



DEER VALLEY UNIFIED SCHOOL DISTRICT

AN EDUCATION SERVICES ANALYSIS

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INTRODUCTION

EXECUTIVE PROCESS SUMMARY

The leadership of the Deer Valley Unified School District (hereafter referred to as the District or DVUSD) commissioned this review of specific areas that support struggling learners. In conducting this analysis, the review team employed proprietary methodology from a pre-established paradigm (i.e., an Educational Services Analysis), which triangulates information gleaned from qualitative and quantitative information.

More specifically, the qualitative analyses comprised: (1) a series of confidential interviews or surveys with special education teachers, general education teachers, related service providers, para-educators, central office administrators, school-based administrators, school board members, students with disabilities, school attorneys, and parents of students with disabilities (as broken down in **Appendix B**); (2) a review of documents (i.e., IEPs) to ascertain the degree and appropriateness of educational programming and services; and (3) non-evaluative site visits to District programs to ascertain the continuum of services and programs.

Quantitative analyses included: (1) multidimensional analyses of information contained within the IEPs; (2) comparative analyses of staffing and corresponding workloads; (3) comparative student outcome data; and (4) financial data pertaining to programmatic expenditures (e.g., transportation) and revenues (i.e., the Medicaid program). Given the number of data points, the results that are reported within this document represent recurring themes.

ACKNOWLEDGEMENTS

The authors wish to acknowledge District staff and school personnel. This project necessitated a great amount of effort in facilitating logistics and in securing documents; the team is grateful for the efforts of all central office and school-based staff. In particular, we wish to thank Drs. Scott Smith, Gayle Galligan, and Melissa McCusker and their staff members.

Throughout the entire process, the cooperative relationship between Futures and the District has enabled the team to work with District leadership in a collegial and transparent manner to maximize the benefits of this analysis for the District. Futures team members are sensitive to, and focused upon, the ultimate objective of the project: To support the District leadership and stakeholders in attaining its goals and to improve the efficiency and effectiveness of the delivery of educational services.

DOCUMENT ORGANIZATION

The staff of Futures is pleased to provide this report of the comprehensive analysis of the programs and services conducted from October 2018 through April 2019. The primary purpose of this analysis was designed to

describe, and to provide suggestions to improve, specific areas within its education delivery system that include:

- (1) Continuum of Services
- (2) Utilization of Para-Professional Supports
- (3) Out of District Placements
- (4) Related Services
- (5) Organizational Structure and District Coordination of Services
- (6) District Finances Related to Recoupment of Medicaid and Special Education Transportation

These six components are considered with respect to: *Organizational Considerations*, *Continuum of Supports*, and *Financial Review*. In turn, each component is considered with respect an *Overview*, *Findings* (comprising *Driving Questions 1-7 and 10*), and *Areas of Opportunity* (corresponding to the *Driving Questions 1-10*). The reader is referred to **Appendix A** for the Driving Questions. The document concludes with a Summary and Final Commentary.

ABBREVIATIONS

ADE:	<i>Arizona Department of Education</i>
ARI:	<i>Availability Ratio Index</i>
ASY:	<i>Academic School Year</i>
BAAT:	<i>Behavior and Autism Assistance Team</i>
CSDs:	<i>Cohort School Districts</i>
ELA:	<i>English Language Arts</i>
FAPE:	<i>Free and Appropriate Public Education</i>
FTE:	<i>Full-time equivalent</i>
IEP:	<i>Individualized Education Program</i>
LRE:	<i>Least Restrictive Environment</i>
MAC:	<i>Medicaid Administrative Claiming</i>
ODPs:	<i>Out of District Placements</i>
OT:	<i>Occupational Therapist or Occupational Therapy Services</i>
PD:	<i>Professional Development</i>
PT:	<i>Physical Therapist or Physical Therapy Services</i>
RNT:	<i>Regular Needs Transportation</i>
RSP:	<i>Related Service Provider</i>
SES:	<i>Special Education Strategist</i>
SNT:	<i>Special Needs Transportation</i>
S-LP:	<i>Speech Language Pathologist or Speech Language Pathology Services</i>
SSS:	<i>Student Support Services</i>
SWDs:	<i>Students with Disabilities</i>

GLOSSARY OF TERMS

Continuum

Of Supports: The range of programs, personnel, and resources to support all students.

Co-Teaching: A model whereby a special education teacher and a general education teacher jointly plan and deliver instruction to students with and without disabilities.

Effectiveness: The degree to which the services under review promote optimal educational outcomes and student access to the curriculum.

Efficiency: The degree to which the special education services and personnel under review are responsibly, uniformly, and optimally utilized to ensure District resources are being expended in a fiscally sound manner.

Horizontal

Alignment: Practices that correlate special education instruction to grade-level expectations.

Level-Three

Classrooms: Classrooms that support SWDs requiring instruction outside of the general education environment for the majority of their day.

Ownership:

The philosophy whereby general and special education staff view all students as their responsibility.

Vertical

Alignment: The degree to which the transition of SWDs as they progress from one grade, school, or program to another is seamless.

METHODOLOGY

- Confidential interviews or surveys with special education teachers, general education teachers, related service providers, para-educators, central office administrators, school-based administrators, school board members, students with disabilities, school attorneys, and parents of students with disabilities; (N=469) **please see Appendix B** for a complete breakdown.
- Online surveys completed by parents of SWDs within the District (N=287)
- Non-evaluative walk-throughs at all District's schools
- Analysis of the District's central office Organizational Structure (as currently constituted)
- Documents provided by the District describing programs, services, and Professional Development

- Quantitative comparisons to other analogous school districts
- Workflow analysis of the Related Service Providers’ schedules (see **Appendix F**)
- Data retrieved from the IEP-PRO® IEP system including a stratified review of IEPs (N=400)
- Student classification and achievement data from the Arizona Department of Education website (www.sde.ade.gov/)

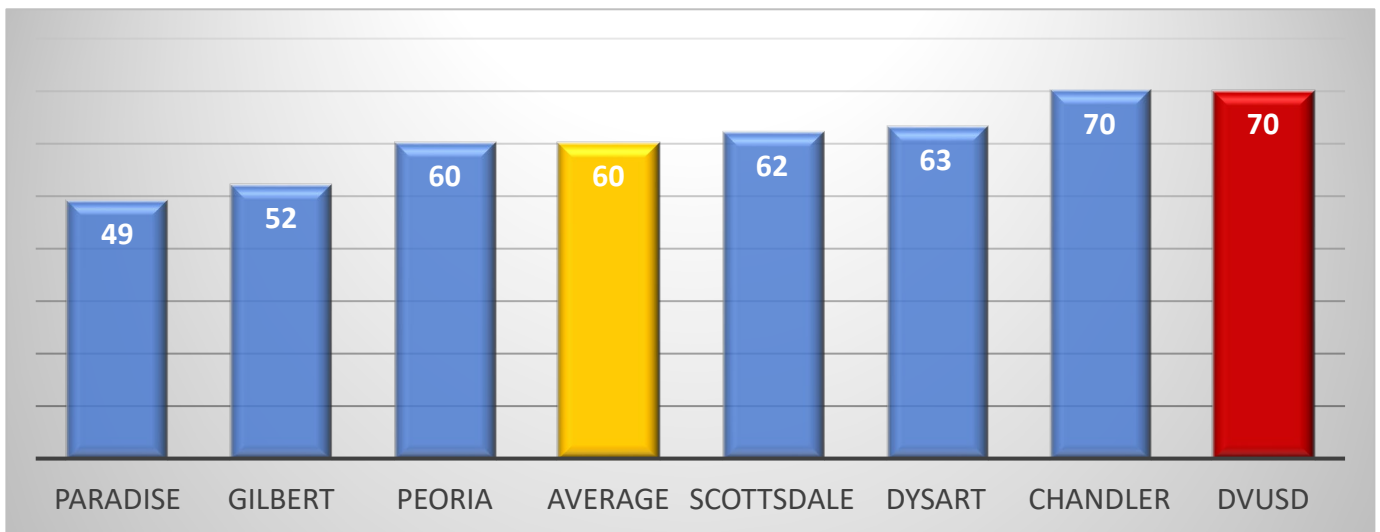
ORGANIZATIONAL CONSIDERATIONS

FINDINGS

Driving Question #1: Are culture and climate, at both central-office and school-based levels, conducive to optimizing special education services?

- To the degree that culture, climate and ownership (among other factors) may promote inclusionary models, it is interesting to compare the District’s data on Least Restrictive Environment (LRE) to the Districts Cohort School Districts (CSDs).¹ More specifically, as illustrated below in **Figure 1**, 70% percent of Students with Disabilities (SWDs) are spending at least 80% of their school day in the general education environment, which compares to a state average of 66%, and the State Target of 64%.

Figure 1. The Percentage of SWDs Spending At Least 80% of Their Day in General Education



- Although the District is doing well with respect to keeping students in general education, this statistic may be somewhat misleading to the degree that pure co-teaching models are not occurring as much as staff may prefer. That is, although the co-teaching model may be occurring at schools or with certain

¹ Comprising Paradise Valley USD, Gilbert USD, Peoria USD, Scottsdale USD, Dysart USD, and Chandler USD; this is the most recently reported data from ADE, ending ASY 2017.

dyads, co-teaching does not appear to be occurring in a uniform manner across the District. This will be elaborated upon in a subsequent section.

This perception was corroborated by wide-spread reports that there could be more collaboration occurring within each school. In a broader sense, and in a theme that shall occur throughout our reporting, there appears to be great variability across schools with respect to ownership, policies, procedures, logistics, and requisite capacities that underlie effective special education programming.

- The seminal issue of ownership appears to be related to the capacities general education staff have to address the needs (e.g., behavioral) of students. That is, the more capacity teachers have the more the likelihood that they will take responsibility of all students.

Driving Question #2: Among various stakeholders (e.g., teachers, administrators, board members, and parents), does there exist an understanding of the District's Continuum of Services?

- In general, there is a good understanding of the current continuum of services given that it has been in existence for about ten years. However, although there is a good understanding of its composition, whether or not it is “liked” appears to be the critical question. Of all the areas under review, the District’s continuum of services elicited the greatest amount of discussion, passion, and consternation across all interviewed stakeholders.
- More specifically, although there were respondents who were more ambivalent about the current paradigm whereby virtually all SWDs are educated in their neighborhood schools, there are essentially two “camps”: Those who perceive the continuum is not meeting the needs of SWDs and those who perceive that, with some greater capacity building, the current continuum essentially works well and is in the best interest of students (for students with and without disabilities). For those who perceive that the continuum is not meeting the needs of SWDs, the recurring themes are:
 - ✓ Learning centers are too heterogeneous with respect to the composition of SWDs for teachers to adequately address the disparate need areas.
 - ✓ The teachers who may be the “best fit” to address the needs in the Learning Centers are not assigned to them, resulting in high turn-over and a cycle of frustration within the schools.
 - ✓ Students with behavioral needs are not being adequately addressed (e.g., the BAAT is reported as not being timely in their responsiveness).
 - ✓ There is a paucity of programs outside of Vista Peak to meet the needs of students who require more specific programming than what the neighborhood schools can provide and what is provided at Vista Peak.

Alternatively, those who advocate for the current continuum of services reported:

- ✓ A need for greater ownership at certain schools to try all suggested behavioral supports provided by the BAAT before determining SWDs require alternative placements.

- ✓ That, in fact, a true continuum does exist at each school whereby students are afforded the opportunity to receive the supports they need ranging from educational environment (e.g., in or out of the general education environment) as well as interventions (e.g., academic, behavioral, and related services) that meet their needs.
- ✓ The roles of the Special Education Strategist provide school-based and real-time supports for all staff, which is a resource that not all Districts have.

AREAS OF OPPORTUNITY

Driving Question #1: How might culture and climate, at both central-office and school-based levels, be improved to optimize special education services?

- As new teachers are hired in the District, as part of their two or three-day orientation, provide them with an operational hiring guide, thus ensuring all teachers understand the ownership standard of their jobs as it pertains to supporting all students. In this manner unanimity of the culture of ownership across all schools can be established on a “go forward” basis.
- Continue to maximize District PD resources, via a unified PD curriculum for both general and special education teachers to work collaboratively to meet the needs of all students (i.e., with or without disabilities). To the greatest degree possible and practicable, it may be helpful to involve leads in related services (e.g., S-LP) to ensure that they are also part of these unified offerings.
- At the school-level continue to encourage principals to ensure that special education teachers are allowed to maximize their collaboration with general education staff. In this manner, sharing of best practices, reflections on student achievement, and problem-solving can occur in “real time” and will help the connectivity of the strategy experts (i.e., the special education teachers) and the content experts (e.g., the general education teachers) on an on-going proactive basis.
- Continue to address current and emerging topics of relevance (e.g. addressing needs of a changing student demographic) including mental health and behavioral issues.
- To enhance their connectivity to schools and “empowerment,” perhaps ask a para-professional from each school to provide input on PD committees.

Driving Question #2: Among various stakeholders (e.g., teachers, administrators, board members, and parents), how can the District’s Continuum of Services be viewed more positively?

- As part of an expanded communication initiative to get parents of special education students to increase their understanding of special education requirements and the District’s offerings, invite them to open, candid conversations regarding special education topics (e.g. FAPE and LRE) at both the school and District-levels. In order to supplement the communication with the parents, special topics pertaining to special education eligibility laws may prove beneficial to present at Parent Advisory Committee meetings.
- Re-visit the establishment of descriptions that further define the in-District continuum of programs so that students have access to consistent frameworks and curriculum as they progress from grade to grade

and from school to school. This would span the forthcoming discussion of ensuring co-teaching models are included to programs supporting students with intensive needs. In addition, classrooms with specified ratios of teachers and para-professionals to students than may be provided at each school could address students who present with similar needs in a more effective and efficient manner. The reader is referred to **Appendix C** for examples of these. The authors would like to caution that these are presented for paradigmatic purposes and understand that the suggested ratios may not be tenable for all districts.

With respect to the population of SWDs who may require enrollment in regional programs, these classrooms could be re-named to convey their “mission” without divulging the disabilities of the students or limiting necessary flexibility in placements based upon student need. For example, a functional skills program could carry the acronym, which would maintain constant across elementary, middle, and high school-levels (e.g., LEAP: Life Exploration and Academic Progress, I, II, III, etc.). A discussion of capacities to make these programs successful are provided in a subsequent section.

In this manner: (1) students with similar levels of need can be more effectively supported with services, interventions, and programming; (2) it will be easier for the IEP teams to ensure appropriate transition to subsequent programs; (3) students will be placed in the least restrictive environment; and (4) parents and other stakeholders will have a better understanding of criteria that will necessitate either the same level or a change of programming.

- As part of this initiative, consider establishing more operational and “user-friendly” (e.g., tri-fold pamphlets at each school) descriptions and exit and entry guidelines for each special program, with level of need and educational profile being the primary determinants.

CONTINUUM OF SUPPORTS

FINDINGS

Driving Question #3 & 5: Are there requisite capacities (e.g., personnel, programmatic, and physical plant) to support: (a) students with disabilities currently with the district; (b) a successful transition for those students currently served in private placements; (c) across varying disabilities (Medically fragile, ED, etc.); and across grade levels (e.g., those transitioning from Pre-K to Kindergarten).²

Capacities Defined

- As it pertains to the consideration of requisite capacities, we think it is important to first define those that are critical to provide optimal special education programming:

² Given the overlap with Driving Question #5 (i.e., With respect to optimizing horizontal and vertical articulation, are there requisite processes within the District across the parameters of central office, inter-school, and intra-school communication?) this component and its corresponding Area of Opportunity incorporates both Driving Questions 3 & 5.

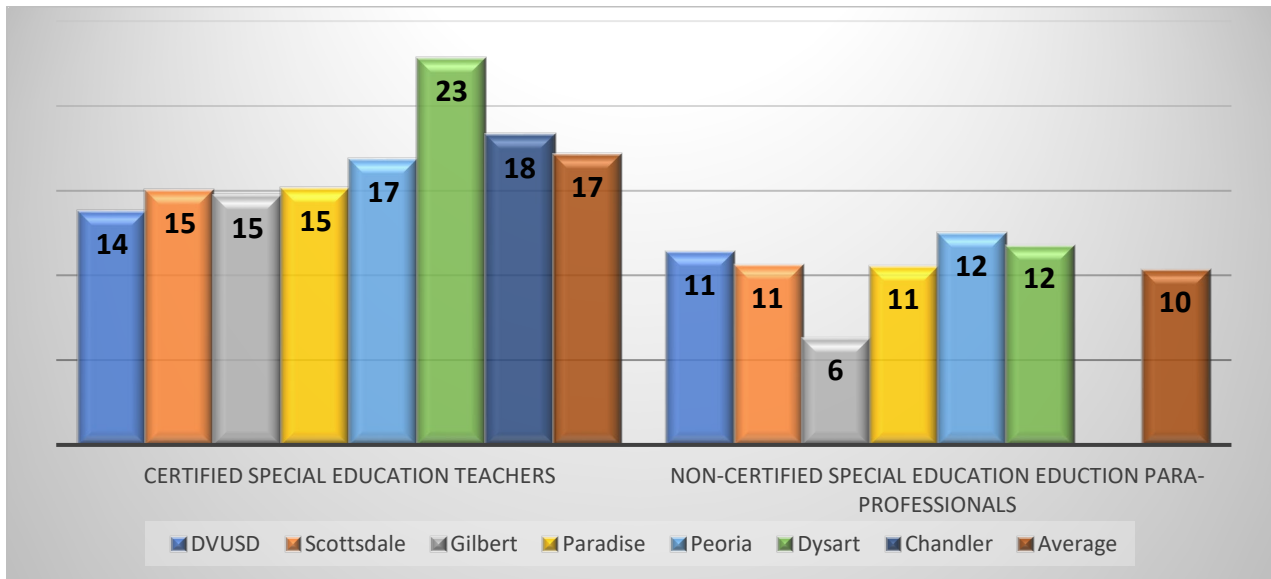
- ✓ Personnel Capacity: The degree to which staff in District programs have the requisite training, competence, and administrative support to serve students currently requiring OODs.
- ✓ Programmatic Capacity: The ability of programs to meet the needs of SWDs with respect to vertical and horizontal articulation.
- ✓ Organizational Capacity: The degree to which the leadership overseeing programs is optimally constituted.
- ✓ Physical Plant Capacity: The degree to which the District can house the programs in a manner that will optimize educational outcomes.
- ✓ Financial Capacity: The degree to which there exists adequate financial supports for programs and services.

Personnel Capacity

- With respect to personnel capacities to support SWDs with a myriad of disabilities, staff appear to be more comfortable in supporting students without behavioral needs. However, co-teaching (as discussed), appears largely dependent on the teaching dyads at any given school and does not appear to be a District-wide process.
- Despite the inherent challenges in providing consistent nursing services (which many districts are facing in the authors' experience), neighborhood schools are trying their best to accommodate SWDs with significant medical needs (e.g., those with feeding tubes).
- In a related issue, it was reported that personnel capacity to meet the needs of home-bound services is strained. Currently, there are approximately 32 students (special and general education) receiving home or hospital instruction due to medical reasons. If the three full-time teachers dedicated to homebound instruction cannot cover the numbers of students, school-based teachers are employed for extra duty. Typically, students receive four hours of instruction per week while on homebound instruction.
- A review of Professional Development offerings by SSS suggests that leadership is doing a very good job providing staff with content-validated trainings. These are provided via both internal and external staff, as well as embedded mentorship for newly hired staff.
- It is notable that the budget for special education PD reduced from \$81,000 in 2016-17 ASY to \$55,000 in ASY 2017-18 due to rising costs in pre-school. Please refer to **Appendix D** for a breakdown of both paid and internal offerings.
- Certified staff reported that they are generally pleased with PD opportunities, although these may be presented in a "siloes" manner whereby related services staff may not be receiving the instructional content in unison with other staff.
- Training for para-professionals is viewed as limited. They are often asked to participate in the activities designed for teachers and often find these experiences not to be aligned to their roles and responsibilities.

- In general, those interviewed indicate they have the necessary materials and resources necessary to do their jobs. However, there are sporadic areas of dissatisfaction (e.g., time to order supplies, older computers, etc.).
- With respect to the number of certified and non-certified special education staff, the District 's Availability Ratio Index compares favorably to the CSDs.

Figure 2. *Reported Ratios of Certified and Non-Certified Special Education Staff Spanning Pre-K Through Grade 12 (2017-18 ADE Data)³*



Programmatic Capacity

- As discussed previously, the programmatic capacity within the District is the source of great debate among stakeholders. To the degree that this question can be answered empirically, there are a number of measures that indicate SWDs are achieving at a level that is at least commensurate with SWDs from CSDs.
- At the Pre-School level, SWDs are achieving higher than CSDs in Positive Social-Emotional Skills and Relationships, Acquisition and Use of Knowledge and Skills, and Use of Appropriate Behaviors to Meet Needs.

³ It is notable that the ARI for the certified teacher now approaches 16:1 (inclusive of SESs) and the ARI for the para-educators is approximately 13:1.

Figure 3. *Of Those Preschool Children Who Entered the Preschool Program Below Age Expectations in Each Outcome, the Percent Who Substantially Increased Their Rate of Growth by the Time They Turned 6 years of Age or Exited the Program*

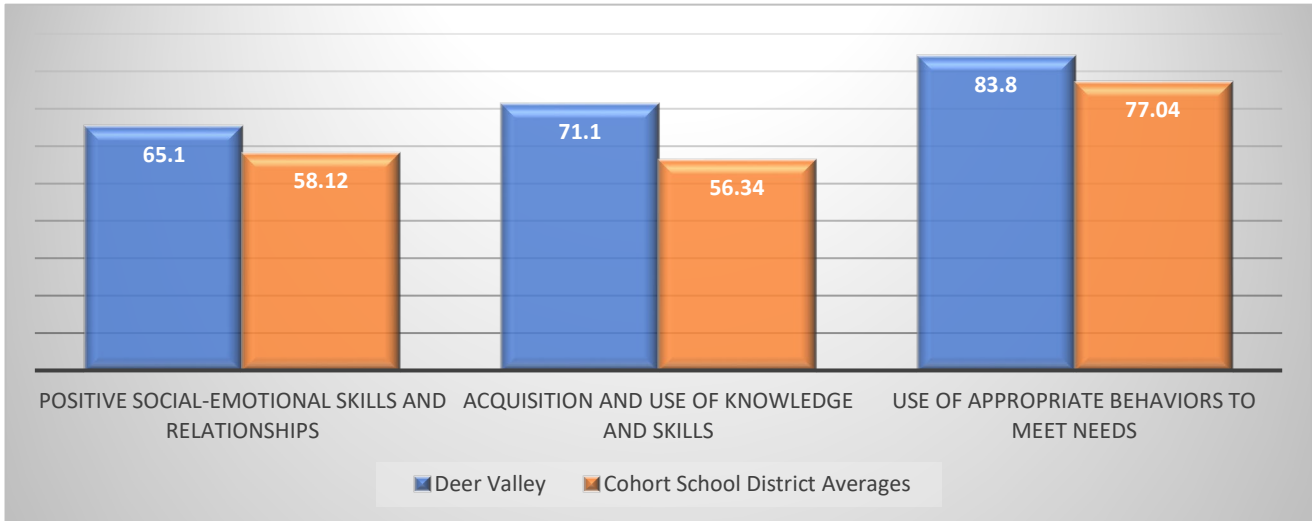
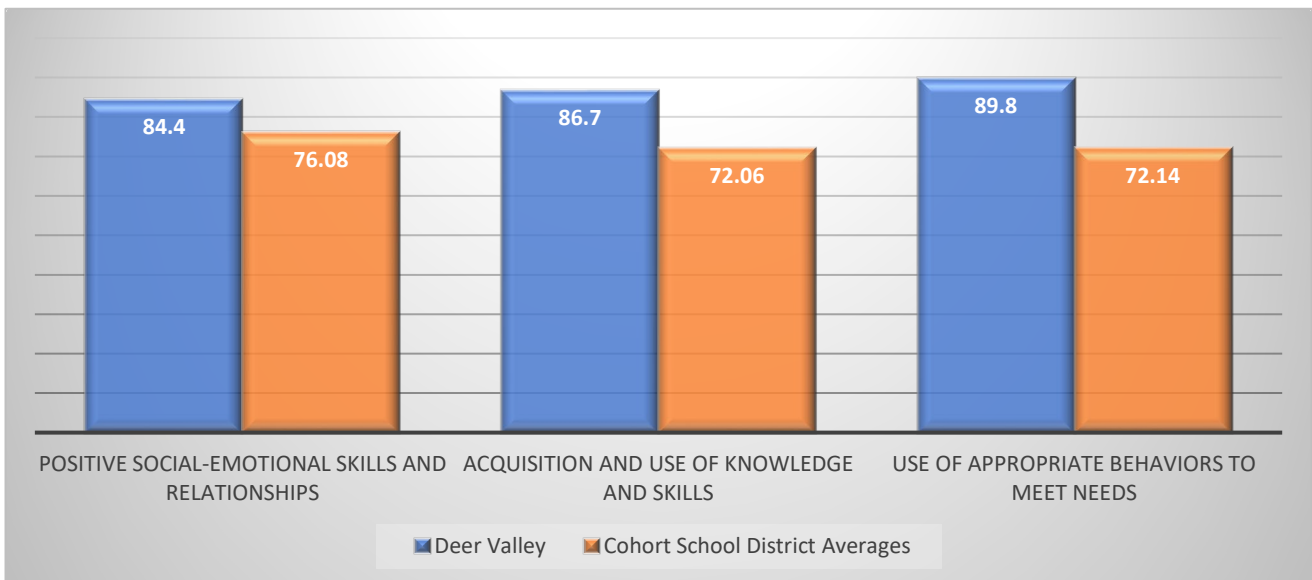


Figure 4. *The Percent of Preschool Children Who Were Functioning Within Age Expectations in Each Outcome by the Time they Turned 6 years of Age or Exited the Program*



- Most interviewees hold positive perceptions about the District’s school-feeder systems and the transition process for students with disabilities. Many individuals noted the best practice of transitional IEP meetings (including representatives from the receiving school) for both in-District and ODPs and are proud of the continuity this process provides for students and families.

However, relative to the transition of pre-school SWDs to the Kindergarten programs was reported to not be as smooth. The transition from the Pre-kindergarten (preschool) to early elementary grades is

sometimes difficult for students and parents. The preschool setting provides a smaller group setting with a broad range of support and related services through either an integrated model within the classroom or as a pull-out. Typically, the concerns of moving from the more “cocooned” environment of the preschool to the larger elementary school is unfounded. The same concern accompanies transitions from elementary to middle and middle to high school. This is more of a fear of the unknown than reality.

- With respect to the K-12 SWD population, their performance on the AzMERIT for both English Language Arts and Math are consistently below CSDs (**Figures 5a & 5b**). In addition, the achievement gap in both content areas are higher in comparison to the CSDs (**Figures 5c & 5d**). For informational purposes, given that comparative data is not available, the SWD performance AIMS-Science and MSAA (alternative testing) for the most recently reported data are presented in **Figures 5e & 5f**, respectively.

Figure 5a. *Percent of SWDs Achieving At Least Proficiency on AzMERIT for ELA*

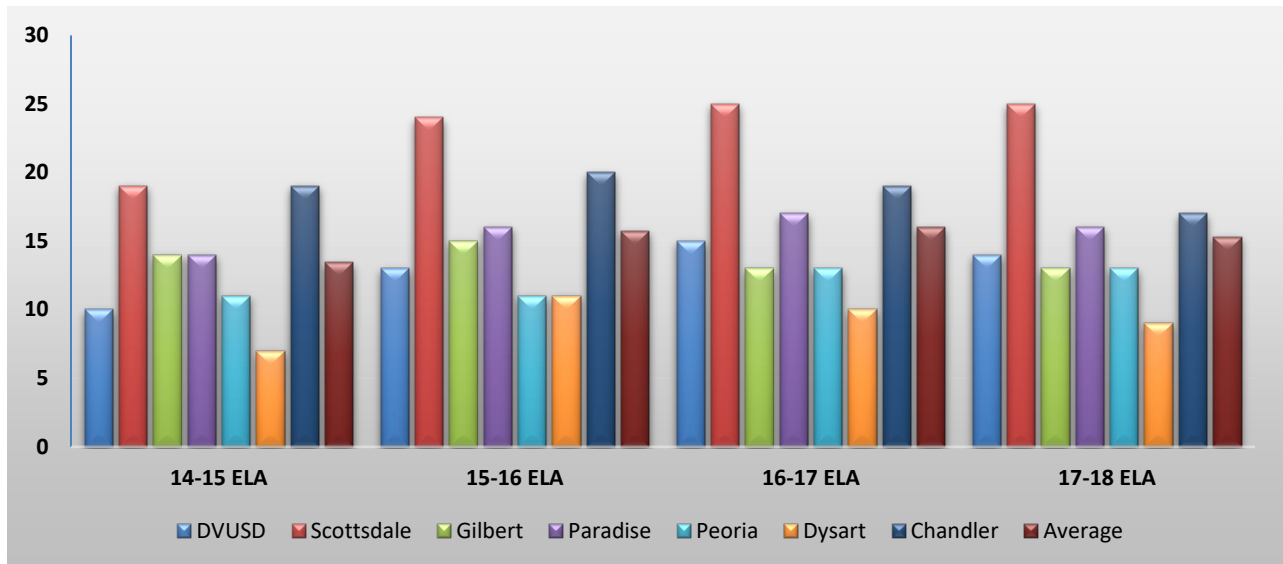


Figure 5b. *Percent of SWDs Achieving At Least Proficiency on AzMERIT for Math*

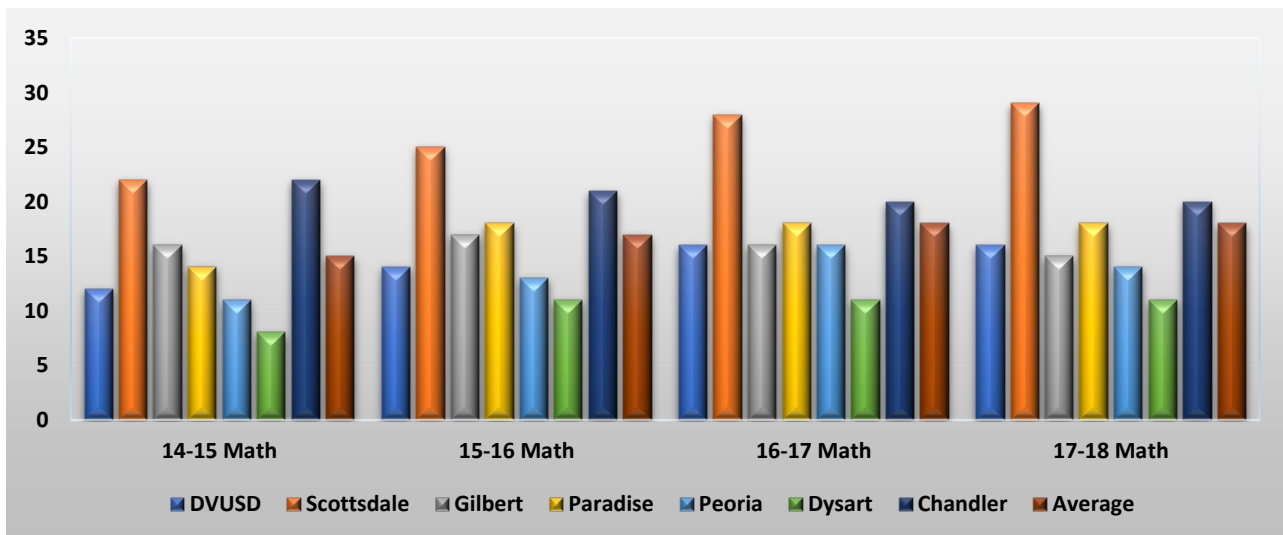


Figure 5c. Achievement Gap in ELA

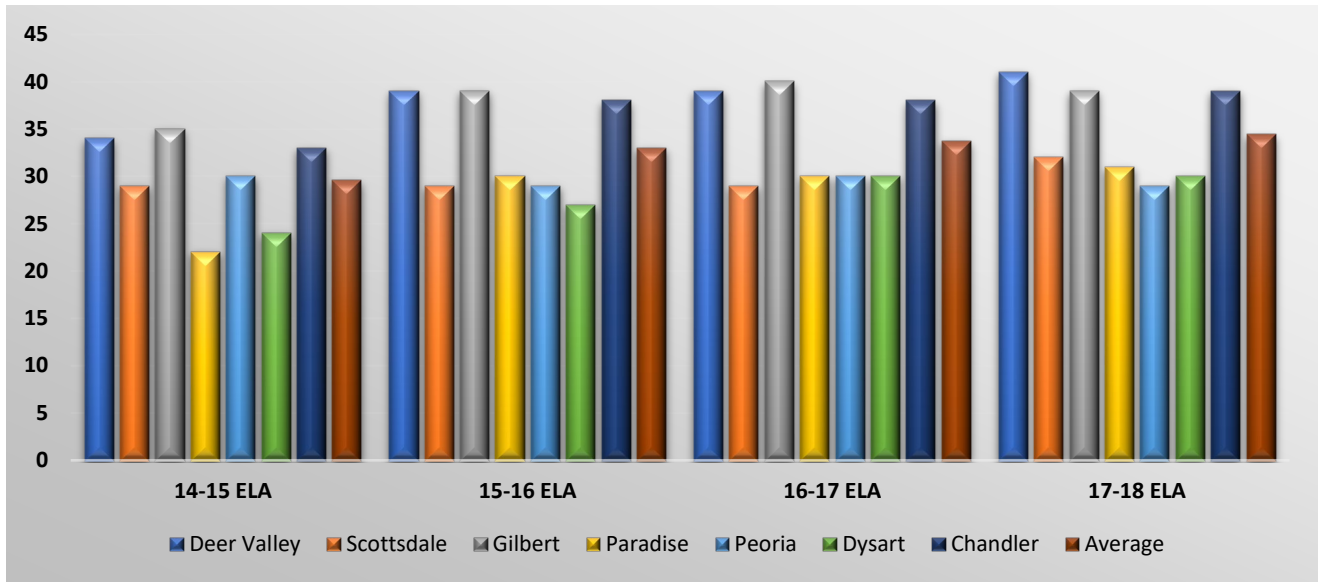


Figure 5d. Achievement Gap in Math

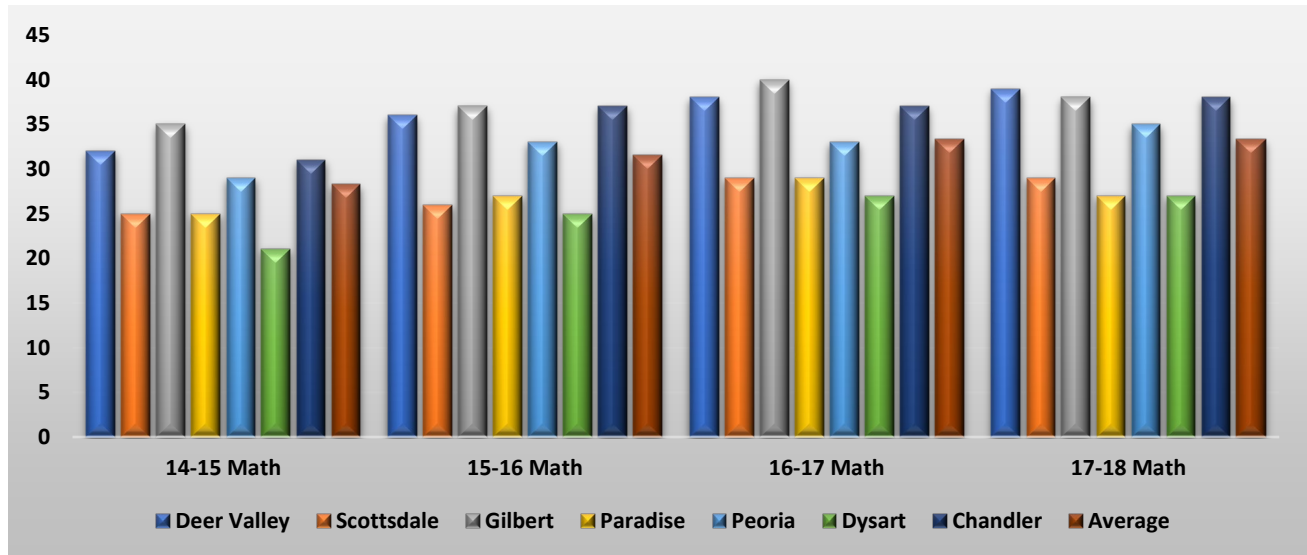


Figure 5e. *Percent of SWDs Achieving At Least Proficiency on AIMS-Science*

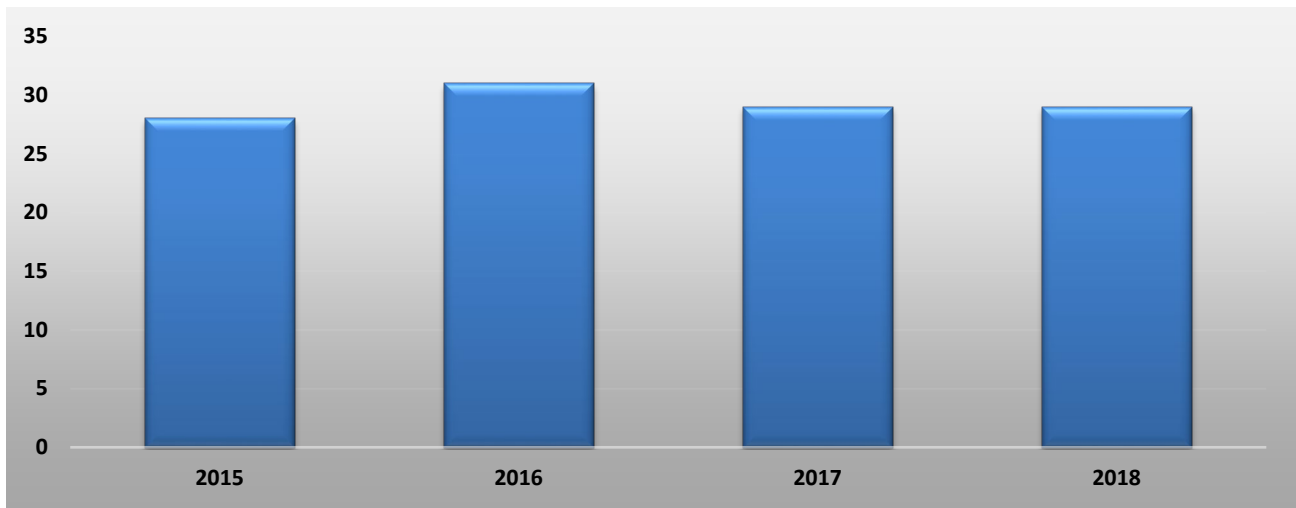
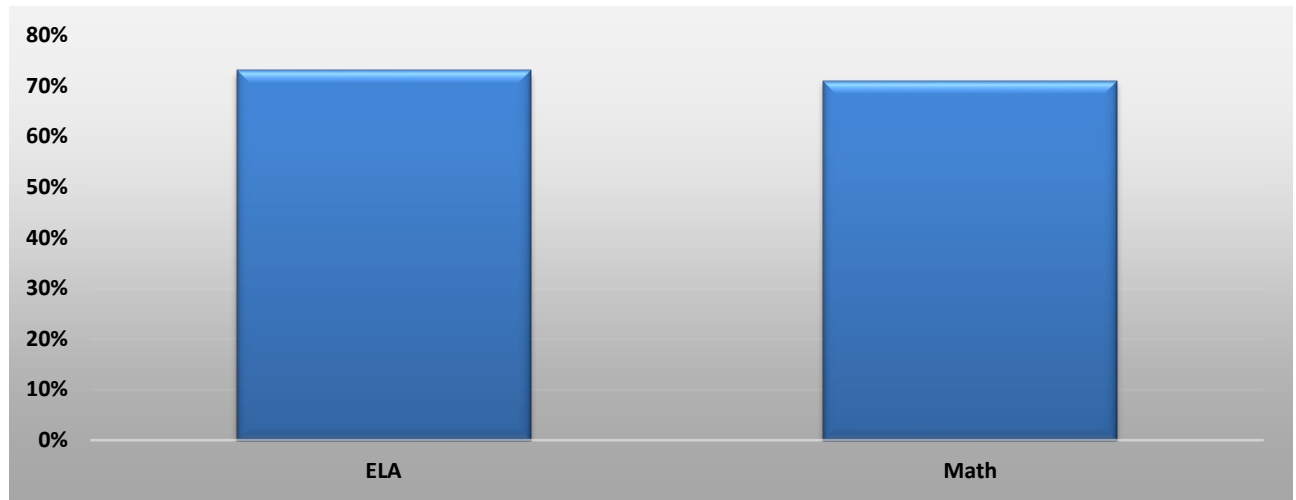


Figure 5f. *SWD Performance on MSAA-Percent Proficient*



- Another quantitative parameter to determine programmatic capacity is to compare the percentage of students currently placed in out of district placements to expectations. Currently, there are 68 SWDs in non-district schools; this equates to 1.6% of the SWD population and compares to the authors’ national data base of 2% to 10% for Districts of at least 10,000 students. Based on limited data from the CSDs (three reporting districts), its average ranges from 1.8-3.0%.

