

All 28 parents interviewed by LOEO are satisfied with the services their children receive from their alternate provider. Specifically, parents are pleased with:

- The providers’ knowledge of autism;
- The individual attention and therapy their children receive; and
- The progress their children are making.

In fact, *all* 28 parents believe that their children are making progress with their alternate provider. Parent remarks indicate their child’s condition is improving, necessitating fewer services in some cases. Some parents mentioned that their child’s opinion of school has also improved.

Parent and provider satisfaction with program administration

Overall, parents and providers are very satisfied with how ODE’s Office for

Exceptional Children has administered the Autism Scholarship Program.

Approval of parents’ participation.

All 28 parents interviewed by LOEO are satisfied with the process used by ODE to approve parents for participation in the scholarship program. Parents cited reasons such as the “simple” application, quick turnaround time, clear expectations, manageable paperwork, and a seamless process as reasons for their satisfaction.

All but one of the 15 providers interviewed are also satisfied with ODE’s handling of parent participation. Providers, however, expressed frustration with the role of school districts and the IEP process. Specific criticisms include:

- Each school district handles the IEP process and autism identification differently;
- There may be instances of school districts inappropriately opposing student participation;

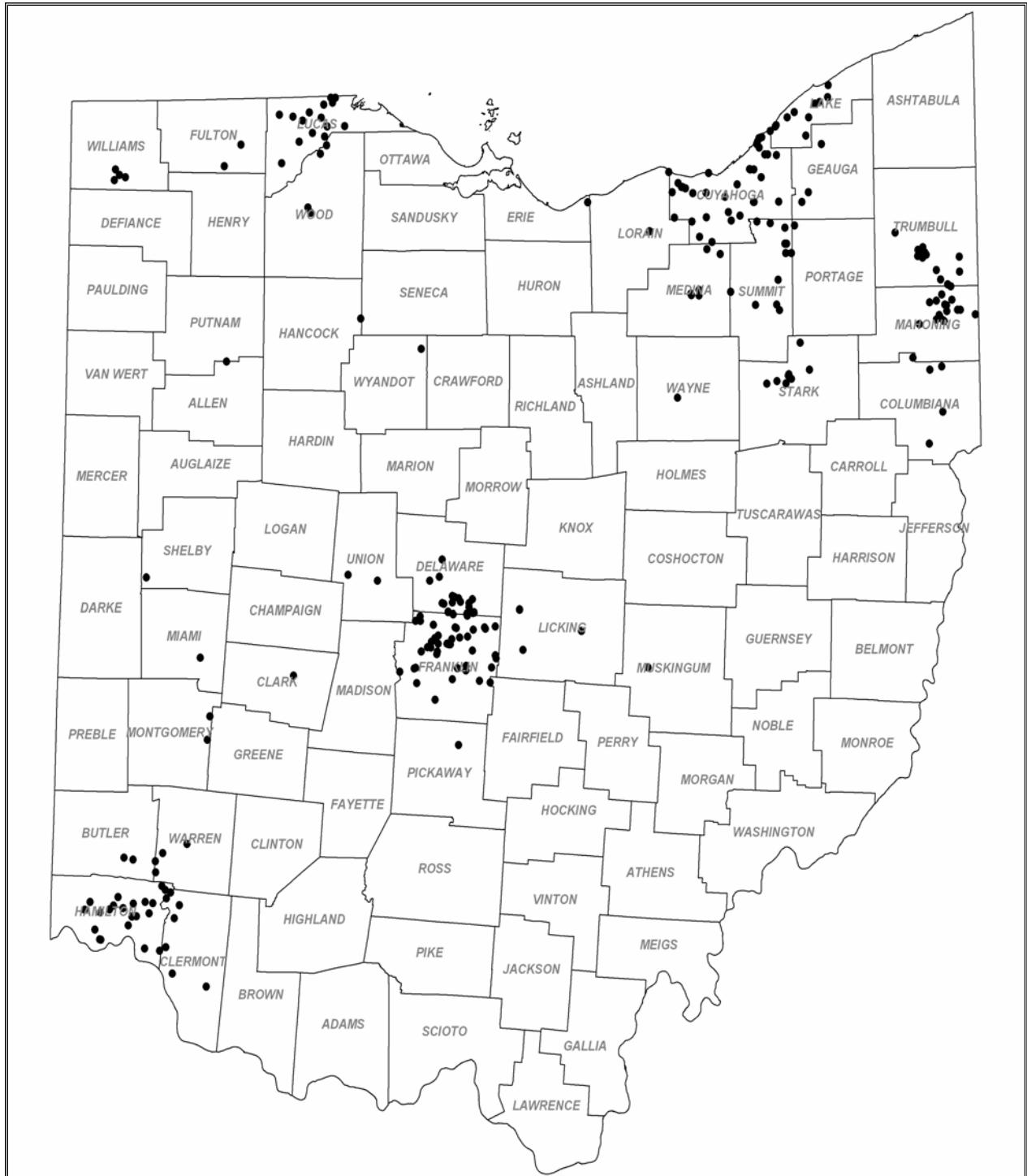
- Not all districts inform parents of all the treatment interventions available to them, most notably, Applied Behavior Analysis (ABA);
- While some districts are open to the provider's input during the IEP process, others are not; and
- Parents need better education regarding their child's IEP.

