



**House Education Committee Testimony from VCSEA on Special Education, January 28, 2015**  
Jo-Anne Unruh, Executive Director

**Introduction to VCSEA and VCSEA Priorities 2015:**

VCSEA is a professional organization made up of special educational leaders from throughout Vermont. During this legislative session the focus of our organization is on the following:

- Equitable and Necessary Access to Mental Health Care for Children and Families
- Education Funding and Governance
- Access to Publically Funded Prekindergarten Education

**Special Education Spending:**

Special education cost increases both state wide and locally have been seen since the Education for Handicapped Children Act was first passed in 1975 when the goal of a 40% federal contribution to the excess costs of special education was established. The 40% target has never been achieved. The law was renamed the Individuals with Disabilities Education Improvement Act in 2004. Special education is highly regulated and includes many processes and procedures protecting the civil and educational rights of students with disabilities and families. Expansion of the protections for students with disabilities has been ongoing in response to increasing awareness of the frameworks and services necessary for student to succeed in school and gain independent living skills and access to higher education and employment. Examples of the expanding rights have included:

- Increase in number of categories of disability.
- Increases in the range of services to be provided such as transition services, discipline protections and processes for eligible students, counseling services, and supports for students to engage with nondisabled peers in extracurricular activities.
- Increased emphasis on access to the regular education curriculum built on the belief that most students with disabilities can succeed in the regular classroom with the appropriate supports.

**Vermont Special Education Administrators Report Areas of Increased Spending:**

**Mental Health:** Rising mental health demands upon schools are experienced state and nation-wide. Service needs include behavior interventionists, and tuition and transportation for out of district placements. Drivers of these increased mental health cost include:

- The effects of poverty, substance use, homelessness and abuse and neglect. Vermont's rate of poverty for families with children is increasing. The link between poverty, single parenthood and disability is well established. There is also a large body of research establishing that adverse events in the lives of children put them at risk for later health and mental health challenges.
- The research comparing language exposure and acquisition for children from poverty and those who are from "working class" or professional families has also been widely disseminated. Children from poverty are at a great disadvantage.

The Report on Act 68 of 2013, "School-Based Mental Health and Substance Abuse Services" shared with the legislature in the last session identifies the extent to which schools are involved in funding a broad range of mental health supports to children and youth whether eligible for special education or not.

- Since 1992 partnerships between community mental health agencies and education have been supported in Vermont through the "Success Beyond Six" funding mechanism. Special Education expenditures in FY 13 totaled \$227,172,983.51. Mental health services portions of the special education total cost were estimated very conservatively as \$43,050,449.70.
- VCSEA members are proud to be partners in this effort with our community mental health centers. However, the large mental health expenditures within the special education budget raise persistent questions concerning the adequacy of the mental health systems' budgets in meeting the mental health needs of Vermont's children and their families.

**Autism:** Autism services including tuition and transportation for out of district placements and specialized staff including autism consultants and interventionists.

- There continues to be a significant increase in students identified on the autism spectrum. Specialized needs include classroom instruction and behavior supports, language development and communication tools and technologies, and social and pragmatic language supports. Many of these children require individualized behavior and communication support personnel such as autism interventionists, expert consultation, and in some cases more restrictive placements. Day school and residential programs for those with the most complex needs are not uncommon. While the understanding and expertise in working with these children has increased dramatically over the years the increasing rate of identification of children on the autism spectrum is a reality.
- Regional capacity with the expertise needed to intervene early and intensively is necessary. Conservative estimates of the special education services costs for students with autism spectrum disorders for FY13 was \$20,680,456.00

**Special education personnel including paraprofessionals:** Vermont's educational delivery system has relied heavily on the employment of paraprofessionals in providing direct services and supports to students with significant disabilities.

- Paraprofessionals are used to implement required IEP services for students who require frequent and consistent supervision and instructional support to learn and participate meaningfully in the learning process, and also to address personal and health care needs.
- Paraprofessional staff-members, when well trained and supervised, have contributed mightily to the quality and intensity of instruction, and to the supervision, safety and behavioral growth of students. That said there are also difficulties and potential dangers in the extensive use of paraprofessional staff. The over-dependence of children on the paraprofessional thereby limiting independence, initiative, and peer social development is a concern when the consistent training and expert supervision needed is lacking.
- Additionally, paraprofessional roles must be carefully outlined and communication frequent so that instruction is developed and guided by the expertise of the classroom teacher and special educator and not left to the paraprofessional to make instructional and curricular decisions. The extent of the use of special education para professionals in supporting our overall educational delivery system remains a concern and area for further study.

### **Promising Directions:**

**Financial Savings:** Special education consolidation efforts as a result of Act 56 at the SU level are in their first or second year of implementation, and therefore financial savings are not yet evident in the FY16 Service Plan. However,

- Special education administrators anticipate long term savings from more efficient deployment of specialized staff and more regional program development for low incidence but complex student needs. Anecdotal evidence to date suggests benefits to students and efficiencies of scale from building SU wide capacity. The expected size of saving is likely to be seen as slower growth.
- Significant variation within Supervisory Union schools as to how student services are delivered is likely to become less as more standardized practice in service and instructional delivery results from the consolidation process. This information is worthy of consideration as larger changes in the overarching education governance and funding structures are considered.

### **Multi-tiered Systems of Support in both Academic and Behavioral Arenas:**

- The success of Positive Behavioral Intervention Supports (PBIS) in Vermont in improving overall school climate and student behavior is evident. Exemplar schools are those who are implementing with a sustained level of fidelity and are also seeing steady academic gains. Currently 43% of Vermont schools are implementing PBIS within 85% of Supervisory Unions/Supervisory Districts.
- Response to Instruction and Intervention (RTII) provides multi-tiered supports in the academic arena. RTII provides for a flexible and responsive system for addressing student needs at the earliest possible time after difficulty is seen in learning. More evidence-based practice in first instruction at the universal classroom level, rather than waiting for a child to fail before providing necessary supports, is a foundational principal of an effective Multi-tiered System of Support in behavior and academics.

### **Increased Focus on Child Protection:**

VCSEA supports strengthening of Act 264 and Interagency Agreement which established Vermont's System of Care for students with emotional disturbance and other disabilities who require interagency supports. The current legislative focus on improving the protections for children due to abuse or neglect provides an opportunity to focus on the interagency collaboration needed.

- Our most vulnerable students require families and other agencies to work effectively on the child's behalf. No one agency can do the work alone. Creating more openness and transparency between agencies, strengthening the focus on the best interests of the child and strengthening the longstanding Coordinated Services Planning process are all necessary steps in assisting our most vulnerable and at-risk students succeed in school and life.
- We support a review of the functioning of the Coordinated Services Planning and Local and State Interagency Team processes to ensure for the commitment of all involved agencies. Oversight at the highest levels of state government is critical to a well-functioning and responsive process.