Consistent with the authors’ experience, the majority (76%) of SWDs in ODPs are at the secondary level (grade 6 and above) and present with low-incidence, high needs disabilities (defined as Autism-16%; Emotional Disability 29%; Intellectual Disability-15%; and Multiple Disabilities-19%). The total cost of the ODPs is approximately \$2.7 Million, or \$39,575 per student; this compares to an average of \$32,113 of the two districts within the CSD that supplied the requested data. It is notable that, as per the latest complete data reported in FY2018, the cost per student enrolled in Vista Peak was \$30,866; this breaks

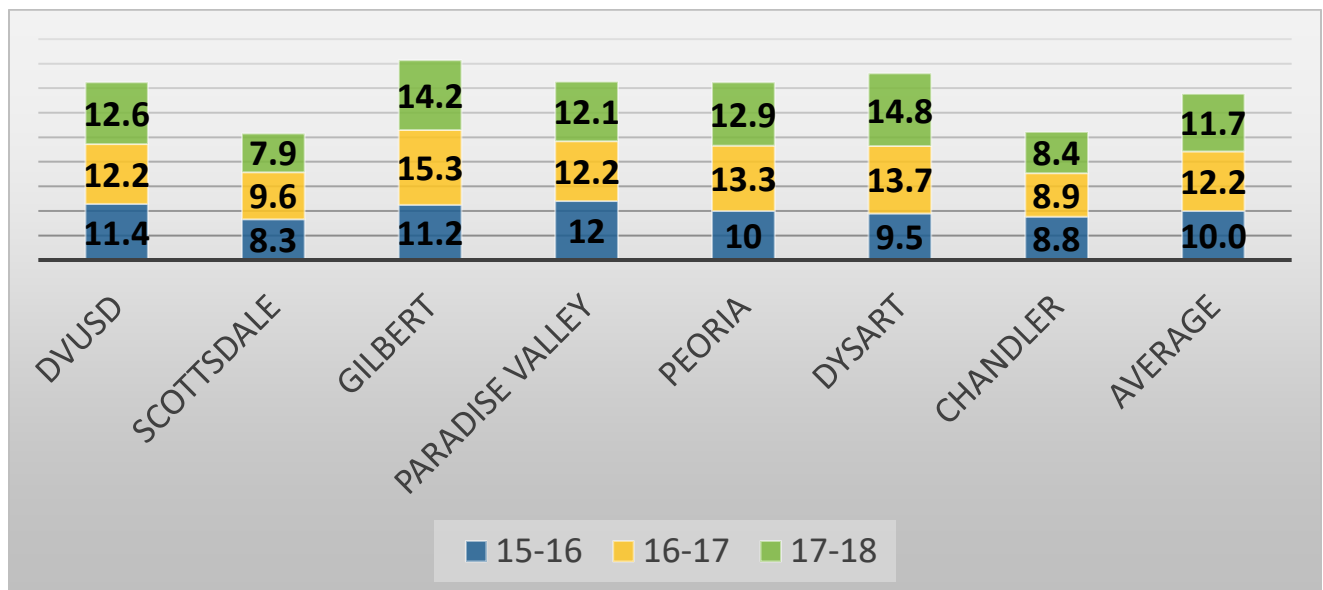
down to \$20,658 in Instruction, \$3,189 in Student Support, \$4,597 in School Administration, and \$2,422 in Plant Operation (this does not include any transportation cost).

- It was repeatedly stated that student behavioral issues such as attentional problems, hyperactivity, anger, verbal and physical aggression or outbursts, as well as other psycho-social issues are significant challenges in many schools. Social workers and counselors provide most of the counseling and behavioral support services. Behavior consultants and BCBA's are available to support all campuses. However, these services are limited. It was indicated that there is only one BAAT to serve the entire district; within this BAAT, there are only 3 core members. One comment that exemplifies staff frustration with limited BAAT support included: "By the time a school calls for help, they're done . . . they want another placement."
- Alternatively, SSS leadership is to be commended for entering in a partnership with Southwest Behavioral Health and Services to provide school-based counseling services, thus providing authentic Wraparound programming for students in an ecologically valid manner.
- It was noted that schools are often resistant to having students return to the regular campus after placement at Vista Peak. Despite multiple invitations, some schools have not made it a practice to visit their students at Vista Peak or to attend events designed to familiarize school personnel / leadership with accurate information about the program. It was reported that some school-based personnel feel it is too difficult to refer a student to Vista Peak. Conversely, Vista Peak has limited capacity due to staffing programs, and eligibility criteria .

Financial Capacity

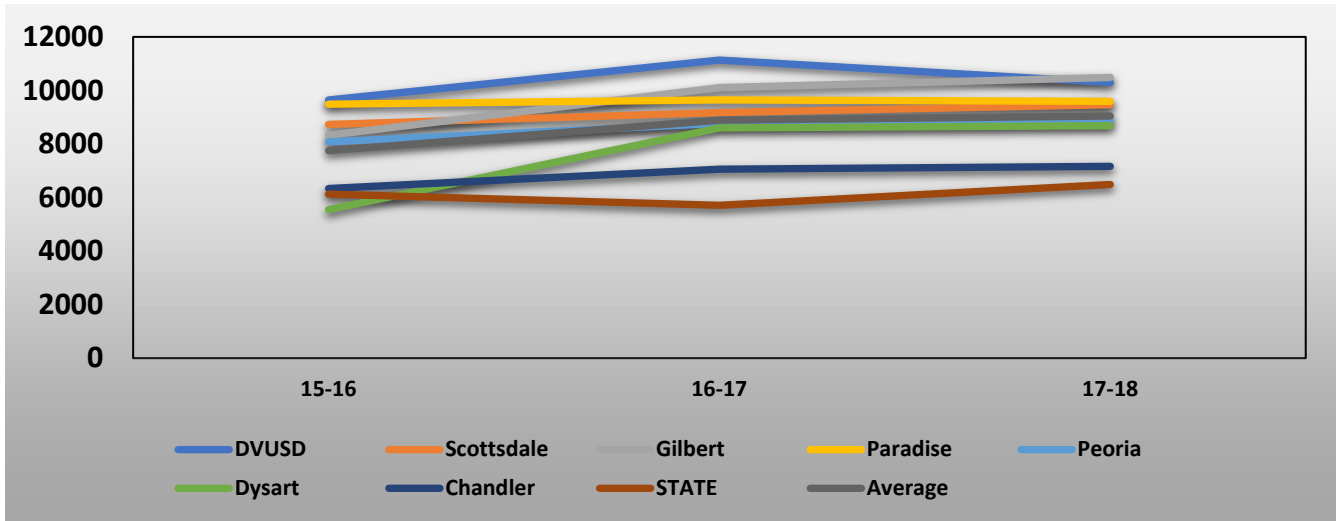
- As indicated in **Figure 7**, the District's expenditures devoted to special education as a proportion of its overall operating budget is 12.6%. This compares to a CSD average of 11.7% and is the 3rd highest among CSDs.

Figure 7. Special Education Expenditures as a Percentage of Overall Operating Budgets (Trend Data)



- As indicated in **Figure 8**, the District’s expenditures per SWD decreased from ASY 16-17 to 17-18; at that time, it was the second highest among CSDs

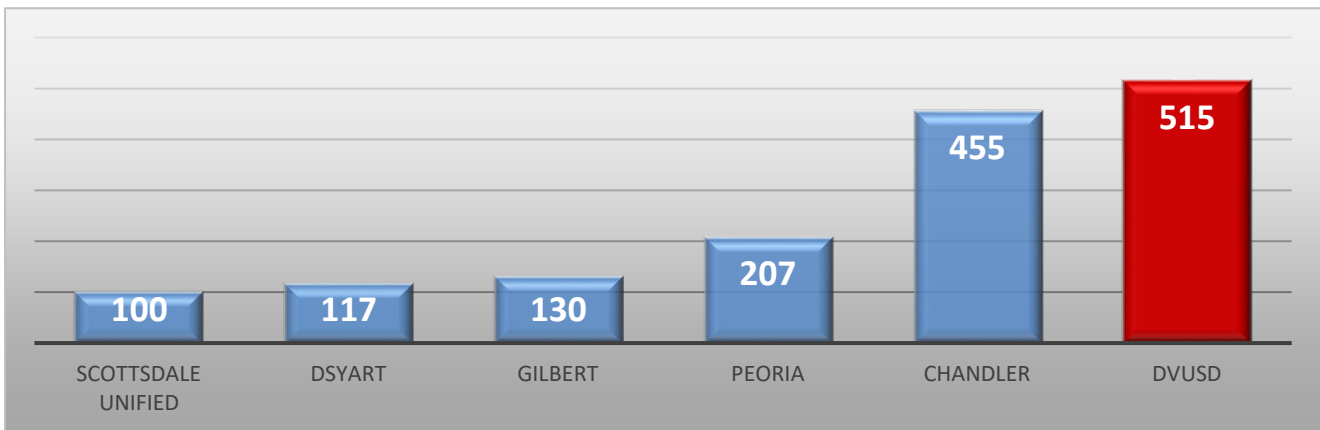
Figure 8. Special Education Expenditures Per Student (Expressed in Dollars)



Organizational Capacity

- From a quantitative perspective, it is the authors’ experience that there is typically a ratio of 200-350 SWDs and students with 504s⁴ for every central office administrator. When compared to the CSDs, the DVUSD ratio is the highest (i.e., lowest staffed) ratio of 515:1 (please refer to **Figure 9**); if one considers that the Coordinators within DVUSD carry full-caseloads in contrast to those in the CSD who are full-release, the ratio is even less generous. This impacts the ability of the administrators to be on school campuses and to communicate directly with staff and principals.

Figure 9. Ratio of SWDs to Central Office Personnel



⁴ For those CSD where 504 plans were also under the purview of its special education (or equivalent) department, this was considered in the calculations.

- From a qualitative perspective, there are several factors that are adding to an already demanding workload among central-office personnel:
 - ✓ The number of vouchers has increased dramatically during recent years. The District’s responsibility for participating in the voucher process includes both students identified as eligible for special education as well as other (typical) general education students. Residential Treatment Center (RTC) placements are typically placed by the court system, mental health agencies, or the Department of Children’s Services (DCS). The District must hold meetings to monitor these placements to consider if the student might have a disability. These meetings involve student services personnel, a school psychologist, and representatives of the RTC. At the time of the data gathering for this analysis, there were 49 students in RTC placements. This equates to a time-consuming process that must be monitored closely to be in compliance with state requirements and to ensure funding is properly generated by the State. ⁵
 - ✓ Coordinators of specialist groups (social work, psychology, speech, nursing, etc.) have a full-time work load and are expected to perform their coordinating functions in addition to and outside of their regular schedules. These are extremely difficult task and minimizes opportunities for organizational, professional development, and other coordinating functions. This structure should be reconsidered as other, larger Districts like DVUSD have coordinators with more time devoted to administrative functions.
- The workloads of central office personnel also adversely impact the availability of administrators to observe teachers, specialists, programs and students. There is an acknowledgement that central office staff are working hard but they are unable to be in the schools on a regular basis due to the demands at the central office. Consequently, school leaders “follow their own course.”
- Within the special education department there are approximately 25 SESs who provide leadership and support to all schools. The SES model, although a commendable approach to address the shortage of central office staff, also is subject to challenges that include: (1) not all SES have the background to address the particular types of student needs in the buildings; and (2) whether the SESs are school-based or centrally assigned affects their connectivity to SSS.
- Currently, the Director of SSS is not a cabinet-level member. In the authors’ opinion, this does not serve the District well as having a leader that oversees the operation of hundreds of staff and over 4,000 students should have the practical and symbolic cache of being part of the cabinet. It is speculated that providing a Director with this level of recognition is in the best interest of students.
- In a related matter, it is interesting to note that the Director of the Developmental Pre-school does not have a direct report to the Director of SSS. In the authors’ experience, this is an unusual structure given the number of SWDs served within Developmental Preschool and its subsequent connectivity to SSS.

⁵ In addition to the RTC funding (vouchers to the RTC) the Department of Student Support Services also monitors and oversees placements at the Phoenix Day School for the Deaf. Tuition for this placement at this facility is paid by the state. However, the District is responsible for conducting IEP meetings and monitoring student progress. Placements of students in private day schools may result in the District being responsible for paying the tuition for these facilities. The Department of Student Support Services also coordinates and monitors these placements.

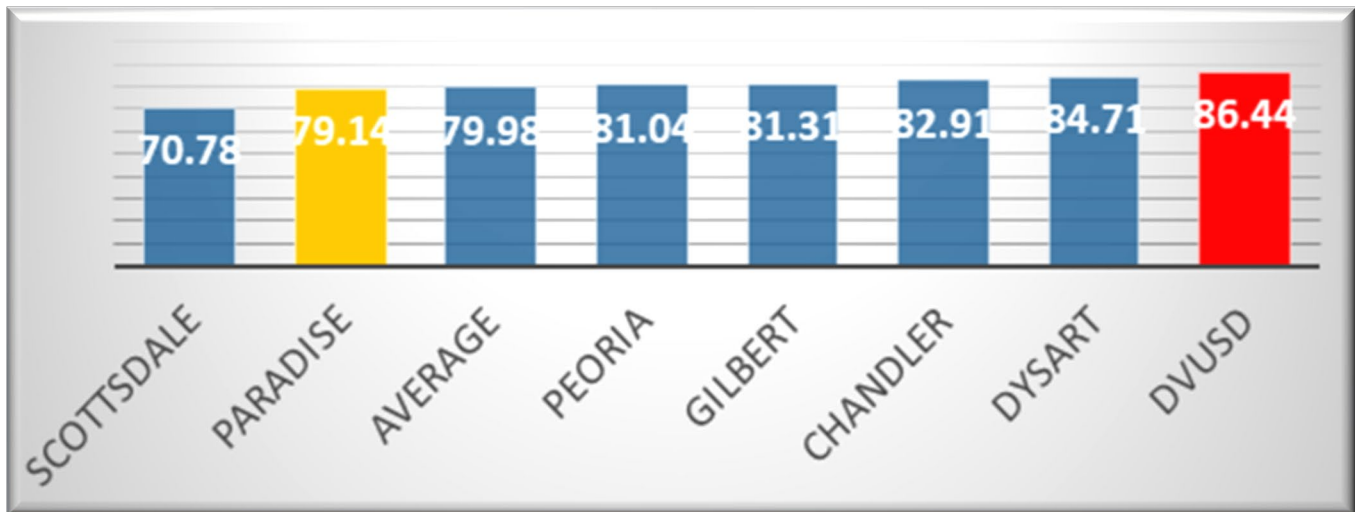
Physical Plant Capacity

- A review of the physical plan capacities suggests most schools are equipped to address the academic, adaptive, and physical needs of the students that they serve. However, this reflects relatively few SWDs at any given school. Should the District choose to regionalize services SWDs with toileting and ADL needs would need to be housed in schools that could meet their needs.

Driving Question #4: Specific to secondary students with disabilities, are there sufficient opportunities to participate in meaningful vocational, community, and other activities as part of their transition IEPs; and are these well-known to stakeholders (e.g., parents, counselors, and the students)?

- The School to Work program is viewed as effective. The new transition coordinator is working diligently to develop relationships with community resources.
- In a corollary finding, as indicated in **Figure 9**, the District’s graduation rate for SWDs at 86% is the highest of all the CSDs. This suggests that SWDs are being engaged in meaningful educational activities when enrolled in District programs. It is notable that of the 20 SWDs interviewed, all stated that they were afforded with Career Technical Educational opportunities.

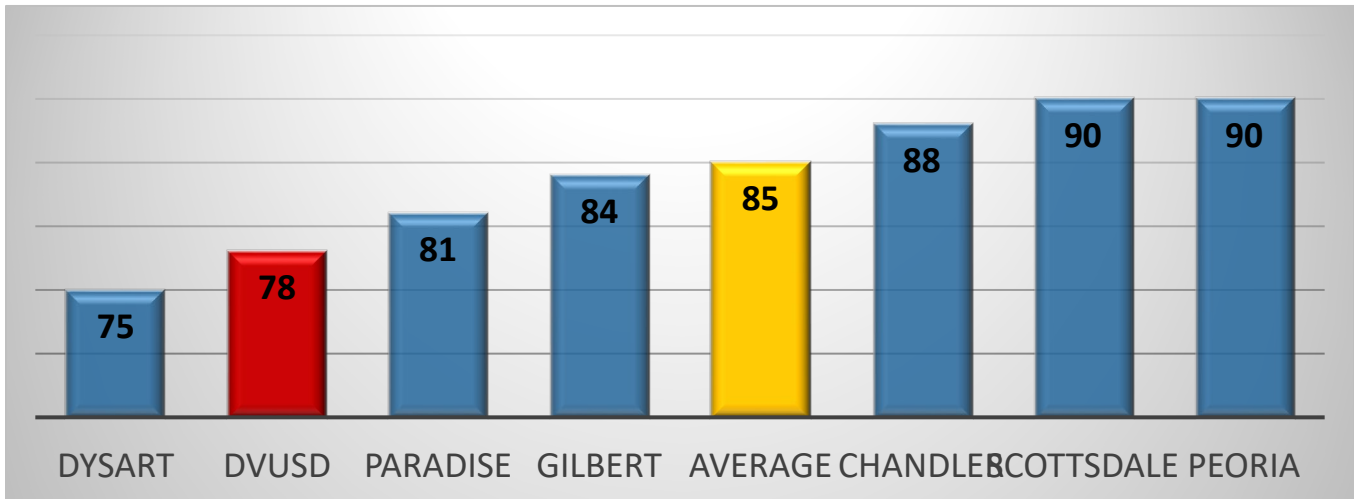
Figure 9. Graduation Rate of SWDs (2017-2018 Data)⁶



- Alternatively, as indicated in **Figure 10**, there is room for improvement with respect to maximizing post-secondary outcomes for Students with Disabilities.

⁶ Sources for Figures 9 and 10: <http://www.azed.gov/specialeducation/sppapr/>

Figure 10. Percent of SWDs enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.



Driving Question #6: Are supports within the domain of general education inclusive of 504 plans and early intervening supports (e.g., MTSS) across the domains of literacy, numeracy, and behavior meeting the needs of the students?

504 Plans

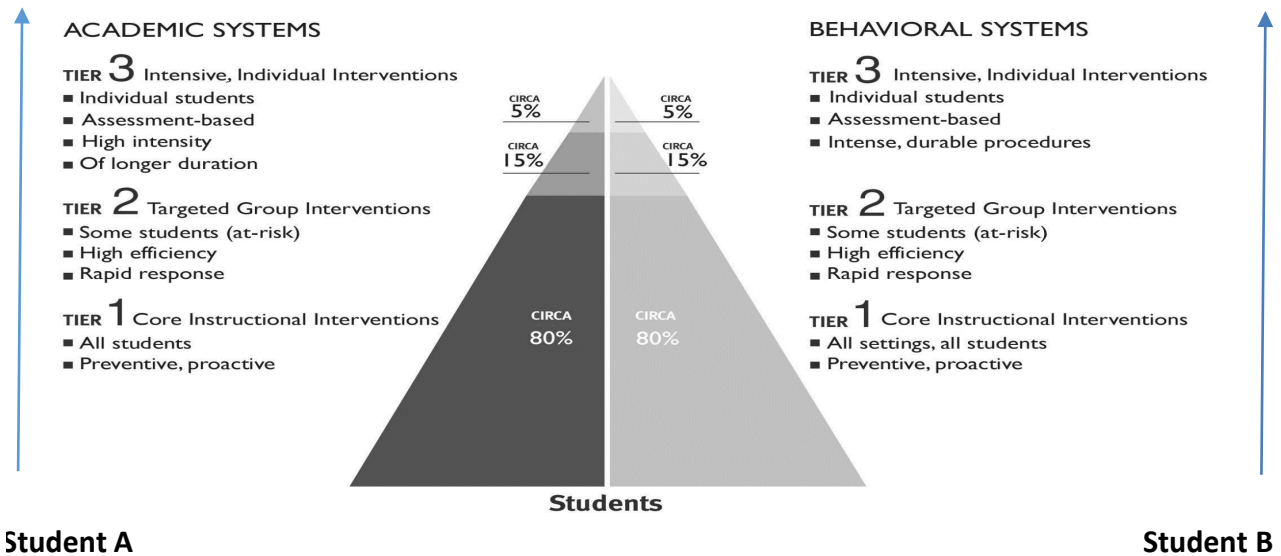
- The District has 1,394 students (3.8% of the entire school population) identified as eligible for accommodations under section 504 of the Rehabilitation Act. This compares to a national average of 2.29% and a State rate of 1.24% (Zirkel & Huang, 2018). The authors shall provide DVUSD leadership with school-based data in order not to single any of the schools out.
- Consistent with quantitative macro- and school-based data points, it was reported that the over-reliance of 504 plans may be due to stakeholders’ misunderstanding of the purpose of 504 plans. It should be noted that 504 plans are designed to ensure access to the educational programs of the school district, and should be outside of the programmatic, legal, and cultural purview of special education unless absolutely necessary. Most of what is being provided should fall under differentiated instruction and in-class accommodations (seating, teaching strategies, interventions, support, etc.).
- From an efficiency standpoint, the District’s excessive over-reliance on, and over-utilization of, 504 plans also means that special education personnel including teachers, related service providers, and administrative staff are spending an inordinate amount of time in addressing student needs in a much more labor-intensive manner than needed.

MTSS

- It may be helpful to conceptualize the efficacy of the MTSS using two practical examples. Using the traditional MTSS as illustrated in **Figure 11** below, consider two students who may require supports in two separate domains: academic (student A) and behavior (student B). In either case, the base of the

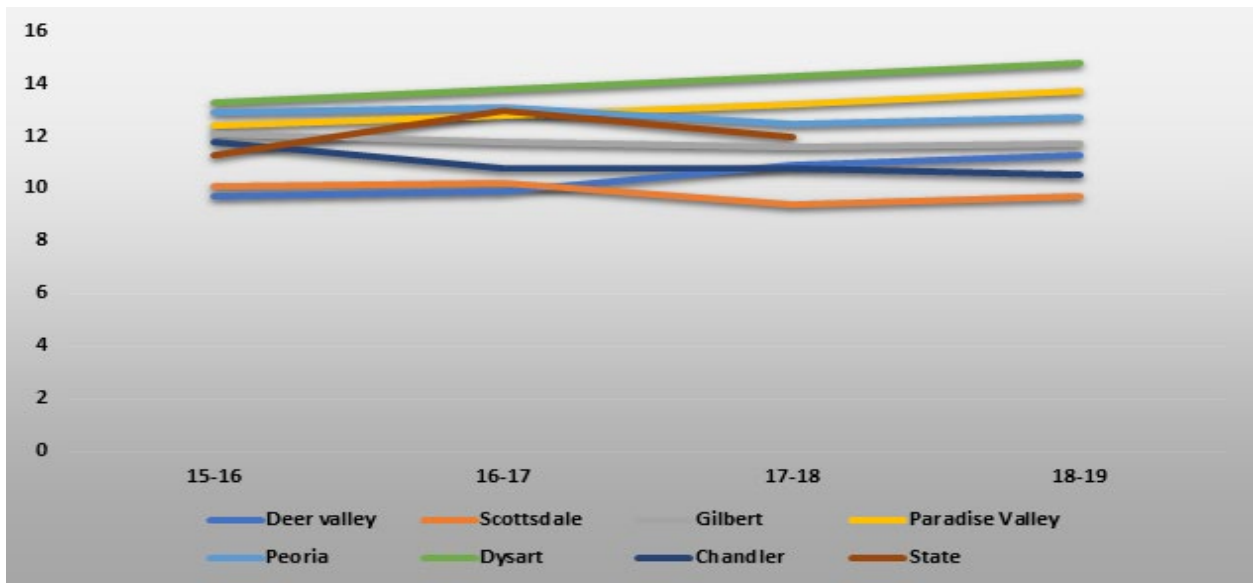
pyramid is meant to serve these students, as with all students, with interventions that are: (1) explicitly linked to curriculum; (2) proactive; and (3) delivered in the general education setting. With the assumption that the students are not responding to the Tier 1 instruction, each subsequent tier becomes more targeted, intense, and individualized in the domain that the student is requiring support.

Figure 11. The MTSS Framework



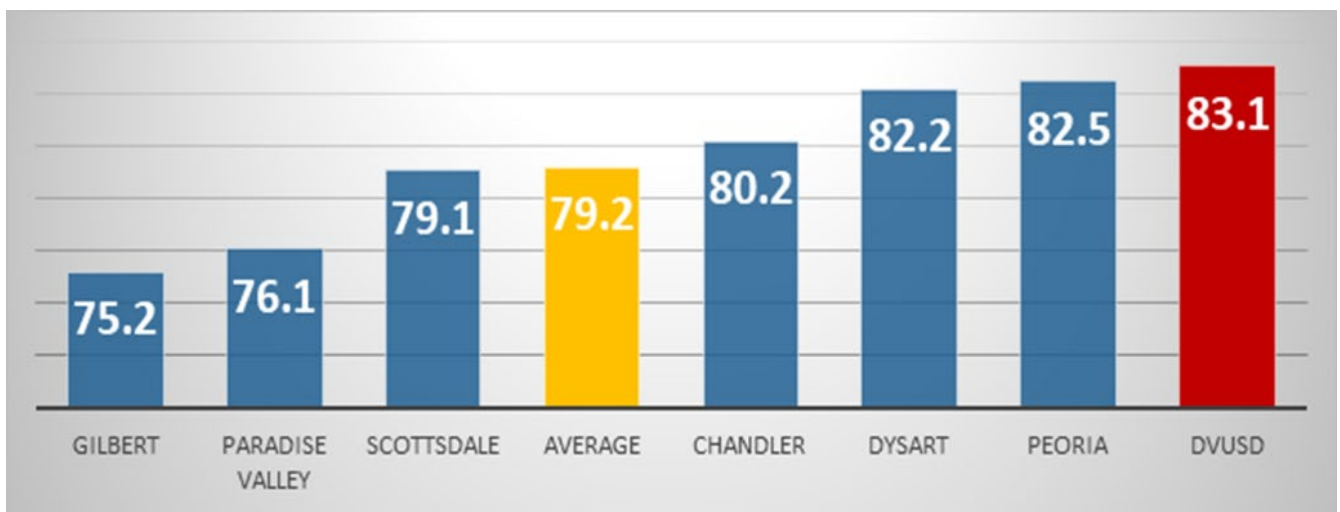
- The state of MTSS was a subject of widely divergent perceptions and opinions among those interviewed. Although some reported general education teacher ownership of the program, others reported the opposite. It is notable that it was reported that the Curriculum and Instruction Department has been working to expand and standardize the MTSS process throughout the District. The supports provided by the District office personnel in this area have been described as very helpful and valuable.
- Although there may be other factors (e.g., students with disabilities moving into the District), there is an upward trend in the District' special education classification, as presented in **Figure 12**. Although the special education population has increased from 9.7% in ASY 2015-2016 to 11.3% in 2018-19, it is lower than the CSD and State averages.

Figure 12. *The Trend Data in Students with Disabilities (Percentage of Overall Population)*



- A better indicator of an effective early intervening process is the degree to which high frequency-lower needs disability categories may be over-represented in that they are not receiving supports in general education that are meeting their instructional needs. As indicated in **Figure 13**, the percentage of SWDs classified with the three primary areas of high-incidence, low needs disabilities (i.e., specific learning disabilities, health impairment, or speech-language impairment) is higher than all of the CSDs and corroborates the perception that MTSS is a “work in progress.”

Figure 13. *The Percentage of the Speech or Language Impairment (SLI), Specific Learning Disability (SLD), and Health Impairment Disability Categories Among All SWDs-source ADE*



- Due to the limited availability of mental health and behavioral professionals in the District, behavioral interventions are limited. That being stated, one of the greatest challenges to effective student

performance has been noted as being student behaviors and mental health issues including anxiety, suicidal ideation, self-harm, aggressive behavior, non-compliance, refusal to participate in educational activities, absenteeism, etc. MTSS behavioral interventions are limited in the District.

- The BAAT is available to provide valuable support and technical assistance to all schools within the District. Academic and behavioral support based upon evidence-based interventions. It must be noted that, as mentioned previously, the perceived limited BAAT availability in the District makes it difficult for them to be consistently responsive to school needs for both SWDs and general education students.

Driving Question #7: Relative to the delivery of related services, are current models effective and efficient with respect to: staffing, delivery of services, and allocation of resources (e.g., mapping).⁷

As per state special education law, related services are: developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education; these include speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, school nurse services. These services are designed to enable a child with a disability to receive a FAPE, early identification and assessment of disabilities in children, counseling services.

Consequently, related services, by definition, are prescribed to enable students with educational disabilities to benefit from and access the curriculum. These educational support services should be focused on promoting success consistent with the curriculum and their effectiveness should be measured by the degree to which the RSPs promote optimal educational outcomes and student access to the curriculum.

There are a number of constructs that are subsumed under *Effectiveness* and include: (1) adherence to an educational model; (2) progressing students to discharge or reduction of services (thus maximizing LRE); and (3) uniformity of practice patterns.

Effectiveness

- As per the interviews, the related service providers (RSPs) evidence an excellent understanding of the educational (vs. clinical) “mission” of services that constitute their school-based practice. Perhaps as an effect of this understanding, it appears that across the District there is a pervasive culture of “celebration” of discharge from services that appears largely attributable to a clear understanding of IEP stakeholders’ clear message regarding the roles, responsibilities, and limitations of what a school-based RSPs are able to provide with reference to special education law.

The District’s IEP stakeholders are to be commended for perpetuating this culture of celebration; in the authors’ collective experience, it is extremely common for parents to view the diminution or dismissal of services negatively.

- However, there appears to be a vocal minority of parents within the District who expect the system to provide beyond a Free Appropriate Public Education (FAPE), and therefore any discussion of discharge

⁷ Appropriating and scheduling special education services to meet students’ needs

or reduction of RSPs is viewed negatively. This appears to be exacerbated at certain schools, where parents with a greater degree of advocacy receive more or extended services than those who do not.

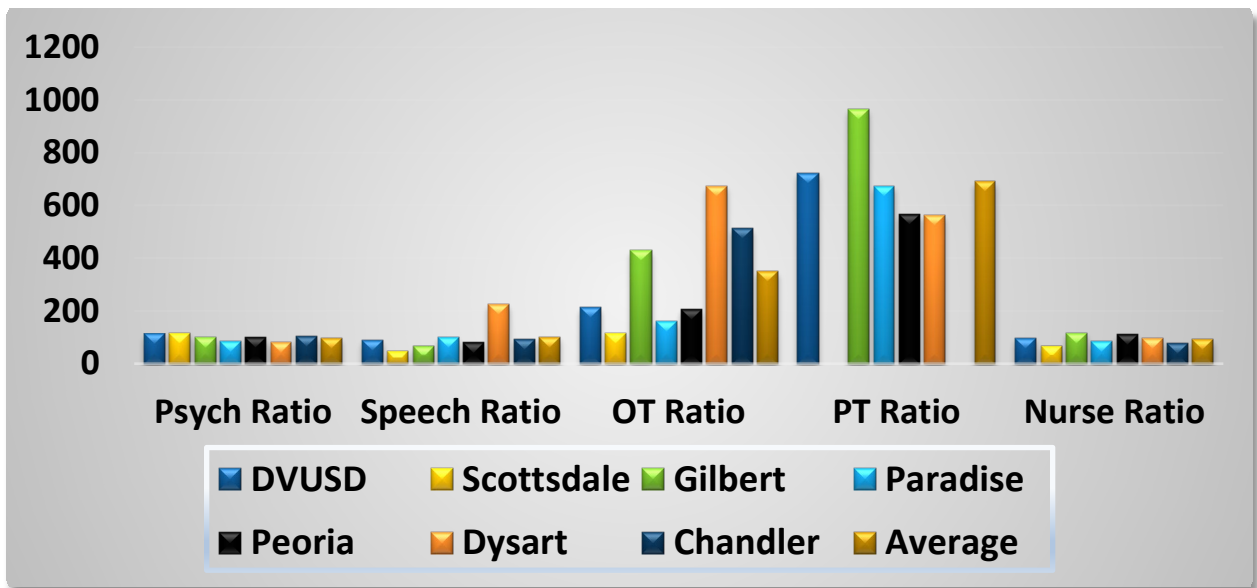
- A review of IEPs for SWDs receiving atleast one related service (N=244) suggest that they were very well written, and included well defined conditions, operationally defined target behaviors, and measurable criteria. Virtually all goals were linked to grade-level expectations. It is notable that many speech-language goals addressed literacy, which presumably could have been adequately addressed by special education teachers.⁸

Efficiencies

- With respect to staffing, the personnel under review available to support SWDs was gauged by benchmarking the number of full-time equivalent (FTE) staff members to this overall in-District special education population of approximately 4,100 students (as per the most recent data). In essence, this statistic is an “availability ratio index (ARI)” and allows an equivalent comparison to other districts that the authors have conducted nation-wide with respect to staffing from a “macro” perspective.⁹

As indicated in **Figure 14**, the District’s ARI encompassing Pre-K-12 for Psychology (113 SWDs for every staff member), S-LP (90 SWDs for every staff member), PT (723 SWDs for every staff member) and Nursing (98 SWDs for every staff member) are within expectations compared to the CSDs. The OT staffing ratio of 213 SWDs for every staff member is more highly staffed than the 350:1 CSD average.

Figure 14. The ARI for RSPs: Comparison of DVUSD to Cohort School Districts



⁸ Other elements of the IEP review including the quality of cohesion and components in the Present Levels of Achievement and Functional Performance were school-dependent and will be shared with DVUSD staff in order not to disclose student information.

⁹ The authors’ national data is consistent with other sources (e.g., The Urban Special Education Collaborative and District Management Council).

- As indicated in **Appendix F**, a representative sample of schedules (N=14) suggests that the S-LPs are working efficiently with respect to breakdown of the direct service time (64% group; 35% individual and 1% consult). Similarly, the OTs and PTs are making excellent use of their direct service time, utilizing consult models 37% and 25%, respectively.

AREAS OF OPPORTUNITY

Driving Question #3: How can requisite capacities be optimized to support: (a) students with disabilities currently within the District; (b) a successful transition for those students currently served in private placements; (c) across varying disabilities (Medically fragile, ED, etc.); and across grade levels (e.g., those transitioning from Pre-K to Kindergarten).

Personnel Capacity

- Re-visit the co-teaching model to ensure it remains a viable element in the District’s continuum of services. Referring to the leadership capacity, it will be essential for special education leadership and the principals to collaborate on: (1) requisite professional development for the co-teaching dyads including content-validated assessments; (2) effective scheduling of students; and (3) on-going problem solving. In this regard, to the degree that struggling students may have their needs addressed by strategy experts, co-teaching will be an excellent supplement to the aforementioned RtI recommendations. Please refer to **Appendix E** for more details.
- Institute “Vertical Articulation” teams for the upper grades of the K-6 or K-8 schools to the lower (receiving) grades of the inheriting Middle or High Schools with an overall agenda to ensure the continuum of services continues to meet the needs of all students. It is suggested that the SESs would coordinate these meetings.
- Consider the upgrading and/or provision of computers, etc. for special education staff members.
- Consideration should be given to central purchasing and having all tests and protocols located at one central facility (Mirage Resource Library) to avoid wasting materials that are repurchased at multiple schools when the previous versions become outdated.
- As “driven” by SSS, it is recommended that the District consider an array of PD opportunities for school-based staff relating to the special education and related services processes and programs. It is recommended that such professional development include opportunities for general and special educators regarding the role(s) of general education, special education and related services, and the IEP process. Topics might also include differentiation of instruction, integrated cooperative teaching, Least Restrictive Environment, and related services in the general education setting, among others. It will be crucial for DVUSD leadership, outside of the Director of SSS to endorse this initiative so it will truly be seen as a District-wide initiative and not “just one more thing” asked of them by SSS.

Programmatic Capacity

- Consider the development of additional Level-Three service delivery options. This may require the development of regional programs to serve students from multiple schools in specific areas of the

District. Although there may be a number of cohort groups to consider, given that behavioral challenges appear to be the main area of concern, this might be the logical disability area to consider.