Approval of providers' participation. All but two of the 28 parents interviewed by LOEO are either satisfied with ODE's handling of provider approval or felt that they knew too little about the process to comment. All but two of the 15

providers interviewed were also satisfied with ODE's role in approving provider participation. One provider interviewed suggested that parents should not be left on their own to determine the quality of each provider. Another provider believes that approved providers should have expertise in the treatment of autism.

As stated, a provider must have at least one staff person with the appropriate credentials to provide the IEP services that will be claimed for reimbursement. It is important to note, however, that these special education staff, similar to their public school counterparts, do not require any additional training in serving children with autism.

Exhibit 3
Locations of Approved Applicants for Autism Scholarship Program
2004-2005
(N=270)



Source: Ohio Department of Education, Office for Exceptional Children

Reimbursement process. All but two of the 28 parents interviewed are satisfied with how their payments to providers are reimbursed. Many providers, however, suggest that ODE should make payments directly to them and not the parent. They argue that it is difficult, if not impossible, for many parents to pay for services upfront and then wait three months for reimbursement. Waiting to collect payment until the parent has been reimbursed creates cash-flow problems for the provider.

Some of the parents interviewed dislike the out-of-pocket expense and would also like to see payments sent directly to the provider. Others, however, feel that the current process places them in a more powerful role, the role of consumer.

Parents' and providers' suggestions for improvement

Although ODE receives high marks from both parents and providers regarding the administration of the Autism Scholarship Program, some suggestions for improvement include:

- Some parents and providers mistakenly believe that the program is for early childhood only. Parents suggested that information about the program should be disseminated through additional channels, such as local autism societies, pediatricians, and therapists.
- One provider suggested that ODE provide documentation that more clearly defines the roles of the program's participants (providers, parents, and school districts). Another provider suggested that the definition of autism, as it relates to which children may participate in this program, be more clearly articulated to school districts.
- Providers asked that ODE help make them more visible to parents and to one another. One provider suggested including provider web sites or email addresses on the ODE web site.
- Several providers suggested there needs to be a greater focus on the partnership between private providers and public schools. One even indicated that providers should be required to work with schools to train staff and help build capacity within the school district.
- Several providers indicated that they would welcome more accountability. Suggestions included requiring providers to collect outcome data and uphold "best practices."
- Many parents and providers believe that the Autism Scholarship Program is beneficial, but that \$15,000 is not enough to cover all of the expenses of many children with autism.

LOEO Findings Related to School District Views of the Program

LOEO interviewed a total of 11 school districts with participating students to determine their views of the program, including any early indications of its impact on their special education services or district finances.

Special education services

For ten of the 11 districts interviewed, the Autism Scholarship Program has *not* had an impact on the services that they provide to their students. Districts attribute this to the relatively low numbers of students in their districts who are currently participating in the program.

Statewide only 270 (5%) of the 5,406 students identified with autism have been approved for participation at this time. However, **if** the number of participants increases, the scholarship program expands to include students in other disability categories, or the amount of the scholarship increases, districts may have to modify their services.

With fewer students generating less revenue, it may become cost prohibitive for districts to provide these services. Districts caution that if expanded, this type of program could have a “devastating” effect on them.

There was one school district that reported that the Autism Scholarship Program has had an impact on their services. Unlike the others, this school district had a relatively large number of students (15) leave the district in order to participate in the Autism Scholarship Program. In response, the district convened a task force and is

currently re-evaluating the services that they provide to students with autism.

Individualized Education Programs. While the majority of school districts did not report any programmatic changes resulting from the Autism Scholarship Program, there was an area of concern relating to the services they provide -- writing Individualized Education Programs (IEP) and Multi-Factored Evaluations (MFE) for students.

School districts are required, on an annual basis, to write and maintain the student’s IEP even though that student is not receiving services in their district. To assist school districts in this matter, providers are required to submit regular reports on the progress of the student they are serving through the Autism Scholarship Program.

Seven of the 11 school districts interviewed by LOEO report that they receive progress reports from the provider in a timely manner. However, others report that they have not received progress reports. If they do not receive the progress reports from the provider, it is difficult, if not impossible, for the district to maintain and update the child’s IEP.

As previously stated, there is a process in place whereby school districts can notify ODE to inform them that they have not received the progress reports. ODE will then follow-up with the provider to ensure that the progress reports are forwarded to the school district.

Federal law. One of the school district administrators interviewed by LOEO argues that some alternate providers may be

violating the federal Individuals with Disabilities Education Act (IDEA) by not placing the participating child in his/her “least restrictive environment.” Specifically, the administrator’s concern is that students that are served in centers or schools that enroll *only* autistic children cannot benefit from learning with and from their typically-developing peers. This concern is echoed in the school district comments collected by the Ohio School Boards Association in their recent survey of school district administrators.

