

## The Public Education Committee

### Narrative:

The public education committee was charged with identifying costs for serving children aged 0-21. Information for identifying costs was collected through reviewing 2006 child count, survey monkey which went out to school staff/administration and parents, public forums held throughout the State where public comments on the current efficacy of agency services was collected.

### *Table of Contents*

Financial Impact

Alternative Schools

Medicaid

Additional Funding

Cost Effective Models

Allocation of Costs between Education and Human Services

Equitable Access

## Financial Impact

What is the financial impact of services for people with ASD on the current school budgets, and on future budget with changes in services?

What are we spending now, what do we need?

How do we identify what is currently being spent and can it be redirected to more effective uses?

*Costs based on 2006 child count. Approximate current costs (over \$50,000) (54 students) \$4,977,759.28*

*Approximate current costs less than \$50,000 (539 students) \$24, 255,000.00*

*At the current rate the following is a project of numbers of students and costs using a percentage of 9%.*

*Number of students*

*2006-07 = 646*

*2007-08 = 704*

*2008-09 = 768*

*2009-10 = 837*

*Cost*

*5 years: 2010-2011 = 912 students with ASD*

*99 students over \$50,000, with an average of \$92,000*

*99 x \$92,000*

*99 X \$92,000 = \$9,108,000.00/yr*

*813 students @ \$ 42, 500*

*813 x \$42,500 = \$34,552,000.00/yr*

*Total \$43,660,000/yr*

*2011-12 = 994*

*2012-13 = 1084*

*2013-14 = 1182*

*2014-15 = 1288*

*10 years: 2015-2016 = 1,404 (126 students over \$50,000 with an average of \$92,000 = \$11,625,000) 1,278 X \$42,500 + \$54,315,000.00*

*The above numbers are based on the 2006 child count and then were exponentially increased over the next 10 years.*

Funds to be redirected:

- *Depend on the individual schools based upon size and caseload*
- *Regional centers*
- *Group of specialists to rotate through the state/variety of groups to travel throughout the state*
- *Collaborate between schools and districts*
- *Increase capacity within the individual schools (motivates staff, tax breaks, incentives, tuition breaks, financial incentives, and sign on bonus)*
- *Model similar to Reading First with experts coming in at scheduled times to train all staff in a school as well as modeling from experts*
- *Joint funding with other agencies for related services*
- *Funding programs/grants for professional development*
- *Changing the flexibility of \$ for personal care attendant to go directly to parents*
- *Concept of individual budgets, similar to developmental services but in mental health there is \$100,000,000 still available through human services for all*
- *Human services money: for parent training, PCA training/benefits, flexible family funding, after school programs, summer programs, respite*
- *Money to parents to figure out what programs they want (Australia gives money to parents who must find their own programs)*

Recommendations:

*Regional centers*

*Group of specialists to rotate through the state/variety of groups to travel throughout the state*

*Collaboration between schools and districts*

*Increase capacity within the individual schools (motivates staff, tax breaks, incentives, tuition breaks, financial incentives, and sign on bonus)*

*Model similar to Reading First with experts coming in at scheduled times to train all staff in a school as well as modeling from experts*

*Joint funding with other agencies for related services*

*Funding programs/grants for professional development*

*Changing the flexibility of \$ for personal care attendant to go directly to parents*

*Concept of individual budgets, similar to developmental services but in mental health there is \$100,000,000 still available through human services for all*

*Human services money: for parent training, PCA training/benefits, flexible family funding, after school programs, summer programs, respite*

*Money to parents to figure out what programs they want (Australia gives money to parents who must find their own programs)*

## Alternative Schools

What is the impact of alternative schools/out of district placements?

- *more restrictive far from own community,*
- *Financial, costs vary from \$40,000 to upwards of \$100,000 or more(one out of placement in the southern section at \$274,000)*
- *Transportation (cost and personnel, higher costs in rural areas*
- *cuts back on the ownership of the local schools,*
- *doesn't build local capacity,*
- *no social experience with their developing same-age peers,*
- *possibly being over-utilized due to lack of capacity within the schools,*
- *some parents who feel the alternative schools are the best place due to the experience/training of staff,*
- *schools need to build programs that will allow students to move from the general ed classroom to the alternative classroom when needed,*
- *schools develop community and that is what is lacking with alternative programs*

### Recommendations:

- not enough information on student outcomes to determine impact and success of alternative schools vs. success and cost effectiveness of public school programming*
- Monitor student outcomes to assess effectiveness of alternative programs*

## Medicaid

What is the role of Medicaid?

*-Due to the uncertainty of Medicaid funding in the near future, it is hard to determine the role of Medicaid in future service provision.*

### Agencies currently utilizing Medicaid:

*NCSS uses Success Beyond Six money to help cut costs to the schools,  
Most mental health agencies are utilizing Medicaid-  
Autism Collaborative, Baird, Washington County and Addison County collaborative  
get reimbursed by Medicaid*

### Recommendations:

**None at this time due to Medicaid's uncertainty**

**If Medicaid was changed, we would need to look at how other streams of funding can be utilized to supplement current use of Medicaid. I.E. Mental Health Agencies reimbursement costs to schools.**

## **Additional funding**

What additional funding sources can be accessed?

*State grants*

*Private insurance*

*Autism Speaks*

*Hear Autism Now*

*Businesses/companies*

*Internships/job coaching/job training*

*Are all consolidated federal funding sources being utilized.*

*Bill Gates Foundation*

*Migrant Ed money for those eligible*

### **Recommendations:**

*Increase IDEA-B funds based to schools based on number of ASD students.*

*Lobby private insurance to pay for services such as ABA (applied behavioral analysis), OT, PT, SLP, etc*

*Reallocate consolidated grants for specific use in ASD programming*

## **Cost effective models**

Are there currently cost-effective models of service? Could costs be reduced with increased in-district capacity? Would an increased investment in early intervention pay off in the long run? Is a significant increase in funding needed to provide needed services?

*Currently no data to show cost-effective models*

### **Recommendations:**

- *change Early Ed funding*
- *EI reallocation of that seed money*
- *K-8 supported classroom model: special educator assigned to case manage, the team of consultant supports the program, assistants are assigned to the classroom; separate space with intentional integration; the intention that the school takes over the entire program within 2 years ( Washington County, ALMC)*
- *develop partnerships with colleges*

## Allocation of costs between education and human

Is the allocation of costs between education services and human services appropriate?  
Should there be changes?

- *Parent training through human services;*
- *Human services support for after hours,*
- *schools should not be funding for more than the school day,*
- *schools mandated to provide services and human services are not mandated= inequity across agencies*
- *agency services needs to be in place during non-school hours,*
- *human services needs to be able to provide services in the home with trained personnel,*
- *partnering with Developmental Services to provide the needed services.*
- *Research shows that early intervention ‘pays off’*

### Recommendations:

**Equity between both education and human services**

**Developmental services re-look at servicing children and funding**

## Equitable Access

How can there be more equitable access to needed services across school districts? Are there opportunities for more regional capacity building and collaboration?

### Recommendations:

- **need to find ways to motivate and to access the opportunities for training**
- **and motivation for staff take trainings**
- **stipends**
- **networking**
- **endorsements for ASD specialists**
- **mentoring w/professionals**
- **incentives for remaining in job**
- **trainer to trainer model**
- **foundational training in higher education**
- **Voc rehab allocation of funds/knowledge/training**
- **There are barriers to building capacity: philosophy, keeping/maintaining staff, training, pay, no “top-down” guidance**
- **Local policy based on guidelines**
- **Need state leadership from DOE**
- **endorsement/certificate for autism specialists in education and human services,**