- Recommendations to facilitate the transition of Pre-School SWDs might include:
 - ✓ Familiarize pre-school teachers and parents with the structure and expectations of kindergarten (inclusive of possible pre-placement visits to Kindergarten classrooms).
 - ✓ Reconsider service delivery models for specialized instruction and related services at the K-2 level to facilitate transition. For most students, this will require a minimal amount of time. For others it may require a longer period acclimation. The second BAAT may support this particular area.
 - ✓ For those students identified as potentially requiring a more intensive transition process, provide consultative support to early grade teachers by a designated professional as determined appropriate by the IEP team. As with the above component, a second BAAT may also support this area.
 - ✓ Arrange for PK students (and parents) to visit the elementary school to which the student will be moving to. Spring would be a good time to do this.
 - ✓ Arrange for kindergarten teachers to visit the preschool to meet their incoming students prior to the end of school in May. If a relationship could be established between the receiving teacher and the student, this could be helpful.
 - ✓ If students will be participating in a summer program, this might provide a good opportunity for the receiving teacher and related services personnel to meet their rising kindergarteners.
 - ✓ Early grade teachers (K-2) could benefit from periodic visits to the preschool to gain a better understanding of the routines, programs, supports, interventions and needs of the students they will be receiving.
 - ✓ Integrated supports should be considered in the early grades to support students (both with and without disabilities) to assist in their acclimation to the elementary school and to serve as an MTSS/RTI type of intervention thereby providing the development support to promote student success without the need to refer to special education.
 - ✓ Consideration should be given to alternate instructional services delivery models, such as co-teaching, to provide more targeted instruction for SWDs transitioning from PK as well as other students who might be at risk.
 - ✓ A designated early childhood specialist or coordinator should be considered to monitor students after their transition to the elementary school to provide resource support and consultation to teachers and other staff to facilitate a smooth student adjustment.
 - ✓ Concurrent with the recommendation to enhance the administrative organization and structure of Student Support Services, consideration should be given to provide targeted supports and interventions for students and staff at all elementary schools in grades K-3.
 - ✓ Early grades interventions might include specialists such as speech-language pathologists, occupational and physical therapists, mental health specialists, reading specialists, etc. depending

upon the need of the students. These services might also be provided via general education through an integrated approach and indirect consultative support to the general education teacher.

- With respect to instructional mapping, which would comprise both certified and non-certified special education staff, the following frameworks are recommended in order to balance the individual needs of each student while simultaneously ensuring uniformity of resource allocation to all schools:
 - ✓ The District should utilize a workload vs. a caseload methodology, given assignments should be made based on the intensity of the needs, not necessarily the number of students with IEPs.
 - ✓ Continue to conduct yearly post-hoc analyses across schools to correlate the intensity of the minutes provided, educational environments, and student performance; a rubric specifying these parameters may prove especially useful.
- Within these programs, as a best practice it will be critical to ensure that teachers, related service providers, and para-professionals have optimal capacity to consistently use research-based interventions that support the ASD population (e.g., TEACCH). As referenced in the discussion of vertical alignment above, it will be important for all staff to use similar terminology and employ similar techniques as the students progress.

Organizational Capacities

- Given the aforementioned leanness of the central office staffing, adding one (1) position within SSS will help support the departmental functions. Aside from the immediate effect this will have on SSS, it is speculated that this will also have a systemic impact on school-based leaders, who could devote more time to address needs within their buildings (e.g., behaviors).
- Consider elevating the Director of SSS to a cabinet-level position and re-structuring the Developmental Pre-School staff to have a direct report to the Director. Perhaps the creation of the title “Executive Director” of SSS will be more intuitive for stakeholders with the suggested recommendation below to embed Developmental Pre-School under the aegis of SSS.
- Consider re-structuring the Developmental Pre-School staff to have a direct report to the Director of SSS given the inherent connectivity to the pre-school program to special education.
- Consider re-structuring of the SES roles with respect to:
 - ✓ Having the SESs report directly to a designated District special education administrator. This may or may not be done in conjunction with supervision by the school principal.
 - ✓ Allowing the SESs to attend monthly meetings with the other SESs to ensure that they are conveying District-wide policies and procedures back to school-based personnel is considered critical.
 - ✓ If regional programs are considered assigning specific SESs who might have particular areas of expertise serving special populations; as needs dictate, this could encompass a caseload/instructional component depending upon the quantity and the nature of the population.

Physical Plant Capacity

- If the District does choose to create regional programs, it will be critical to conduct a needs analysis to ensure that both the quantity and quality (e.g., bathrooms, sensory rooms, etc.) are adequate to meet the needs of the prospective cohort. In order to minimize transitions, to the greatest degree possible it is suggested that K-8 schools be selected.

Driving Question #4: Specific to secondary students with disabilities, how can opportunities to participate in meaningful vocational, community, and other activities as part of their transition IEPs be optimized?

- Continue to establish reverse mainstreaming for all special classrooms. This will provide a meaningful platform to provide LRE opportunities. For example, this initiative has traditionally included a lunch bunch program, which allows typical students to eat with disabled peers and is a wonderful opportunity for the typical students to provide social role modeling in a naturalistic activity and milieu.
- To supplement the successes currently occurring at the high school with respect to the integration of general and special education students in extra-curricular activities, the District may wish to establish a credit-bearing peer mentorship program at the secondary level. This will ensure that the peer interactions remain systematic, meaningful, and interactive. In addition, this initiative should be included in the students' IEPs. The authors will provide District leadership with examples.
- Continue to develop the Transition program with specific consideration given to expanding the TSW program through local funding to enable more students to participate.
- Conduct on-going post-hoc analyses of successful graduates and unsuccessful students and begin creating a data base of variables that can better predict student placements.

Driving Question #6: How might 504 Plans and early intervening supports (e.g., MTSS) across the domains of literacy, numeracy, and behavior better meet the needs of the students?

504 Plans

- The District should provide intensive professional development related to the appropriate use of section 504 thereby ensuring that staff understand how these plans should be developed. Once this is firmly established in the district, it is essential that parents be made aware of the appropriate use of section 504 accommodations.

Re-Branding of the Early Intervening Process

- Although it may seem like a minor point, ensuring the process at all schools is "called" MTSS. In this manner, a single name will unify the early intervening process by name and function.
- Clearly articulated (and internally created and agreed to) criteria for moving between tiers and what happens at each tier in terms of intervention and who is responsible. The operational guide needs to include very specific, level related strategies that work with struggling learners so that teachers have a "go to" manual for ideas for intervention in the moment. This can be created as a District wide plan for accommodating diverse learners.

Ownership

- Leadership at both the central office and school-based level will continue to emphasize the importance that general education teachers see MTSS as within their singular purview, and it is not meant as a “pass-through” for IEP referral.
- As new teachers are hired in the District, as part of their two or three-day orientation, provide them with an operational hiring guide, thus ensuring all teachers understand the ownership standard of their jobs as it pertains to MTSS and allowing unanimity of the culture of ownership across all schools on a “go forward” basis.

Capacity Building

- The District has invested in social-emotional learning to support its Tier 1 supports in this area; continuing this important initiative (which may be supplemented with other research-based programs such as Responsive Classrooms), will greatly enhance reaching all students where they are with respect to learning and accommodating their unique styles.
- Beyond supports for social-emotional skills, Universal Design for Learning (UDL) or other “real-time” instructional paradigms may support student achievement in core academic areas.
- As it pertains specifically to the domains of emotional and behavioral health, school safety, and school adjustment, it will be helpful to structure a strategic plan inclusive of interventions (e.g., PBIS), collaboration among all schools, and the creation of operational guidelines regarding supporting students.

Data Considerations

- In addition to reviewing data on students for special education evaluation, progress monitoring data using evidence-based benchmarking tools need to be reviewed regularly by the team to monitor student progress. Students who are making progress are benchmarked until they are performing commensurate with their peers; however, students who are not making progress are reviewed for: (1) additional instruction; (2) use of data from progress monitoring for future analysis; and (3) review of work samples as a component of further analysis.
- To supplement the qualitative approach to MTSS, it will be helpful to continue to “roll up” this data to ensure that school-based administrators can reflect on students who went to evaluation and those who did, or did not, qualify. This data, both in “real time” and longitudinally, will provide valuable data with respect to the efficacy of MTSS within, and across, schools and across content areas (i.e., ELA, math, and behavior).

The utility of being able to report referrals to IEP teams and those students who qualified is reflected below in **Figures 15** and **16** from another district the authors have supported. It may also be possible to categorize students according to domain (e.g., literacy, numeracy, and behavior) to determine which schools may be outliers in over-referring in these areas and to provide an opportunity to draw on the expertise of other schools who are having success in those domains.

Figure 15. Referrals for Initial Evaluation-Expressed as a Percentage of the Overall Student Population

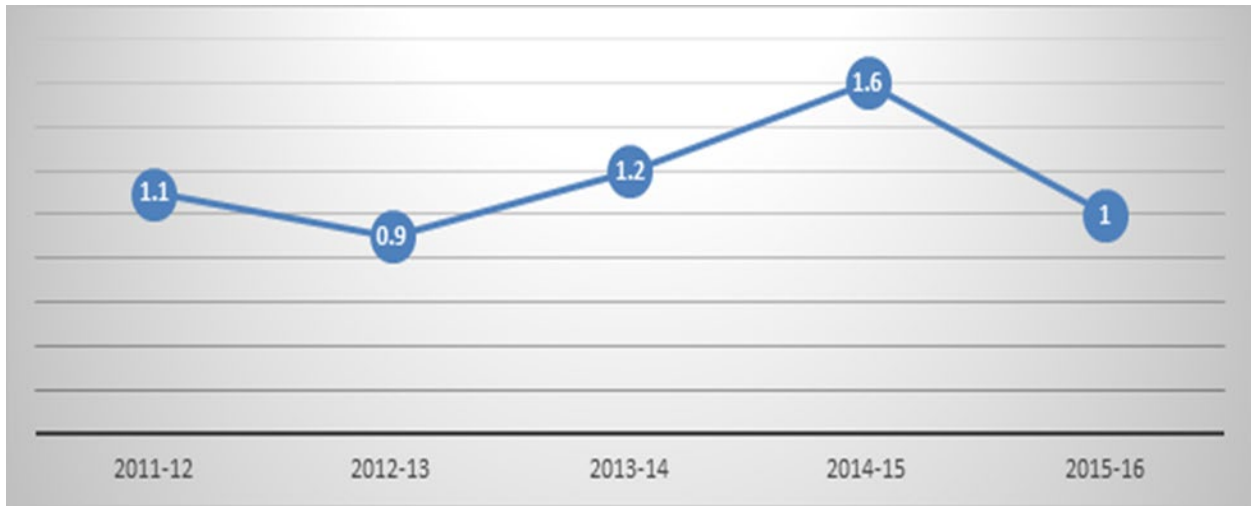
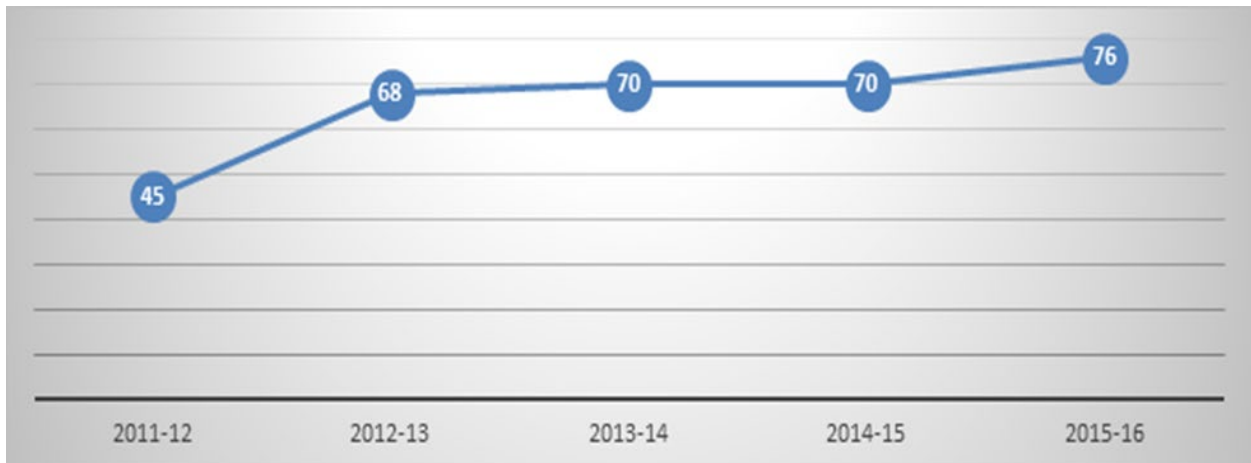


Figure 16. Referrals Who Qualified for Special Education



Following the establishment of this higher-level data as illustrated in **Figure 16**, more specific data pertaining to the types of classification at each school (e.g., OHI) may be useful to reflect on practices, conduct case studies, and problem-solve.

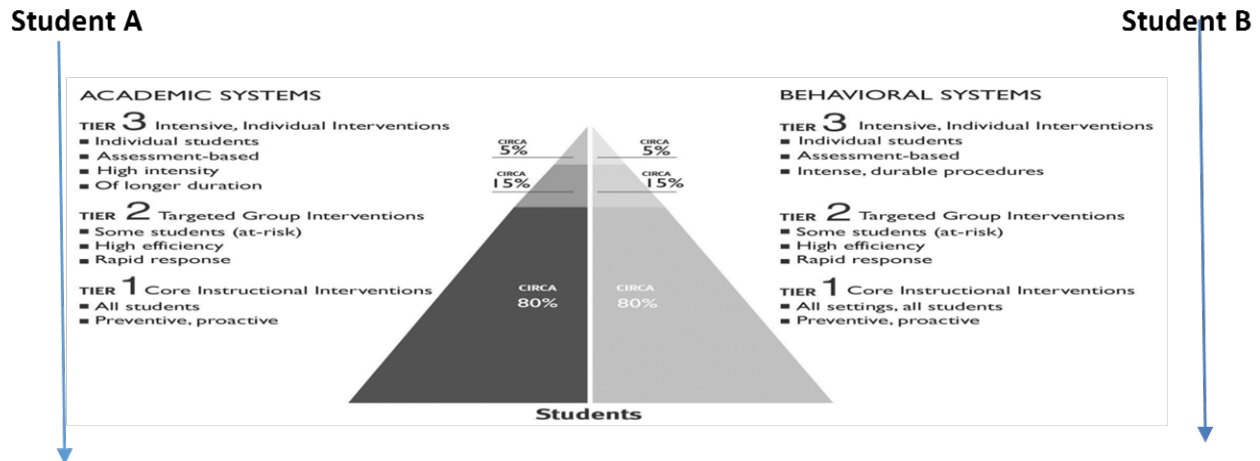
MTSS as a Step Down

- Once MTSS is more systematic and operational across all schools with respect to processes and procedures (e.g., high quality core instruction, timely/effective interventions, use of data to evaluate/problem-solve issues of student learning) it may be “reversed” (i.e., the MTSS pyramid is in effect inverted) as a systematic step-down for students who are no longer eligible for IEPs.

This is best illustrated by re-considering the two hypothetical students. In this scenario, assuming the students were deemed eligible for exiting an IEP, the tiers comprising the MTSS model may be used to support the students in academic (Student A) and behavioral (Student B) domains. In this sense, the

robust nature of MTSS is illustrated because it provides a platform to address student needs “where they are at,” irrespective of their previous special education status. In all aspects of the MTSS process, it is recommended that the school psychologist play a key role in this process.

Figure 17. Utilization of the “Step Down” from an IEP



Driving Question #7: Relative to the delivery of related services, how can current models be more effective and efficient with respect to staffing, delivery of services, and allocation of resources (e.g., mapping); and are there alternate models to provide behavioral health services, medically fragile services, etc. in more efficient manner while simultaneously maximizing LRE?

- The District is encouraged to revisit the refinement of systematic, district-wide entry and exit criteria for speech and language services provided by S-LPs. Ideally, this document will incorporate guidelines from the Arizona Speech-Language-Hearing Association (*i.e.*, *Speech-Language Services in Arizona’s Schools: Guidelines for Best Practice March 2016*) as well as best-practices deemed to be paramount by the District.

As it pertains specifically to the issues mentioned, it may be helpful to: (1) specify the intensity of service delivery based on the variables of age, effect(s) of the disability on academic performance, and the nature of the educational curricula; (2) specify roles and responsibilities in conjunction with other educational professionals and leadership; (3) and continue to ensure that 1:1 treatment is reserved for the most needy students. The authors will provide District leadership with examples of criteria-guidelines for these services and are available to assist as necessary.

- It is speculated that the continued oversight by the lead S-LP and OT/PT clinicians, focusing on any disparities in mapping across schools, will be facilitated by consistent data reviews that address the parameters of service minutes per week, individual treatment, and other parameters that pertain to service times.
- Given the significant increase in the number of students requiring visually impaired services, consideration should be given to the addition of one additional teacher of the visually impaired.

- Consider the establishment of a full time Nurse Coordinator rather than the current model of having the coordinator carry the full responsibility of school health services at a school.

Driving Question #8: Are there alternate models to provide behavioral health services, medically fragile services, etc. in more efficient manner while simultaneously maximizing LRE?

To provide special education instructional services for students with low-incidence-high need disabilities, consideration should be given to identifying specific elementary, middle and high schools where specialized services can be allocated in a more effective and efficient manner. As has been noted elsewhere in this analysis, the general nature of special education services in each school may be stretching the ability of programs and staff to meet the diverse needs of students with more significant behavioral, medical, and educational needs while, at the same time, providing services to other students with higher incidence disabilities and less intensive needs. In some situations, it has been reported that teachers (and other staff) are struggling to address students with a broad range of needs (emotional, behavioral, intellectual, physical, etc.) in the same setting.

To address this challenge, it is suggested that consideration be given to establishing regional programs to serve identified students at specific schools in the District. The focus of these programs may change over time should the needs of students change. However, currently the most significant challenges have been identified as emotional/behavioral, significant intellectual impairments and physical impairments that may not be best addressed in the general educational setting all day. That being stated, the District is encouraged to continue its commendable efforts to provide special education and related services in the least restrictive environment (LRE). Students in regional programs would have access to general education settings and age appropriate typical peers to the extent determined appropriate by the IEP team.

There are multiple configurations and models the District might consider regarding regionalized programs. The following suggestions are intended to serve as a starting point for discussion:

1. Identify schools at which students with significant needs are challenging the capacity of staff due to facilities, need for specialized expertise, inefficient utilization of related and other supports, transportation, etc.
2. Identify schools within the feeder patterns (elementary, middle, high schools) that have the physical capacity (space, restrooms, etc.) to accommodate a group of students with intensive special needs.
3. Identify staffing needs and expertise to correlate current staff who have specialized training in dealing with the specific disabilities to be addressed.
4. Explore program options to ensure vertical and horizontal articulation within the feeder patterns and District to ensure high quality programming, consistency, continuity and a scientifically based service delivery model.
5. Provide sufficient time to develop the programs, secure staffing, provide professional development for certified and non-certified personnel.
6. Identify and obtain appropriate instructional (and related services) materials and supplies.
7. Determine how student placements would be made and explain the purpose and focus of the programs to administrators, IEP team members, staff and parents.
8. Develop an effective school transportation system to provide specialized transportation as needed.

9. Provide sufficient support, supervision and guidance to ensure all programs are of a high quality and that students are receiving the services prescribed in their IEPs.
10. Review the effectiveness and efficiency of these programs on a regular basis to ensure the continued appropriateness of the structure and/or to make necessary modifications to best meet student needs.

Students with Behavioral Needs

- Consideration should be given to assigning school psychologists with specialized skills and interests to specific responsibilities or teams such as early childhood, behavior, significant disabilities – Autism, etc.), and other areas where specialized District-wide teams could be developed. Although all school psychologists may be credentialed to provide a broad range of services from preschool through high school transition, some may have enhanced skills in specific areas that could provide added benefit to their services.
- Continue to develop partnerships with community-based health services providers to assist students and families access to these providers for services that are appropriately not provided by school personnel. This may include the establishment of school-based health services in a variety of areas at little or no cost to the District.
- Review private placements to determine if there are specific categories of exceptionality driving placements. In order to maintain student confidentiality, the authors will provide DVUSD leadership with potential cohorts (e.g., those spanning 3-grade levels with similar educational needs and classifications).¹⁰ This should be followed by a review of current programs and service delivery models to determine if the addition of new programs or adjustment of the current structure could be made to meet the needs of students in private out-of-district placements.

Depending upon the immediate and projected needs of students in out-of-District placements, opportunities for less restrictive placements within the District could provide benefits to SWDs and greater efficiency. At present, a general framework to meet the needs of SWDs in ODPs, would be to provide 1 certified teacher for every 8 students; 2 programmatic para-professionals; a .5 behavioral health specialist, and .2 school counselor. Aside from transportation and physical plant considerations, it would be expected that the cost to provide adequate in-District programming for every 8 SWDs would be approximately \$150,000 annually.

- Avoid the use of special education settings as a disciplinary placement or behavioral “time-out” for general education students or when not specified in the IEP. This practice has the potential to detract from the capacity of special education staff to meet the needs of SWDs.
- As needs within special education require, expansion of the number of BAATs be considered. One model that may support vertical articulation would be to create a second BAAT; each would be assigned to an equal amount of K-12 feeder regions, thus ensuring students are followed by similar personnel. Alternatively, the BAATs could be constructed to follow grades (i.e., one for grades K-3 and the other 4-12).

¹⁰ In order not to inadvertently disclose student information, specific cohorts will be shared with DVUSD leadership.

Irrespective of the chosen alignment of the BAATs, they should not be viewed as a means to remove a student from a school. It was noted that some staff members may not have the skills, motivation or desire to follow the behavior intervention plan developed by the BAAT. In a broader sense, the creation of a second BAAT may be considered an investment, as it could support SWDs who may otherwise require a Private Placement while simultaneously help SWDs successfully transition back to District programs.

There are several plausible research-based interventions that adhere to best practices and will a particularly good “fit” for the District on a systemic-level. Therefore, the following are recommended to build internal capacities at the school-level to promote optimal behavioral outcomes.

- ✓ Ensure that para-professionals assigned to SWDs with behavioral challenges have sufficient time to collaborate with BAAT team members, BCBAs, and other Behavior Consultants as appropriate.
- ✓ Provide RBT (Registered Behavior Technician) training to para-professionals responsible for behavioral interventions.
- ✓ Offer specialized professional development on the application of evidence-based behavior management techniques. As referenced in other sections of this report, giving SSS greater oversight of PD is considered essential to ensure uniformity of the PD offerings
- ✓ Consider the re-deployment of some para-professional positions to clerical support for school psychological services at each school. Based upon the need of each school the number of hours of support could be provided to relieve psychologists from clerical function such as filing, scanning, scheduling meetings.
- ✓ Encourage sending schools to maintain involvement and “ownership” with their students at Vista Peak to promote an ongoing relationship and to encourage progress toward returning to the home school.

Students with High Needs (e.g., Medical Fragility)

- With the understanding that SWDs with high-needs may best be served within their home schools, if their needs are not being met then this is not the Least Restrictive Environment. Therefore, to build programmatic and personnel capacity, it may be beneficial to explore the following:
 - ✓ Creation of regional programs with staff who are particularly adept at supporting high-needs students. With respect to physical plant, we would suggest that these classrooms be housed in schools that could accommodate SWDs’ toileting, sensory, and other needs in the safest manner. It is notable that, although schools may be equipped to address these needs for a fewer number of students at present, the increased volume of SWDs will require planning. It is the authors’ experience that having dedicated S-LP, OT, PT, and nursing personnel that are particularly expert in augmentative communication, sensory needs, and durable medical equipment is a best practice.
 - ✓ A central program, such as one that could be housed at Vista Peak, that could also house high needs students could also be plausible option for SWDs who may have their needs met in other environments. As with the regional programs, these classrooms would have to have requisite capacities to meet the needs of SWDs, while assuring the populations currently served (e.g.,

students with significant emotional needs) could be adequately programmed without disruptions or challenges to student safety.

Vista Peak

- As previously noted, Vista Peak provides a valuable alternative setting and specialized program for students who require a more intensive special education environment to meet their individual needs. It is recommended that this program be enhanced to accommodate more students based upon the stated need expressed by numerous principals and staff members throughout the District. Currently, it is noted that the capacity of Vista Peak cannot meet the demand for placements. This seems to be a point of concern between school-based staff and Vista Peak staff.
- Due to the specialized nature of Vista Peak and the high level of need for many of its students, the ratio of staff per student is significantly higher than in a typical school setting. Acknowledging this, the staff at Vista Peak would need to be augmented to expand the capacity of the program to enroll more students.
- Programmatically, Vista Peak could be utilized to serve students who require a more structured environment and smaller groups for instruction. There may be an opportunity to serve other students who, for a variety of reasons, are unable to attend their home school. The pilot “homebound” program at Vista Peak is one example of this. It is reported that three students are currently receiving “home” instruction at Vista Peak. It is suggested that clusters such as this be developed to better utilize the availability and expertise of “home instruction” teachers and provide students with a less isolated learning environment if appropriate. Having students receive “home instruction” in a small group at Vista Peak (and potentially other sites) would ease the transition back to their home school, provide a more enriched learning environment, better utilize a limited number of highly trained teachers and enhance educational placement options (continuum of services) for the District.
- Other services provided by Vista Peak might include:
 - ✓ Consider expanding the scope of services to increase capacity to enroll more students. The specialized services that could be provided at Vista Peak would not only lessen the demands on more generic special education services at campuses throughout the District but provide more intensive services for students with greater needs.
 - ✓ Credit recovery and/or acceleration in a supervised setting to meet the needs of students (both with and without disabilities) who are credit deficient or who require an alternate setting other than their home school.
 - ✓ Transition options for students with disabilities who may not have met graduation requirements and/or who require a final step in their transition from school to work or other post-secondary experience.
 - ✓ Students who are unable to attend school for various reasons (expulsion, school resistance, school phobia, etc.).
 - ✓ The CBS services offered through Vista Peak might be examined concurrently with the recommended expansion of the BAAT to provide consultation and support for schools as they deal

with students exhibiting behavioral issues. On a more global level, it will be essential for principals and those overseeing the process from Vista Peak to agree upon an overall philosophy that will ensure the best outcomes for students.

Driving Question #9: With respect to parent engagement, inclusive of legal issues, are there ways the District can improve in this area? What is working well? What is world class? What are improvement opportunities?

- Overall, the parents interviewed were generally pleased with the special education services being provided by the DVUSD. Relatedly, although there is a belief on the part of some that the District has had more than its fair share of complaints and due process related to special education, this is not verified by the information obtained.
- Information provided by attorneys and the ADE indicates that the DVUSD has been subject to a typical number of complaints and due process proceedings that are within the norm for Arizona districts of similar size and demographics.
- Consider, if not already in progress, providing opportunities for parents to learning more about the special education process with specific attention to the purpose of special education, eligibility and exit criteria, explanation of FAPE and LRE, and understanding the IEP and IEP team process. The authors will provide the District with resources.
- Special education is complicated and complex and is sometimes misunderstood by parents. As described earlier, the establishment of providing clear and accurate information pertaining the preceding issues would assist in promoting a better understanding of FAPE and LRE as well as the level of service that is considered “appropriate.” It is anticipated that, with the expanded outreach activities, there will be less confusion, more consistent expectations, a more collaborative resolution process, and less unwarranted litigation.

FINANCIAL REVIEW

FINDINGS

Driving Question #10. With reference to finances, is the District maximizing its revenues with respect to state and federal sources?

Medicaid

- The District contracts with Go Solutions of Lansing, Michigan for their direct service Medicaid claiming. The contract amount is for \$40,000 annually. Go Solutions replaced Practice Max, which was terminated for poor performance in 2017. Medicaid management reports that they are very pleased with both the quality of the services provided and their responsiveness to District questions and issues.

- Since January 2017 Medicaid revenue has significantly increased. The District reportedly bills for more services through the cost settlement process than through direct service billing. The contract for services includes:
 - ✓ On site assistance
 - ✓ Assistance in the provider enrollment process
 - ✓ Access to proprietary on-line service recording software for providers
 - ✓ Technical assistance relative to rules/regulation changes
 - ✓ WEB based training for both District and contracted staff
 - ✓ Complete claims processing, including reconciliation of Medicaid remittances and resubmission of correctable denied claims.
 - ✓ Assist in identifying student eligibility
 - ✓ Reports as requested
 - ✓ Audit services, including records storage and audit preparation

However, the District retains the responsibility for the identification and qualification of Medicaid eligible students. In addition, it is the District’s responsibility to assure that all providers are appropriately licensed and certified. The District is also responsible for the maintenance of billing records and the required documentation to support Medicaid billing.

- The District also utilizes the Public Consulting Group, which holds a statewide contract for the processing of Medicaid Administrative Claiming (MAC). The necessary data is provided to PCG by the District finance office.
- The Medicaid reimbursement program is managed by a clerk assigned to the finance office. She is responsible, along with a Senior Account Executive for Go Solutions for all aspects of the Medicaid billing program.
- Both the District and the Contracted staff associated with providing and maintaining Medicaid data and billing were both knowledgeable and well trained relative to the Municipal Medicaid Reimbursement and School Based Health Services. All data was readily available, and any questions promptly answered.
- The following are District student parameters relative to the Medicaid reimbursement program:

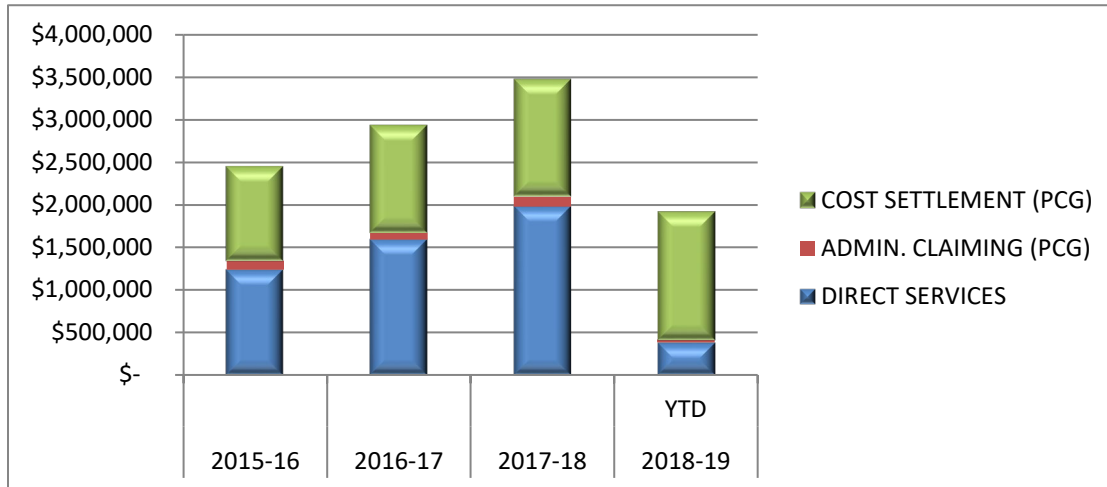
District SPE Enrollment=	4319
Active Records=	2645
Medicaid Eligible:	1105
No Billable Services=	629
No Parental Consent=	171 (15.5%)
IEP Expired=	2
Not Billable=	4
Total Providers=	876
Active Providers=	473
In Active Providers=	403
No Encounters=	115
Third Part Insured Students=	181

- The District is currently billing for the following Medicaid eligible services (either through Direct Service, MAC or Cost Settlement billing):
 - ✓ American Sign Language
 - ✓ Audiology
 - ✓ Counseling
 - ✓ Hearing Impairment Services
 - ✓ Nursing
 - ✓ Orientation and Mobility
 - ✓ Occupational Therapy
 - ✓ Physical Therapy
 - ✓ Speech and Language
 - ✓ Specialized Transportation
 - ✓ Vision Services
 - ✓ Attendant Care
- The District reportedly submits claims for all Medicaid eligible students and services, regardless of citizenship status. Undocumented student claims are routinely rejected.
- Positive aspects of the program include:
 - ✓ Almost all (99%) of the Random Moment Time Studies (RMTS) are received on time.
 - ✓ Almost all (98%) of contracted provider’s RMTS are received on time.
 - ✓ Management is working to obtain all requisite data electronically for ease of filing and billing.
- Among the issues reported are:
 - ✓ Not all providers submit the requisite paperwork on time
 - ✓ Some providers have the job title but are not appropriately licensed or certified
 - ✓ First quarter billing is often missed for new hires
 - ✓ Do not have, or it is difficult to obtain all parental authorizations (currently, there are 117 outstanding)
 - ✓ Sometimes difficult to obtain requisite physician’s orders for medically related services
 - ✓ Cannot bill for transfer students until after the IEP meeting to verify services required
 - ✓ Some students are undocumented and cannot be billed even though receiving Medicaid eligible services.
 - ✓ Payments are sometimes delayed due to OT and PT sharing the same billing code and system routinely denies claims for OT and PT services on the same date.
 - ✓ Providers are no longer provided an “incentive” (\$5,000 for supplies/materials, etc.) for Medicaid billing participation.
 - ✓ Out of District student data is reported in hard copy and sometimes leads to delays in processing.
- It appears that the District is billing for every Medicaid eligible service, albeit not for every Medicaid eligible student.
- Based upon our analysis of the required time study staff participation, the Medicaid Coordinator routinely receives over 99% completed on time. District management and staff should be commended

for their diligence in obtaining the required time studies to support Medicaid billing.

- District Medicaid revenues have increased significantly over the past three (3) years, and the District three (3) year average revenue is \$3,087,900.23 as broken down below:¹¹

Figure 18. Medicaid Revenues During the Past 3 Years

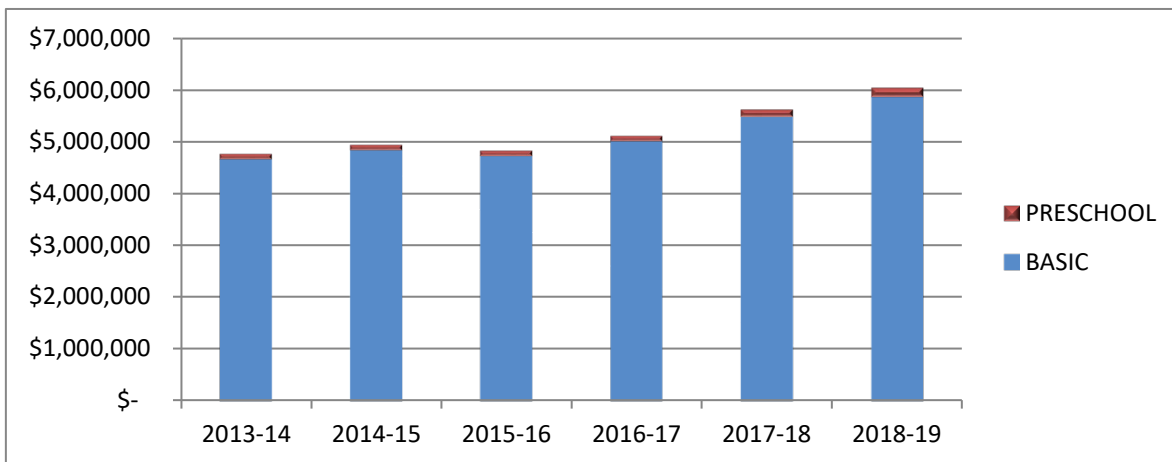


- Based upon the District IEP services and related service data provided and utilizing the current Medicaid reimbursement rates, we have estimated the total potential Medicaid revenue to be approximately \$2,943,169; therefore, the District is receiving most of the Medicaid revenue for which it is eligible.

IDEA Grant Funds

- The following describes the amount of IDEA grant funds received over the past 6 years:

Figure 19. IDEA Grant Funds



¹¹ We typically use a 3-year average to determine the Medicaid revenue benchmark, as revenues often transcend the fiscal year due to the lag time in State processing of Medicaid claims.

- The amount of IDEA funds has generally increased for the past several years.

Figure 20. Grant 611 Utilization

LINE ITEMS	SUB TOTAL	TOTAL
SALARIES		\$3,042,924.00
Special Education Teachers	\$2,743,844.00	
Extra Pay-Student Interventions	\$1,500.00	
Summer ESY Teachers	\$150,000.00	
Audiologist Coordinator	\$147,580.00	
BENEFITS		\$1,096,093.00
PROF. SERVICES		\$180,441.00
SERVICES		\$1,000.00
OTHER PURCH. SERVICES		\$1,163,242.47
SUPPLIES		\$55,725.56
CAPITAL EQUIPMENT		\$
OTHER EXPENSES		\$6,000.00
INDIRECT COST RECOVERY		\$310,543.85
CAPITAL OUTLAY		\$
TOTAL:		\$5,855,969.88

Figure 21. Grant 619 Utilization

LINE ITEMS	SUB TOTAL	TOTAL
SALARIES		\$77,567.18
Early Childhood Manager	\$34,039.16	
Child Find Clerk	\$15,788.95	
Early Childhood Supervisor	\$20,000.00	
Early Childhood Secretary	\$7,739.07	
BENEFITS		\$29,856.70
PROF. SERVICES		\$14,620.00
SERVICES		\$
OTHER PURCH. SERVICES		\$1,593.00
SUPPLIES		\$88,238.08
CAPITAL EQUIPMENT		\$
OTHER EXPENSES		\$-
INDIRECT COST RECOVERY		\$11,864.99
CAPITAL OUTLAY		\$
TOTAL:		\$223,739.95

- District management should be commended for their effective utilization of the IDEA Grant funds; it

does not appear that any of the funds allocated are being used for otherwise Medicaid eligible services, thereby maximizing Medicaid revenue.

Driving Question #10. With reference to finances, is the District maximizing its efficiencies in school transportation?

Bell Schedules-Logistics

- The current school start and end times make efficient school transportation routing and scheduling problematic. Given the size of the District and the length of the current routes, the District must utilize more buses than increased efficiency would require.
- Management reports issues with receiving special education information and student data from IEPs for either new students or students changing placements.
- The District currently operates a modified 3 Tier system, with Tier 1 being the High School; Tier 2 the Middle Schools and Tier 3 the Elementary Schools.
- There are currently 30 blocks of nonscheduled transportation tier time: 16 at the High School tier, 6 for the Middle School and 8 for the Elementary Schools.

REGION	NO. BUSES	NO. RTS	RTS/BUS	NONSCHED. TIERS
Region 1	17	37	2.18	16
Region 2	22	60	2.73	6
Region 3	28	75	2.68	8
TOTAL:	67	172	2.57	30

Operational Considerations

- The transportation system consists of a modified three (3) tier system. However, given time and distances travelled, many buses can only do two (2) tiers. Other routes, for outlying students can only do a single tier. The District utilizes a total of 194 buses (189 active) which travel over 2,200,000 miles annually.
- In addition to utilizing its own special education transportation, the District routinely contracts with three (3) private contractors for special education transportation at a total cost of approximately \$360,000.
- The buses are equipped as follows:
 - ✓ Stop arms (crossing gates) for newer buses only
 - ✓ Four camera system-standard
 - ✓ New buses have “fish eye” digital system
 - ✓ Permanent GPS with hand held system to review school bus safety checks which is transferred to the garage electronically.
- In addition, the District operates nine (9) fourteen (14) passenger activity buses. District coaching staff are routinely trained and are limited as to miles driven and driver time. The high schools also house five

(5) vans and two (2) Micro Bird buses. However, these vehicles are not routinely maintained by the school bus mechanics.