Financial impact

Six of the 11 districts interviewed reported that the Autism Scholarship Program has had very little, if any, financial impact to date. They attribute this to the relatively *low* number of students in their districts currently participating in the program. However, these districts caution that if the program expands -- in the number of participants, the inclusion of students in other disability categories, or in the actual amount of the scholarship -- it could have a devastating financial impact.

Another three school districts reported a *negative* financial impact because the amount of *state* funding generated through the formula is less than the amount that they have had to pay out for the scholarships, thereby forcing them to use other state funds. However, it is important to note that these school districts also acknowledged that they probably would have spent more on these students if the districts had provided the services directly.

The remaining two school districts were simply unable to assess what, if any, financial impact the Autism Scholarship Program has had on their district. It is

simply too early in the implementation of the program to determine.

LOEO attempted to examine more closely what, if any, financial impact the Autism Scholarship Program has had on school districts by comparing the amount of base cost and weighted funding a school district receives from the state to the amount that is deducted from the district to pay the scholarships. However, such an examination requires the consideration of several factors:

- The wealth of the district, which affects how much funding the district receives from the state for any child with autism;
- The amount that it would have cost the district to serve a particular child if that child remained in the district; and
- The actual scholarship payment, which depends on the severity of the autism disorder and the type(s) of services actually received by the student.

LOEO encountered several limitations to this approach.

Insufficient district expenditure data. To determine the actual cost of the Autism Scholarship Program, school districts would have to provide expenditure data for each participating student. While these data may be available for some students (students attending and receiving services in the school district the previous school year), there is a significant number of students for which the school district has no expenditure data (students not attending or receiving services the previous school year, such as preschool students and home schooled students).

Insufficient payment data. Given that the program has been operating for less than a full year, it is difficult to estimate the total cost of the program for a full fiscal year. To date, payment information is only available for the first quarter of fiscal year 2005, and it is hard to predict from this payment what the remaining three quarter payments will be because participants can add more services or more providers as the year goes on.

In addition, only a subset of the total approved applicants have submitted any claims for reimbursement. There is no way to predict how many of the rest of the approved applicants will actually be reimbursed, and for what amount, in the rest of the fiscal year.

As previously described, the amount of the scholarship is deducted from the state aid of the student's resident school district. State funding to districts varies depending on the wealth of the district. Therefore, the wealth of the school district, combined with the cost of services provided by the district, and the amount of the scholarship determines whether or not the Autism Scholarship Program has a positive or negative financial impact on the school district.

While there is an absence of expenditure and payment data, the following scenarios help to illustrate the *potential* financial impact, both positive and negative, of the Autism Scholarship Program on school districts.

Positive financial impact on the school district:

- A high-wealth school district, receiving a low amount from the state has more deducted for a scholarship than the amount of state funding generated by that student. However, if the district would have spent *more* on services if that child had remained in the school district, the district may actually benefit financially. Therefore, even though the state funding does *not* cover the cost of the scholarship amount, there could be a *positive* financial impact on the district because it would have spent more than what was deducted for the scholarship.
- A low-wealth school district, receiving a high amount from the state has less deducted for the scholarship payment than the amount of state funding generated by that student. Because the state funding is high, the district benefits financially, especially if the scholarship amount is relatively low.

Negative financial impact on the school district:

- A high-wealth school district, receiving a low amount from the state has more deducted for a scholarship than the amount of funding generated by that student. In addition, because the district would have spent less on the student than the amount deducted for the scholarship, it may lose financially.

Conclusion and Recommendations

Given that the Autism Scholarship Program has been in operation for less than a full fiscal year, there are important questions that remain. Therefore, LOEO recommends that the pilot program continue for fiscal years 2006 and 2007. Because the pilot program was written in temporary law and is due to expire in June 2005, continuation of the program will require legislative action. LOEO recommends, however, that there be no increase in the scholarship amount or expansion to other disability categories until a full evaluation of the program is completed.

LOEO recommends that the extended pilot include a *summative* evaluation, one that will inform policymakers of the impact of the program, detailing the costs and benefits of making the program permanent in its current form or expanding the program. Such an evaluation might include:

1. A fuller description of the program, including:
 - Participating students' educational setting *prior* to enrolling in the Autism Scholarship Program (Ohio public schools, private schools, community schools, home schools, other states, etc.); and
 - Whether all participating students are receiving academic instruction, in addition to the full-range of services identified on their IEP and a description of where the academic instruction is taking place. Important questions include: What proportion of students are served by private schools or are home-schooled? Are any students being served solely by individual or teams of therapists, without access to the academic curriculum that would be provided in a public school?
2. A complete accounting of parents' satisfaction with the Autism Scholarship Program, including a survey of parents who are no longer participating in the program.
3. An examination of the financial and programmatic impact on school districts, including:
 - The fiscal cost/benefit to school districts; and
 - The degree to which the program has negatively or positively affected how school districts approach services to students with autism.
4. A thorough investigation of some of the concerns and suggestions raised by parents, providers, and school districts regarding:
 - The Multi-Factored Evaluation (MFE) and Individualized Education Program (IEP) process;
 - Clarification of which federal laws and requirements apply to these alternate providers;