- Given the geographic size of the District and the length of routes, there does not appear to be any practical way of cost sharing routes with neighboring school districts.
- The District, consistent with State law, allows any student to attend any school of their choice within the District. However, transportation is not provided for students attending schools outside of their assigned school.
- Transportation management should be commended for having all students complete a Bus Request Form which details any special transportation requirements and information concerning the child's special needs, allergies, medication, seizures and emergency information.
- Transportation management should be commended for maintaining a web site for parents to be able to access and determine their transportation eligibility and also identifies the closest grade appropriate, bus stop to their residence, with approximate pick up and drop off times.
- The District purchases fuel through the State contract, tax exempt. There are three (3) fuel tanks, two (2) diesel tank and one (1) gasoline tank.
- The District purchases tires through a national contract with Michelin Tires. These tires are generally a higher quality with higher mileage than tires available through the State contract.
- Transportation management routinely utilizes a warranty service center located 12 miles away. Both major engine and transmission work is out sourced to this center.
- Transportation management should be commended for requiring that all mechanics be CDL licensed. Currently four (4) of the mechanics also have their school bus passenger certification; thereby providing a pool of additional spare drivers in emergency situations.

Facilities

- The main bus terminal appears to have adequate technology for the routing and supervisory staff. All work stations have dual monitors, albeit small monitors. In addition, there is a training room with theater type seating and a projector and screen. In addition, the office has 2 small rooms where parents can view school bus recordings or drivers can review training films. However, the general meeting room does not appear to be large enough to adequately seat all transportation personnel. Therefore, meetings are scheduled by region.
- The garage area has a total of eight (8) bays for simultaneous bus repairs. In addition, the maintenance schedule operates 3 shifts:
 - 5:00 a.m. – 1:30 p.m.
 - 9:00 a.m. – 5:30 p.m.
 - 1:00 p.m. – 9:30 a.m.
- Transportation currently utilizes two (2) transportation facilities which are 19 miles apart. However, the Northern Yard only has bus and driver parking a limited supervisory staff. It currently houses 40 school

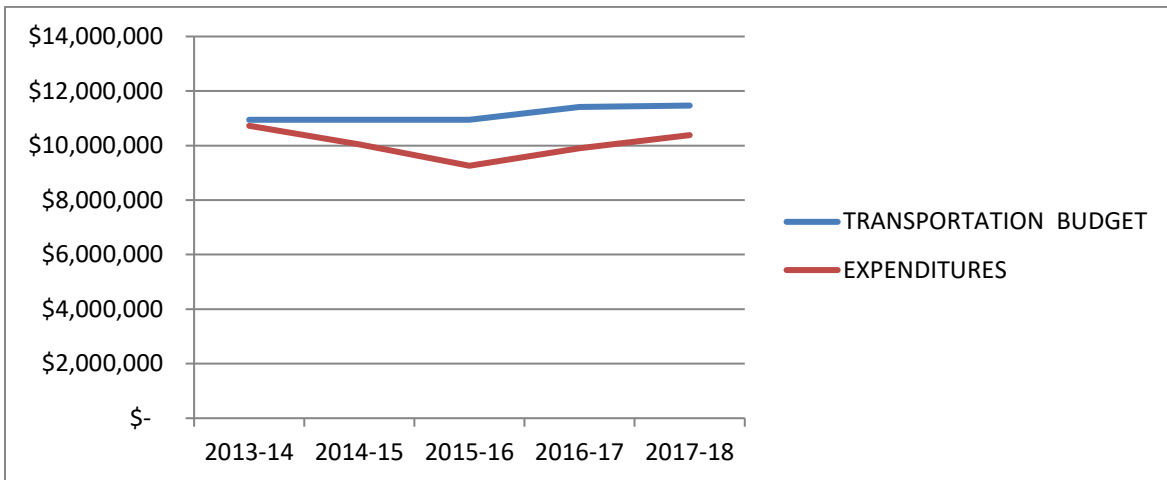
buses, with 16 spare buses, with parking for drivers. It is fenced and lighted and has sufficient land for expansion. However, it only fuels diesel buses with an above ground tank and a Gas Boy dispensing system. The main bus terminal sends a mechanic and truck daily to help start buses and who only conducts preventative maintenance and simple repairs. All major repairs are done at the main bus depot. Buses must be driven or towed to that location.

Budgetary Parameters

- The District routinely maintains a capital plan for the replacement of buses. It typically replaces five (5) buses per year and budgets approximately \$750,000 annually and a fleet vehicle replacement of \$100,000 annually.
- Transportation expenditures have been consistently less than budgeted for the past 5 years, with only a modest annual increase. District transportation budgets have averaged approximately 5.25% of the District budget. For Districts of similar size and demographics, a Budget ratio of less than 5.5% is considered cost effective by current school/industry standards.

Figure 22. Transportation Budgets-Trend Data

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
TRANSPORTATION BUDGET	\$10,946,000	\$10,946,000	\$10,946,000	\$11,410,660	\$11,466,500	\$12,045,600
EXPENDITURES	\$10,725,077	\$10,037,399	\$9,258,900	\$9,896,319	\$10,380,333	
BALANCE	\$220,923	\$908,601	\$1,687,100	\$1,514,341	\$1,086,167	
BUDGET INCREASE		0%	0%	4.25%	0.49%	5.05%
EXPENDITURE INCREASE	2.30%	-6.4%	-7.8%	6.9%	4.9%	



Personnel Considerations

- Transportation operations are currently fully staffed. All office staff have bus radios on their desk and all are routinely cross trained relative to special education routes and schedules. The staff have staggered schedules so that there is someone to answer telephone calls between 5:30 a.m. and 5:00 p.m.

Figure 23. Personnel Breakdown

POSITION	FTE	NOTE
DIRECTOR		
MANAGER/ASS'T DIRECTOR	1	
GARAGE SUPERVISOR	1	
SECRETARY	1	
CLERK	1	
REGION SUPERVISOR	5	3-SPE
TRAINER	1	
DISPATCHER	4	
ROUTING SPECIALIST	3	1-SPE
MECHANICS	12	
AUTO PART PROCESSOR	2	
SUPERVISOR TRANS. FLEET	1	
BUS DRIVERS	118	
BUS AIDES	44	
TOTAL:	32	

- Transportation management reports difficulty in recent years in recruiting and retaining trained and certified Bus Drivers.
- Typical of most school districts nationally, transportation management has difficulty recruiting and retaining quality school bus drivers. Management therefore has to rely on office and garage personnel to drive and sometimes does double runs in extreme situations. In addition, the District routinely contracts out routes and runs which it cannot cover (\$600,000 per year).
- Based upon a recent survey, the District offers the lowest starting hourly rate (\$13.14) compared to other area school districts (Ave. \$14.46). It is notable, however, that DVUSD offers a competitive package of paid time off that increases this daily rate.

Figure 24. Area Transportation Wage Survey

District	Starting Rate 1	Starting Rate 2	EXP?	Train?	Training Rate	Current Vacancies	Calendar	Total compensation @ 7 hours
Peoria Unified	\$13.61						192	\$18,291.84
Paradise Valley USD	\$15.72			yes	\$15.72		199	\$21,897.96
WESD	\$14.28	\$14.53	5 years	yes	\$11.00	constant	199	\$19,892.04
Dysart	\$15.60			yes	\$10.50	12-15	190	\$20,748.00
GESD	\$13.65	\$15.50	6 years	yes	\$12.07	11	193	\$18,441.15
GUSD	\$13.85							\$0.00
Scottsdale	\$15.36	\$15.97	5 years	yes	\$15.36	26	196	\$21,073.92
Mesa	\$13.37			yes	\$13.00		203	\$18,998.77
Chandler	\$14.68	\$15.13	6 years	yes			191	\$19,627.16
	\$130.12							
AVERAGE	\$14.46							
DVUSD	\$13.14						206	\$18,947.88

- The District does not give credit for drivers with a CDL and prior school bus driving experience.
- District drivers are guaranteed 4 hours per day with 6 hours per day considered full time for the purpose of receiving benefits. Drivers are paid for 206 days per year, even though they actually drive only 180 days; 18 days are built into their driver wages. For those who qualify, the District pays 100% of their health insurance with the employee paying for any dependent care coverage. In addition, the District offers long term disability, dental and life insurance (\$20,000 or base salary, whichever is greater). Drivers can retire at age 62 with 10 years of service or at age 65. The District also offers a 403 (B) retirement plan.
- The Transportation Director currently spends 1 day each week at the northern bus yard. This assists in developing trust, communications, visibility, etc.
- Transportation management should be commended for the quality of their records concerning driver qualifications, time sheets, relicensing, etc. All requests for driver data and information was readily available and accurate.
- Presumably, because of a driver shortage, the District currently outsources approximately \$600,000 of transportation services to private contractors. For example, current field and activity trips can only be conducted between school times: 9:15-1:30. While the District has the buses, it does not have sufficient drivers to conduct trips which may interfere with the regular school schedules. Transportation management therefore contract out for much of these types of trips at approximately four times the cost of the District doing them itself.

Routing and Scheduling

- Transportation management does not currently utilize an adequate computer routing system. All reports and data are stored in Excel spreadsheets and/or Crystal Reports. Route data is therefore not

readily available in sufficient detail to accurately assess route configuration and efficiency.

- The District owns a school transportation routing and scheduling software, but it does not have the capacity to provide all of the necessary route data for effective and efficient routing. Route information for this study was provided via excel spreadsheets, crystal reports and hand written. Routes are typically developed “by hand.” This process is very time consuming and difficult to manage changes and maintain accurate reports and documentation.

As a result of this process, specialized transportation student ridership documentation is also done “by hand.” As an example, route data which could not be provided included names and addresses of each student and the location of their bus stop, the times between bus stops or the mileage between bus stops. Reportedly management does not include student names on the route sheets because the “majority of our eligible bus riders do not ride.” Drivers keep a hand-written roster of actual riders and routes are adjusted accordingly.

- Recognizing that not all eligible students ride the bus, transportation management routinely over schedules High and Middle School routes. The calculated ridership capacity ratio is approximately 93% across the three District regions. A ridership capacity of 75-78% is considered cost effective by current industry standards.

AREAS OF OPPORTUNITY

Driving Question #9. With reference to finances, how could the District maximize its revenues with respect to state and federal sources?

- Organizationally, it may be helpful to locate Medicaid claiming within SSS. In this manner, the logistical and procedural recommendations below may be enacted with greater efficiency given the connectivity of the service providers and the services provided (both direct billing and administrative claiming) to the Department.
- Add language to all out of district special education placement agreements the necessity of filing District required reports within 48 hours, including student rosters, staff time sheets, RMTS, etc.
- The District staff should continue to be diligent in obtaining the required Parental Consent to support Medicaid billing (117 outstanding).
- Based upon the comparison of the current Medicaid eligible population to the free/reduced lunch population, it is our opinion that eligibility percentage may be understated for each program. Since eligibility requirements are very similar, the District may wish to take a proactive approach of cross referencing the list of Medicaid eligible students to that of the free/reduced lunch and attempt to qualify those from each list for the respective program.
- The District should continue to qualify additional eligible parents and students for Medicaid reimbursement and obtain the requisite parental consent.
- The District should ensure that Medicaid eligible students are receiving services from appropriately certified providers and that the documentation (prescriptions) to support Medicaid billing is provided in a timely manner.

- Continue to budget Medicaid eligible service providers from the general fund and not from IDEA grant funds (SLP, OTR, and Psychology) in order to make those services eligible for reimbursement.
- The District should acquire a more robust school transportation routing and scheduling software with an integrated GPS system, which would allow for electronic tracking of student ridership. This would improve Medicaid reimbursement for those students with disabilities who require and are provided specialized transportation. In addition, the transfer of student data would be much faster and more accurate.
- The Medicaid eligibility determination should be integrated into the special education intake process. To maximize enrollment in the Medicaid program the District should:
 - ✓ Routinely conduct outreach activities to inform children and families about the Medicaid program
 - ✓ Presume that each child is eligible for Medicaid benefits
 - ✓ Assist children and families to enroll in the Medicaid program
- The following will assist SSS staff and special education administrators in maximizing their special education student eligibility:
 - ✓ Special education administrator and pupil services staff should work with school principals to determine which outreach activities are allowed by school policy.
 - ✓ Piggyback on school efforts, such as PTA meetings, parent-teacher conferences, etc. to distribute information about the availability of public assistance under the Medicaid program.
 - ✓ Include Medicaid information and application in report card envelopes and back-to-school packets sent home with children at the start of the school year.
 - ✓ Determine if the school can add health insurance questions to mandatory health forms and free or reduced lunch applications.
 - ✓ Present Medicaid enrollment information at workshops and seminars for school staff.
 - ✓ Ensure that language assistance is available to non-English speaking parents who want to apply.
 - ✓ Identify a “point person” to answer any questions with regard to eligibility or the application process.
 - ✓ Include the required Parental Authorization Form with all IEP and quarterly report forms.

Driving Question #10. With reference to finances, how could the District maximize its efficiencies in school transportation?

Bell Schedules-Logistics

- Any future school bell schedule changes should consider the unintended consequences with regard to school transportation. However, we do not recommend changing school bell schedules for school transportation purposes. School schedules should be set by the District in accordance with their educational requirements.
- Should transportation management acquire the recommended computer routing software, it can also provide an electronic transfer of data in order to eliminate the paperwork lag in timing and improve staff efficiency.
- All school vehicles should be maintained by the transportation maintenance department.

- In order to more efficiently schedule those tier routes currently unscheduled would require a more sophisticated routing software than the District currently utilizes. In addition, in order to create additional transportation tier time to affect any significant change would require a change in various school bell schedules. The result would be longer routes and more time on buses for students. This would exacerbate already relatively long route times in Region 1, where the average route time is already 1 hour 10 minutes (16 of the 30 nonscheduled tier routes are in Region 1).
- With respect to the possibility of altering the current boundaries within the three regions, the current efficiencies do not suggest that there would be any significant reduction of vehicles being utilized. In addition, any reductions in vehicles would again require a change in bell schedules and would increase students time on vehicles.
- The District may wish to consider revising its High School schedules in order to address the latest science with regard to adolescent sleep patterns and the resultant health related issues from sleep deprivation.
- Should the District choose to revise its High School start times, a complete reconfiguration of the school transportation routes and schedules would also be required. However, we do not recommend changing school bell schedules for school transportation purposes. School schedules should be set by the District in accordance with their educational requirements. The reader is referred to **Appendix O** for implications of later start times for adolescents.
- Should the District elect to reduce its reliance on outside special education placements, bring back students, and establish its own “regional programs” (cost shared with adjacent school districts), the District could more easily accommodate the required specialized transportation services within its current operation. The result would be reduction in the cost of contracted transportation at the rate of approximately \$130.90 per student per day or an annual cost savings of approximately \$23,562 per student per year. The caveat to the success of the potential transportation cost reduction would be the ability of the District to recruit and retain the requisite number of qualified drivers.

Operational Considerations

- Transportation management may wish to train at least two (2) mechanics to conduct warranty service work. The current garage supervisor came from a dealer site which trained mechanics to conduct warranty service work.

Facilities

- Given the geographic size of the District, management may wish to purchase larger monitors so that the District map is more easily readable.
- Our review of the bus repair facilities indicated a need for an additional above ground lift. In addition, the lead mechanic reportedly needs up to date Allison transmission data.
- Given the predicted enrollment growth in the northern section of the District, they may wish to expand the northern yard to include at least one maintenance/repair bay so that repairs can be made on site. This would save both time and money, as well as be more efficient use of mechanic resources. In addition, the office facilities should be improved with the acquisition of a color printer and a 220-volt

outlet for a cooking stove in the driver break area.

- Our review of several of the schools indicated safety issues with parent pick up and drop off areas. Because parents are in the bus loop, school buses routinely pick up and drop off on the street. Consequently, school bus loops should be restricted to school buses only.
- One of the major concerns is how vehicles enter and exit the main bus terminal. The current left exit must cross 4 lanes, which is both difficult and unsafe. The installation of a traffic light at the current 51st Avenue exit would allow school buses to safely exit the bus parking area. District management may wish to request a sensor activated traffic light from the city engineering. If successful, transportation management should then reconfigure its internal traffic flow.

Personnel Considerations

- The District may wish to expand the number of drivers, in order to be able to more cost effectively conduct the school required activity trips.
- As opposed to building into their wages the additional 18 days, District management may wish to consider increasing the hourly rate commensurately. This would establish a higher wage rate for starting and current drivers, presumably helping to both recruit and retain quality drivers. The higher wage rate would also help in calculating overtime pay. Similar to private contractors, the District may also wish to consider offering a “sign on” bonus for new drivers and also recognize any prior school bus driving experience on their wage scale.
- In order to recruit and retain quality bus drivers, the District may wish to increase both the starting wage for bus drivers, but also to give them credit for prior school bus driving experience, which most area districts provide.
- If the District could retain and recruit more drivers, it could reduce its reliance on private contractors and provide much of that transportation at a lower cost. In order to recruit and retain drivers, the District may wish to consider not only increasing the entry level starting wage rate, but also wages for experienced drivers.

Routing and Scheduling

- As the District considers both increasing transportation efficiencies and future school redistricting, it may wish to consider the purchase of more robust routing software, such as Traversa or Versatrans RP, both Tyler Technologies programs. This software will provide the Director and routing staff with additional analytical tools and reports, currently not available to them. In our opinion, it would allow the Director and transportation routing staff to work smarter and better utilize the analytical tools available.

SUMMARY AND FINAL COMMENTARY

It is hoped that the recommendations provided within this document support the District’s leadership in providing excellent services to struggling students. With respect to celebrations, the following are considered to be commendable and reflect District-wide and systemic best practices and trends:

1. A generally dedicated staff with a student-centric culture.
2. A commitment to maximize Least Restrictive Environment.
3. Provision of services with staffing levels that are considered to be within expected limits.
4. Commendable outcomes for SWDs including graduation rates and pre-school outcomes.
5. Provision of related services that adhere to an educational model.
6. Central office staff that are attempting to do more with less.

The authors postulate that the following areas may be of most immediate value in that they have both programmatic and fiscal implications and are offered for consideration as part of the District's strategic planning; the authors have added suggested timelines for implementation.

Organizational Parameters

1. Add an additional administrator to SSS to assume some of the mounting workloads: *August 2019*.
2. Re-structure the SES position to have a direct report to requisite SSS personnel: *August 2019*.
3. Create a cabinet-level Executive Director Position to oversee SSS: *August 2019*.
4. Begin to "roll-out" special education parent advisory committees across designated schools within the District: *Fall 2019*.
5. Switch over to a workload model to create systematic analysis of mapping that will incorporate on-going correlations of staffing, mandated minutes, educational environments, and student outcomes: *2019-2020 ASY*.

Programmatic Parameters: MTSS

1. At select schools, institute a "reverse" MTSS model: *Fall 2019*
2. Establish policies and procedures that contain "blue prints" for common language, forms, and team composition: *2019-2020 ASY*.
3. Begin to collect data regarding percentage of students referred for testing and those that were identified for special education at each school as part of a District-wide data base: *2019-2020 ASY*.

Programmatic Parameters: Special Education

1. At select schools, institute co-teaching with teacher training, administration oversight, and logistics (e.g., homogenous grouping): *Fall 2019 teacher trainings; Winter-Spring 2020 implementation*.
2. Identify and support a plausible cohort based on grade level and educational profiles for possible regionalization across the feeder areas with requisite planning for staffing: *Summer 2019: Identify cohort comprising SWDs with similar educational needs spanning 3-grade levels; Fall 2019 Address Physical Plant capacity; Winter 2019-Spring 2020 address personnel capacities including training and identification of staff to fit student needs; Spring 2020-Summer 2020 creation of*

programmatic description and outreach to requisite stakeholders; Fall 2020 implementation of first cohort group.

3. Continue to optimize the capacity at Vista Peak with respect to physical plant space, staff training, and programmatic supports to address the needs of students with high-needs disabilities for possible expansion of the program to address the needs of SWDs currently in out of District placements: The authors would suggest a time frame similar to #2 above.

Financial Parameters

1. Continue to institute best practices that will maximize appropriate Medicaid reimbursements: *Ongoing*.
2. Continue to enhance offerings to drivers to recruit, hire, and retain the best personnel: *2019-2020 ASY*
3. Consider purchase and implementation of the VersaTrans® system to maximize routing efficiency: Fall 2019 with potential “roll out” *Spring 2020*.
4. Continue to pursue the plausibility of a Three-Tiered system in view of the practicality of changing start times for adolescent students (which can only be accomplished with a computer routing software program): *2019-2020 ASY*.

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APPENDIX A: DRIVING QUESTIONS

1. Are culture and climate, at both central-office and school-based levels, conducive to optimizing special education services?
2. Among various stakeholders (e.g., teachers, administrators, board members, and parents), does there exist an Understanding of the District's Continuum of Services?
3. Are there requisite capacities (e.g., personnel, programmatic, and physical plant) to support: (a) students with disabilities currently with the district; and (b) a successful transition for those students currently served in private placements? Add, across varying disabilities (Medically fragile, ED, etc.) and across grade levels?
4. Specific to secondary students with disabilities, are there sufficient opportunities to participate in meaningful vocational, community, and other activities as part of their transition IEPs; and are these well-known to stakeholders (e.g., parents, counselors, and the students)?
5. With respect to optimizing horizontal and vertical articulation, are there requisite processes within the District across the parameters of central office, inter-school, and intra-school communication?
6. Are early intervening supports (e.g., MTSS) across the domains of literacy, numeracy, and behavior meeting the needs of the students?
7. Relative to the delivery of related services, are current models effective and efficient with respect to delivery of direct and related services, mapping, and staffing.
8. Are there alternate models to provide behavioral health services, medically fragile services, etc. in more efficient manner while simultaneously maximizing LRE?
9. With respect to parent engagement, inclusive of legal issues, are there ways the District can improve in this area? What is working well? What is world class? What are improvement opportunities?
10. With reference to finances: (a) is the District maximizing its revenues with respect to state and federal sources; and (b) as currently constituted, are there efficiencies that may be operationally viable in school transportation?

APPENDIX B: INTERVIEW ROSTER (N=424) & PARENT RESPONSES

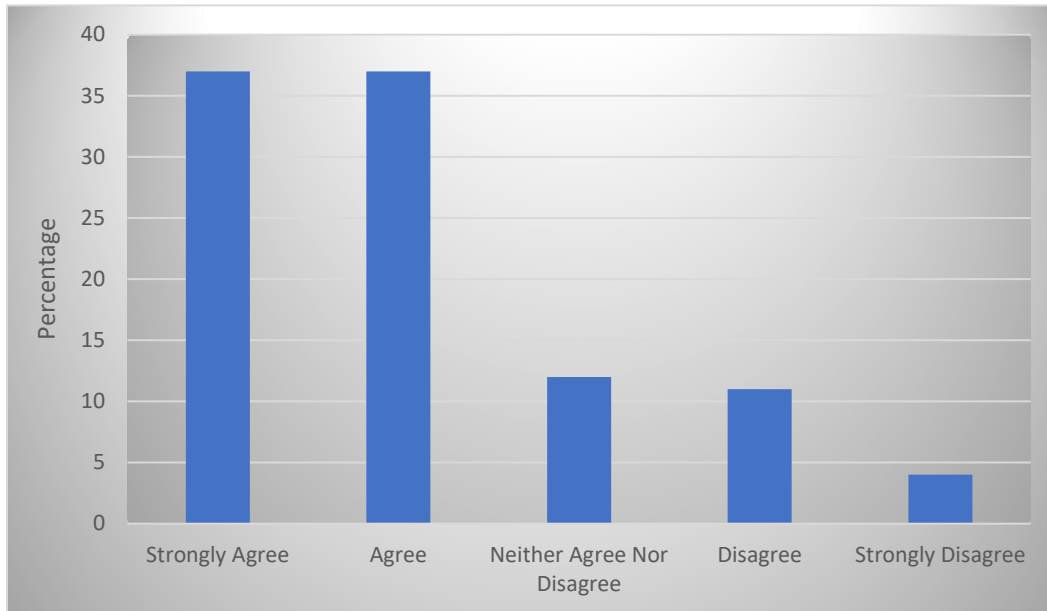
Discipline	Int. 1	Int. 2	Int. 3	Int. 4	Int. 5	Int. 6	Int. 7	Int. 8	Int. 9
Central Office Staff	22				4				6
District Attorneys					2				
Staff Representatives	2								
Principal/Assistant Principal	5	7	2	8	1	9	4	8	
Special Education Teachers	1	12	5	19	6	20	9	16	
General Education Teachers	2	12	3	15		16	4	8	
Teaching Assistants/Aides	3	12	4	14	4	16	6	16	
Psychologists/Behavioral Staff	1		1		4		3		
Speech-Language Staff					2		4		
Occupational Therapy Staff							4		
Physical Therapist					1				
SES	10		1		8				
Interventionist			1				1		
MTSS Point Person		10		2	2	10	3	8	

Discipline	Int. 1	Int. 2	Int. 3	Int. 4	Int. 5	Int. 6	Int. 7	Int. 8	Int. 9
VI Teacher					2				
HI Teacher/Audiology					2				
APE					1				
Nurse					1				
Interpreter					1				
Board Members	6								
Parents Interviews	5				6		1		
Students	20								
Totals	77	53	17	58	47	71	39	56	6

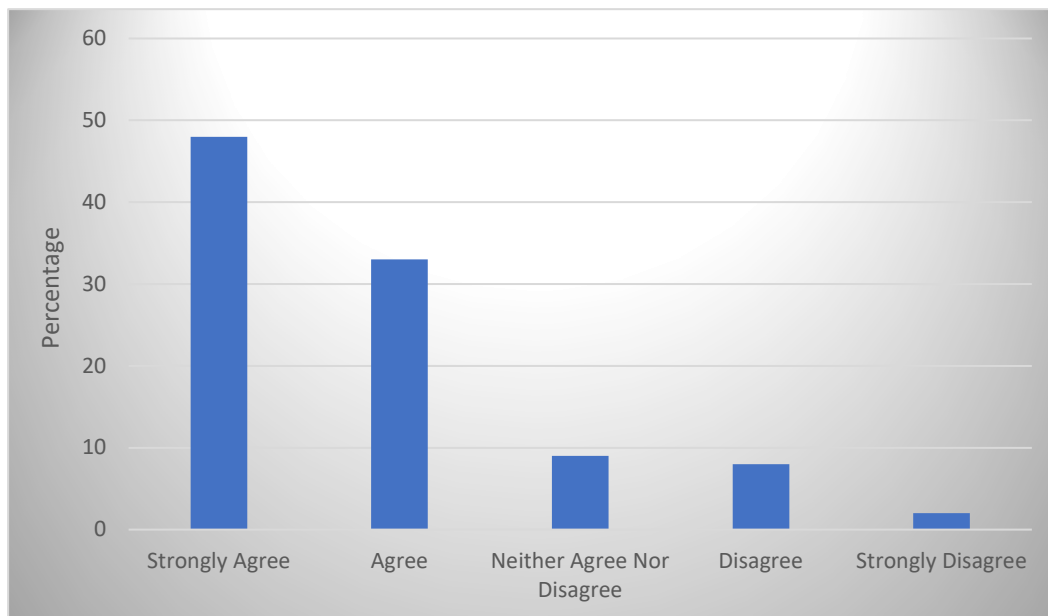
Please note that the same staff member may have been interviewed by more than one Futures' Team Member. An additional 45 surveys from a previous Staff Survey were used to cross-reference recurring themes. The reader is referred to the attached parent surveys (**N=287**).

PARENT SURVEYS

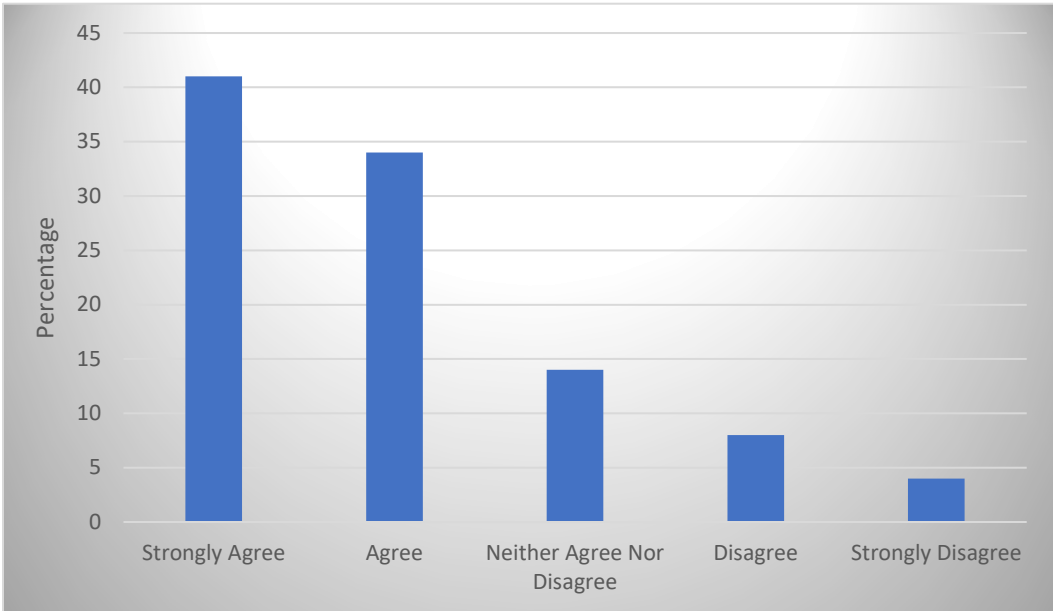
Question #1: I find the special education programs provided by the District on the continuum of services suited to my child's needs



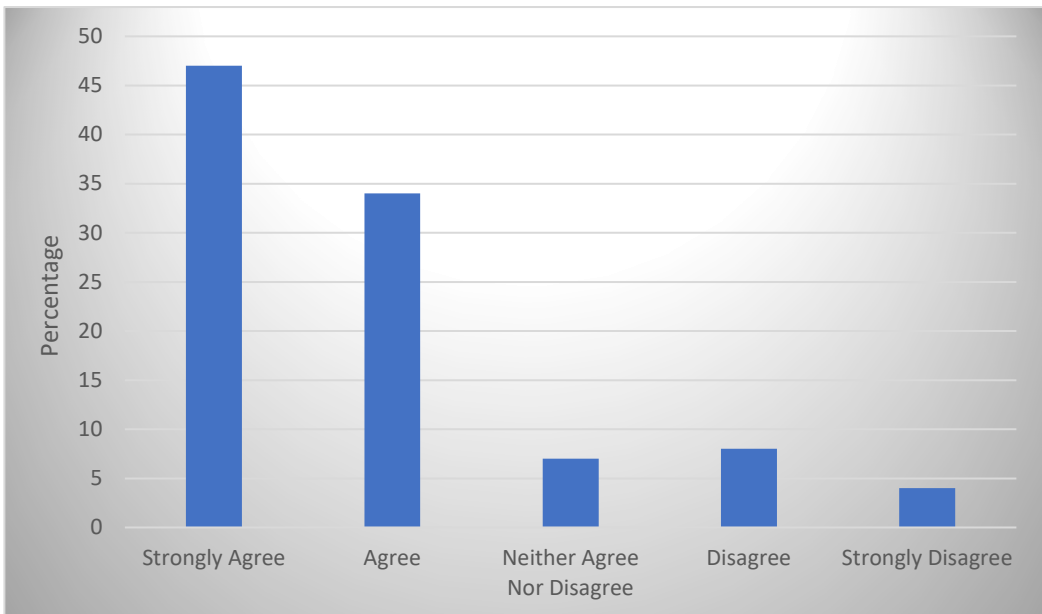
Question #2: In general, the District has provided my child with a Free Appropriate Public Education.



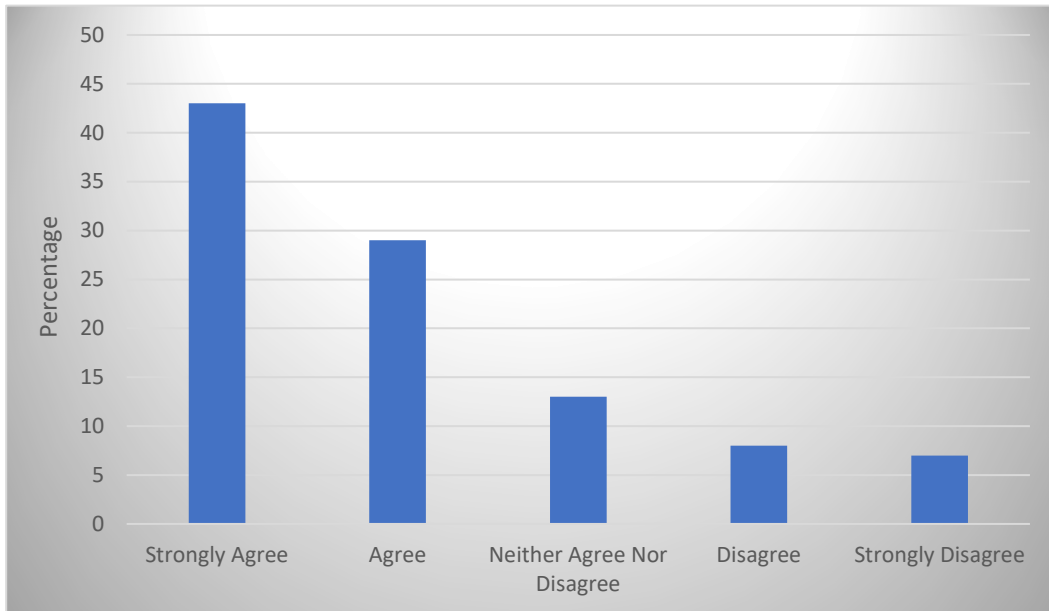
Question #3: I am satisfied with my child’s opportunities to engage in curricular and extra-curricular activities with general education students and that he/she is part of the “fabric” of the community.



Question #4: I feel that I have a “voice” in my child’s education with sufficient opportunities to communicate with those involved in his/her education.



Question #5: I would recommend my child's program to another parent of a child with similar educational and therapeutic needs.



APPENDIX C: PROGRAM RATIO RECOMMENDATIONS AND PROGRAM DESCRIPTIONS

15:1 This classroom can have up to 15 students focusing on a core subject area.

15:1:1 This classroom can have up to 15 students with one teacher and one classroom aide. This classroom is designed to work with students whose management needs are highly intensive and require a high degree of individualized attention and intervention.

12:1:1 This classroom can have up to 12 students with one teacher and one classroom aide. This class is designed to work with those who have great academic needs. Students are typically 3 or more grade levels behind and need instruction tailored to their skill levels.

12:1:3 This classroom can have up to 12 students, one teacher, and 3 classroom aides. This class is designed to work with students with severe needs. Students in this setting may have severe physical disabilities, medical involvement, or communication disorders.

8:1:1 This classroom can have up to 8 students with one teacher and one classroom aide. This classroom is typically for students who have behavioral and emotional difficulties. The goal is to try and get their behaviors managed so that they can access the general education curriculum along with their peers.

6:1:1 This classroom can have up to 6 students with one teacher and one classroom aide. This classroom is designed to work with students whose management needs are highly intensive and require a high degree of individualized attention and intervention.

Note: The first number represents students; the second number represents certified teachers; and the third number represents program para-professionals. For example, a 6:1:1 classroom would staff 1 certified special education teacher and 1 para-professional for every 6 SWDs. Any 1:1 or shared para-professionals would be in addition to these suggested ratios.

Branches Program

- 8:1:1 student to staff ratio
- Team approach
- Differentiated instruction based on academic ability
- Behavior Management strategies
- Common Core Learning Standards
- Independent living skills
- Prevocational work skills
- Access to Assistive Technology
- Community Trips
- Special Events

**8:1:1 represents 8 students/1 teacher/1 paraprofessional*

Student Placement

Students are placed through a referral process and recommendation from the local district's Committee on Special Education.

A Circle of Courage School

Because of our strong belief in the Circle of Courage, we do all we can to help students achieve a sense of Belonging, Mastery, Independence and Generosity toward others. We believe that these skills build on each other and are necessary for success in school and in the world. We expect students to understand these goals and contribute toward their development by participating in classroom and group activities, setting and working toward their individual goals, helping to maintain a safe school environment and contributing what they can to the school community.



For more information:
www.starr.org/training/youth

Contact Us

TST BOCES Exceptional Education
555 Warren Road Ithaca, NY 14850
T: (607) 257-2530, F: (607) 257-2958
www.tstboces.org

Branches

8:1:1

A program that offers multiple services with a focus on behavior management strategies



TST BOCES

TOMPKINS • SENECA • TIOGA

Department of Exceptional Education

Coser 203.00

Teamwork

One of the best things about this BOCES program for students with multiple disabilities is the belief that teamwork builds success. A highly devoted transdisciplinary team works together to form goals, provide therapy and evaluate progress. From communication devices to work skills and social skills, it is a combined effort that makes this program successful. Team members include:

- Classroom Teachers
- Speech/Language Therapists
- Physical Therapists
- Occupational Therapists
- Paraprofessionals
- Teachers of the Visually Impaired
- Art and Music Teachers
- Adapted Physical Education Teachers
- Teachers of the Deaf and Hard of Hearing



A Community

Our school community is a reflection of the community in which we live. Each student is an important part of the community, and his or her actions affect everyone else in the TST BOCES community.

Students are expected to contribute in a positive way toward the community by helping to maintain a safe and healthy school environment, by allowing themselves to build relationships with other students and staff and by giving input into planning school activities that help the school to be a better place to learn.

It is our goal to help all students reach their potential in school by creating a community that supports all students' successes.



Individualized Attention

We are a program for students with multiple disabilities with a focus on behavior management strategies. Each student is given individual attention to address his or her particular abilities and needs. Individual academic programming focuses on Common Core Learning Standards (including reading and writing, math, science and social studies), independent living skills and prevocational work skills. All students receive the appropriate New York State Assessments. The majority of students take the New York State Alternate Assessment (NYSAA).



Steps includes:

- physical need supports
- sensory needs supports
- access to adaptive equipment
- access to assistive technology
- access to speech/language, occupation, physical and vision therapies
- activities to integrate students into the school and community
- high level of support
- access to work opportunities
- individually modified curriculum

Student Placement

Students are placed through a referral process and recommendation from the local school district's Committee on Special Education.



A Circle of Courage School

Because of our strong belief in the Circle of Courage, we do all we can to help students achieve a sense of Belonging, Mastery, Independence and Generosity toward others. We believe that these skills build on each other and are necessary for success in school and in the world. We expect students to understand these goals and contribute toward their development by participating in classroom and group activities, setting and working toward their individual goals, helping to maintain a safe school environment and contributing what they can to the school community.



For more information:
www.starr.org/training/youth

Contact Us

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www.tstboces.org

Steps

12:1 + (3:1)

Steps to Independence



A multiple service program to support student independence

TST BOCES

TOMPKINS • SENECA • TIOGA

Department of Exceptional Education
Coser 204.00

A Transdisciplinary Team

Steps is based on a transdisciplinary classroom team approach. With a high staff to student ratio, the Steps 12:1+(3:1)* program focuses on developing the skill level of each student to provide what he/she needs to experience success in life, including self-regulation skills, social interaction skills, vocational and meaningful engagement skills and self-help skills. Every gain is celebrated, and challenges are met with adaptation and perseverance. Each student's strengths are used as a foundation for the classroom team to develop an individualized plan that will emphasize the development of independence, appropriate behavior, enhanced communicative competence, pre-vocational skills, physical well-being and community and social awareness. All goals and objectives are linked to the Common Core Learning Standards and Skills and Achievement Commencement Credential.

**12:1+(3:1) represents 12 students / 1 teacher / 1 paraprofessional for every 3 students*



Skills for Transitioning after Graduation

Students develop skills for daily living and self-care by participating in language-based learning activities. These activities incorporate the development of gross/fine motor skills, social skills, self-management skills, and communicative competence.

In the year a student turns 15, a transition plan is developed. Parents and team members discuss the needs and opportunities students will encounter upon graduation. Goals and objectives are developed and become very focused on preparing students for their future in such areas as community living options, recreation activities and vocational/day treatment programs.

Students receive a Skills and Achievement Commencement Credential upon graduation, which typically occurs at the age of 21.

Vocational Program

The focus of the vocational program is for our students to develop self-esteem and to recognize that work is an important contribution to our community. The vocational program works to meet the needs of students with varied levels of abilities. Most students, age 13 or older, are placed in individualized work programs specific to their needs and abilities. These supervised work experiences occur on the BOCES campus and include: Laundry Service, Food Service, Dish-washing, Delivery, Mail Service, Greenhouse, Mass Production, Recycling, School Clothing Store, etc.

Teamwork

One of the best things about the Steps program for children with severe disabilities is the belief that teamwork builds success. A highly devoted transdisciplinary team works together to form goals, provide therapy and evaluate progress; it is a combined effort that makes this program successful. Team members include:

- Classroom Teachers
- Speech/Language Therapists
- Physical Therapists
- Occupational Therapists
- Certified Occupational Therapy Assistants
- Paraprofessionals
- Skilled Nursing Care Professionals
- Teachers of the Visually Impaired
- Art and Music Teachers
- Psychologists
- Adapted Physical Education Teachers
- Vocational Teachers
- Exceptional Education Dept.



What is the Springboard High School/CDOS Program?

The Springboard program offers students access to Regents credit bearing classes and the general education curriculum. Students generally exit the program with either a CDOS Commencement Credential or Test Assessing Secondary Completion (TASC), but have the opportunity to work toward a Local or Regents diploma as well.

This academic program also provides students with instruction and supports that will help to prepare them for transition to independent adult living. Students enrolled in Springboard also participate in either a Career and Technical Education program or other vocational experience for a portion of their school day.

A Circle of Courage School

Because of our strong belief in the Circle of Courage, we do all we can to help students achieve a sense of Belonging, Mastery, Independence and Generosity toward others. We believe that these skills build on each other and are necessary for success in school and in the world. We expect students to understand these goals and contribute toward their development by participating in classroom and group activities, setting and working toward their individual goals, helping to maintain a safe school environment and contributing what they can to the school community.



For more information:
www.starr.org/training/youth

Contact Us

TST BOCES Exceptional Education
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Springboard

Helping young people develop the skills they'll need to live and work on their own . . .



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Coser 202.00

Who attends Springboard High School/CDOS?

Students must be in 9th grade or older. In general, these students have struggled with larger class sizes and the academic expectations at their home schools and are in need of a more intimate and supportive environment.

Academic offerings are focused on instructing students in foundational skills, in order to prepare them for more rigorous credit bearing classes as well as to prepare them to independently care for themselves upon graduation. Students receive instruction in ELA, math, science and social studies, with an emphasis on a successful transition to the world of work and independent living.



Work-based Learning and Career & Tech Opportunities

Career & Tech classes (Animal Sciences, Auto Body, Auto Technology, Computer Technology, Cosmetology, Criminal Justice, Culinary Arts, Digital Media Technology, Early Childhood, Heavy Equipment, and Welding) as well as World of Work classes (Outdoor Power Equipment, Career Exploration, and Food Services) are open to all Springboard students. In addition, many of our students participate in supervised work experience opportunities on campus as well as Half-Day Career Skills Class. All students are strongly encouraged to take advantage of these opportunities.

Other Services

Counseling, Speech & Language Therapy, Physical Therapy and Occupational Therapy services are available on campus. We also assist students with making connections to transition services such as Challenge Industries, ACCES-VR and others.

Alternative Activities

Opportunities are provided throughout the year for community education and recreation. Students are exposed to activities and community resources that are available to them outside of the school day. In addition, instruction is supplemented with guest speakers and volunteer activities, as well as tours of local businesses and work opportunities that students might access when they enter the world of work.

What are diploma options?

Students have the opportunity to work toward Regents credits and their Regents or Local Diploma. In addition, they receive classroom instruction and work-based learning experiences that allow them to access the CDOS Commencement Credential.



Turning Point Program

- 8:1:1 student to staff ratio
- Participation in regular education curriculum and New York State assessments
- Regents diploma and CDOS Credential preparation
- Planning and support for successful transitioning back to the student's home district
- Opportunity to enroll in high school Career and Technical Education classes, as determined by CSE

Student Placement

Students are placed through a referral process and recommendation from the local district's Committee on Special Education.

Individualized Attention

We are a program for students with emotional challenges. Our students all come to us with a history of emotional disturbances, school difficulties or learning challenges. Each student is given individual attention to address his or her particular needs and strengths.

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Turning Point

Education for students with emotional disabilities



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Turning Point

Turning Point is a K-12 program serving the needs of students whose emotional and behavioral challenges have prevented them from being successful in their home schools. We operate in an 8:1:1 setting with four elementary, four middle school and six high school classrooms. Turning Point also offers the option of a Day Treatment Program, which provides access to psychiatric treatment and intensive family support.



A Comprehensive Counseling Program

BOCES partners with the Franziska Racker Centers to provide counseling for our students through the Counseling for School Success program. All students entering Turning Point are expected to utilize counseling as part of their program, including individual and group sessions. Using cognitive behavioral therapy, social skills training and crisis intervention modalities, our staff support students and teach them new skills to address the issues that had prevented them from success in their home schools. Counseling for School Success also offers the option of a Day Treatment Program, which provides comprehensive mental health services to students and their families including individual and group counseling, assessment and treatment planning and medication therapy and referrals when needed. Counseling goals are made with full participation of the student and student's family. Students and their families are expected to provide information and input into treatment goals and to participate fully in treatment in order to help the student reach his or her goals. Counseling goals are reviewed regularly and changes can be made at any time to reflect changing needs.

A Community

Our school community is a reflection of the community in which we live. Each student is an important part of the community, and their actions affect everyone else at Turning Point. Students are expected to contribute in a positive way by helping to maintain a safe and healthy school environment, by allowing themselves to build relationships with other students and staff and by offering feedback that helps the school to be a better place to learn. Our school rules reflect the society in which we live, and in turn, the consequences for creating an unsafe environment must reflect rules of our larger society. At Turning Point, consequences are decided with the individual's greater goals in mind, and the need to provide a safe environment for all of our students. It is our goal to help all students reach their potential in school by creating a community that supports all students' success.



Foundations Program

- Differentiated instruction to support elementary learners with Autism
- Assistive Technology options for communication and instruction
- Addresses sensory issues
- Behavior Management techniques and strategies
- Team approach between school and home
- Independent living skills



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Foundations

8:1:3



*A program designed for
elementary students
with Autism.*

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Coset 204.001

Team Effort

The Foundations program provides a supportive team approach for elementary students with Autism.

The specialized classroom team includes a special education teacher, three program aides, a speech therapist and an occupational therapist. In addition, other consultant staff work with the team of adults in order to provide individualized support for each student.

An Assistive Technology Specialist from CAST (Consultation and Support Team) also assists with programming for communication devices and technology within the classroom setting.

Parents, guardians and outside agencies are a critical part of the team. Daily communication and regular meetings are important to student success.



Program Design

The daily academic schedule of the Foundations program is structured and set-up to include intermittent sensory breaks.

Technology is a key part of the program and utilized as a focus for enhancing instruction. As appropriate, technology may be used to assist individual students with communication. Academic tasks are designed for the ability level of each student, providing differentiated instruction as needed.

Third grade students or above in the Foundations program qualify for NYSAA (New York State Alternative Assessment).



Why Bridges?

- Team Approach
- Focus on Functional Academics
- Independent Living Skills
- Vocational Classes
- Community Trips
- Special Events
- Access to Assistive Technology

Related Services

Bridges related services include Counseling, Speech Therapy, Occupational Therapy, Physical Therapy and Vision Therapy in an integrated, small group or individualized setting for those students approved for such services.

Student Placement

Students are placed in the Bridges program through a referral process and recommendation from the home school district's Committee on Special Education.

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BRIDGES

12:1:1

*Preparing students
for their future*



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The Bridges Program

- For students ages 13 to 21 who have an intellectual disability and/or developmental delay.
- Located in the Smith School on the TST BOCES campus in Ithaca.
- Focus on functional academics, independent living skills, social skills, vocational skills and community integration.
- Curriculum reflects Common Core Learning Standards for Pre-K to 12th grade, which are taught at the student's functional level. Core academic areas include reading and language arts, mathematics, social studies and science. Students will earn a Skills and Achievement Commencement Credential.
- Students assessed using the NYS Alternative Assessment. Skills are reinforced in vocational classes and class field trips.
- Instruction in: independent living skills such as cooking, housekeeping, personal banking and hygiene. Participation in: art, music and physical education.
 - Student access to computers and technology.



Vocational Component

SWE Program

Supervised Work Experience (SWE) is a pre-vocational program that is provided to all of the Bridges students at BOCES. It is a collaborative effort between the classroom teachers and service providers with the goal of teaching job-related skills and behaviors. SWE also provides a vast set of valuable life skills, which are reinforced throughout



each area of curriculum in the classroom. The students are offered one period of work each day. Students are placed in a job, based on interest and ability. Most of the jobs are on the BOCES campus. While working, the students develop a repertoire of job-specific skills that enhance opportunities for future job placement and eventual transition into the community upon graduation.

Half-Day Career Skills

Half-Day Career Skills is a half-day program designed to teach vocational-related skills and behaviors. The program will provide student exploration of realistic career options in a highly supervised setting. Using a hands-on approach, students will learn technical skills and appropriate work-related behaviors that can be transferred to any job. Students will start off each day with a short lesson that teaches and reinforces the skills and behaviors necessary for success. Students will then be engaged in a wide range of work-based experiences on the BOCES campus. As their skills progress, students will have an opportunity to work in small group enclaves at participating job sites.

Transition

Students with an IEP are required to have a Transition Plan upon reaching the age of 15. The Transition Plan is created through annual meetings that may include the student, family member(s), teachers, other team members and appropriate agency personnel. The purpose is to ensure that each student has the opportunity to achieve future goals in their living and work environment.



Direct Student Services

- Assessment of the impact the student's hearing or vision loss has on student academic performance
- Provide academic support such as pre/re-teach
- Provision of instruction in the areas of auditory training, language development and academic need for the deaf or hard of hearing student, or
- Provision of instruction in Braille reading and writing, Nemeth math code, utilization of low vision devices, listening skills, basic concepts and areas of academic need for the visually impaired student
- Provision of instruction in the use of compensatory strategies
- Teach self-advocacy skills
- Teach sign language

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Itinerant Services

Students who are Deaf, Hard of Hearing or Visually Impaired



*Delivered within the child's education setting -
Grades K-12*

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Coser 309 & 316

Student Placement

Students are placed through a referral process and recommendation from the local school district's Committee on Special Education.

The Student who is Deaf/ Hard of Hearing

Who is the student who is deaf or hard of hearing?

- A student with a hearing impairment; permanent or fluctuating
- whose educational performance is adversely affected
- but who retains the ability to process linguistic information, either with or without amplification
- has hearing aids or cochlear implants
- whose communication skills are affected



Teacher of the Deaf (TOD)/ Hard of Hearing

"My Teacher of the Hard of Hearing helps me understand the words when the textbooks are hard."
- Antonio (student)

"It is very helpful to meet regularly in order to keep us focused on the Hard of Hearing student's specific learning requirements..."
- Regular Educator's Comment

The Student who is Visually Impaired

Who is the student who is visually impaired?

- A student with a loss of vision
- who may or may not be legally blind
- whose ability to succeed in school is compromised by vision loss

Quotes concerning services from the Teacher of the Visually Impaired:

"My TVI has always gotten what I needed and when I need it."
- Casey (student)

"The BOCES Vision Program has helped my daughter to progress in many visual skills areas, as well as in overall responsiveness. My child eagerly awaits the arrival of her vision teacher. She really responds to her."
- Gloria Morris (parent)

Consultant Teacher Services

- Teach sign language
- Assessment of the impact the student's hearing or vision loss has on academic performance - modify tests and quizzes
- Academic performance monitoring
- Staff in-service
- Student in-service, including student's peers
- Regularly scheduled conferences
- Provision of adaptive materials
- Orientation to and monitoring of the use of hearing aids, cochlear implants, and FM systems
- Liaison between appropriate medical professionals (audiologist, ophthalmologist, optometrist) and parents
- Evaluate new students and make recommendations to CSE
- Assess listening environments and provide advice to adapt to the environment.

APPENDIX D: PROFESSIONAL DEVELOPMENT OFFERINGS PROVIDED BY SSS

PAID PD

17-18 Fiscal Year - Professional Development					
STAFF TYPE		TRAINING		TRAINER	AMOUNT SPENT
New Nurses		Summer		Nurse Coordinator	\$4,200.00
New to SPED		Summer		Internal Staff	\$4,500.00
New SPED Teachers		Thoughtful Thursdays		Internal Staff	\$26,000.00
Leadership Team		Summer Summit		Internal Staff	\$2,000.00
Leadership Team		Director's Insitute		Various External	\$3,200.00
SPED Teachers		Alternative Assessment		Internal/External	\$4,000.00
Nurse Coordinator		Release Time to Train		Internal Staff	\$600.00
Interpreter Specific		Eprolix		External Trainer	\$2,700.00
New Staff		Discipline Area Procedures		Mentors	\$8,000.00
TOTAL					\$55,200.00
16-17 Fiscal Year - Professional Development					
STAFF TYPE		TRAINING		TRAINER	AMOUNT SPENT
New to SPED		Summer		Internal Staff	\$5,000.00
New SPED Teachers		Thoughtful Thursdays		Internal Staff	\$15,500.00
Leadership Team		Summer Summit		Internal Staff	\$500.00
Leadership Team		Director's Insitute		Various External	\$5,700.00
Leadership Team		CASE Conference		Various External	\$3,200.00
SPED Teachers		Alternative Assessment		Internal/External	\$4,000.00
Nurse Coordinator		Release Time to Train		Internal Staff	\$1,100.00
Interpreter Specific		Eprolix		External Trainer	\$2,200.00
New Staff		Discipline Area Procedures		Mentors	\$27,500.00
New Teachers		New Teacher Classroom Suport		Teacher Mentors	\$16,500.00
TOTAL					\$81,200.00

Unpaid PD

Psychologist Professional Development on 1/2 days
Best Practices in E.D. (Regional Team Presentation)
Special Guests-Vision Impaired Teachers and Orientation and Mobility Presentation
Best Practices in SLD (Regional Team Presentation)
Preschool Process and Team Building Video Activities
Best Practices in Autism (Regional Team Presentation)
Procedural Updates
Executive Function Evaluations
Best Practices in Developmental Delay (Regional Team Presentation)
Best Practices in OHI (Regional Team Presentation)

Staffing

Policies and Procedures

Trauma Informed Practices

Legal Issues in School Psychology

IEP Pro Review

Coordinating with Campus Personnel

IEP Pro Training

PWN Training

Assignments

Ethics in School Psychology

Regional Teams Developed

Report Writing Process Discussion

For New Psychs Only:

Training on DVUSD and our Systems and Procedures

Discussion on utilizing Mentors

Leadership Styles

iPads Training/Testing with iPads

Motor Professional Development on 1/2 days

Most 1/2 days were business meetings discussing topics brought up by staff

Special Speaker brought in from

Communication Styles

Intern Handbook

Billing updates

Goals

Evaluation Info - interpretation, standardized assessment scoring & administration

CPR Training for group

Transition Training

K-8 to HS Therapy transition

New AzTAS Update

Midwestern Coordinator spoke about transition and OT

OT provided several sensory training on campuses

PT provided transfer training on campuses

Speech Professional Development on 1/2 days

Business addressed at beginning of every meeting

Use of iPads in classroom presented by AbleNet Rep

Training on iPad testing and billing goals
Do's, Don'ts and Supervision
AAS Success in school setting & peer discussions re: students and/or situations
SLP Now toolkit training
SLP Toolkit Demo, prompt overview, IEP takeaways & Case study
Bilingual Training, IEP Review Goals, Case study
Cheat sheet review, getting set up in Groupwise, IEPPRE & PowerSchool, How to change your name as service provider, pre-school screening through bridging, Mentor assignments, Go Solutions Paperwork, Groupwise calendars, Useful uses for PowerSchools
IEPPRO Reports , scheduling students, IEPPRO Info sheets & new process, getting set up in Go solutions & creating student lists, transfers, & working with SLPAs.
Go Solutions Billing review and updates
Review of must's, get to know you activity & Q Interactive orders
Various topics related to IEPs, employee evaluations & Social
iPad Testing Training
Preschool bridging, Speech improvement & GEI, billing, case study, & Social
Activity Share
Amplification & assistive technology for unilateral hearing loss - Rep from Cochlear America
Unilateral hearing loss - district audiologist
Mental Health - Rep from SW Behavioral
Legal updates - district attorney
E5 write-ups and IEPPRO List
MTSS Paperwork & list of resources
Hosting speech students
New employee info/resources to do & know
Provided para trainings on campuses about AAC, zones of regulation, Assistive technology, core board & aided communication
Stuttering assessments & Treatment
ArSHA Attendance
Special Education Strategist Professional Development once per month
Beginning of the year check list
Handbook
Process review
General Business
Paraprofessional Staffing
Monitoring Guidelines from State
Scheduling and Instructional Guide

BAAT Presentation (Behavioral & Autism Team)

Legal Updates

IEP Service Delivery - ADE Guidance

State IEP Monitoring

State Guidance on IEP Service Page

Private Placement Transportation

Alternative Assessment - future training dates

Sample IEP Service Page & Updates from ADE

ADE Monitoring results

Evaluations - Review of existing data, SLD, Re-evaluations, Goals Accommodations, Services & Environment, LRE, PWN, New Guide steps for Transition, Billing audit, BIPs, FBAs, Parent Survey from ADE, Service Coordinator handbook

Revised Seclusion & Restraint forms, FAQ on IEP Development, Paraprofessional billing training, future professional development, bridging review, data-driven teacher coaching

Annual & Initial IEP Processes for Private Placement Students

Intervention programs

Data Analysis Protocol

Nurses Professional Development on 1/2 days

Web sites

Nurse Evaluations

Stericycle-Sharps & Pharmaceutical Non-Hazardous

Epi Pen & Inhaler at schools

Nurse Video

ESY Info

Medical Orders, Charting and software

New Clinic Resource

Mew Med Procedure

Medicaid Billing

New Nursing software

FM Systems & Bluetooth Assistive Technology

Retirements

State Immunization Audit

Assessment Tools for Fractures in school setting

Open positions

Hearing report

DART Class

MLP Evaluation Process and goal setting

Head Lice Policy
DV Dietary/Nutrition Requirement updates
Medication procedures
Overview of BAAT
Medication administration and storage
Drug Assessment Training Conference
Annual Nurse Conference
Lions Club vision update
Nurse library update
Navigating IEP PRO for Nurses
Student incident reports
Hearing report
Homebound procedures
Vision screenings
Trends in medication administration
IEP Compliance
PNES
Mental Health Training
Threat Assessment Training
Stop the Bleed Training
AHS School Health Office Educational Series (Suicide prevention & school stock of Albuterol & epinephrine program) outside presenters
Monthly Leadership Meetings
Processes & Procedures - Pre-school Evaluator Scenarios - CDA Concerns, Pre-school screenings, Private Placement Evaluation Attendees, Transportation for campus speech, transfer of records, calendars & Sign in, ADE Director's Institute, Vacancies, Human Resources & Zero Risk, Planning document
Swim Buddy time, Being a true leader, importance of courage as a leader, take-aways, systems of support, information you need to know, good news & celebrations
Brave Leadership, Processes & Procedures, Human Resources - Zero Risk Leadership Team Assessment
Check In, brave leadership, service delivery statements - breaks of instruction, Schedule of service delivery, service delivery of health aid services, why is this a great place to work?, ADE File review update, Release of Demographic information
Development of walk through instrument, review of professional development trainings, summer evaluations
Brave leadership - the power of collaboration, pre-school questions, trends from the ADE audit, adoption, & 2/6/19 PD

The second principle video by Harry Kraemer, New Perspectives, reflections on Acorns & Marigolds, Alternative assessment updates, voucher updates, ADE Audit overview, secure staffing for summer evaluations, set evaluation dates for summer, equipment racking data, handbook vs. process manual, coordinate walkthrough instrument, & Itinerant PD

Monthly Itinerant Staff Meetings

AIMS A, Brave Leadership, Processes & Procedures - Evaluations, Seclusion & Restraint

Brave Leadership, Processes & Procedures - Service Page Verbiage & Examples, External Analysis, Why What We Do Matters - Derek Clark

Brave Leadership, Believing in yourself, What can we learn from Marigolds, Private Placement Process, BAAT Referral Process, Pre-MET Meetings, Legal updates - Trauma Informed Care

How should we celebrate you?, Introduction of SSS Leadership Team, Clerk & Office Team, Professional Development Focus, Processes & Procedures - Exclusions & Exemptions, Brave Leadership, Year in Review, District Strategic Plan (Priority 1, TIER I & TIER II Instruction)

Site walk through updates, website updates, PD focus, Padlet Activity, SLO for staff evaluation, Legal case review, IEP Compliance & Documentation

Aligned focus - students with significant disabilities, extended school year, augmentative communication, Hearing Impaired supports, collaboration & Creating tools. Department resources shared (ADE Monitoring, Special Ed. Connection through LRP,) Ambassador of the month information

Birthday celebrations, Prior Written Notice, Aligned focus, Unique Learning Systems - Pilot Program, extended school year, transition, WIOA, graduation PowerPoint & Documentation, bridging.

PWN Samples & Guidance document, Meet MILO (Autism Robot), mandatory & discretionary IEP Team Members, free online courses/webinars available

Mock PWN Notice Activity, BAAT Updates, Supreme Court Case Review, Online book study, Legal Trends & Lessons learned

Monthly Clerical Meetings

Opportunity to bring issues forward, request support & provide training

18-19 Google Doc training was provided at 3 clerical meetings

APPENDIX E: PRINCIPLES OF CO-TEACHING

- Co-Teaching can be misunderstood to mean one general education teacher and one special education teacher in a classroom all day long. That may not always be the case. Co-teaching, like every other model on the continuum, can vary each day and for every class period. It does mean that based on Co-Planning, Co-Teaching, and Co-Reflection, teachers (general and special) make day to day and class to class decisions based on: (1) the needs of the special education student(s); (2) the IEP requirements; (3) the core content; and (4) the instructional requirements of these class periods.
- When new concepts are introduced, it is often important that the special education teacher conduct some pre-introduction for younger SWDs. This preview of material could be accomplished in many ways (resource room, alternative co-teaching model for a short period of time, etc.).
- During the actual direct instruction time, the co-teaching model (team teaching, station teaching, parallel teaching or alternative teaching) is most useful. However, it should be noted that when students are practicing, the general education teacher in consultation with the special education teacher, should develop the classroom practices such that the special needs student(s) can participate without the special education teacher having to be present the entire time.
- The key to good co-teaching is the effective and efficient use of teacher time. That does not necessarily mean being in the general classroom every minute. Co-planning is critical to ensure that special education teacher is utilized in the most effective and efficient manner; being in the classroom and “helping, assisting, or tutoring” is not an efficient use of a special education teacher’s time if a paraprofessional or peer can assist the student.
- To the extent that continuity of team partnerships typically supports student achievement via mutual respect, collegiality, competence, and the acceptance of total ownership for all students, District leadership may consider maintaining the continuity of these teams when possible and to provide the teams with as much common planning as is possible and practicable.

APPENDIX F: WORKLOAD ANALYSES

Explanatory Notes

1. Workloads are all student-directed activities that include both direct and indirect times and are used as opposed to caseloads given that workloads are a more valid metric to determine how the services providers are spending their time.
2. Direct services include therapy (individual or group) and consultation; “other” services are those such as preparation, paperwork, and non-travel activities.
3. The individual breakdown of each service providers’ time was calculated from weekly time studies and is reported as (actual) total weekly hours in each category and in percentages in the following pages.
4. A unit is defined as 30 minutes of treatment

Discipline Workload Summary - Occupational Therapy

Total Hours Analyzed	459	
Number of Staff	13	
Number Full Time Equivalent (FTE) Staff	11.5	
Total Hours Minus Testing	415.25	
Total Testing Hours (% in italics)	43.75	9.5%
Total Direct Service Hours (% in italics)	209	50.3%
Individual	125.5	60.0%
Group	48	23.0%
Consult	35.5	17.0%
Total Indirect Service Hours (% in italics)	206.25	49.7%
Travel	5	2.4%
Meetings	50.25	24.4%
Other	151	73.2%
Therapist Caseload Ranges		
	MIN	MAX
caseload	21	64
weighted case	83	26
Therapist Workload Percentages		
	MIN	MAX
group	0	55
individual	33	89
consult	0	38

direct	25	61
testing	0	24
meetings	0	21
other	15	75
travel	0	6

	AVG		units/caseload
caseload	36.9		N/A
weighted case units	41.9		
	40		

Discipline Workload Summary - Physical Therapy

Total Hours Analyzed		140	
Number of Staff		4	
Number Full Time Equivalent (FTE) Staff		3.5	
Total Hours Minus Testing		134.5	
Total Testing Hours (% in italics)		5.5	3.9%
Total Direct Service Hours (% in italics)		51.5	38.3%
Individual		25.5	49.5%
Group		13	25.2%
Consult		13	25.2%
Total Indirect Service Hours (% in italics)		83	61.7%
Travel		13.5	16.3%
Meetings		14.25	17.2%
Other		55.25	66.6%

Therapist Caseload Ranges

	MIN	MAX
caseload	5	28
weighted case	10	28

Therapist Workload Percentages

	MIN	MAX
group	0	45
individual	36	65
consult	12	64
direct	25	45
testing	0	8

meetings	0	15
other	26	53
travel	5	14

	AVG		units/caseload
caseload	17.5		N/A
weighted case	18.8		

Discipline Workload Summary - Speech and Language Pathology

Total Hours Analyzed	433	*includes 2 schedules not in analysis
Number of Staff	14	
Number Full Time Equivalent (FTE) Staff	12.4	
Total Hours Minus Testing	352	
Total Testing Hours (% in italics)	11	2.5%
Total Direct Service Hours (% in italics)	178.75	50.8%
Individual	61.75	34.5%
Group	114.75	64.2%
Consult	2.25	1.3%
Total Indirect Service Hours (% in italics)	173.25	49.2%
Travel	0	0.0%
Meetings	5	2.9%
Other	168.25	97.1%

Therapist Workload Percentages

	MIN	MAX
group	8	100
individual	0	88
consult	0	5
direct	33	60
testing	0	13
meetings	0	13
other	37	59
travel	0	0

APPENDIX G: MUNICIPAL MEDICAID BACKGROUND INFORMATION

INTRODUCTION

States receive the bulk of federal funding for special education services through the Individuals with Disabilities Education Act (IDEA), formerly known as the Education for All Handicapped Children Act of 1975 (P.L. 94-142). The Act was intended to achieve four objectives (U.S. Department of Education, 1994):

- Assure a free appropriate public education for all children and youth with disabilities.
- Assure the rights of children and youth with disabilities are protected.
- Help states and localities provide for early intervention and education services for children with disabilities.
- Assess and assure the effectiveness of these efforts.

The IDEA legislation authorized several federal grant programs to states to help them meet these objectives. The principal granting program under IDEA is Part B, which provides funding for elementary and secondary education services for children ages five through 21, as well as pre-school grants for children ages three to five. In addition, states are required to utilize all other existing federal, state and local funds available for the education of "handicapped children", without diminishing their existing financial commitments to special education (P.L. 94-142). When the legislation was passed in 1975, the federal government was authorized to provide 40 percent of the average per-child costs for special education by 1982 (U.S. Department of Education, 1994).

During Fiscal Year 1993, the federal government provided \$2.053 billion to the states to help finance services authorized under Part B of IDEA (U.S. Department of Education, 1994). Federal per-child special education expenditures averaged \$411 or 8.3 percent of average Part B expenditures for each of the 4.9 million children who received Part B services that year. These resources fell far short of the cost to states of the federal entitlement for special education.

Although the federal resources available for special education services have not reached the maximum authorized Congressional commitment, the population receiving special education services has increased by 40 percent since 1976 (U.S. Department of Education, 1994). With limited federal funding for education and growth in eligible populations, states have been under pressure to seek out sources of special education financing beyond state and local tax bases; one such source is Medicaid. An amendment to IDEA, included in the Medicare Catastrophic Coverage Act of 1988, clarified that Medicaid funds could be used to pay for health-related services provided under IDEA. For health-related services provided under IDEA to be reimbursed by Medicaid, they must be: 1) provided by a participating Medicaid provider, 2) medically necessary, 3) included in the state's Medicaid plan, 4) provided to an individual eligible for Medicaid and 5) screened for any other third party payment that may be available for reimbursement.

Since 1988, states have been accessing Medicaid to help pay for health-related special education services.

In this report, we present the findings of a study sponsored by the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services, undertaken to understand more about the nature and extent of State practices with respect to billing Medicaid for health-related services provided under IDEA. Specific aspects we investigated include:

- Eligible populations
- Services provided
- Financing and billing
- Related policy issues

Nationally there are a range of different approaches which states use to bill Medicaid for IDEA services.

ARIZONA MEDICAID SCHOOL BASED CLAIMING PROGRAM

Arizona participates in two Medicaid reimbursement programs for school-based services, the Direct Service Claiming (DSC) program and the Medicaid Administrative Claiming (MAC) program. These two school-based programs assist participating school districts, referred to as Local Education Agencies (LEAs), including charter schools and the Arizona School for the Deaf and Blind (ASDB), by reimbursing them for their costs to provide Medicaid covered services to eligible students. The purpose of the DSC Program is to allow LEAs to receive reimbursement for the cost to provide Medicaid covered medical services to Title XIX eligible students. The purpose of the MAC program is to allow LEAs to receive reimbursement for Medicaid administrative outreach activities that are done routinely within the school setting. A [handbook](#) for the MSBC program is available and provides the information necessary to successfully participate in the program. The Centers for Medicare and Medicaid Services (CMS) is the federal agency that oversees these two school-based programs. In Arizona, these programs are overseen by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency. AHCCCS contracts with a Third-Party Administrator (TPA), PCG, to administer both the DSC and MAC programs.

Role of AHCCCS

AHCCCS is Arizona's Managed Care Medicaid Program that was developed as a result of Title XIX of the Social Security Act. While AHCCCS also administers other state and federal health care programs, only Title XIX members are eligible for the DSC Program. The Medicaid Administrative Claiming (MAC) program is one of the two federally funded programs endorsed by the Arizona Department of Education (ADE) and AHCCCS. AHCCCS is the agency that develops the policies and administers the Medicaid School Based Claiming Program through PCG and in collaboration with the ADE.

Program Methodology

CMS approved the Medicaid State Plan for Arizona to implement the Medicaid cost-based reimbursement for the DSC Program, effective July 1, 2011. This means that the Medicaid reimbursements to LEAs are based on actual costs to provide Medicaid allowable services to students rather than a defined claims fee structure.

The quarterly Random Moment Time Study (RMTS) is an integral part of the MSBC program as it is used to determine how much time is spent on Medicaid allowable activities for both DSC and MAC. Specifically for DSC, RMTS is used to determine how much time direct service and personal care providers spend doing Medicaid related services. For MAC, the RMTS is used to determine the amount of time direct service and administrative staff spends performing administrative and outreach activities that support the proper and efficient operation of the state Medicaid program. LEAs are only reimbursed for costs of those staff that are included in the RMTS.

The LEA's DSC reimbursement will be calculated annually through the annual cost report. Factors that determine the reimbursement amount for the LEA are the cost to provide health related services; percent of time spent doing allowable Medicaid direct services (RMTS results), the unrestricted indirect cost rate, Individualized Education Program (IEP) ratio, and Federal Medical Assistance Percentage (FMAP).

LEAs are required to continue submitting DSC claims throughout the year to demonstrate that health services continue to be delivered to students. This supports interim payments for services throughout the school year, prior to the annual cost settlement process. Once the annual cost report is completed, PCG will calculate each LEA's allowable annual reimbursement amount. For each fiscal year, total interim payment will be deducted from the reimbursement amount. Should interim payment be less than the reimbursement amount, the LEA will receive the difference. If interim payments are higher than the reimbursement amount, the LEA will be required to return funds to AHCCCS.

Similar to the structure of RMTS serving multiple purposes, the quarterly reporting process serves dual purposes for both DSC and MAC. On a quarterly basis, LEAs report the salary, benefit, purchased professional service (PPS), and any associated federal costs for all staff included in the quarterly RMTS. The quarterly costs for direct service and administrative staff are used to calculate the quarterly MAC reimbursement.

Quarterly salary, benefit, PPS, and associated federal costs for all staff included in any of the quarterly RMTS studies will need to be reported in the annual cost report. Other transportation costs such as payroll, depreciation, fuel / oil, maintenance, insurance, and depreciation costs will be reported by each LEA on an annual basis. In addition to reporting allowable costs as previously stated, the LEA must identify other factors such as number of students with one or more related service on their IEP, one-way trip counts, and general versus specialized transportation vehicle costs as all of these components will be used to apportion costs during the cost settlement process.

ARIZONA SCHOOL BASED HEALTH SERVICES: MEDICAID REIMBURSEMENT

In Arizona, School Districts may claim reimbursement under Medicaid for the following services provided to Medicaid eligible special education students:

The following Medical related services are reimbursable (See Appendix B):

- Evaluations and tests performed for assessments
- Psychiatrist
- Psychologist
- Occupational Therapist
- Physical Therapist
- Speech/Hearing Therapist
- Speech Language Pathology Assistant
- Psychiatrist (Osteopath)
- Audiologist
- Licensed Clinical Social Worker
- Licensed Marriage & Family Therapist
- Licensed Professional Counselor
- School based Bus Transportation
- School Based Attendant Care
- School Based Nurse (RN/LPN)

Evaluations for medical services are covered when:

- Performed as part of the IDEA Assessment.
- The beneficiary left and is re-entering special education.
- An initial development, review or revision of the student's IEP/IFSP treatment plan will occur.
- A change or decrease in function occurs.

SERVICE EXPECTATIONS

The IEP/IFSP treatment plan must include the appropriate annual goals and short-term objectives, criteria, evaluation procedures, and schedules for determining whether the objectives are being achieved within an appropriate period of time (at least annually). All therapy services must be skilled (i.e., require the skills, knowledge, and education of a licensed occupational therapist, licensed physical therapist or CCC (Clinical Certificate of Competency) certified speech-language pathologist or licensed audiologist).

Interventions expected to be provided by another practitioner (e.g., teacher, registered nurse), family member or caregiver are not reimbursable as occupational, physical, or speech, language and hearing therapy by this program.

To be covered by Medicaid, occupational, physical, and speech, language and hearing therapy must address a beneficiary's medical need that affects his/her ability to learn in the classroom environment. Arizona

Health Care Cost Containment System (AHCCCS) does not reimburse for therapies that do not have medically related goals (i.e., handwriting, increasing attention span, identifying colors and numbers, enhancing vocabulary, improving sentence structure, and reading).

Group therapy or treatment must be provided in groups of two to eight. Services provided as part of a regular classroom activity are not reimbursable. When regularly scheduled attention is provided to one beneficiary who is part of the class currently in session, the service is not reimbursable.

Supplies or equipment utilized in service delivery are included as part of the service and are not reimbursed separately. Art, music and recreation therapies are not covered services.

Medicaid is required to follow the procedure code definition from the Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) manuals. Procedure codes referencing office or outpatient facility include the medical services provided in the school setting.

Procedure codes that do not specify a unit of time are to be billed per session. Group therapy is billed per beneficiary.

Certain CPT/HCPCS code descriptions include a specified unit of service time. Service times are based on the time it generally takes to provide the service. If the procedure code specifies "up to 15 minutes of service", the service may be billed in a unit of time from 1-15 minutes. If the procedure code specifies a unit of time "each 15 minutes", the code may be billed when the service time equals the specified unit of time. Any additional time cannot be billed unless the full time specified is reached.

Consultation or consultative services are an integral part or an extension of a direct medical service and are not separately reimbursable.

Qualified staff can bill for assessments, tests, and evaluations performed for the IDEA Assessment. To be covered by Medicaid, the staff must meet the following Arizona criteria:

Covered Services:

Physician

Definition: Physician services are intended to diagnose, identify or determine the nature and extent of a client's medical or other health related condition to include the following:

1. Evaluation and consultation with providers of covered services for diagnostic and prescriptive services including participation in a multidisciplinary team assessment.
2. Record review for diagnostic and prescriptive services.
3. Diagnostic and evaluation services to determine a beneficiary's medically related condition that results in the beneficiary's need for Medicaid services.

Nursing

Definition: Nursing services are professional services relevant to the medical needs of the client provided through direct intervention. Direct interventions are medically-based services that are within the scope of a Registered Nurse (RN) or Licensed Practical Nurses (LPN's) professional practice and delivered in a face-to-face encounter; such services should prevent disease and promote physical health and efficiency as prescribed in the clients Individualized Education Program (IEP) or an Individualized Family Services Plan (IFSP).

Nursing services shall be provided or delegated in accordance with 42 CFR § 440.130(d) and according to the delegation clause in Section 12-38-132, C.R.S. of the Arizona Nurse Practice Act. A delegating nurse shall provide all training to the delegate for delegated activities and is solely responsible for determining the required degree of supervision the delegate shall need. Services considered observational or stand-by in nature are not covered.

Personal Care

Definition: Personal care services are a range of human assistance services which enables a client to accomplish tasks that the client would normally do for themselves if they did not have a disability. Assistance may be in the form of hands on assistance, supervision or cueing. Personal care services shall not be educational in focus, such as tutoring, preparation of educational materials or Braille interpretation. Personal care services are not nursing services delegated in accordance with the Nurse Practice Act. Personal care services shall not be performed as a group service; however, one or more students may be served one-at-a-time sequentially. The only personal care service activity in which group services may be identified is for "safety monitoring".