- The payment of scholarships to parents rather than service providers;
 - The quality assurance and monitoring of service providers; and
 - Ways to improve relationships among parents, providers, and school districts to their mutual benefit.
5. A discussion of the potential cost to ODE in administering the program if it were expanded.
 6. A description of the larger policy issues facing states regarding individuals with autism such as private insurance, public health programs administered by multiple agencies, and health care providers.
 7. An update on the implementation of the Ohio Autism Task Force recommendations.

As mentioned in this report, ODE's Office for Exceptional Children is highly regarded by parents, providers, and school districts for its implementation of the Autism Scholarship Program. Based on LOEO's preliminary examination of the program, there are some suggestions for improving the administration of the program, including:

1. Making information about the Autism Scholarship Program more widely known by using additional methods of communication that speak directly to parents and potential service providers, particularly in the southeast region of the state.
2. Using the Office's existing web site and "frequently asked questions" section to:
 - Discuss the roles of parents, providers, and school districts in the program and in the MFE and IEP process;
 - Address the eligibility of students with various diagnoses on the autism spectrum; and
 - Provide web site and/or e-mail address information for all approved providers.

Appendices

Appendix A

Autism Spectrum Disorders in Children

There are five main “Pervasive Developmental Disorders” (also known as Autism Spectrum Disorders) in children. These disorders are described below, along with the applicable section of the American Psychiatric Association’s Diagnostic and Statistical Manual (DSM-IV) and the page in DSM-IV on which the criteria for the various Autism Spectrum Disorders can be found.

Autistic Disorder (299.00 DSM-IV, p. 66)

Autistic Disorder is sometimes referred to as Early Infantile Autism, Childhood Autism, or Kanner’s Autism. The manifestations of this disorder can vary greatly depending on the developmental level and chronological age of the individual. The central features of Autistic Disorder are the presence of impaired development in social interaction and communication, and a restricted range of activity and interests.

Asperger’s Disorder (200.80 DSM-IV, p. 75)

Similar to autism, students with Asperger’s Disorder display impairment in their social interaction and the development of restricted, repetitive patterns of behavior, interests and activity. In contrast to Autistic Disorder, there are no clinically significant delays in language among children with Asperger’s Disorder. There are also no clinically significant delays in cognitive development or in the development of adaptive behavior, curiosity about the environment, or age-appropriate self-help skills.

Pervasive Developmental Disorder – Not Otherwise Specified (Atypical Autism: 299.80 DSM-IV, pp. 77-78)

When the criteria for Autistic Disorder are not met because of late age onset, or the child’s symptoms are atypical or do not meet the threshold for autism, an individual is diagnosed with Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS). Individuals with PDD-NOS may show severe and pervasive impairment in the development of social interaction or verbal and nonverbal communication skills, and exhibit stereotyped behaviors, interests, and activities.

Rett’s Disorder (299.80 DSM-IV, p. 71)

Rett’s Disorder occurs almost exclusively in females. A child develops multiple specific deficits after functioning normally for several months as a baby. Children with Rett’s Disorder lose previously acquired hand skills, and replace these normal hand skills with hand wringing or hand washing movements. Interest in one’s social environment diminishes in the first few years after diagnosis, and there is significant impairment in expressive and receptive language development.

Childhood Disintegrative Disorder (299.10 DSM-IV, p. 73)

Children with Childhood Disintegrative Disorder exhibit regression in multiple areas of functioning after a period of at least two years of normal development. These clinically significant losses occur in at least two of the following areas: expressive or receptive language, social skills, adaptive behavior, bowel or bladder control, or play or motor skills. Children with Childhood Disintegrative Disorder exhibit the same social, communication, and behavioral problems as children with Autistic Disorder.

Appendix B

Examples of Treatments for Children with Autism

Although there is much dispute about the appropriate treatment for a child with autism, there seems to have been at least some level of success with each treatment. What is agreed upon throughout the autism community is that “more intense quality intervention generally results in better outcomes and that the intensity of interventions is determined by the unique needs of each family and individual.”¹ Some of the more common treatments are described in this appendix. There is overlap among many of the treatments, and many are used in conjunction with others.

Behavioral Treatments

Applied Behavior Analysis (ABA)

Children with autism learn much less from the environment than most children. They are often capable of learning, but it requires a structured environment, one in which conditions are optimized for acquiring the same skills that most children learn “naturally.” Applied Behavior Analysis (ABA) is an overall theory that focuses on the rules necessary for setting up an environment which enables children with autism to learn. ABA helps autistic children learn new behaviors through practice, guided by the belief that behavior rewarded is more likely to be repeated than behavior that is ignored. In this context, the word “behavior” includes learning to talk, play, and live as a complex social being.