Personal care services may include, but are not limited to, assistance with the following:

- Eating/Feeding
- Respiratory Assistance
- Toileting/Diapering/Maintaining Continence
- Personal Hygiene/Grooming
- Mobility/Positioning
- Self-Administered Medications
- Behavioral Redirection/Intervention
- Safety Monitoring

Psychology, Counseling and Social Work

Definition: Psychology, counseling and social work services are health care, diagnostic, treatments and other measures to identify, correct or ameliorate any disability and/or chronic condition. These services are provided as health and behavior interventions to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment or management of physical and mental health problems.

Speech, Language and Hearing

Definition: Speech, language and hearing services (including necessary supplies and equipment) are diagnostic services, evaluations or treatments to correct or ameliorate specific speech, language and hearing disorders. Services may also include direct assistance with the selection, acquisition, training or use of an Assistive Technology Device (ATD).

Physical Therapy

Definition: Physical therapy services (including necessary supplies and equipment) are diagnostic services, treatments and other measures to correct, prevent or alleviate a movement dysfunction and related functional problems. Services may also include direct assistance with the selection, acquisition, training or use of an ATD or orthotic/prosthetic devices.

Occupational Therapy

Definition: Occupational therapy services are rehabilitative, active or restorative therapies to correct or compensate for a medical problem that prevents the child from functioning at an age appropriate level, including any necessary supplies and equipment. Services may also include direct assistance with the selection, acquisition, training or use of an ATD.

Specialized Transportation

Definition: Specialized transportation may be provided to a client if the transportation is provided on a specially adapted school bus to and from the client's place of residence and the school or the site of the school health service, if the school health service is not provided in the school setting. Specialized transportation may be also be provided on a regular school bus if an Aide for the transported client(s) is present and is required by the client's IEP or IFSP.

Annual Cost Report, Reconciliation and Settlement

Annual Cost Report

Each participating district must complete and certify an annual cost report for staff included in the Random Moment Time Study (RMTS) that provided direct medical or health-related services (Direct Services) and/or Targeted Case Management (TCM) during the state fiscal year covering July 1 through June 30. The cost report is due on or before October 1 of the year following the reporting period. The primary purposes of the cost report are to:

1. Document the district total Medicaid allowable staff costs for providing direct medical or health-related services and client related transportation costs, including direct costs and indirect costs, based on a federally approved cost allocation methodology.
2. Reconcile interim payments that were made to the districts to the total Medicaid allowable cost.
3. Certify the district's public expenditures in accordance with CRS §25.5-5-318, *et seq.*

The cost report includes the following:

- Payroll information for Direct Services and TCM staff listed on each of the quarterly RMTS staff cost pool lists.
- Medicaid allowable costs associated with staff travel and training, medically related supplies and materials and specialized transportation.
- Statistical information for Individualized Education Program (IEP) student counts and clients who receive specialized transportation as required in the IEP.

In addition, the following fields within the cost report are populated by the Department:

- RMTS annual percentage for each staff cost pool, district assigned Unrestricted Indirect Cost Rate (UICR), district specific specialized transportation trip count and the total interim payments made to the district (gross Medicaid claims amount).

NOTE: Detailed instructions on how to complete the annual cost report can be found in the Web-Based Cost Reporting System Guide.

Cost Reconciliation

The cost report process is the first step in the cost reconciliation process for discretely identifying, totaling, and discounting all Medicaid allowable costs for an entire reporting period. The total Medicaid allowable cost, as identified in the district's cost report, is then compared to the Medicaid interim payments paid to the district during the reporting period as documented in the Medicaid Management Information System (MMIS). Any difference between these two totals results in a reconciliation in which the district will either receive additional funds or pay back a portion of funds received through the interim payments. The cost reconciliation process must be completed by April 1 of the year following the reporting period. For integrity purposes, the federally approved scope of costs, cost allocation methodology procedures and the RMTS results or processes cannot be modified by the Arizona Department of Health Care Cost Containment (AHCCCS) Administration or its vendor. Any modifications to these processes require approval from the Centers for Medicare and Medicaid Services (CMS) prior to implementation.

Cost Settlement

If a district's interim payments exceed the total certified costs, as identified in the districts cost report, the district is required to return an amount equal to the overpayment back to the Department. If the total, certified costs, as identified in the district have cost report, exceed the interim payments the Department will pay the federal share of the difference to the district. Once the reconciliation amount has been finalized by the Department, the district will receive a cost reconciliation and settlement letter that denotes the final amount due to or from the district.

Desk Reviews

Prior to the finalization of the cost reconciliation and settlement process, the annual cost report will be desk reviewed by the Department and its vendor. Districts may be requested to answer desk review questions

and/or provide copies of documentation to support the information reported on the quarterly cost report.

Cost Report Adjustment

After the cost settlement or final reimbursement has occurred, if a district would like to request a financial adjustment to a cost report the request must be made in writing to the Department. The request must be made within 2 years of the annual cost report cost settlement date. The district must ensure that any request to adjust a cost report contains documentation necessary to support the request and that the request is sent to the Department at least 90 days in advance of the expiration date.

The District's request should:

- Specify the cost reporting period.
- Where multiple cost reporting years are impacted, the district must submit a separate financial adjustment request for each.
- Identify the issue or error to be addressed.
- Reflect the reimbursement or cost settlement impact, if known.
- Include documentation in sufficient detail to support the requested adjustment or error.
- Sufficient detail encompasses submission of financial documents, Medicaid match lists for eligibility ratios, transportation costs and supporting work papers or source documentation, where necessary.

The Department and its duly authorized agent shall determine the adjustment request based on the following:

- New material or evidence, or
- A clear and obvious error, or
- Inconsistent with the law, regulations or rulings.

An adjustment by the Department is not required due to these criteria, but merely permits that action. As such, a conservative view will be approached when considering a financial adjustment and in determining what shall be reviewed. For example, items or evidence that were in, or should have been in the district's possession during the original cost report or quarterly administrative claim submission, but for whatever reason were not included, shall not be considered "new" material or evidence.

If the Department accepts an adjustment and makes changes to a finalized document, the Department shall re-issue the district a cost reconciliation and settlement letter that outlines the adjustment and identifies the new cost settlement amount or reimbursement. If the financial adjustment indicates an overpayment of funds, the district shall have 60 days to return the overpayment to the Department.

This policy does not replace a determination made during a state or federal audit to adjust or correct a cost report outside of the 2-year time frame.

Medicaid Administrative Claiming

Overview

Medicaid Administrative Claiming (MAC) offers districts reimbursement for the costs of administrative and outreach activities that support the Medicaid program. MAC reimbursement is made quarterly through a claim that consists of payroll costs for staff that provide direct medical or health related services (Direct Services), administrative and outreach activities. A quarterly Random Moment Time Study (RMTS) is used to determine the percent of time sampled participants spend performing Medicaid allowable administrative and outreach activities. The quarterly MAC claim is calculated by applying the results of the RMTS, district assigned Unrestricted Indirect Cost Rate (UICR) and Medicaid Eligibility Rate (MER) to allowable direct expenditures.

NOTE: Detailed information on the factors related to a MAC claim can be found in the Web-Based Cost Reporting System Guide.

Allowable Activities

MAC allowable activities include:

- Facilitating Medicaid Outreach
- Facilitating Medicaid Eligibility Determination
- Translation Related to Medicaid Services
- Medical Program Planning, Policy Development and Interagency Coordination
- Medical/Medicaid Related Professional Development and Training
- Referral, Coordination and Monitoring of Medicaid Services

Examples of the above listed allowable activities include, but are not limited, the following:

- Providing information to individuals and families regarding the Arizona Medicaid program and available services.
- Scheduling and/or coordinating EPSDT screens or other medical and mental health diagnostic services.
- Gathering information that may be required in advance of health-related referrals.
- Developing internal plans and strategies to improve health service delivery and eliminate gaps.
- Attending a parent meeting for a child with issues that may need outside health or counseling services.
- Observing a child as part of the process for referred students of the intervention and referral services.
- Coordinating a meeting with school staff and parents to determine if mental health or educational evaluations are needed.

NOTE: Detailed information regarding MAC activities can be found in the Time Study Implementation Guide.

Quarterly Cost Report

After the RMTS quarters ends, each district participating in MAC must complete and certify a quarterly financial submission (cost report) for staff included in the applicable quarterly RMTS. The primary purposes of the quarterly financial submissions for MAC are to:

1. Document the district's total Medicaid allowable staff costs for providing administrative activities and staff related training and transportation costs, including direct costs and indirect costs, based on a federally approved cost allocation methodology.
2. Ensure districts report any federal funds so those costs are properly excluded from the allowable cost used in the claim calculation.
3. Certify the district's public expenditures in accordance with CRS §25.5-5-318, *et seq.*

The financial submission includes the following:

- Payroll information for Direct Services, Targeted Case Management (TCM) and Administrative Services staff listed on the district's quarterly RMTS staff cost pool lists.
- Medicaid allowable costs associated with MAC related staff travel and training.
- Statistical information for student counts and clients who receive Medicaid(MER).

NOTE: Detailed instructions on how to complete a quarterly financial submission can be found in the Web-Based Cost Reporting System Guide.

Reimbursement

Each participating district's quarterly financial submission (cost report) is used to calculate a MAC claim by the Department. In addition to costs identified within the cost report, the MAC claim utilizes the RMTS percentage for each staff cost pool, the district assigned UICR and the MER. Once the claim is calculated, the net reimbursement amount is determined and submitted to the Centers for Medicare and Medicaid Services (CMS) for payment. Districts are reimbursed by the Department for MAC on a quarterly basis.

Desk Reviews

Prior to the finalization of the quarterly MAC claim, the district's cost report will be reviewed by the Department and its vendor. Districts may be required to answer questions and/or provide copies of documentation to support the information reported on the quarterly financial submission.

Claims Adjustment

After a MAC claim has been processed and reimbursed, if a district requests a financial adjustment to a claim the request must be made in writing to the Department. The request must be made within 2 years of the original quarterly MAC claim reimbursement date. The district must ensure that any request to adjust a MAC claim contains documentation necessary to support the request and that the request is sent to the Department at least 90 days in advance of the expiration date.

The District's request should:

- Specify the cost reporting quarter.
- Where multiple quarters are impacted, the district must submit a separate financial adjustment request for each.
- Identify the issue or error to be addressed.
- Include documentation in sufficient detail to support the requested adjustment or error.
- Sufficient detail encompasses submission of financial documents, Medicaid match lists for eligibility ratios and supporting work papers or source documentation, where necessary.

The Department and its duly authorized agent shall determine the adjustment request based on the following:

- New material or evidence, or
- A clear and obvious error, or
- Inconsistent with the law, regulations or rulings.

An adjustment by the Department is not required due to these criteria, but merely permits that action. As such, a conservative view will be approached when considering a financial adjustment and in determining what shall be reviewed. For example, items or evidence that were in, or should have been in the district's possession during the original quarterly administrative claim submission, but for whatever reason were not included, shall not be considered "new" material or evidence.

If the Department accepts an adjustment and makes changes to a finalized document, the Department shall re-issue the district a revised claims certification that outlines the adjustment and identifies the new reimbursement. If the financial adjustment indicates an overpayment of funds, the provider shall have 60 days to return the overpayment to the Department.

This policy does not replace a determination made during a state or federal audit to adjust or correct a cost report outside of the 2-year time frame.

DEER VALLEY IEP MEDICAL SERVICES GRID

Based upon the student IEP information provided (related service, frequency and duration), the following represents the annual number of sessions required by all students with disabilities:

RELATED SERVICE	MONTHLY MINUTES by PROVIDER	MONTHLY MINUTES by OTHER (TEACHER)	TOTAL MONTHLY MINUTES	TOTAL ANNUAL MINUTES	TOTAL 15 MINUTE SESSIONS
Amer. Sign Language	270	0	270	2700	180
Audiology	no minutes	listed		0	0
Counseling	4425	695	5120	51200	3413
Hearing Impairment	1300	1975	3275	32750	2183
Nursing	75051	400	75451	754510	50301
Orientation & Mobility	870	1290	2160	21600	1440
Occupational Therapy	53195	520	53715	537150	35810
Physical Therapy	6511	0	6511	65110	4341
Speech and Language	246568	2070	248638	2486380	165759
Transportation	32440	800	33240	332400	22160
Vision	2715	465	3180	31800	2120
Attendant Care (350)	15092		15092	543312	36221

The following describes the current Medicaid reimbursement rates for Medicaid eligible medical related services to Medicaid eligible students:

ASSUMPTIONS

Based upon District demographics and our experience with similar school districts, the following assumptions have been utilized in the estimation of potential Medicaid revenue:

ASSUMPTIONS	
GROUP SERVICES*	75%
INDIVIDUAL SERVICES*	25%
MEDICAID SPE RATE	41.78%
FMAP RATE	65.85-67.3%
FREE/REDUCED LUNCH RATE	28.21%
INDIRECT COST RATE	22.53%
ALL SPE RELATED SERVICES RECEIVED	100%
STUDENT DAYS	180
AVER. STUDENT ATTEND. DAYS	180

*Unless otherwise noted

In addition, we have assumed that each of the ESE students is, in fact receiving all of the services identified in their respective IEP's.



We determined the frequency and duration of those special education services being provided through actual therapy schedules provided by the various providers. In addition, we utilized a 9-month year, (36 weeks) in order to accommodate any student or therapist absences.

CAVEAT: For the purposes of this estimate we have utilized the District provided data, which is based on the current ratio of Medicaid qualified students enrolled in the District and of those special education students receiving special education services as being Medicaid eligible. Therefore, our estimate is likely to increase as additional Medicaid eligible students are identified and qualified.

The following represents our estimate of amount of potential Medicaid reimbursement. This estimate is based upon identification and billing of all Medicaid eligible services and for all Medicaid eligible students.



MEDICAID SCHOOL BASED CLAIMS RATES AS OF 1-1-2018

STATUS	CODE	MOD	CURRENT DESCRIPTION	RATE EFF DATE	RATE	DSCNT APP	RATE W/ DSCNT	CODE EFF DATE	CODE END DATE
PROVIDER TYPE 08 - PSYCHIATRIST (MD - PHYSICIAN)									
A	90791		Psychiatric diagnostic evaluation	10/1/2017	\$ 114.79	100%	\$ 114.79	1/1/2013	99/99/99
A	90792		Psychiatric diagnostic evaluation with medical services	10/1/2017	\$ 128.66	100%	\$ 128.66	1/1/2013	99/99/99
PROVIDER TYPE 11 - PSYCHOLOGIST									
A	90791		Psychiatric diagnostic evaluation	10/1/2017	\$ 114.79	100%	\$ 114.79	1/1/2013	99/99/99
A	90792		Psychiatric diagnostic evaluation with medical services	10/1/2017	\$ 128.66	100%	\$ 128.66	1/1/2013	99/99/99
A	90832		Psychotherapy, 30 minutes with patient and/or family member	10/1/2017	\$ 55.87	100%	\$ 55.87	1/1/2013	99/99/99
A	90834		Psychotherapy, 45 minutes with patient and/or family member	10/1/2017	\$ 74.27	100%	\$ 74.27	1/1/2013	99/99/99
A	90837		Psychotherapy, 60 minutes with patient and/or family member	10/1/2017	\$ 111.38	100%	\$ 111.38	1/1/2013	99/99/99
A	90846		Family psychotherapy (without the patient present)	10/1/2017	\$ 94.57	100%	\$ 94.57	7/1/2000	99/99/99
A	90847		Family psychotherapy (conjoint psychotherapy) (with the patient present)	10/1/2017	\$ 98.21	100%	\$ 98.21	7/1/2000	99/99/99
A	90849		Multiple-family group psychotherapy	10/1/2017	\$ 32.08	100%	\$ 32.08	7/1/2000	99/99/99
A	90853		Group psychotherapy (other than multiple-family group)	10/1/2017	\$ 23.65	100%	\$ 23.65	7/1/2000	99/99/99
A	90875		Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approximately 20 to 30 minutes	10/1/2017	\$ 56.95	100%	\$ 56.95	7/1/2000	99/99/99
A	90876		Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approximately 45 to 50 minutes	10/1/2017	\$ 99.80	100%	\$ 99.80	7/1/2000	99/99/99
A	90887		Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	10/1/2017	\$ 81.44	100%	\$ 81.44	7/1/2000	99/99/99
A	90889		Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers	10/1/2016	\$ 55.33	100%	\$ 55.33	7/1/2000	99/99/99
A	90901		Biofeedback training by any modality	10/1/2017	\$ 33.99	100%	\$ 33.99	7/1/2000	99/99/99
A	96101		Psychological Testing (including psychodiagnostic assessment of emotionally, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS) per hour of psychologist's time, both face-to-face time w/the patient and time interpreting test results and preparing the report.	10/1/2017	\$ 73.88	100%	\$ 73.88	1/1/2006	99/99/99
A	96102		Psychological Testing (including psychodiagnostic assessment of emotionally, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS) with qualified health professional interpretation and report, administered by technician, per hour of technician time, face-to-face.	10/1/2017	\$ 57.13	100%	\$ 57.13	1/1/2006	99/99/99
A	96103		Psychological Testing (including psychodiagnostic assessment of emotionally, intellectual abilities, personality and psychopathology, eg, MMPI) administered by a computer, w/a qualified health care professional interpretation and report.	10/1/2017	\$ 25.49	100%	\$ 25.49	1/1/2006	99/99/99
A	96110		Development testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	10/1/2017	\$ 8.76	100%	\$ 8.76	7/1/2000	99/99/99
A	96111		Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development) with interpretation and report, event	10/1/2017	\$ 121.50	100%	\$ 121.50	7/1/2000	99/99/99
A	96116		Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time w/the patient and time interpreting test results and preparing the report.	10/1/2017	\$ 85.20	100%	\$ 85.20	1/1/2006	99/99/99
A	96118		Neuropsychological testing (e.g., Halstead-Reitan, Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Scoring Test), per hour of the psychologist's and physician's time, both face-to-face time w/the patient and time interpreting test results and preparing the report.	10/1/2017	\$ 90.17	100%	\$ 90.17	1/1/2006	99/99/99
A	96119		Neuropsychological testing (e.g., Halstead-Reitan, Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Scoring Test), w/qualified health care professional interpretation and report, administered by technician, per hour of technician's time, face-to-face.	10/1/2017	\$ 73.16	100%	\$ 73.16	1/1/2006	99/99/99
A	96120		Neuropsychological testing (e.g., Wisconsin Card Scoring Test), administered by a computer with qualified health care professional interpretation and report.	10/1/2017	\$ 44.38	100%	\$ 44.38	1/1/2006	99/99/99

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MEDICAID SCHOOL BASED CLAIMS RATES AS OF 1-1-2018

STATUS	CODE	MOD	CURRENT DESCRIPTION	RATE EFF	RATE	DSCNT	RATE W/	CODE EFF	CODE END
				DATE		APP	DSCNT	DATE	DATE
A	97127		Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact	1/1/2018	\$ -	100%	\$ -	1/1/2018	99/99/99
I	97532		<i>Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes</i>	1/1/2018	\$ -	100%	\$ -	1/1/2001	12/31/2017
PROVIDER TYPE 13 - OCCUPATIONAL THERAPIST									
			Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	10/1/2017	\$ 17.66	100%	\$ 17.66	7/1/2000	99/99/99
A	97032		Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	10/1/2017	\$ 30.11	100%	\$ 30.11	7/1/2000	99/99/99
A	97110		Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercise to develop strength and endurance, range of motion and flexibility	10/1/2017	\$ 31.40	100%	\$ 31.40	7/1/2000	99/99/99
A	97112		Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	10/1/2017	\$ 26.21	100%	\$ 26.21	7/1/2000	99/99/99
A	97116		Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	10/1/2017	\$ 24.23	100%	\$ 24.23	7/1/2000	99/99/99
A	97124		Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	1/1/2018	\$ -	100%	\$ -	1/1/2018	99/99/99
A	97127		Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact	10/1/2012	\$ 13.58	100%	\$ 13.58	7/1/2000	99/99/99
A	97139		Unlisted therapeutic procedure (specify)	10/1/2017	\$ 27.85	100%	\$ 27.85	7/1/2000	99/99/99
A	97140		Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	10/1/2017	\$ 16.05	100%	\$ 16.05	7/1/2000	99/99/99
A	97150		Therapeutic procedure(s), group (2 or more individuals)	10/1/2017	\$ 68.53	100%	\$ 67.81	1/1/2017	99/99/99
A	97165		Occupational therapy evaluation, low complexity,	10/1/2017	\$ 68.53	100%	\$ 67.81	1/1/2017	99/99/99
A	97166		Occupational therapy evaluation, moderate complexity,	10/1/2017	\$ 68.53	100%	\$ 67.81	1/1/2017	99/99/99
A	97167		Occupational therapy evaluation, high complexity,	10/1/2017	\$ 45.28	100%	\$ 44.81	1/1/2017	99/99/99
A	97168		Re-evaluation of occupational therapy established plan of care,	10/1/2017	\$ 32.42	100%	\$ 32.42	7/1/2000	99/99/99
A	97530		Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	1/1/2018	\$ -	100%	\$ -	1/1/2001	12/31/2017
I	97532		<i>Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes</i>	1/1/2018	\$ -	100%	\$ -	1/1/2001	12/31/2017
A	97542		Wheelchair management (eg, assessment fitting training), each 15 minutes	10/1/2017	\$ 28.48	100%	\$ 28.48	7/1/2000	99/99/99
A	97750		Physical performance test or measurement (eg, musculoskeletal, functional capacity), w/written report, each 15 minutes	10/1/2017	\$ 30.42	100%	\$ 30.42	7/1/2000	99/99/99
A	97760		Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, each 15 minutes	10/1/2017	\$ 35.32	100%	\$ 35.32	1/1/2006	99/99/99
A	97761		Prosthetic training, upper and/or lower extremities, each 15 minutes	10/1/2017	\$ 30.75	100%	\$ 30.75	1/1/2006	99/99/99
PROVIDER TYPE 14 - PHYSICAL THERAPIST									
A	97032		Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	10/1/2017	\$ 17.66	100%	\$ 17.66	7/1/2000	99/99/99
A	97110		Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercise to develop strength and endurance, range of motion and flexibility	10/1/2017	\$ 30.11	100%	\$ 30.11	7/1/2000	99/99/99
A	97112		Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	10/1/2017	\$ 31.40	100%	\$ 31.40	7/1/2000	99/99/99
A	97116		Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	10/1/2017	\$ 26.21	100%	\$ 26.21	7/1/2000	99/99/99
A	97124		Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	10/1/2017	\$ 24.23	100%	\$ 24.23	7/1/2000	99/99/99
A	97127		Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact	1/1/2018	\$ -	100%	\$ -	1/1/2018	99/99/99
A	97139		Unlisted therapeutic procedure (specify)	10/1/2012	\$ 13.58	100%	\$ 13.58	7/1/2000	99/99/99

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MEDICAID SCHOOL BASED CLAIMS RATES AS OF 1-1-2018

STATUS	CODE	MOD	CURRENT DESCRIPTION	DATE	RATE	DSCNT	RATE W/	CODE EFF	CODE END
				DATE	APP	DSCNT	DATE	DATE	
A	97140		Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	10/1/2017	\$ 27.85	100%	\$ 27.85	7/1/2000	99/99/99
A	97150		Therapeutic procedure(s), group (2 or more individuals)	10/1/2017	\$ 16.05	100%	\$ 16.05	7/1/2000	99/99/99
A	97161		Physical therapy evaluation: low complexity,	10/1/2017	\$ 79.70	100%	\$ 69.96	1/1/2017	99/99/99
A	97162		Physical therapy evaluation: moderate complexity,	10/1/2017	\$ 70.70	100%	\$ 69.96	1/1/2017	99/99/99
A	97163		Physical therapy evaluation: high complexity,	10/1/2017	\$ 70.70	100%	\$ 69.96	1/1/2017	99/99/99
A	97164		Re-evaluation of physical therapy established plan of care,	10/1/2017	\$ 48.02	100%	\$ 47.52	1/1/2017	99/99/99
A	97530		Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	10/1/2017	\$ 32.42	100%	\$ 32.42	7/1/2000	99/99/99
I	97532		Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	1/1/2018	\$ -	100%	\$ -	1/1/2001	12/31/2017
A	97542		Wheelchair management (eg, assessment fitting training), each 15 minutes	10/1/2017	\$ 28.48	100%	\$ 28.48	7/1/2000	99/99/99
A	97750		Physical performance test or measurement (eg, musculoskeletal, functional capacity), w/written report, each 15 minutes	10/1/2017	\$ 30.42	100%	\$ 30.42	7/1/2000	99/99/99
A	97760		Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, each 15 minutes	10/1/2017	\$ 35.32	100%	\$ 35.32	1/1/2006	99/99/99
A	97761		Prosthetic training, upper and/or lower extremities, each 15 minutes	10/1/2017	\$ 30.75	100%	\$ 30.75	1/1/2006	99/99/99
PROVIDER TYPE 15 - SPEECH/HEARING THERAPIST									
A	92507		Treatment of speech, language, voice , communication, and/or auditory processing disorder; individual	10/1/2017	\$ 37.52	100%	\$ 37.52	7/1/2000	99/99/99
A	92508		Treatment of speech, language, voice , communication, and/or auditory processing disorder; group, 2 or more individuals	10/1/2017	\$ 10.94	100%	\$ 10.94	7/1/2000	99/99/99
A	92520		Laryngeal function studies (eg, aerodynamic testing and acoustic testing)	10/1/2017	\$ 70.19	100%	\$ 70.19	7/1/2000	99/99/99
A	92521		Evaluation of speech fluency (eg, stuttering, cluttering)	10/1/2017	\$ 97.64	100%	\$ 97.64	1/1/2014	99/99/99
A	92522		Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)	10/1/2017	\$ 80.86	100%	\$ 80.86	1/1/2014	99/99/99
A	92523		Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	10/1/2017	\$ 172.63	100%	\$ 172.63	1/1/2014	99/99/99
A	92524		Behavioral and qualitative analysis of voice and resonance	10/1/2017	\$ 78.07	100%	\$ 78.07	1/1/2014	99/99/99
A	92526		Treatment of swallowing dysfunction and/or oral function for feeding	10/1/2017	\$ 79.59	100%	\$ 79.59	7/1/2000	99/99/99
A	92610		Evaluation of oral and pharyngeal swallowing function	10/1/2017	\$ 79.53	100%	\$ 79.53	7/1/2000	99/99/99
A	92630		Auditory rehabilitation; pre-lingual hearing loss (limited to individuals with Cochlear Implants or hearing aids to assess	10/1/2016	\$ 39.26	100%	\$ 39.26	1/1/2006	99/99/99
A	92633		Auditory rehabilitation; post-lingual hearing loss (limited to individuals with Cochlear Implants or hearing aids to assess	10/1/2016	\$ 39.26	100%	\$ 39.26	1/1/2006	99/99/99
PROVIDER TYPE SA - SPEECH LANGUAGE PATHOLOGY ASSISTANT									
A	92507		Treatment of speech, language, voice , communication, and/or auditory processing disorder; individual	10/1/2017	\$ 37.52	75%	\$ 28.14	2/1/2010	99/99/99
A	92508		Treatment of speech, language, voice , communication, and/or auditory processing disorder; group, 2 or more individuals	10/1/2017	\$ 10.94	75%	\$ 8.21	2/1/2010	99/99/99
PROVIDER TYPE 31 - PSYCHIATRIST (OSTEOPATH)									
A	90791		Psychiatric diagnostic evaluation	10/1/2017	\$ 114.79	100%	\$ 114.79	1/1/2013	99/99/99
A	90792		Psychiatric diagnostic evaluation with medical services	10/1/2017	\$ 128.66	100%	\$ 128.66	1/1/2013	99/99/99
PROVIDER TYPE 62 - AUDIOLOGIST									
A	92551		Screening test, pure tone, air only	10/1/2017	\$ 11.03	100%	\$ 11.03	1/1/2005	99/99/99
A	92552		Pure tone audiometry (threshold); air only	10/1/2017	\$ 28.96	100%	\$ 28.96	1/1/2005	99/99/99
A	92553		Pure tone audiometry (threshold); Air and bone	10/1/2017	\$ 34.50	100%	\$ 34.50	1/1/2005	99/99/99
A	92555		Speech audiometry threshold	10/1/2017	\$ 21.46	100%	\$ 21.46	1/1/2005	99/99/99
A	92556		Speech audiometry threshold; with speech recognition	10/1/2017	\$ 34.82	100%	\$ 34.82	1/1/2005	99/99/99
A	92557		Comprehensive audiometry threshold evaluation and speech recognition (92553 & 92556 combined)	10/1/2017	\$ 35.01	100%	\$ 35.01	1/1/2005	99/99/99
A	92562		Loudness balance test, alternate binaural or monaural	10/1/2017	\$ 42.64	100%	\$ 42.64	1/1/2005	99/99/99
A	92563		Tone decay test	10/1/2017	\$ 28.31	100%	\$ 28.31	1/1/2005	99/99/99
A	92567		Tympanometry (impedance testing)	10/1/2017	\$ 13.41	100%	\$ 13.41	1/1/2005	99/99/99

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MEDICAID SCHOOL BASED CLAIMS RATES AS OF 1-1-2018

STATUS	CODE	MOD	CURRENT DESCRIPTION	DATE	RATE	DSCNT	RATE W/ DSCNT	CODE EFF DATE	CODE END DATE
				10/1/2017	\$	100%	\$	1/1/2005	99/99/99
A	92568		Acoustic reflex testing	10/1/2017	\$ 14.72	100%	\$ 14.72	1/1/2005	99/99/99
A	92571		Filtered speech test	10/1/2017	\$ 25.04	100%	\$ 25.04	1/1/2005	99/99/99
A	92572		Staggered spondaic word test	10/1/2017	\$ 28.92	100%	\$ 28.92	1/1/2005	99/99/99
A	92576		Synthetic sentence identification test	10/1/2017	\$ 33.52	100%	\$ 33.52	1/1/2005	99/99/99
A	92577		Stenger test, speech	10/1/2017	\$ 13.97	100%	\$ 13.97	1/1/2005	99/99/99
A	92579		Visual reinforcement audiometry (VRA)	10/1/2017	\$ 42.23	100%	\$ 42.23	1/1/2005	99/99/99
A	92582		Conditioning play audiometry	10/1/2017	\$ 61.50	100%	\$ 61.50	1/1/2005	99/99/99
A	92583		Select picture audiometry	10/1/2017	\$ 46.23	100%	\$ 46.23	1/1/2005	99/99/99
A	92585		Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	10/1/2017	\$ 124.97	100%	\$ 124.97	1/1/2005	99/99/99
A	92587		Evoked otoacoustic emissions; limited (Single stimulus level, either transient or distortion products)	10/1/2017	\$ 19.95	100%	\$ 19.95	1/1/2005	99/99/99
A	92588		Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	10/1/2017	\$ 30.76	100%	\$ 30.76	1/1/2005	99/99/99
PROVIDER TYPE 85 - LICENSED CLINICAL SOCIAL WORKER									
A	H0004		Behavioral health counseling and therapy, per 15 minutes (Individual)	1/1/2018	\$ 20.25	100%	\$ 20.25	1/1/2004	99/99/99
A	H0004	HQ	Behavioral health counseling and therapy, per 15 minutes (Individual); group setting	1/1/2018	\$ 8.36	100%	\$ 8.36	1/1/2004	99/99/99
A	H0004	HR	Behavioral health counseling and therapy, per 15 minutes (Individual); family/couple w/client pres/amb hsp 2 resid	1/1/2018	\$ 19.85	100%	\$ 19.85	1/1/2004	99/99/99
A	H0004	HS	Behavioral health counseling and therapy, per 15 minutes (Individual); family/couple w/out client present	1/1/2018	\$ 19.85	100%	\$ 19.85	1/1/2004	99/99/99
A	H0031		Mental health assessment, by non-physician-event based	1/1/2018	\$ 155.00	100%	\$ 155.00	1/1/2004	99/99/99
PROVIDER TYPE 86 - LICENSED MARRIAGE & FAMILY THERAPIST									
A	H0004		Behavioral health counseling and therapy, per 15 minutes (Individual)	1/1/2018	\$ 20.25	100%	\$ 20.25	1/1/2004	99/99/99
A	H0004	HQ	Behavioral health counseling and therapy, per 15 minutes (Individual); group setting	1/1/2018	\$ 8.36	100%	\$ 8.36	1/1/2004	99/99/99
A	H0004	HR	Behavioral health counseling and therapy, per 15 minutes (Individual); family/couple w/client pres/amb hsp 2 resid	1/1/2018	\$ 19.85	100%	\$ 19.85	1/1/2004	99/99/99
A	H0004	HS	Behavioral health counseling and therapy, per 15 minutes (Individual); family/couple w/out client present	1/1/2018	\$ 19.85	100%	\$ 19.85	1/1/2004	99/99/99
A	H0031		Mental health assessment, by non-physician-event based	1/1/2018	\$ 155.00	100%	\$ 155.00	1/1/2004	99/99/99
PROVIDER TYPE 87 - LICENSED PROFESSIONAL COUNSELOR									
A	H0004		Behavioral health counseling and therapy, per 15 minutes (Individual)	1/1/2018	\$ 20.25	100%	\$ 20.25	1/1/2004	99/99/99
A	H0004	HQ	Behavioral health counseling and therapy, per 15 minutes (Individual); group setting	1/1/2018	\$ 8.36	100%	\$ 8.36	1/1/2004	99/99/99
A	H0004	HR	Behavioral health counseling and therapy, per 15 minutes (Individual); family/couple w/client pres/amb hsp 2 resid	1/1/2018	\$ 19.85	100%	\$ 19.85	1/1/2004	99/99/99
A	H0004	HS	Behavioral health counseling and therapy, per 15 minutes (Individual); family/couple w/out client present	1/1/2018	\$ 19.85	100%	\$ 19.85	1/1/2004	99/99/99
A	H0031		Mental health assessment, by non-physician-event based	1/1/2018	\$ 155.00	100%	\$ 155.00	1/1/2004	99/99/99
PROVIDER TYPE 92 - SCHOOL BASED BUS TRANSPORTATION									
A	A0120		Non-emergency transportation: mini-bus, mountain area transportation	10/1/2017	\$ 6.64	100%	\$ 6.64	10/1/2003	99/99/99
A	A0120	TN	Non-emergency transportation: mini-bus, mountain area transportation (Rural/outside provider's customary service)	10/1/2017	\$ 7.27	100%	\$ 7.27	10/1/2003	99/99/99
A	A0130		Non-emergency transportation: wheelchair van	10/1/2017	\$ 11.15	100%	\$ 11.15	10/1/2003	99/99/99
A	A0130	TN	Non-emergency transportation: wheelchair van (Rural/outside provider's customary service)	10/1/2017	\$ 9.30	100%	\$ 9.30	10/1/2003	99/99/99
A	S0209		Wheelchair van, mileage, per mile	10/1/2017	\$ 1.54	100%	\$ 1.54	10/1/2003	99/99/99
A	S0209	TN	Wheelchair van, mileage, per mile (Rural/outside provider's customary service)	10/1/2017	\$ 1.66	100%	\$ 1.66	10/1/2003	99/99/99
A	S0215		Non-emergency transportation; mileage, per mile	10/1/2017	\$ 1.28	100%	\$ 1.28	10/1/2003	99/99/99
A	S0215	TN	Non-emergency transportation; mileage, per mile (Rural/outside provider's customary service)	10/1/2017	\$ 1.53	100%	\$ 1.53	10/1/2003	99/99/99
PROVIDER TYPE 93 - SCHOOL BASED ATTENDANT CARE									
A	S5125		Attendant care services; per 15 minutes	10/1/2017	\$ 4.68	100%	\$ 4.68	10/1/2003	99/99/99
PROVIDER TYPE 94 - SCHOOL BASED NURSE (RN/LPN)									
A	T1002		RN services, up to 15 minutes	10/1/2017	\$ 20.42	.5994	\$ 12.24	10/1/2003	99/99/99

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MEDICAID SCHOOL BASED CLAIMS RATES AS OF 1-1-2018

STATUS	CODE	MOD	CURRENT DESCRIPTION	RATE EFF	RATE	DSCNT	RATE W/	CODE EFF	CODE END
				DATE		APP	DSCNT	DATE	DATE
A	T1003		LPN/LVN services, up to 15 minutes	10/1/2016	\$ 16.07	.5994	\$ 9.63	10/1/2003	99/99/99

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IDEA Part B Final Regulations Related to Parental Consent to Access Public Benefits or Insurance (e.g., Medicaid)

On February 14, 2013, the Department published in the Federal Register IDEA Part B final regulations that change the requirements in 34 CFR 300.154(d) related to parental consent to access public benefits or insurance (e.g., Medicaid). Previously, public agencies were required to obtain parental consent each time access to public benefits or insurance was sought. These final regulations, which take effect on March 18, 2013, will make it easier for school districts to access public benefits while still protecting family rights. The new rules—

- (1) ensure that parents of children with disabilities are informed of all of their legal protections when public agencies seek to access public benefits or insurance to pay for services; and
- (2) address the concerns expressed by State educational agencies and local educational agencies that requiring parental consent each time access to public benefits or insurance is sought, in addition to the parental consent required by the Family Educational Rights and Privacy Act and section 617(c) of the IDEA, imposes unnecessary costs and administrative burdens.

Specifically, these final regulations require that public agencies—

- obtain a **one-time written consent** from the parent, after providing the written notification described below, *before* accessing the child's or the parent's public benefits or insurance for the first time. This consent must specify (a) the personally identifiable information that may be disclosed (e.g., records or information about the services that may be provided to a particular child); (b) the purpose of the disclosure (e.g., billing for services); and (c) the agency to which the disclosure may be made (e.g., Medicaid). The consent also must specify that the parent understands and agrees that the public agency may access the child's or parent's public benefits or insurance to pay for services.
- provide **written notification** to the child's parents *before* accessing the child's or the parent's public benefits or insurance for the first time and prior to obtaining the one-time parental consent and annually thereafter. The written notification must explain all of the protections available to parents under Part B, as described in 34 CFR §300.154(d)(2)(v) to ensure that parents are fully informed of their rights before a public agency can access their or their child's public benefits or insurance to pay for services under the IDEA. The notice must be written in language understandable to the general public and in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

In Summary:

The regulations protect family rights by ensuring that (1) the **one-time parental consent** specifies that the parent understands and agrees that the public agency may access their or their child's public benefits or insurance to pay for services under the IDEA; and (2) the **written notification** provides parents with critical information that they may not have received in the past to enable parents to understand all of their rights and protections when a public agency seeks to access their or their child's public benefits or insurance.

At the same time, the regulations reduce burden in that public agencies are no longer required to obtain parental consent each time access to public benefits or insurance is sought. By no longer requiring public agencies to obtain parental consent each time access to public benefits or insurance is sought, public agencies will experience a reduction in paperwork and will be able to implement a simplified process to access a child's or parent's public benefits or insurance.

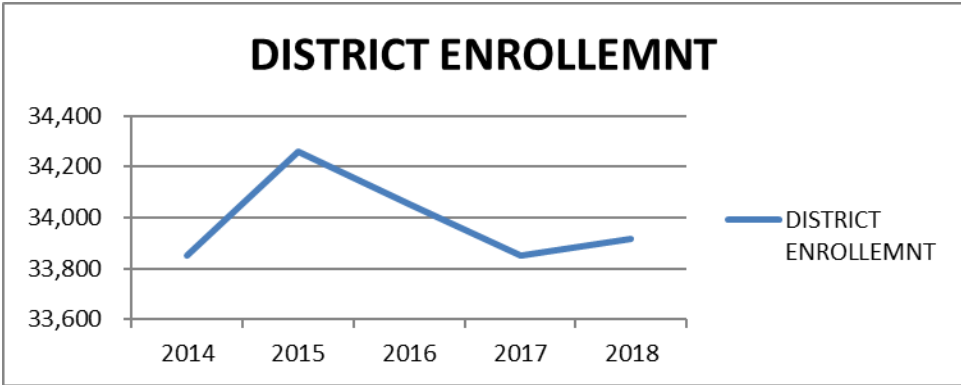
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APPENDIX H: DISTRICT DEMOGRAPHICS

Deer Valley Unified School District #97 (DVUSD) is a PreK-12 school district, headquartered in [Phoenix, Arizona](#). DVUSD is the fifth largest school district in the state of Arizona, serving areas of Phoenix, [Glendale](#), [Peoria](#), [Anthem](#), [New River](#), Cave Creek and numerous unincorporated areas of northwest Maricopa County. The District encompasses over 367 square miles. Situated within the Sonoran Desert, the District has grown from its modest beginnings as a county accommodation school located in New River in 1934 to 37 campuses serving 36,261 students: 15 K-6 elementary schools, 13 K-8 schools, three middle schools, and five comprehensive high schools, plus an online school and an alternative school. Early childhood education opportunities are offered through DVUSD Community Education Preschool/Prekindergarten (15 sites), and Head Start (five sites). Twelve schools receive Title I funding. District facilities include District Office, Support Services Center, Transportation and Administrative Services.

DISTRICT ENROLLMENT

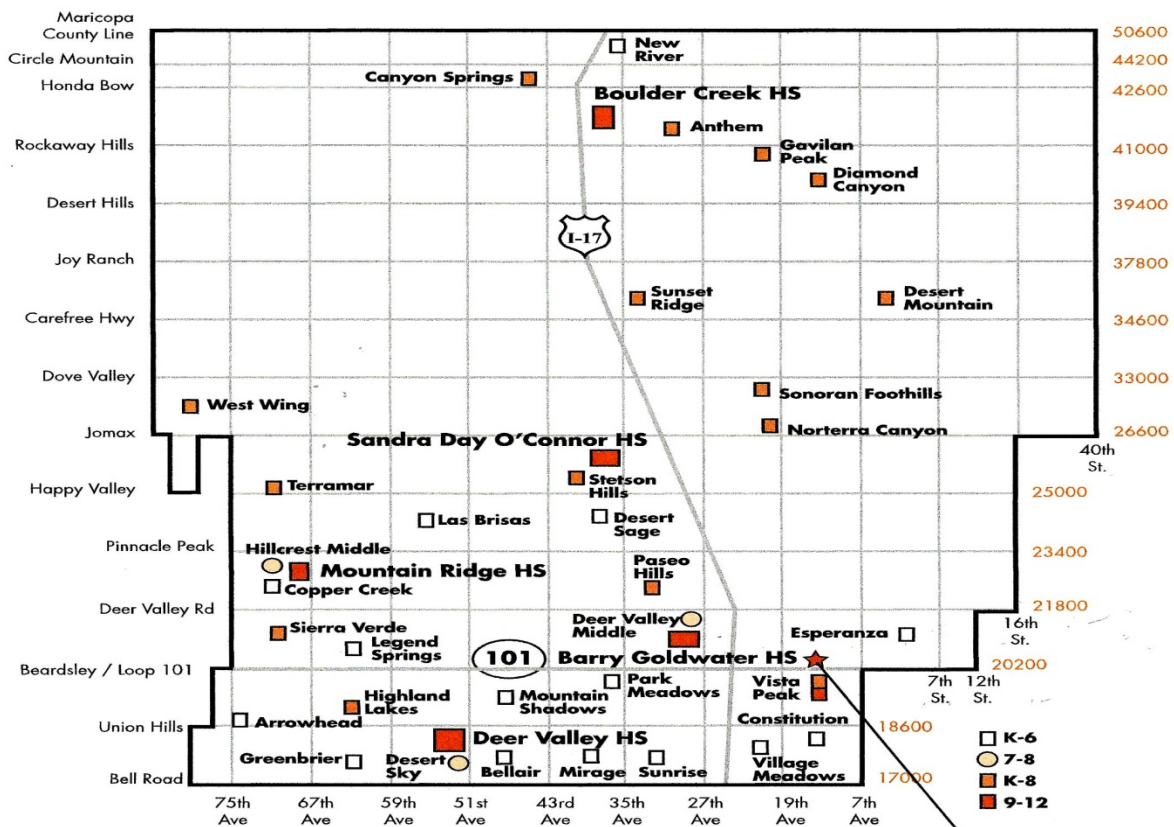
	2014	2015	2016	2017	2018
DISTRICT ENROLLMENT	33,849	34,260	34,052	33,853	33,915
CHANGE		411	(208)	(199)	62
%		1.21%	-0.61%	-0.58%	0.18%



District enrollment appears to be relatively stable with a slight increase projected over the next several years, due to new housing developments within the District.

The District operates the following schools:

DISTRICT SCHOOLS	NUMBER
HIGH SCHOOLS	5
MIDDLE SCHOOLS	3
ELEMENTARY SCHOOLS	29
ALTERNATIVE SCHOOLS	1
OUT of DISTRICT SCHOOLS	12

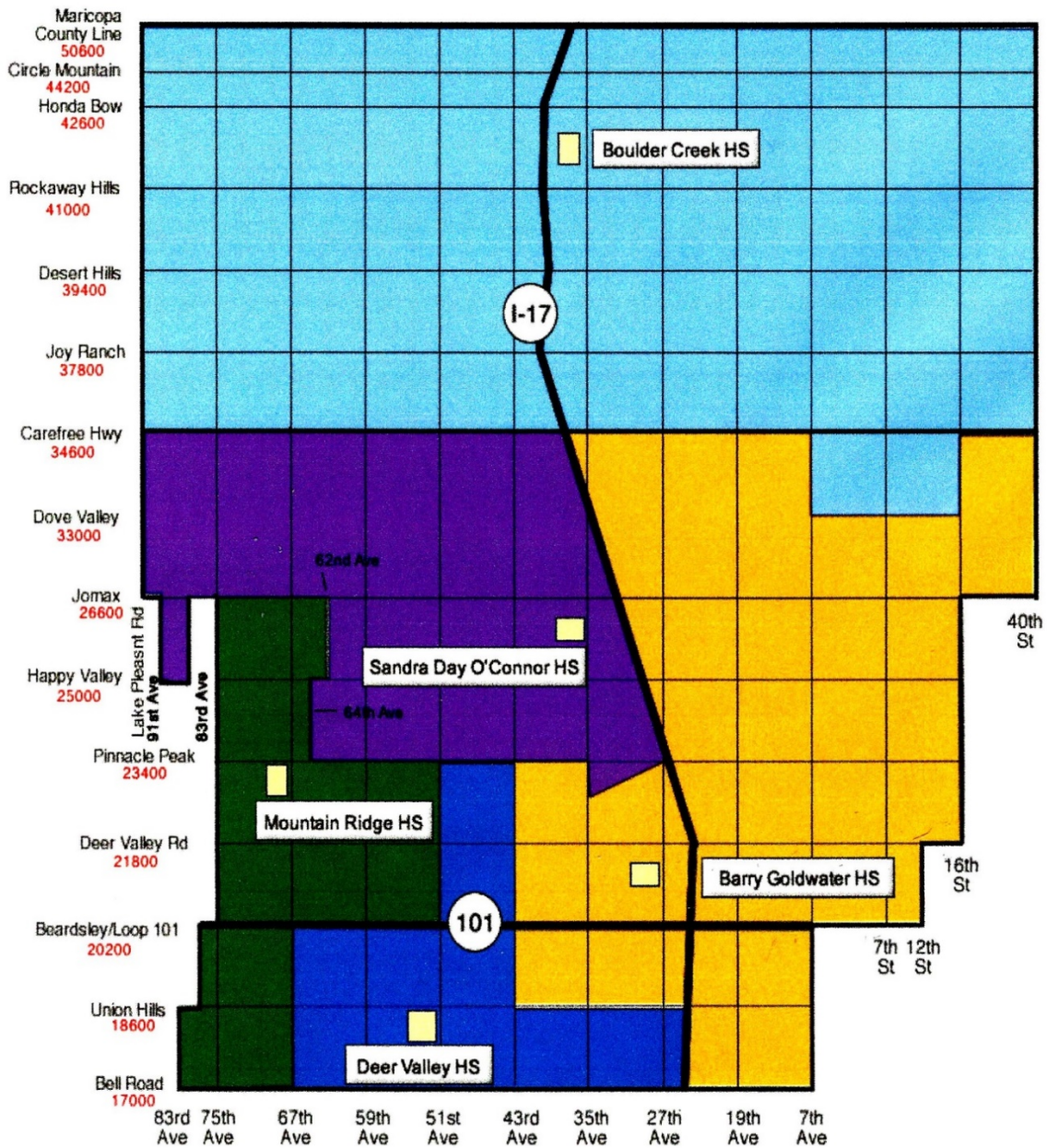


DISTRICT OFFICE
20402 North 15th Avenue
623.445.5000

revised 8.2.2017 | map not to scale

ATTENDANCE AREAS FOR DVUSD HIGH SCHOOLS

[Back to DVUSD Boundary Map](#)



High School Attendance Areas

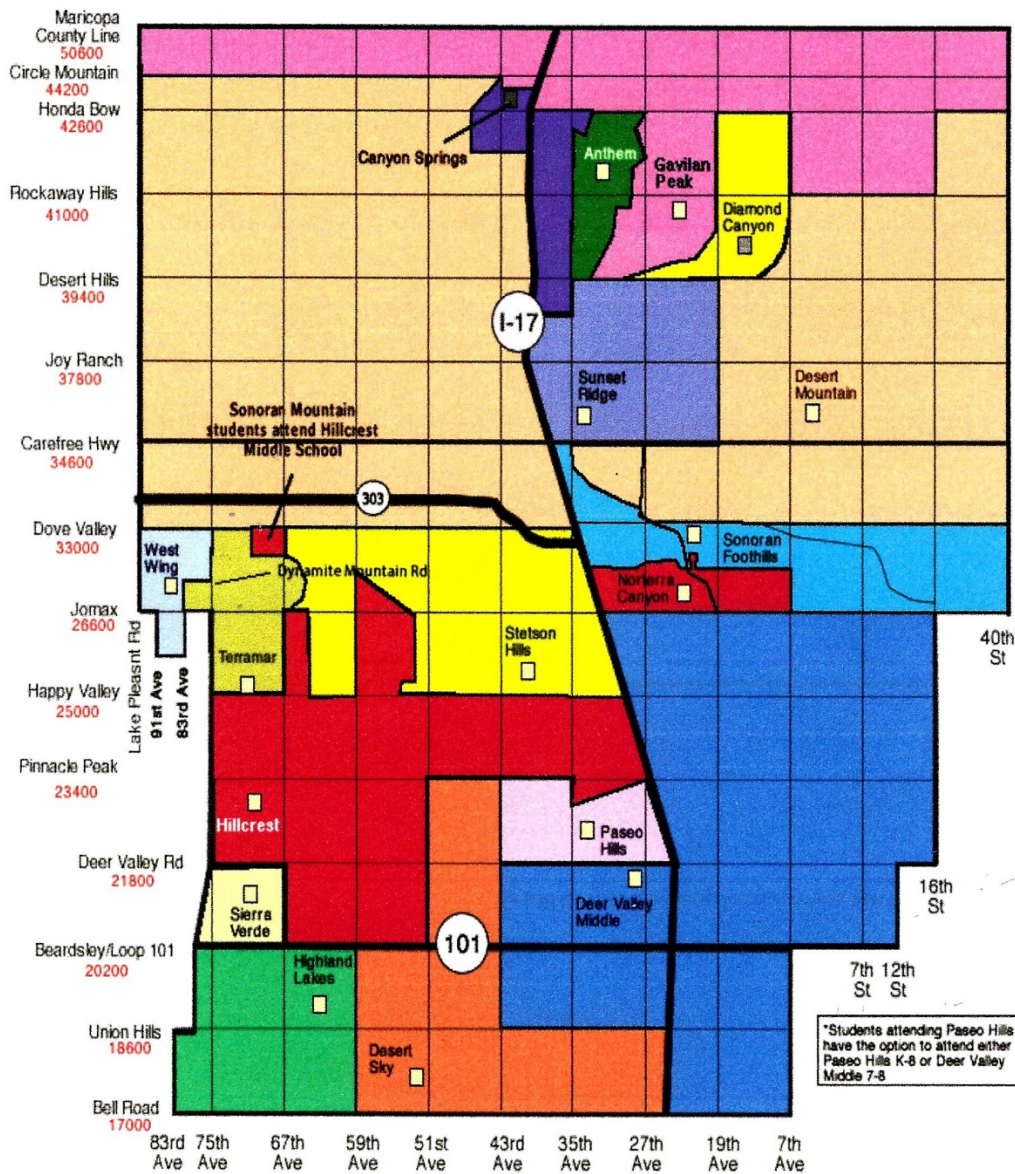
Map not to scale

DVUSD ATTENDANCE AREA FOR GRADES 7 - 8 STUDENTS

Please note that this map is a general attendance map. You can also [check your address](#) in our system to find your school of attendance.

[Back to DVUSD Boundary Map](#)

Click on a school attendance area in the map below to see a more detailed map of boundaries.

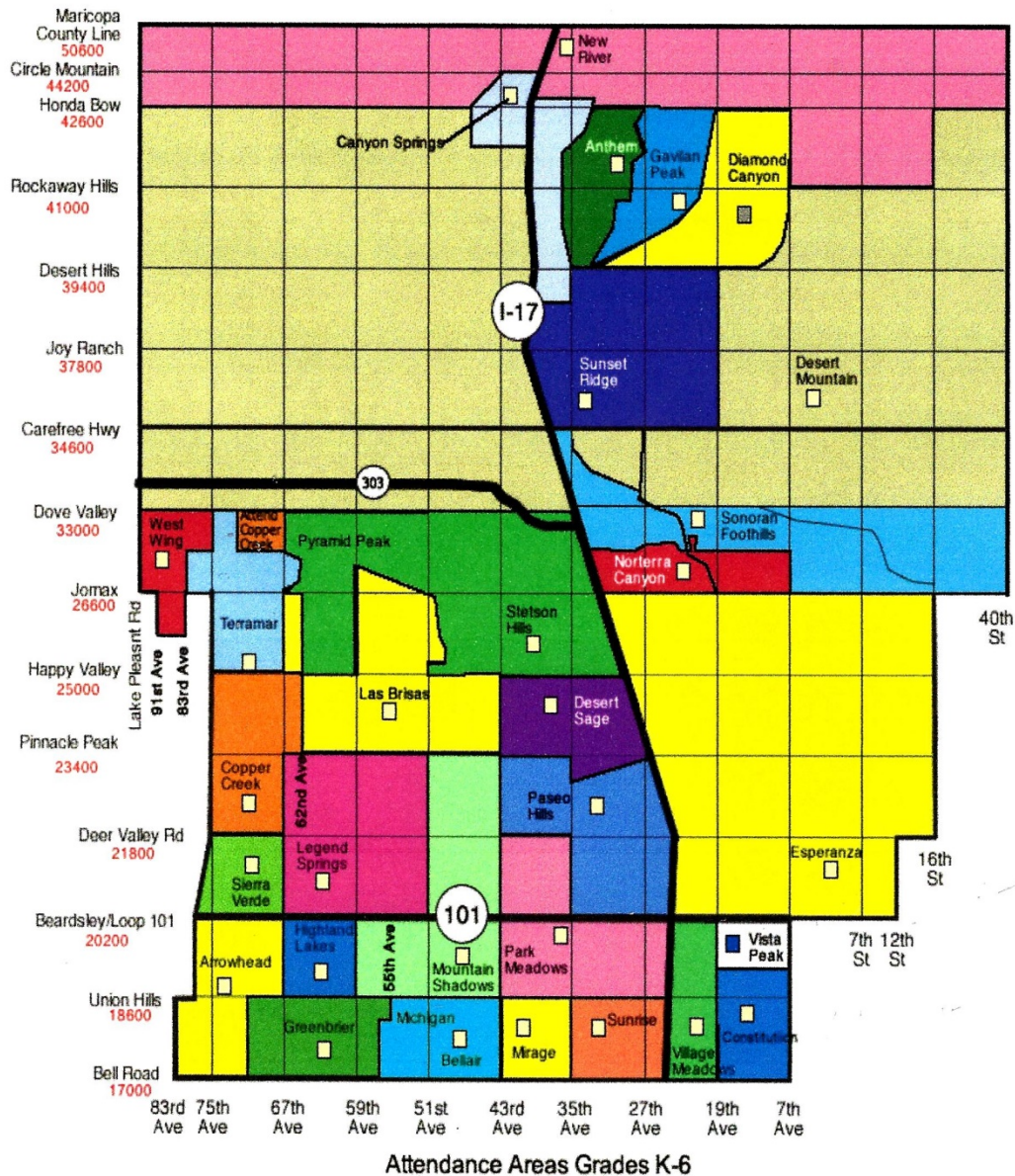


DVUSD ATTENDANCE AREA FOR K-6 AND K-8 STUDENTS

Please note that this is a general attendance map and *not to scale*.

Click on a school attendance area on the map below to see a more detailed map.

You can also [check your address](#) in our system to find your school of attendance.



APPENDIX I: SCHOOL START AND END TIMES

High Schools (9-12)	Start	Dismiss	Early Release	Late Start
Barry Goldwater HS	7:35	2:17	11:00	10:45
Boulder Creek HS	7:30	2:12	11:00	10:45
Deer Valley HS	7:30	2:12	11:00	10:45
Mountain Ridge HS	7:30	2:12	11:00	10:45
Sandra Day O'Connor HS	7:35	2:17	11:00	10:45
Vista Peak	9:00	3:45	12:20	

	Grades K-8		AM Kindergarten*			PM Kindergarten*			Early Release Start	Early Release Dismiss
	Start	Dismiss	Early Start	Dismiss	Early Start	Dismiss	Early Release Start	Early Release Dismiss		
Anthem	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Arrowhead	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Bellair	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Canyon Springs	8:15	3:00	11:35	8:15	11:00	9:45	12:15	3:00	10:05	11:35
Constitution	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Copper Creek	8:30	3:15	11:50	8:30	11:15	10:00	12:30	3:15	10:20	11:50
Deer Valley Middle	8:15	3:00	11:35							
Desert Mountain	8:15	3:00	11:35	8:15	11:00	9:45	12:15	3:00	10:05	11:35
Desert Sage	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Desert Sky Middle	8:15	3:00	11:35							
Diamond Canyon	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Esperanza	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Gavilan Peak	8:15	3:00	11:35	8:15	11:00	9:45	12:15	3:00	10:05	11:35
Greenbrier	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Highland Lakes	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Hillcrest Middle	8:15	3:00	11:35							
Las Brisas	8:00	2:45	11:20	8:00	10:45	9:30	12:00	2:45	9:50	11:20
Legend Springs	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Mirage	8:00	2:45	11:20	8:00	10:45	9:30	12:00	2:45	9:50	11:20
Mountain Shadows	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
New River	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Norterra Canyon	8:15	3:00	11:35	8:15	11:00	9:45	12:15	3:00	10:05	11:35
Park Meadows	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05

	Grades K-8		AM Kindergarten*			PM Kindergarten*			Early Release Start	Early Release Dismiss
	Start	Dismiss	Early	Start	Dismiss	Early	Start	Dismiss		
			Release Dismiss			Release Dismiss				
Paseo Hills	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Sierra Verde	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Sonoran Foothills	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Stetson Hills	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Sunrise	8:15	3:00	11:35	8:15	11:00	9:45	12:15	3:00	10:05	11:35
Sunset Ridge	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Terramar	8:15	3:00	11:35	8:15	11:00	9:45	12:15	3:00	10:05	11:35
Village Meadows	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05
Vista Peak	9:00	3:45	12:20	9:00	11:30					
West Wing	8:45	3:30	12:05	8:45	11:30	10:15	12:45	3:30	10:35	12:05

*-DVUSD provides free full day kindergarten. Parents still have the option of half day kindergarten.

In addition, the District operates:

- 17 Developmental Preschool sites
- 7 Preschool (age 3) sites
- 12 Pre-K (age 4) sites

APPENDIX J: TRANSPORTATION EFFICIENCY DATA

TRANSPORTATION OPERATIONAL EFFICIENCY

School transportation efficiency is generally determined by the following factors:

- Manual vs. computerized routing and scheduling
- The person who does the routing and scheduling determines the number of buses required.
- Student Riders: Scheduled vs. Actual Riders (Student Loading)
- Time available between school starting and ending times (Tiers)
- Distance and travel time between schools
- Population density, i.e. number of students per mile of bus travel
- Highway/road infrastructure and traffic patterns and congestion
- Community expectations for quality of service, i.e. short routes and/or convenient bus stops
- A.M. routes generally drive the number of buses required, as more students ride in the morning than in the afternoon due to after school activities.

CAUTION: Transportation management can sometimes “over consolidate” routes in order to eliminate a bus, only to have to reinstate it during the year or the following year due to required changes or routes which are too long. As a result, an efficient transportation system requires some “excess” capacity in order to manage the route and schedule changes from year to year in order to not have to add a bus and driver during the year and after the budget has been set. This is especially true for specialized transportation, which changes almost daily based upon the transportation requirements of the students.

APPENDIX K: CONTRACTOR INFORMATION

CONTRACTOR	TYPE	DAILY RATE
VIA ADVENTURES	MINI BUS	\$300.00
	COACH	\$480.00
	ATHLETIC	\$45,000.00
	MINI BUS	\$300.00
	COACH	
ALL ABOARD AMERICA	BIG BUS	\$395.00
	BIG BUS	\$395.00
	BIG BUS	\$395.00
	BIG BUS	\$395.00
	BIG BUS	\$395.00
	BIG BUS	\$395.00
	ATHLETIC	\$45,000.00
	JR. ACHIEV. BUS	\$375.00
	JR. ACHIEV. BUS	\$375.00
	JR. ACHIEV. BUS	\$375.00
	JR. ACHIEV. COACH	\$1,125.00
COACH-CA	\$3,628.00	
ARROW STAGE LINES	COACH	\$469.00
	ATHLETIC	\$45,000.00
TOUR WEST AMERICA	COACH	\$380.00
	ATHLETIC	\$45,000.00
	ATHLETIC	\$5,000.00
DESERT CHOICE	SPE	\$135.98
	SPE	\$109.26
	SPE	\$177.90
	SPE	\$191.66
	SPE	\$138.83
	SPE	\$91.90
	SPE	\$87.78
	SPE	\$140.06
	SPE	\$135.98
	SPE	\$112.54

CONTRACTOR	TYPE	DAILY RATE
	SPE	\$147.78
	SPE	\$77.25
	SPE	\$154.78
	SPE	\$200,000.00
DESERT BREEZE	SPE	\$52.70
		\$52.70
		\$52.70
		\$52.70
		\$52.70
		\$52.70
		\$120,000.00
JET LIMOUSINES		
	ATHLETIC	\$975.00
	ATHLETIC	\$975.00
	ATHLETIC	\$45,000.00
AVALON		
	ATHLETIC	\$45,000.00
ACES		
	SPE	\$40,000.00
9- PRIVATE CONTRATORS	TOTAL:	\$630,000.00

APPENDIX L: COMPARISON COMPUTER GENERATED VS. MANUAL ROUTING METHODS

In national studies, computer generated routes have proven to be significantly (32%) more efficient and cost effective than hand developed routes.

N=231 Districts	Utilize Routing Software?	Average Number of Buses per 100 Students
YES	141 districts	1.82
NO	90 Districts	2.4
	Variance	0.58
	Variance %	31.87%

*Source: Student Transportation Benchmarking Survey, Pennsylvania Association of School Business Officials, Management Partners Services, May 2008

District personnel that do not use routing software spend an inordinate amount of time manually developing and managing routes and schedules.

Because route efficiency ultimately determines the number of routes and buses and drivers required, it is critical to the overall improvement of transportation cost effectiveness. In the current economic climate, it is important to maximize the dollars going into the classroom and to minimize the dollars used for transportation, without compromising quality or safety. In order to increase reimbursements, a district must reduce its route mileage and/or increase the number of eligible riders. Given declining enrollments in many districts, increasing route efficiency might be the only option.

In the absence of computerized routing system, staff must rely on computer spreadsheets to maintain student and route data. This data is often difficult to maintain and manipulate because student needs and routes continually change. As a general rule, because routing software can significantly reduce the number of man-hours, the transportation supervisor becomes more efficient in managing the day to day transportation operation. In short, computer routing systems can help districts:

- Develop and manage bus routes, student data, and drivers;
- Visualize bus stops, routes, and students;
- Generate state reports¹²;
- Manage redistricting issues;
- Design routes with integrated mapping system in collaboration with area school districts for common out of district placements.

¹² State reimbursements for school transportation are generally done on a formula based on eligible rider criteria and a linear density model. Inefficient routes can result in a reduction of district reimbursement even though its costs may be increasing.



Once installed and personnel properly trained, computer routing systems are relatively inexpensive to maintain. In fact, most pay for themselves through savings and future cost avoidance. When comparing system costs, many districts report an immediate savings in consideration of the cost of the man-hours necessary to operate the previous manual routing system.

Application of computer routing will also provide the opportunity to develop “what if” scenarios, such as changes in bell schedules that would provide a larger window of transportation times between tiers. The change, in turn, may allow the district to reduce the overall number of buses in simultaneous operation and consequently reduce the overall cost of transportation. Frequently, a change of only 10-15 minutes of a single bell schedule can result in the elimination of several buses.

APPENDIX M: FLEET COMPARISONS

The following Fleet Analysis is a sample schedule from another school district.



Each tier, both a.m. and p.m. are shown as a separate schedule block. These time blocks can then be manually adjusted. This tool will provide management with additional information relative to route schedules and potential route/schedule revisions and impact. Red blocks indicate a scheduling problem and a blue block suggests the necessary correction.

In addition, the level of student information contained in the Traversa map is more helpful in considering school redistricting options and their effect on school transportation services.

ASSUMPTION: We typically review the morning routes in order to determine the number of and configuration of vehicles required to provide safe and efficient transportation. More students tend to ride the bus in the morning than do in the afternoon, due to athletics and other after school activities. This assumption was verified by transportation management, as they reported that the morning routes are scheduled much tighter than the afternoon routes.

APPENDIX N: REGIONAL ROUTE DATA

The following information was provided by transportation management through a variety of spreadsheets and crystal reports. It represents the most comprehensive route data available:

ROUTE DATA REGION 1 ROUTE DATA

	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
1	1	42	ACTUAL		54		54	96.4%	56
			ELIGIBLE		97		97		
			RT TIMES		6:40-8:15				
			# STOPS		24		24		
			RUN MILES		45.53		45.53		
			TIER MINS		79.75		79.75		
2	1	70	ACTUAL	45		33	78	69.6%	56
			ELIGIBLE	87		61	148		
			RT TIMES	6:01-7:31		7:31-9:00			
			# STOPS	33		19	52		
			RUN MILES	25.34		37.48	62.82		
			TIER MINS	61.34		104.51	165.9		
3	1	72	ACTUAL	49		20	69	61.6%	56
			ELIGIBLE	70		39	109		
			RT TIMES	6:31-8:00		8:00-9:00	0		
			# STOPS	30		6	36		
			RUN MILES	38.47		6.24	44.71		
			TIER MINS	83.4		19.69	103.1		
4	1	82	ACTUAL	47	40	35	122	72.6%	56
			ELIGIBLE	116	66	84	266		
			RT TIMES	6:29-7:00	7:00-8:00	8:00-9:00			
			# STOPS	8	13	11	32		
			RUN MILES	9.59	6.55	17.45	33.59		
			TIER MINS	30.75	27.84	33	91.59		
5	1	102	ACTUAL		49	17	66	63.5%	52

	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
			ELIGIBLE		61	41	102		
			RT TIMES		6:04-8:15	8:15-8:45			
			# STOPS		40	7	47		
			RUN MILES		40.98	3.14	44.12		
			TIER MINS		130.8	9.53	140.3		
6	1	140	ACTUAL	45	50		95	91.3%	56
			ELIGIBLE	140	75		215		
			RT TIMES	6:30-7:10	7:10-8:45				
			# STOPS	7	11		18		
			RUN MILES	15.35	6.8		22.15		
			TIER MINS	39.29	31.08		70.37		
7	1	213	ACTUAL	44	30	33	107	63.7%	56
			ELIGIBLE	136	60	62	258		
			RT TIMES	6:25-7:10	7:10-8:00	8:00-9:00			
			# STOPS	17	8	6	31		
			RUN MILES	13.02	12.6	13.14	38.76		
			TIER MINS	44.67	41.7	19.03	105.4		
8	1	223 /284	ACTUAL	19			19	33.9%	56
			ELIGIBLE	39			39		
			RT TIMES	5:46-9:15					
			# STOPS	19			19		
			RUN MILES	58.15			58.15		
			TIER MINS	148.86			148.9		
9	1	226	ACTUAL	60	57		117	104.5%	56
			ELIGIBLE	129	59		188		
			RT TIMES	6:09-7:10	7:10-8:15				
			# STOPS	17	20		37		
			RUN MILES	22.3	18.16		40.46		
			TIER MINS	56.05	47.53		103.6		
10	1	227	ACTUAL	57	57	18	132	78.6%	56
			ELIGIBLE	110	85	56	251		
			RT TIMES	6:33-7:10	7:10-8:00	8:00-9:00			

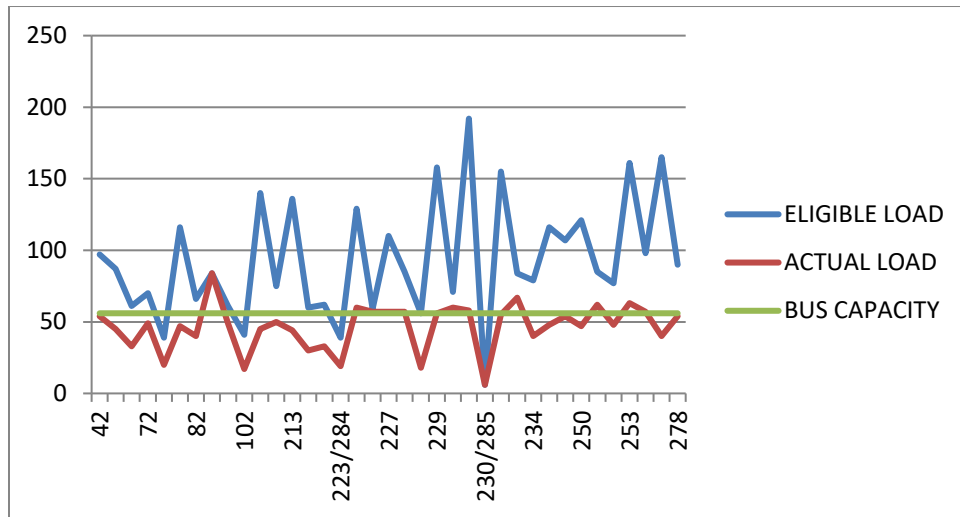
	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
			# STOPS	18	15	12	45		
			RUN MILES	11.89	9.29	12.98	34.16		
			TIER MINS	36.54	27.73	54.06	118.3		
11	1	229	ACTUAL	56	60		116	103.6%	56
			ELIGIBLE	158	71		229		
			RT TIMES	6:15-7:10	7:10-8:45				
			# STOPS	18	11		29		
			RUN MILES	14.72	9.45		24.17		
			TIER MINS	54.2	30.17		84.37		
12	1	230	ACTUAL	58		6	64	57.1%	56
		/285	ELIGIBLE	192		6	198		
			RT TIMES	5:40-7:10		7:10-9:15			
			# STOPS	11		1	12		
			RUN MILES	39.4		37.99	77.39		
			TIER MINS	89.55		59.8	149.4		
13	1	234	ACTUAL	55	67	40	162	96.4%	56
			ELIGIBLE	155	84	79	318		
			RT TIMES	6:12-7:10	7:10-8:00	8:00-9:00			
			# STOPS	11	6	7	24		
			RUN MILES	15.52	6.24	13.81	35.57		
			TIER MINS	47.28	26.82	32.99	107.1		
14	1	241	ACTUAL	48	54		102	91.1%	56
			ELIGIBLE	116	107		223		
			RT TIMES	6:24-7:10	7:10-8:15				
			# STOPS	15	16		31		
			RUN MILES	16.12	14.25		30.37		
			TIER MINS	35.46	42.86		78.32		
15	1	250	ACTUAL	47	62	48	157	93.5%	56
			ELIGIBLE	121	85	77	283		
			RT TIMES	6:43-7:10	7:10-8:00	8:00-9:00			
			# STOPS	9	8	15	32		
			RUN MILES	9.99	13.34	11.64	34.97		

	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
			TIER MINS	24.13	43.68	33.17	100.98		
16	1	253	ACTUAL	63		57	120	107.1%	56
			ELIGIBLE	161		98	259		
			RT TIMES	6:01-7:10		7:10-9:00			
			# STOPS	27		32	59		
			RUN MILES	22.81		35.67	58.48		
			TIER MINS	68.57		78.99	147.6		
17	1	278	ACTUAL	40		54	94	83.9%	56
			ELIGIBLE	165		90	255		
			RT TIMES	6:35-7:07		7:07-9:00			
			# STOPS	6		19	25		
			RUN MILES	7.9		41.86	49.76		
			TIER MINS	31.81		104.51	136.3		

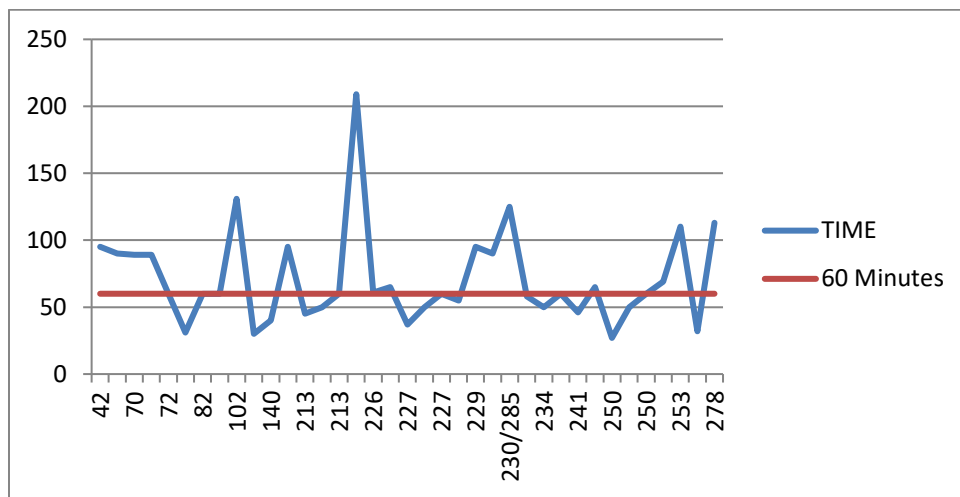
REGION 1 METRICS

NO. BUSES	17
NO. ROUTES	37
ROUTES/BUS AVE.	2.18
STOPS/ROUTE AVE.	14.9
STOPS/MILE AVE.	1.33
TIME/ROUTE AVE.	1:10
MILES/ROUTE	19.9
AVE. SCHED. LOAD/ROUTE	92.9
AVE. ACTUAL LOAD/ROUTE	46.6
LOAD/CAPACITY RATIO	83.2%

REGION 1 ROUTE LOAD ANALYSIS



REGION 1 ROUTE TIME ANALYSIS



FINDINGS:

- The High School routes utilizes 17 buses which perform 37 routes
- The District schedules 3438 students and approximately 1723 (50.1%) are actually riding.
- The average number of bus stops is approximately 14.9 per route, with an average of 1.3 students per mile.
- The average route time is approximately 70 minutes
- The average route length is approximately 19.9 miles
- The average number of scheduled riders is 92.9 students per route
- The average number of actual riders is 46.6 students per route

- Average “dead head” (time between end HS routes/start of MS routes- no students): 10-15 minutes
- The scheduled load to capacity ratio is 166 %
- The actual load to capacity ratio is 83.2 %

Typically, for high school and middle school routes and since many eligible high and middle school students do not ride the bus, high school routes are generally scheduled at 100%+ of eligible riders. Doing so results in a higher actual student load to capacity ratio of approximately 83.2% which would be considered efficient by current industry standards.