Many interventions used to treat children with autism are based on the theory of Applied Behavior Analysis. Although ABA is a theory, it is often used to describe a specific treatment approach, with subsets that include discrete trial training or Lovaas. These two terms are used interchangeably, but only practitioners who are affiliated with Lovaas can be said to implement “Lovaas Therapy.”²

Discrete Trial Training. Children are given tasks in which they are asked to perform a specific action. The child then gives a response, and the therapist reacts. It is an intensive process that is designed to teach skills ranging from basic tasks such as sleeping and dressing to more involved skills such as social interaction. Children receiving discrete trial training generally work with a trained professional one-on-one for 30-40 hours per week.

¹ Autism Task Force. (2004). Service Guidelines for Individuals with Autism Spectrum Disorder/Pervasive Developmental Disorder (ASD/PDD): Birth through Twenty-One. [On-line]. Available: <http://www.ddc.ohio.gov/Pub/ASDGuide.htm>, p. 29.

² Lovaas Therapy derived its name from O. Ivar Lovaas, PhD, a prominent psychologist who has researched methods of ABA for over 30 years. While Lovaas’ work included the use of discrete trials, it is only appropriate to use the term Lovaas Therapy when referring to his specific work, methods and protocols, not the idea of discrete trial training in general.

Tasks are broken down into trials, or short simple pieces. One example is asking a child to point to the blue box. At first, the therapist may have to take the child's hand, and actually point it directly at the box. A few trials later, the child may eventually point to the box, if the therapist prompts her, by picking up the child's hand, for example. Over time, however, it is the expectation of the theory that the child will be able to point to the box herself with no prompting at all. When a task is successfully completed, a reward such as food, toys, or social praise is offered, reinforcing the behavior or task. It is the expectation that over time only the social praise will be necessary for the child to repeat desired behaviors.

Some critics of this method feel that 30-40 hours a week is too intensive, and it may be too emotionally difficult for a child with autism. In addition, they argue that although a particular behavior may change as a result of the therapy, it does not prepare a child with autism to respond to new situations. However, others point out that it is widely used because it seems to work. Research indicates that ABA techniques consistently result in children with autism learning new skills and behaviors.

Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH)

The TEACCH program was the first statewide program for treatment and services for people with autism. It was developed in 1970 at the University of North Carolina's School of Medicine. It is a structured teaching approach that seems to discourage mainstreaming by teaching the children to function as autistic rather than aiming for recovery. This is accomplished not through the teaching of specific skills and behaviors, but rather by providing the child with the skills to understand his world. Children with autism may, for example, scream when they are in pain. TEACCH searches for the cause of this screaming, and then teaches the child how to signal pain through communication skills.

Critics of the TEACCH program argue that it discourages inclusion and it is too structured, as children often become obsessed with the charts, organizational aids, and schedules that are used to show progress. In addition, critics maintain that if children with autism are placed in an environment conducive to learning, and given the chance to interact with individuals outside of the autism community, they will ultimately understand what is expected from them and know how to respond more constructively without the need for such a program.

Picture Exchange Communication Systems (PECS)

This program was developed to help children and adults with autism to acquire functional communication skills. It is especially helpful for children who do not speak. It uses ABA-based methods to teach children to exchange a picture for something they want. Some view this method as worthwhile because it makes it easy for a child with autism to communicate with anyone, and the process is initiated by the child.

Floor Time

Stanley Greenspan, MD developed “Floor Time” based on his theory that there are six stages of emotional development for children, which can be seen as a developmental ladder that must be climbed one rung at a time. These stages are:

- The dual ability to take an interest in the sights, sounds, and sensations of the world and to calm oneself down;
- The ability to engage in relationships with other people;
- The ability to engage in two-way communication with gestures;
- The ability to create complex gestures, to string together a series of actions into an elaborate and deliberate problem-solving experience;
- The ability to create ideas; and
- The ability to build bridges between ideas to make them reality-based and logical.

Floor Time allows parents and educators to help a child with autism move up the developmental ladder by following the child’s lead and building on what the child does to encourage more interactions. Rather than focusing on cognitive development, this method of treatment focuses on emotional development. It is frequently considered a child’s daily playtime, and is used in conjunction with other treatments such as ABA. During a Floor Time session, the parent or other adult follows the child’s lead. For example, if the child is skipping, the adult skips along side. If the child is speaking in three word sentences, the adult limits his speech to short sentences as well. The approach promotes social and communicative development by giving children a safe environment within which to interact with others.

Social Stories

Stories are read to children with autism to teach them social skills. These stories address “Theory of Mind” deficits, which involve the ability to understand or recognize feelings, points of view, or plans of others. It is important to tailor these stories to the individual, through an awareness of how the child interacts socially, including what situations are difficult for the child and under what circumstances. If, for instance, a child throws a tantrum when his teacher leaves the room, a story about what scares the child may be appropriate for helping that child deal more effectively with his feelings.