REGION 2 ROUTE DATA

	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
1	2	5	ACTUAL	39	41	49	129	76.8%	56
			ELIGIBLE	74	53	75	202		
			RT TIMES	6:59-7:15	7:30-7:55	8:20-8:40			
			# STOPS	7	10	4	21		
			RUN MILES	5.06	5.89	11.94	22.89		
			TIER MINS	15.2	24	27	66.2		
2	2	24	ACTUAL	54	31	37	122	72.6%	56
			ELIGIBLE	82	51	72	205		
			RT TIMES	6:50-7:15	7:46-8:00	8:11-8:30			
			# STOPS	6	8	5	19		
			RUN MILES	7.84	6.14	11.4	25.38		
			TIER MINS	24	18	26	68		
3	2	67	ACTUAL	39	41	49	129	76.8%	56
			ELIGIBLE	43	55	80	178		
			RT TIMES	6:45-7:17	7:27-7:55	8:10-9:00			
			# STOPS	5	7	12	24		
			RUN MILES	11.25	10	13	34.25		
			TIER MINS	32	35	56	123		
4	2	92	ACTUAL	55	47	63	165	98.2%	56
			ELIGIBLE	83	57	67	207		
			RT TIMES	6:57-7:15	7:37-8:00	7:59-8:25			
			# STOPS	6	7	6	19		

	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
			RUN MILES	6.69	7.3	6.2	20.19		
			TIER MINS	18	28	25	71		
5	2	103	ACTUAL	35		40	75	72.1%	52
			ELIGIBLE	103		21	124		
			RT TIMES	6:15-7:15		7:40-8:30			
			# STOPS	11		21	32		
			RUN MILES	20		12	32		
			TIER MINS	59		50	109		
6	2	167	ACTUAL	52	53	47	152	97.4%	56
			ELIGIBLE	88	69	84	241		
			RT TIMES	6:51-7:15	7:35-8:00	8:14-8:30			
			# STOPS	9	7	10	26		
			RUN MILES	23.48	30.81	8.62	62.91		
			TIER MINS	8	10	23	41		
7	2	212	ACTUAL	47	32	72	151	89.9%	56
			ELIGIBLE	74	33	93	200		
			RT TIMES	6:51-7:15	7:31-7:51	8:08-8:30			
			# STOPS	6	9	11	26		
			RUN MILES	9.44	7.65	6.69	23.78		
			TIER MINS	23	23	28	74		
8	2	217	ACTUAL	46	49	44	139	82.7%	56
			ELIGIBLE	61	56	68	185		
			RT TIMES	6:50-7:15	7:30-7:55	8:19-8:35			
			# STOPS	3	6	6	15		
			RUN MILES	8.81	8.71	4.24	21.76		
			TIER MINS	25	24	24	73		
9	2	218	ACTUAL	43	36	49	128	76.2%	56
			ELIGIBLE	78	31	66	175		
			RT TIMES	6:46-7:15	7:31-8:00	8:00-8:40			
			# STOPS	12	12	11	35		
			RUN MILES	10.26	9.19	8.43	27.88		
			TIER MINS	29	30	39	98		

	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
10	2	220	ACTUAL	46	51	58	155	92.3%	56
			ELIGIBLE	63	103	168	334		
			RT TIMES	6:52-7:05	7:39-8:00	8:06-8:30			
			# STOPS	5	11	9	25		
			RUN MILES	8.76	13.35	6.56	28.67		
			TIER MINS	18	44	24	86		
11	2	225	ACTUAL		15		15	26.8%	56
			ELIGIBLE		21		21		
			RT TIMES		7:01-7:55				
			# STOPS		12		12		
			RUN MILES		19.23		19.23		
			TIER MINS		53		53		
12	2	231	ACTUAL	25		43	68	60.7%	56
			ELIGIBLE	37		81	118		
			RT TIMES	6:00-7:10		7:51-8:30			
			# STOPS	12		18	30		
			RUN MILES	37.23		17.2	54.43		
			TIER MINS	69		44	113		
13	2	233	ACTUAL	38	50	67	155	92.3%	56
			ELIGIBLE	70	63	87	220		
			RT TIMES	6:50-7:15	7:39-7:54	8:08-8:30			
			# STOPS	8	7	8	23		
			RUN MILES	9.36	8.45	10.68	28.49		
			TIER MINS	24	20	22	66		
14	2	235	ACTUAL	53	45	42	140	83.3%	56
			ELIGIBLE	76	45	61	182		
			RT TIMES	6:55-7:20	7:35-7:55	8:05-8:25			
			# STOPS	6	6	8	20		
			RUN MILES	9.09	7.89	8.13	25.11		
			TIER MINS	24.7	23	25	72.7		
15	2	239	ACTUAL	48		40	88	78.6%	56

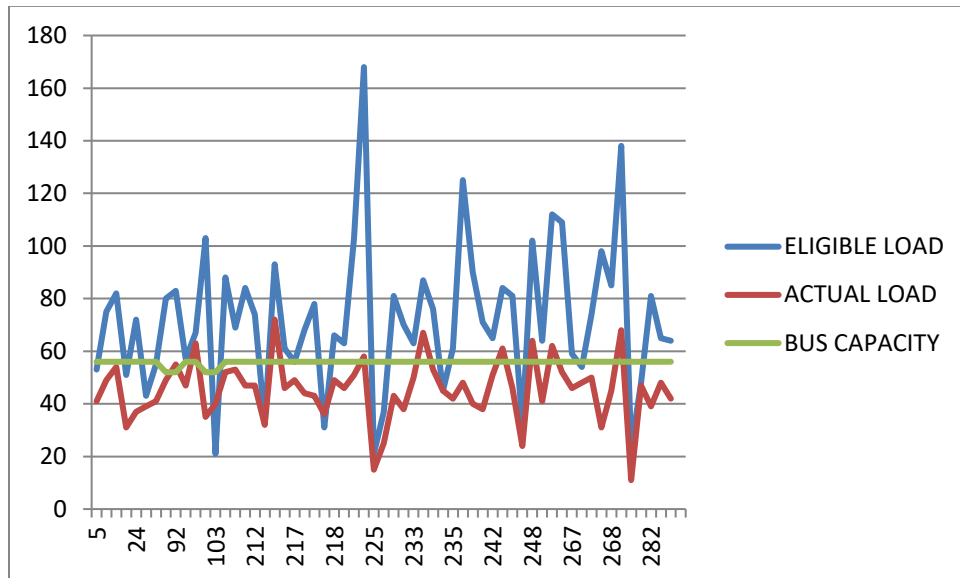
	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
			ELIGIBLE	125		90	215		
			RT TIMES	6:55-7:15		7:51-8:30			
			# STOPS	8		22	30		
			RUN MILES	7.08		9.29	16.37		
			TIER MINS	19		39	58		
16	2	242	ACTUAL	38	51	61	150	89.3%	56
			ELIGIBLE	71	65	84	220		
			RT TIMES	6:45-7:15	7:35-8:00	8:08-8:30			
			# STOPS	8	10	10	28		
			RUN MILES	10.24	8.67	5.21	24.12		
			TIER MINS	29	28	24	81		
17	2	248	ACTUAL	46	24	64	134	79.8%	56
			ELIGIBLE	81	32	102	215		
			RT TIMES	6:47-7:15	7:39-8:07	8:07-8:45			
			# STOPS	6	7	13	26		
			RUN MILES	8.94	7.69	13.24	29.87		
			TIER MINS	28	26	41	95		
18	2	266	ACTUAL	41	62	52	155	92.3%	56
			ELIGIBLE	64	112	109	285		
			RT TIMES	6:51-7:20	7:41-8:00	8:13-8:30			
			# STOPS	8	5	10	23		
			RUN MILES	9.86	10.12	5.06	25.04		
			TIER MINS	29	24	18	71		
19	2	267	ACTUAL	46	48	50	144	85.7%	56
			ELIGIBLE	59	54	74	187		
			RT TIMES	6:06-7:10	7:34-7:50	8:14-8:35			
			# STOPS	19	6	9	34		
			RUN MILES	28.45	15.54	10.45	54.44		
			TIER MINS	64	6	28	98		
20	2	268	ACTUAL	31	45	68	144	85.7%	56
			ELIGIBLE	98	85	138	321		
			RT TIMES	6:15-7:05	7:43-7:58	8:00-8:30			

	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
			# STOPS	14	7	9	30		
			RUN MILES	24.42	13.1	11.31	48.83		
			TIER MINS	49	35	29	113		
21	2	279	ACTUAL	11		47	58	51.8%	56
			ELIGIBLE	23		48	71		
			RT TIMES	5:50-7:15		8:02-8:20			
			# STOPS	15		6	21		
			RUN MILES	37.48		4.79	42.27		
			TIER MINS	84		21	105		
22	2	282	ACTUAL	39	48	42	129	76.8%	56
			ELIGIBLE	81	65	64	210		
			RT TIMES	6:35-7:10	7:29-7:55	8:03-9:00			
			# STOPS	10	10	15	35		
			RUN MILES	10.53	6.8	11.91	29.24		
			TIER MINS	35	25	61	121		

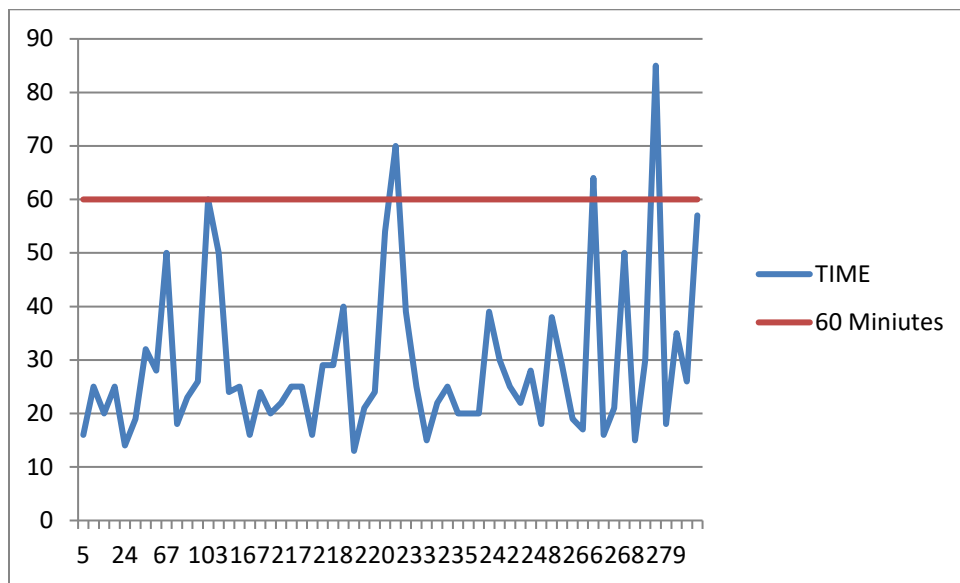
REGION 2 METRICS

NO. BUSES	22
NO. ROUTES	60
ROUTES/BUS AVE.	2.73
STOPS/ROUTE	9.2
AVE. STOPS/MILE	1.26
AVE. TIME/ROUTE AVE.	29.2
MILES/ROUTE	11.6
AVE. SCHED. LOAD/ROUTE	71.9
AVE. ACTUAL LOAD/ROUTE	45.4
LOAD/CAPACITY RATIO	81.5%

REGION 2 ROUTE LOAD ANALYSIS



REGION 2 ROUTE TIME ANALYSIS



FINDINGS:

- The High School routes utilizes 22 buses which perform 60 routes
- The District schedules 4316 students and approximately 2725 (63.1%) are actually riding.

- The average number of bus stops is approximately 9.2 per route, with an average of 1.26 students per mile.
- The average route time is approximately 29.2 minutes
- The average route length is approximately 11.6 miles
- The average number of scheduled riders is 71.9 students per route
- The average number of actual riders is 45.4 students per route
- Average “dead head” (time between end HS routes/start of MS routes- no students): 10-15 minutes
- The scheduled load to capacity ratio is 129 %
- The actual load to capacity ratio is 81.5 %

Typically, for high school and middle school routes and since many eligible high and middle school students do not ride the bus, high school routes are generally scheduled at 100%+ of eligible riders. Doing so results in a higher actual student load to capacity ratio of approximately 82.6% which would be considered efficient by current industry standards.

REGION 3 ROUTE DATA

	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
1	3	22	ACTUAL	47	62	56	165	98.2%	56
			ELIGIBLE	78	76	56	210		
			RT TIMES	6:07 - 7:15	7:38 - 8:00	8:10 - 9:00			
			# STOPS	6	3	7	16		
			RUN MILES	22.62	7.2	19.63	49.45		
			TIER MINS	68	28	59	155		
2	3	86	ACTUAL	50	52		102	91.1%	56
			ELIGIBLE	86	67		153		
			RT TIMES	6:34 - 7:10	7:18 - 7:56				
			# STOPS	7	11		18		
			RUN MILES	10.18	11.22		21.4		
			TIER MINS	35	37		72		
3	3	88	ACTUAL	36	35	48	119	70.8%	56
			ELIGIBLE	66	78	59	203		
			RT TIMES	6:29 - 7:05	7:41 - 7:55	7:59 - 8:50			
			# STOPS	8	5	5	18		
			RUN MILES	13.46	2.78	18.13	34.37		

	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
			TIER MINS	36	13	50	99		
4	3	89	ACTUAL	18	57	14	89	53.0%	56
			ELIGIBLE	39	87	23	149		
			RT TIMES	6:42 - 7:13	7:26 - 7:45	8:17 - 8:30			
			# STOPS	9	9	5	23		
			RUN MILES	8.53	8.44	6.84	23.81		
			TIER MINS	30	24	18	72		
5	3	104	ACTUAL	20	55	51	126	80.8%	52
			ELIGIBLE	37	50	67	154		
			RT TIMES	6:39 - 7:15	7:26 -8:00	8:15 - 8:55			
			# STOPS	9	8	6	23		
			RUN MILES	10.05	12.62	19.3	41.97		
			TIER MINS	35	41	51	127		
6	3	105	ACTUAL	41	44	41	126	80.8%	52
			ELIGIBLE	76	53	77	206		
			RT TIMES	6:25 - 7:00	7:18 - 7:48	8:15 - 8:34			
			# STOPS	10	10	8	28		
			RUN MILES	9.24	12.1	12.64	33.98		
			TIER MINS	34	36	32	102		
7	3	188	ACTUAL	36	61	61	158	94.0%	56
			ELIGIBLE	107	81	86	274		
			RT TIMES	6:26 - 7:05	7:14 - 7:55	7:58 - 8:45			
			# STOPS	8	15	11	34		
			RUN MILES	12.43	12.35	11.88	36.66		
			TIER MINS	38	41	47	126		
8	3	190	ACTUAL	43	45	48	136	81.0%	56
			ELIGIBLE	108	55	84	247		
			RT TIMES	6:36 - 7:10	7:30 - 7:55	8:15 - 9:00			
			# STOPS	8	9	5	22		
			RUN MILES	10.85	11.14	20.81	42.8		
			TIER MINS	33	35	60	128		

	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
9	3	216	ACTUAL	42	78	0	120	107.1%	56
			ELIGIBLE	84	101	0	185		
			RT TIMES	6:22 - 7:05	7:36 - 8:15				
			# STOPS	6	12		18		
			RUN MILES	16.89	17.29		34.18		
			TIER MINS	43	52		95		
10	3	219	ACTUAL	40	62	69	171	101.8%	56
			ELIGIBLE	134	146	117	397		
			RT TIMES	6:38 - 7:10	7:41 - 8:00	8:02 - 8:30			
			# STOPS	4	13	11	28		
			RUN MILES	13.45	9.64	6.33	29.42		
			TIER MINS	31	26	28	85		
11	3	222	ACTUAL	71	68	50	189	112.5%	56
			ELIGIBLE	102	83	77	262		
			RT TIMES	6:15 - 7:00	7:36 - 7:53	8:09 - 8:34			
			# STOPS	10	8	10	28		
			RUN MILES	19.11	10.69	8.54	38.34		
			TIER MINS	44	24	58	126		
12	3	228	ACTUAL	28	64	43	135	80.4%	56
			ELIGIBLE	85	107	81	273		
			RT TIMES	6:26 - 7:10	7:42 - 8:00	8:16 - 8:50			
			# STOPS	8	7	5	20		
			RUN MILES	15.4	5.3	19.15	39.85		
			TIER MINS	44	20	42	106		
13	3	232	ACTUAL	37	38	54	129	76.8%	56
			ELIGIBLE	102	55	86	243		
			RT TIMES	6:24 - 6:55	7:16 - 8:00	8:16 - 8:33			
			# STOPS	10	16	5	31		
			RUN MILES	9.44	12.46	11.39	33.29		
			TIER MINS	30	46	15	91		
14	3	236	ACTUAL	0	60	0	60	107.1%	56
			ELIGIBLE	0	110	0	110		

	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
			RT TIMES		7:16 - 8:15				
			# STOPS		9		9		
			RUN MILES		19.08		19.08		
			TIER MINS		59		59		
15	3	237	ACTUAL	45	72	59	176	104.8%	56
			ELIGIBLE	96	103	97	296		
			RT TIMES	5:57 - 7:10	7:37 - 8:00	8:11 - 8:45			
			# STOPS	7	4	97	108		
			RUN MILES	22.93	9.56	17.46	49.95		
			TIER MINS	72	31	43	146		
16	3	238	ACTUAL	56	47	38	141	83.9%	56
			ELIGIBLE	114	114	152	380		
			RT TIMES	6:35 - 7:03	7:14 - 7:45	8:00 - 8:40			
			# STOPS	6	14	11	31		
			RUN MILES	7.15	9.55	15.23	31.93		
			TIER MINS	28	36	46	110		
17	3	240	ACTUAL	63	0	34	97	86.6%	56
			ELIGIBLE	109	0	71	180		
			RT TIMES	6:30 - 7:15		7:55 - 8:30			
			# STOPS	14		18	32		
			RUN MILES	12.28		11.73	24.01		
			TIER MINS	45		42	87		
18	3	243	ACTUAL	43	47	50	140	83.3%	56
			ELIGIBLE	109	60	125	294		
			RT TIMES	6:20 - 7:05	7:15 - 7:40	8:01 - 9:00			
			# STOPS	9	11	20	40		
			RUN MILES	12.6	8.44	17.35	38.39		
			TIER MINS	44	28	63	135		
19	3	244	ACTUAL	39	48	44	131	78.0%	56
			ELIGIBLE	71	53	64	188		
			RT TIMES	6:08 - 7:05	7:21 - 7:50	8:13 - 8:50			
			# STOPS	7	9	10	26		

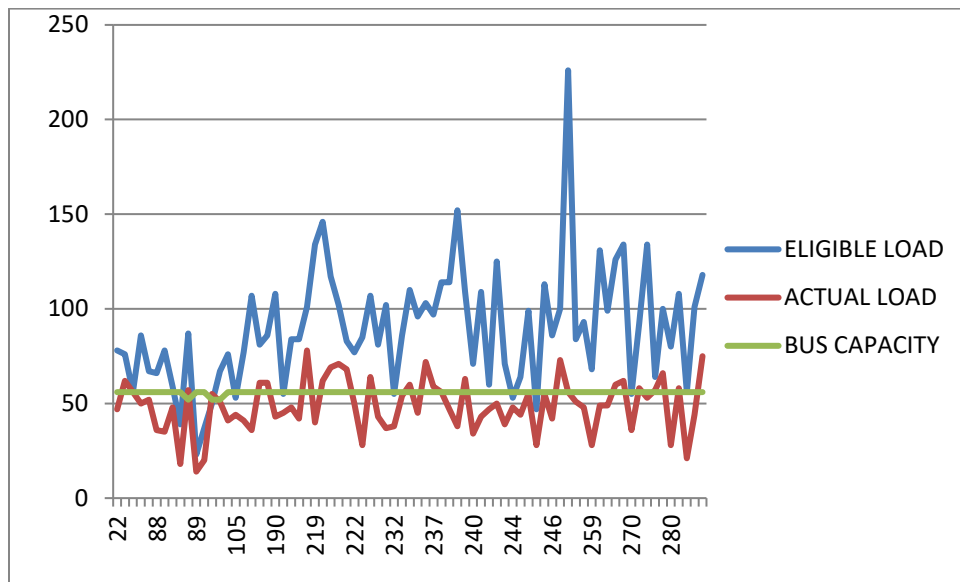
	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
			RUN MILES	19.48	9.07	19.06	47.61		
			TIER MINS	57	32	43	132		
20	3	245	ACTUAL	55	28	55	138	82.1%	56
			ELIGIBLE	99	47	113	259		
			RT TIMES	6:22 - 7:10	7:26 - 7:55	8:07 - 8:45			
			# STOPS	8	9	14	31		
			RUN MILES	13.1	7.76	12.56	33.42		
			TIER MINS	47	30.74	38	115.7		
21	3	246	ACTUAL	42	73		115	102.7%	56
			ELIGIBLE	86	100		186		
			RT TIMES	6:28 - 7:06	7:19 - 8:28				
			# STOPS	9	10		19		
			RUN MILES	10.09	17.55		27.64		
			TIER MINS	37	69		106		
22	3	247	ACTUAL	56	51	48	155	92.3%	56
			ELIGIBLE	226	84	93	403		
			RT TIMES	6:23 - 7:05	7:26 - 7:45	8:05 - 8:45			
			# STOPS	10	14	16	40		
			RUN MILES	11.66	8.54	12.32	32.52		
			TIER MINS	42	25	43.29	110.3		
23	3	259	ACTUAL	0	28	0	28	50.0%	56
			ELIGIBLE	0	68	0	68		
			RT TIMES		7:26 - 8:40				
			# STOPS		12		12		
			RUN MILES		23.23		23.23		
			TIER MINS		73		73		
24	3	269	ACTUAL	49	49	60	158	94.0%	56
			ELIGIBLE	131	99	126	356		
			RT TIMES	6:29 - 7:05	7:22 - 7:42	7:55 - 8:40			
			# STOPS	7	8	16	31		
			RUN MILES	13.13	7.93	16.26	37.32		
			TIER MINS	41	66	45	152		

	REGION	RT #	ACTUAL / ELIGIBLE	1st Tier	2nd Tier	3rd Tier	TOTAL	CAP %	2/SEAT CAPACITY 52 or 56
25	3	270	ACTUAL	62	36	58	156	92.9%	56
			ELIGIBLE	134	55	92	281		
			RT TIMES	6:31 - 7:10	7:35 - 8:00	8:15 - 8:45			
			# STOPS	9	5	9	23		
			RUN MILES	13.23	6.52	13.32	33.07		
			TIER MINS	38	31	35	104		
26	3	271	ACTUAL	53	57	66	176	104.8%	56
			ELIGIBLE	134	64	100	298		
			RT TIMES	6:12 - 7:05	7:35 - 7:55	8:12 - 8:45			
			# STOPS	9	6	8	23		
			RUN MILES	19.9	9.11	22.33	51.34		
			TIER MINS	52	26	43	121		
27	3	280	ACTUAL	28	58	21	107	63.7%	56
			ELIGIBLE	80	108	56	244		
			RT TIMES	6:34 - 7:10	7:23 - 7:43	8:09 - 8:45			
			# STOPS	7	8	14	29		
			RUN MILES	11.85	9.6	15.1	36.55		
			TIER MINS	36	28	45	109		
28	3	283	ACTUAL	44	75		119	106.3%	56
			ELIGIBLE	101	118		219		
			RT TIMES	5:45 - 7:05	7:36 - 8:30				
			# STOPS	9	11		20		
			RUN MILES	26.7	19.84		46.54		
			TIER MINS	62.18	63		125.2		

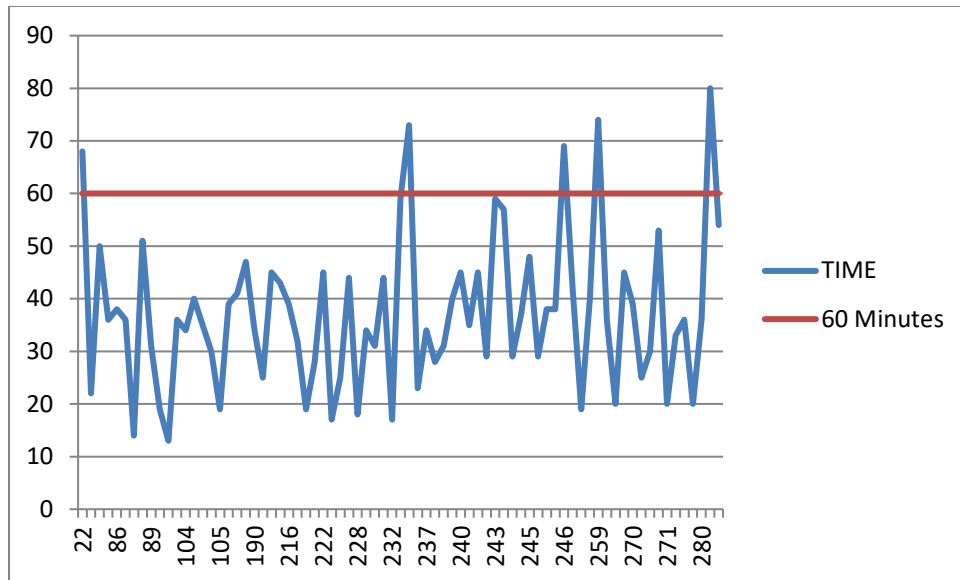
REGION 3 METRICS

NO. BUSES	28
NO. ROUTES	75
ROUTES/BUS	2.68
AVE.	
STOPS/ROUTE	9.24
AVE.	
STOPS/MILE	1.4
AVE.	
TIME/ROUTE	0:37
AVE.	
MILES/ROUTE	13.2
AVE. SCHED. LOAD/ROUTE	89.6
AVE. ACTUAL	
LOAD/ROUTE	48.8
LOAD/CAPACITY RATIO	87.4%

REGION 3 ROUTE LOAD ANALYSIS



REGION 2 ROUTE TIME ANALYSIS



FINDINGS:

- The High School routes utilizes 28 buses which perform 75 routes
- The District schedules 6718 students and approximately 4188 (54.5%) are actually riding.
- The average number of bus stops is approximately 9.24 per route, with an average of 1.4 students per mile.
- The average route time is approximately 37 minutes
- The average route length is approximately 13.2 miles
- The average number of scheduled riders is 89.6 students per route
- The average number of actual riders is 48.8 students per route
- Average “dead head” (time between end HS routes/start of MS routes- no students): 10-15 minutes
- The scheduled load to capacity ratio is 160.4 %
- The actual load to capacity ratio is 87.4 %

Typically, for high school and middle school routes and since many eligible high and middle school students do not ride the bus, high school routes are generally scheduled at 100%+ of eligible riders. Doing so results in a higher actual student load to capacity ratio of approximately 87.4% which would be considered efficient by current industry standards.

APPENDIX O: IMPLICATIONS OF LATER HIGH SCHOOL START TIMES

Adolescents today face a widespread chronic health problem: sleep deprivation. Although society often views sleep as a luxury that ambitious or active people cannot afford, research shows that getting enough sleep is a biological necessity, as important to good health as eating well or exercising. Teens are among those least likely to get enough sleep; while they need on average 9 ¼ hours of sleep per night for optimal performance, health and brain development, teens average fewer than 7 hours per school night by the end of high school, and most report feeling tired during the day (Wolfson & Carskadon, 1998). The roots of the problem include poor teen sleep habits that do not allow for enough hours of quality sleep; hectic schedules with afterschool activities and jobs, homework hours and family obligations; and a clash between societal demands, such as early school start times, and biological changes that put most teens on a later sleep-wake clock. As a result, when it is time to wake up for school, the adolescent's body says it is still the middle of the night, and he or she has had too little sleep to feel rested and alert.

The consequences of sleep deprivation during the teenage years are particularly serious. Teens spend a great portion of each day in school; however, they are unable to maximize the learning opportunities afforded by the education system, since sleep deprivation impairs their ability to be alert, pay attention, solve problems, cope with stress and retain information. Young people who do not get enough sleep night after night carry a significant risk for drowsy driving; emotional and behavioral problems such as irritability, depression, poor impulse control and violence; health complaints; tobacco and alcohol use; impaired cognitive function and decision-making; and lower overall performance in everything from academics to athletics.

The School Start Time Issue

Adolescent sleep deprivation is largely driven by a conflict between teens' internal biological clocks and the schedules and demands of society. Therefore, it makes sense to look at school start times, which set the rhythm of the day for students, parents, teachers and members of the community at large.

"Given that the primary focus of education is to maximize human potential, then a new task before us is to ensure that the conditions in which learning takes place address the very biology of our learners."

Mary A. Carskadon, PhD, Director of E.P. Bradley Hospital Research Laboratory and professor in Department of Psychiatry and Human Behavior at Brown University School of Medicine.

Research on School Start Times and Biology

In a project spearheaded by Dr. Mary A. Carskadon and colleagues, researchers investigated what would happen to sleep and circadian rhythms in a group of young people for whom the transition from junior high to senior high required a change in school starting time from 8:25 am to 7:20 am (Carskadon et al., 1998).

The 25 students completed the study at two-time points, in the spring of 9th grade and autumn of 10th grade. The students kept their usual schedules, wore small activity monitors on their wrists, and kept diaries of activities and sleep schedules for two consecutive weeks. At the end, participants came to Carskadon's sleep

lab for assessment of the onset phase of melatonin secretion, an overnight sleep study, and daytime testing with MSLT. The in-lab sleep schedule was fixed to each student's average school night schedule, based on data from the wrist monitors.

Carskadon and colleagues found that in the 10th grade:

- On a typical school morning, the students woke up earlier for high school, but only 25 minutes earlier instead of the 65 minutes reflected in the start time change.
- Sleep onset times did not change, and averaged about 10:40 pm in both 9th and 10th grade.
- The average amount of sleep on school nights fell from 7 hours 9 minutes to 6 hours 50 minutes, which is significant because the students were already accumulating a sleep deficit.
- Nearly one-half of the 10th graders showed a reversed sleep pattern on the morning MSLT. This pattern is similar to the sleep disorder narcolepsy, moving immediately into REM sleep before non-REM sleep. The 12 students who showed this pattern did not have narcolepsy, but they did have a mismatch between their school day waking times and their circadian rhythms. Indeed, at 8:30 in the morning, they fell asleep within three minutes.
- None of the students made an optimal adjustment to the new schedule; none was sleeping even 8 1/4 hours on school nights.

"Even without the pressure of biological changes, if we combine an early school starting time--say 7:30 am, which, with a modest commute, makes 6:15 am a viable rising time--with our knowledge that optimal sleep need is 9 1/4 hours, we are asking that 16-year olds go to bed at 9 pm. Rare is a teenager that will keep such a schedule. School work, sports practices, clubs, volunteer work, and paid employment take precedence. When biological changes are factored in, the ability even to have merely 'adequate' sleep is lost," Carskadon explains.

Collaborating in the Best Interests of Students

Many schools across the country are working to synchronize school clocks with students' body clocks, so that teens are in school during their most alert hours and can achieve their full academic potential. Working to bring school start times in line with teens' sleep needs presents a number of challenges and opportunities. Individual communities can vary greatly in their priorities and values; factors to consider include bell schedules of elementary and middle schools; transportation; athletic programs and extracurricular activities; use of schools for community activities; student employment; and safety issues for younger students who either may be waiting for a bus in the dark or need supervision of older siblings after school. There are also safety issues for older students, since violent activities, sex, recreational use of alcohol or drugs, and criminal and other risky behaviors frequently occur between 2 and 4 pm, according to data from the Federal Bureau of Investigation. It is also important that any consideration of a school start time change takes into account the impact on families, including transportation, dependence on teens' income, chores and other family responsibilities, and teens' mood and behavior at home.

Changing a school's start time involves a wide array of people--parents, teachers, students, principals, school boards, superintendents, counselors and healthcare professionals, among others. The impact is felt at a community level, but it is also felt individually, and the individuals who are affected need to have their

views heard and acknowledged so that discussions can move forward in search of common ground.

Obviously, moving bell times is one major step in a larger picture of ensuring that adolescents get the sleep they need. It will not put more hours in the day, so it is important for teens to know about their sleep needs and have the skills to make a conscious effort to get a good night's sleep. Many teens assume they are expected to function with a lack of sleep, but sleep is not optional; it is biologically necessary. If sleep is incorporated into educational efforts, teens will be armed with information that will enable them to use a later school start time to their advantage.

School Start Time Initiatives and Outcomes

In 2014, National Sleep Foundation (NSF) worked with U.S. Representative Zoe Lofgren to introduce legislation that addresses the relationship between school start times and adolescent health, well-being and performance.

The Biology of Adolescent Sleep

Research shows that adolescents require at least as much sleep as they did as children, generally 8 1/2 to 9 1/4 hours each night (Carskadon et al., 1980). Key changes in sleep patterns and needs during puberty can contribute to excessive sleepiness in adolescents, which can impair daytime functioning. First, daytime sleepiness can increase during adolescence, even when teens' schedules allow for optimal amounts of sleep (Carskadon, Vieri, & Acebo, 1993). Second, most adolescents undergo a sleep phase delay, which means a tendency toward later times for both falling asleep and waking up. Research shows the typical adolescent's natural time to fall asleep may be 11 pm or later; because of this change in their internal clocks, teens may feel wide awake at bedtime, even when they are exhausted (Wolfson & Carskadon, 1998). This leads to sleep deprivation in many teens who must wake up early for school, and thus do not get the 8 1/2 - 9 1/4 hours of sleep that they need. It also causes irregular sleep patterns that can hurt the quality of sleep, since the weekend sleep schedule often ends up being much different from the weekday schedule as teens try to catch up on lost sleep (Dahl & Carskadon, 1995).

Adolescents in Study Show Changing Sleep Patterns

Since the 1970s, there has been a growing awareness of the changes in sleep patterns as children transition to adolescence. In a study at a summer sleep camp at Stanford during the 1970s, boys and girls who enrolled at 10-12 years of age were monitored every year for 5-6 years. While researchers had thought older children would need less sleep during the 10-hour nocturnal window they were given, from 10 pm to 8 am, they found that regardless of age, the children all slept about 9 ¼ of the 10 hours. As they progressed through adolescence, participants continued to get the same amount of sleep, but they no longer woke spontaneously before the end of the sleep window at 8 am (Carskadon et al., 1979). In addition, when the Multiple Sleep Latency Test (MSLT)—given at designated periods throughout the day to determine the speed of falling asleep, to measure sleepiness—was given to the adolescents, they showed more alertness at 8 pm than earlier in the day, and even greater alertness at 10 pm. Also, at midpuberty, adolescents became sleepier in the middle of the day. According to the tests, more mature

adolescents showed signs of reduced alertness during the day even though they slept an equivalent amount at night (Carskadon et al., 1980).

Changes in Melatonin

Another experiment, conducted by Dr. Mary A. Carskadon of Brown University, found that more mature adolescents had later circadian rhythm timing, based on melatonin secretions in saliva samples. This finding shows that melatonin secretion occurs at a later time in adolescents as they mature; thus, it is difficult for them to go to sleep earlier at night. The melatonin secretion also turns off later in the morning, which makes it harder to wake up early (Carskadon et al., 1998).

Another important finding from many studies is that the circadian timing system can be reset if light exposure is carefully controlled (Carskadon et al., 1997). In studies where adolescents are paid to keep a specific sleep schedule and wear eyeshades to exclude light during evening hours, measurements of melatonin secretion show that the rhythm had moved significantly toward a designated time. This means that with time, effort, and money, researchers can get adolescents to reset their clocks. This approach, however, is not necessarily realistic for teens who have full and busy lives. Nevertheless, the interaction of light exposure and sleep timing is important to keep in mind.

A Widespread and High-Impact Part of Teens' Lives

Findings of the tendency for adolescent sleep patterns to be delayed have been reported not only in North America, but also in South America, Asia, Australia and Europe (Andrade & Menna Barreto, 2002; Carskadon & Acebo, 1997; Ishihara, Honma & Miyake, 1990; Bearpark & Michie, 1987; Strauch & Meier, 1988; LeBourgeois et al., 2005; Thorleifsdottir et al., 2002). The diversity of such research supports the view that intrinsic developmental changes play a role in delayed sleep patterns in adolescents. This biological shift sets the stage for other social and environmental conditions that make it easier for these adolescents to stay awake at night and wake up sleepdeprived. The effects of changing sleep patterns are compounded by the demands older students face in academics, extracurricular activities, social opportunities, after-school jobs, and other obligations.

"Sleep isn't a priority for teenagers, and it typically isn't made one by parents or schools."

--Jodi Mindell, PhD, Director of Graduate Program in Psychology, St. Joseph's University and Children's Hospital of Philadelphia

Other Findings

According to the National Sleep Foundation and a grass-roots coalition called Start School Later:

- Biological sleep patterns shift as children grow up, and it is natural for teens to find it difficult to fall asleep before 11 p.m.
- Teens need about eight to 10 hours of sleep each night to function best.

- Most teens do not get enough sleep. The Centers for Disease Control and Prevention’s Youth Risk Behavior Survey in 2015 showed that 73 percent of U.S. high school students get less than eight hours of sleep on school nights. Forty-three percent reported getting six or fewer hours.
- Many teens suffer from treatable sleep disorders, such as narcolepsy, insomnia, restless legs syndrome or sleep apnea.
- And with more than 40 percent of public high schools starting class before 8 a.m., polls of teens show that a third of teens report falling asleep at their desks.

So why don’t middle and high schools face reality and push back start times for teens? Here’s a look at the issues around start times and the latest research about the benefits of allowing teens to start school later in the morning.

This was written by Pamela Thacher, a professor of psychology at St. Lawrence University, and Serge Onyper, an associate professor of psychology at the New York school. Their 2016 study, published in the academic journal *Sleep*, found that delaying school start times can significantly improve tardiness and disciplinary problems in the classroom.

According to Pamela Thacher and Serge Onyper:

You wake up at 6 a.m. to get ready for work, and if you have teenage children, you wake them up too, because they usually need to get to school by 7:30 a.m. (if not earlier). Unfortunately, kids then sleepwalk their way to classes and really don’t start functioning till lunchtime.

There is little doubt that youth, especially teens, are “wired” physiologically and neurologically to prefer distinctly later sleep times than those preferred by adults. We’ve known about biorhythms for decades.

The science is out there, so why should it surprise us that early school start times affect children’s and teenagers’ health, safety and academic performance? Some school districts have pushed back high school start times, but most haven’t. Why not?

Here’s a thumbnail of the research:

- We have studied start time changes over a full year, noting changes to sleep, mood, health and academics in a high school that delayed start time by 45 minutes. We found that later start times lead to improved sleep, as well as reductions in tardiness and dramatic improvements to behavior problems.
- Other studies have shown that later start times are associated with improved attention rates, higher student retention, improved mood and health, and even a reduction in vehicle accidents during school commute times.
- And another study found that the ability to concentrate and pay attention may improve when schools start later.

- There is some limited evidence that student grades may improve, although the findings from our study did not reveal improvements in standardized test scores or academic achievement. This was perhaps because many variables can impact grades, such as class size, teacher quality, parent support, school facilities, student commitment and more — none of which change when schools delay start times.

Resistance to changing start times has several sources. Some parents and teachers say that students need to operate on adult schedules, in preparation for post-high-school life. These parents and teachers therefore may resist changes because they fear that later start times amount to “spoiling” or “coddling” students who can’t function easily early in the morning. Then there are perceived (and actual) increases in transportation costs. Although school districts might spend more because they have to change bus schedules, this isn’t a certainty. For example, some schools have kept transportation costs level by consolidating bus routes across all district schools.

Objections also arise when schools consider after-school athletics programs: Later start times may mean that athletic fields might need to be lit. And later schedules might result in early dismissals to accommodate athletic travel to games or to special practices. With flexibility on the part of the staff and coaches, schools have found that these obstacles can also be overcome.

It’s important to keep in mind that the data clearly shows that what is gained in schools or districts that switched to later start times outweighs the costs: Students function better academically, physically and emotionally when start times are after 8:30 a.m. Perhaps we have reached a tipping point when U.S. schools finally will wake up themselves and make this important change. At least, it seems there is reason for optimism.

For the first time in its history, the American Academy of Sleep Medicine last year issued a position statement, stating that middle and high school students should start school no earlier than 8:30 a.m. The American Academy of Pediatrics, the American Medical Association and the Centers for Disease Control and Prevention in the past two years have all recommended restoring traditional — as in later — school start times. These professional organizations are basing their stances on compelling research showing unmistakable benefits to schoolchildren from middle school to high school. It’s time for parents, teachers and school administrators to listen and act.