Sensory Integration

Children with autism often lack the ability to integrate the senses, or are hypo- or hyper-reactive. Sensory integration therapy, conducted by speech, occupational or physical therapists, helps the child reorganize sensory information and focuses on desensitizing the child. If a child has difficulty with the sense of touch, a therapist may have the child handle objects of varying textures. Similarly, auditory integration therapy may involve a child listening to a variety of different sound frequencies. It is important for therapists to observe children prior to beginning the therapy to develop a clear understanding of the extent of the child’s sensory problems.

Facilitated Communication

This treatment is based on the idea that the individual is unable to communicate because of a movement disorder and not because he/she lacks the requisite communication skills. A facilitator supports the individual's hand or arm, and helps the individual communicate using a computer. This treatment has not been scientifically validated, and critics argue that it is actually the thoughts of the facilitator that are being communicated rather than the thoughts of the child with autism. This treatment has been formally opposed by the American Association of Mental Retardation and the American Academy of Child & Adolescent Psychiatry.

Biomedical Treatments

In addition to behavioral treatments, children with autism are often prescribed with various medications. There is not one medication that is prescribed to every child with autism, but rather any medication that is prescribed must be symptom specific. The following symptoms can be targeted with specific medications developed for other conditions:

- Hyperactivity
- Impulsivity
- Attention difficulties
- Sleep problems
- Obsessive tendencies
- Anxiety
- Aggression
- Self-injury

Medications should be initiated on a trial basis, and the child should be closely monitored for signs of positive and negative effects of the medication.

Appendix C

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Appendix D

Ohio Autism Task Force Recommendations

The Ohio Autism Task Force was created in June 2003 in Am. Sub. H.B. 95 of the 125th General Assembly to study and make recommendations regarding the growing incidence of autism in Ohio and ways to improve the delivery of services to individuals with autism.

Task Force members included parents of children with autism, autism service providers, educators, members of the Ohio House of Representatives and Senate, and representatives from the Ohio Departments of Education and Jobs and Family Services, among others. The Task Force released its recommendations in January 2005 to the Governor, Speaker of the House of Representatives, and the President of the Senate. The recommendations are as follows:

1. It is the recommendation of the Task Force to develop a comprehensive statewide system to accurately identify the number of individuals with autism in Ohio.
2. It is the recommendation of the Task Force that a statewide registry of individuals with autism in Ohio be created and maintained.
3. It is the recommendation of the Task Force that Ohio develop, implement, and maintain the First Signs or equivalent public awareness and training model to screen children for autism in Ohio and to provide an appropriation for this purpose.
4. It is the recommendation of the Task Force that Ohio establish a standard practice of autism diagnosis.
5. It is the recommendation of the Task Force that Ohio develop a regional service delivery system serving individuals with autism.
6. It is the recommendation of the Task Force that an Ohio Autism Center be given responsibility for coordinating services in Ohio for individuals with autism. This body shall seek input from an Autism Advisory Committee.
7. It is the recommendation of the Task Force that the Ohio Autism Service Guidelines be reviewed periodically and expanded to include services for individuals with autism of all ages and to recommend adoption of the guidelines by service providers.
8. It is the recommendation of the Task Force that the Ohio Board of Regents and the Ohio Department of Education create an Ohio credential for students preparing to teach individuals with autism.
9. It is the recommendation of the Task Force that the Ohio Department of Education develop an autism endorsement to be obtained by school personnel who demonstrate a specialized level of competency in providing educational services with autism.

10. It is the recommendation of the Task Force that there be created a statewide standard and protocol for the effective transition of individuals with autism from one service system to another.
11. It is the recommendation of the Task Force that Ohio adopt an incentive program to retain and attract a broad spectrum of students preparing to serve individuals with autism in professional disciplines. The incentive program may include but not be limited to loan forgiveness, tax credits, tax deductions and such other appropriate measures as determined by the Ohio General Assembly.
12. It is the recommendation of the Task Force that the Ohio General Assembly update the special education weighted formula to reflect current costs of providing services to individuals with disabilities. It is further recommended the Ohio General Assembly provide an appropriation to fund the special education weighted formula at 100% of costs.
13. It is the recommendation of the Task Force that the special education weighted formula be expanded to provide funding for preschool age children and that the Ohio General Assembly provide an appropriation for this purpose.
14. It is the recommendation of the Task Force that the Autism Scholarship Program be continued.
15. It is the recommendation of the Task Force that Ohio improve the regional capacity to provide a timely medical diagnosis of autism.
16. It is the recommendation of the Task Force that Ohio develop and implement guidelines to facilitate the timely educational identification of students with autism.
17. It is the recommendation of the Task Force that Ohio develop an Autism Resource Manual which will include regional services available and regional service providers. The manual should be available online, for public distribution, and at public libraries throughout Ohio.
18. It is the recommendation of the Task Force that a regional disparity of services provided to individuals with autism should be eliminated.
19. It is the recommendation of the Task Force that the quality and quantity of family support services available in Ohio should be increased. These family driven services will include, but not be limited to home modifications, respite care, advocacy, care giving, transportation, and family training.
20. It is the recommendation of the Task Force that any transportation barriers to receiving services by individuals with autism should be removed.
21. It is the recommendation of the Task Force that a statewide analysis be performed to determine whether individuals with autism in Ohio are inadequately served with vocational, adult day care, residential and supported living services.

22. It is the recommendation of the Task Force that the Ohio Department of Education review and modify rules for local school districts providing Extended School Year (ESY) services to students with autism.
23. It is the recommendation of the Task Force that an Ohio Autism Center provide technical and educational support to child and adult care centers to assist in providing quality care for individuals with autism.
24. It is the recommendation of the Task Force that the Ohio General Assembly provide adequate resources to enable Ohio Legal Rights Services to account for an increase in cases involving individuals with autism.
25. It is the recommendation of the Task Force that an Ohio Autism Center provide continuing education to professions and occupations in the State of Ohio in regard to the attributes and characteristics of individuals with autism and to assist in serving individuals with autism. This shall include but not be limited to continuing education for employees of state and local agencies providing services to individuals with autism.
26. It is the recommendation of the Task Force that the Ohio General Assembly create tax incentives for Ohio's employers providing meaningful employment opportunities for individuals with autism.
27. It is the recommendation of the Task Force that the Ohio Rehabilitation Services Commission and the Ohio Department of Development promote appropriate employment opportunities for adults with autism.
28. It is the recommendation of the Task Force that the Ohio General Assembly enact legislation increasing accountability of school districts for dollars expended for special education in Ohio.
29. It is the recommendation of the Task Force that the state and federal government fully fund special education programs and services.
30. It is the recommendation of the Task Force that the Ohio General Assembly increase the appropriation for special education catastrophic funding to reflect increased school district costs.
31. It is the recommendation of the Task Force that health insuring corporations and such other insurers as may be applicable in Ohio be prevented from excluding coverage for services provided to individuals with autism.
32. It is the recommendation of the Task Force that the Ohio Board of Regents encourage colleges and universities to develop curriculum for students preparing to practice in professional fields providing services to individuals with autism and their families.

33. It is the recommendation of the Task Force that the Ohio Department of Education develop a protocol for social skills training for students with autism.
34. It is the recommendation of the Task Force that the Ohio Department of Education fully fund the parent mentor program and that the Ohio General Assembly provide an appropriation for this purpose.
35. It is the recommendation of the Task Force that the Ohio Department of Mental Retardation and Developmental Disabilities allow the reallocation of permission to serve children on a waiver among counties in order that waiver opportunities for children with intensive needs do not go unutilized.
36. It is the recommendation of the Task Force that the Ohio Department of Health's Bureau for Children with Medical Handicaps eliminate an existing exclusion for services with individuals with autism.
37. It is the recommendation of the Task Force that Ohio maintain or increase funding for programs serving individuals with autism.
38. It is the recommendation of the Task Force that a research study be conducted in Ohio to determine the long term fiscal costs of a lack of appropriate early interventions and that the Ohio General Assembly provide an appropriation for this purpose.
39. It is the recommendation of the Task Force that the Ohio General Assembly create an Autism Awareness license plate and that the proceeds from the sale of such be distributed to the Autism Society of Ohio to promote programs benefiting individuals with autism.
40. It is the recommendation of the Task Force that a Medicaid home and community based waiver for individuals with autism be submitted to the Centers for Medicare and Medicaid Services (CMS) and implemented upon approval.
41. The Ohio Autism Task Force supports increased Ohio research activities for the effective treatment of autism.
42. It is the recommendation of the Task Force that the Ohio General Assembly enact mental health parity legislation.
43. It is the recommendation of the Task Force that the Ohio General Assembly enact Medicaid Buy-in legislation.

Recommendations and additional information about the Ohio Autism Task Force can be found on their web site: <http://www.ohioautismlegislation.org>.

Appendix E

Special Education Scholarship Legislation in Other States

No other state has a program quite like Ohio's pilot Autism Scholarship Program, but there are other states in which legislation regarding special education scholarships has been proposed or enacted.

Florida

Initially enacted as a single-district pilot program in 1999, Florida's McKay Scholarship Program was expanded to the entire state in 2001. Currently, almost 14,000 students participate in the program, 2.2% of whom are autistic. The McKay vouchers are given to children with disabilities, varying in amount from \$4,500 to \$21,000, depending on the disability. The size of scholarship is the amount the public school district would have received from the state for the student, or the cost of tuition and fees at the private school, whichever is less. The scholarship may not be used for transportation costs associated with sending a child to a private school.

Parents may choose to send their children to other public schools within the same district, to approved public schools in adjacent districts, or to participating private schools. Parents choosing private schools select from a list of private institutions approved by the Florida Department of Education. Often the scholarship does not fully cover the tuition charged by these schools and parents are required to pay the difference.

Any student with a disability and an Individualized Education Program (IEP) who attended a Florida public school the previous school year is eligible to receive a voucher if the student's parents are dissatisfied with the public school. Initially, eligibility for the program was limited to students who were not making progress in at least two areas of their IEP, but this is no longer a consideration for eligibility.

Under the Individuals with Disabilities Act (IDEA), students are entitled to "free appropriate public education" and have an "individual entitlement to special education and related services." However, it is important to note that students attending private schools through the McKay Scholarship for Students with Disabilities are considered parentally placed private school students under IDEA. As per IDEA, "No private school child with a disability has an individual right to receive some or all of the special education and related services that the child would receive if enrolled in a public school." (IDEA regulation 34 CFR §300.454(a)). As such, Florida does not allow students receiving the McKay Scholarship to take advantage of state-funded services and therapies available at public schools.

In addition, teachers who work at schools that participate in the McKay Scholarship Program are not required to be certified or even hold a high school diploma.

An evaluation of the program was conducted by The Manhattan Institute and released in June 2003. The evaluation was based on telephone interviews with 815 parents - 600 who currently have a child enrolled in the program and 215 parents whose children were previously enrolled. The results indicated that both groups of parents were more satisfied with the private schools in the McKay program than they were with the public schools their children previously attended.

Of current parents participating in the McKay program, 92.7% are satisfied or very satisfied with their child's private school, and 86% reported that their children received all of the services the school promised to provide. In comparison, only 32.7% of current participants were satisfied or very satisfied with the public school their child previously attended, and only 30.2% said they received all services required under federal law from the public school. Current parents were not the only supporters of the program, however. Over 90% of parents who left the program believed it should be continued.

The Manhattan Institute's evaluation has been criticized for failing to interview public school parents to provide a comparison group. According to the evaluation, only 2% of voucher eligible students in Florida are participating in the program, which may mean that most parents are satisfied with the special education services their children receive through the public school system. Other explanations would include: the extra cost of private school tuition, lack of vacancies at participating private schools, lack of transportation services, or lack of special education services in private schools.

Utah

Utah will be the second state to provide special education vouchers once H.B. 249 is signed into law by Governor Huntsman. The Carson Smith Special Needs Scholarships are renewable, three-year scholarships in amounts up to \$5,500 a year, the state portion of what a public school would have spent on the child. Parents will be able to use the scholarships to send their special needs children to private schools. Students qualify for the scholarship if they are currently receiving special education services in the public school system, or are attending private schools but can prove that they would be eligible for special education services in a public school.

Former Governor Olene Walker vetoed similar legislation (H.B. 115) last year but established a task force, composed of parents and advocates of children with special needs, to make recommendations for how the \$1.4 million originally appropriated for the program should be spent. The task force's recommendations were very specific, providing scholarships only to autistic children, and to only those autistic children who require three or more hours of special education per day. The proposal was passed by the State Board and forwarded onto the Governor's Office. The State Board did, however, voice concern about the possibility of dual enrollment and the financial impact it would have on the state.

Colorado

In June 2004 S.B. 177, “Home and Community-Based Services for Children with Autism,” was signed into law. Unlike the Ohio legislation, Colorado focused solely on early prevention, making funding available for children from birth to age six. Two million dollars was made available for this program, one million in state funding matched by one million dollars in federal Medicaid. Eligible children could receive up to \$25,000 a year for care and treatment, but eligibility in Colorado takes need into consideration. The focus is on providing help to low-income families. While this legislation is not specifically used for schooling, it is important because it is specifically given to children with autism.

Special education vouchers similar to the McKay scholarship in Florida were proposed in H.B. 1352 but never passed. This legislation would have used federal and state dollars that go toward total pupil funding to provide up to \$6,000 to special education students. Proponents testified that this voucher would give choice to parents and help students learn in environments free from teasing. Opponents criticized the bill, claiming the severely handicapped still could not afford the private schools, and this legislation would set back efforts to include special education students in regular classrooms. The Colorado legislature ended its session in May 2004 without voting on this legislation.

Vermont

In January 2003, a pilot program was proposed in which local school districts would give vouchers to special education students to attend other public or independent schools. The program would have impacted only two counties in Vermont, but the legislation was not enacted.

Wisconsin

Although Wisconsin does not have an autism scholarship program, the state provides significant financial support for children with autism. Beginning in 1994, under the state’s fee-for-service Medical Assistance program, Wisconsin paid for one child to receive treatment in the amount of \$2,400. By the end of fiscal year 2003, the program was serving over 1,000 children, at a cost in excess of \$40 million to the state. Adjustments have since been made to the program, limiting its coverage. Currently, the program provides for up to three years of intensive in-home services to children with autism who are eight years old or younger, and a range of on-going services to older children or those who have already completed their three-year intensive phase. As of 2004, the program is estimated to cost \$32 million annually.