MONTGOMERY COUNTY BOARD OF EDUCATION
COMMITTEE ON SPECIAL POPULATIONS
July 19, 2010

The meeting was called to order at 1:00 p.m. with the following Board members and Board support staff present: Shirley Brandman (chair), Laura Berthiaume, Phil Kauffman, Laura Steinberg, and Glenda Rose (recorder).

Staff members present: Judy Pattik, Chrisandra Richardson, Gwen Mason, Alison Steinfels, Marty Creel, Marisa Stemple, Brain Bartels, Marylou Tucker, Chris Taylor, Kris Secan, Elena Dennis, Sandi Posner, and Felicia Piacente.

Other attendees: Guests including Staci Daddona, Lyda Astrove, Jeanne Taylor, and Anna Gordon.

Minutes
The minutes from May 24, 2010, were approved as amended.

GIFTED AND TALENTED/LEARNING DISABLED STUDENTS: OVERVIEW OF SERVICES AND CHANGES TO LEARNING DISABLED IDENTIFICATION

Mr. Creel shared three MCPS publications regarding GT/LD students: *Twice Exceptional Students: A Guidebook for Supporting the Achievement of Gifted Students with Special Needs, Twice Exceptional Students: At a Glance, Twice Exceptional Parent Guide.* These documents, along with other information about GT/LD services and programs are posted on the MCPS web site.

Ms. Stemple explained the variety of outreach efforts she uses to ensure that both schools and parents are aware of these GT/LD services and programs, with the understanding that assignment to a GT/LD program is made through the IEP process. Currently, the programs, which are at 2 elementary schools, 3 middle schools, and 2 high schools, are anticipated to serve approximately 116 students during FY2011. Most notable has been the decline in enrollment in the elementary school centers since 2008. Staff explained that this is likely due to more advanced programs available at home schools and parent satisfaction with that programming.

Mr. Bartels explained that federal regulations require new criteria for identification of students with learning disabilities. The specific criteria are underachievement, pattern of strengths and weaknesses and exclusionary factors ruled out. Discrepancy across domains, rather than discrepancy between IQ test score and achievement, is among the significant operational changes. The intent is for these new criteria to reduce bias and to limit over identification.

MCPS staff is working with university researchers to develop sound protocols for making data based decisions. The intent is to have a more reliable and sound process, reduce

disproportionality and to develop recommendations that guide instruction. Because the identification process is required to significantly change, staff is developing a communication plan to reach out to both parents and private practitioners.

BRIDGE SERVICES: FOLLOW UP TO OCTOBER 2009 SITE VISITS

Ms. Posner and Ms. Tucker provided a brief overview of Bridge Services. They emphasized staff works hard to continually evolve the services to meet the needs of current students, most of whom are socially vulnerable and in need of mental health services due to an array of complex issues.

Staff acknowledged that there has been an increase in the number of students on the autism spectrum who receive Bridge Services. However, they added that the increase needs to be put in context. Within just slightly more than 10 years, the number of students along the autism spectrum in MCPS has grown from approximately 70 to 1600. Staff also suggested that students who in the past might have been seen as having an emotional disability are now seen as being along the autism spectrum. They said they feel that there needs to be both recognition about overlapping behaviors between students with an emotional disability and students on the autism spectrum that they need to continue to work hard at communicating about this fact.

ACTION
Committee members requested information be provided about the measures used to ensure consistency between programs. They also requested that answers to the questions posed in advance of the October 2009 visit be provided in writing. Additionally, they have requested the 5-year trend in both mediation and due process cases involving Bridge Services.

The meeting adjourned at 3:00 p.m.

Attachment

Deputy Superintendent of Schools
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

August 23, 2010

MEMORANDUM

To: Members of the Special Population Committee

From: Frieda K. Lacey, Deputy Superintendent

Subject: Special Populations Committee Follow Ups

Following the July 19, 2010, Montgomery County Public Schools (MCPS) Board of Education Special Populations Committee meeting, the attached additional materials regarding the Bridge services provided to students with disabilities at both Gaithersburg High School and Winston Churchill High School were submitted to my office.

Attached please find the following:

- A chart of Due Process Requests Regarding the Bridge Program from Fiscal Year 2007 through Fiscal Year 2010 (Attachment A)
- Responses to Special Populations Committee Questions Regarding High School Bridge Programs (Attachment B)
- MCPS Form 337-2, *Documentation of Physical Interventions for Seclusion* (Attachment C)

Please contact Mrs. Chrisandra A. Richardson, associate superintendent, Office of Special Education and Student Services, at 301-279-3607 with any additional questions you may have.

FKL:bjh

Attachment

Copy to:
  Mrs. Richardson
  Mrs. Mason
  Mrs. Pattik
  Mrs. Steinfels

Due Process Requests Regarding the Bridge Program*

Year	Gender	Race	FARMS	Gaithersburg	Churchill	Issue Detail	Outcome
FY07	M	White	No		X	Nonpublic or Bridge at Churchill HS	Parents prevailed—MCPS to reimburse parents for tuition.
FY08	F	White	No	X		Nonpublic or Bridge at Gaithersburg HS	MCPS prevailed—student attended Gaithersburg HS Bridge.
FY08	F	White	No	X		Rockville HS or Bridge at Gaithersburg HS	Resolved at mediation—student enrolled at Rockville HS.
FY08	M	White	No	X		Other placement (no specific placement) or Bridge at Gaithersburg HS	Resolved by settlement agreement with student placed at Gaithersburg HS Bridge.
FY08	M	White	No		X	Whitman HS Learning and Academic Disabilities program (LAD) or Bridge at Churchill HS	Mediation withdrawn—student enrolled in Whitman HS LAD.
FY08	F	White	No	X		Nonpublic or Bridge at Gaithersburg HS	Case withdrawn prior to hearing—student enrolled in Watkins Mill HS.
FY09	M	White	No	X		Nonpublic or Bridge at Gaithersburg HS	Hearing dismissed by parent. Student remained in the nonpublic and graduated from Harbour School.
FY09	M	White	No	X		Bridge at Churchill HS or Bridge at Gaithersburg HS	Resolved at mediation—student attended Churchill HS Bridge.
FY09	M	White	No	X		Bridge at Gaithersburg HS or Rock Terrace	Resolved at mediation—student attended Gaithersburg HS Bridge.
FY10	M	White	No	X		Inclusion at home school (Richard Montgomery HS) or Bridge at Gaithersburg HS	Case withdrawn prior to hearing—student attended Gaithersburg HS Bridge.
FY10	M	White	No	X		Nonpublic or Bridge at Gaithersburg HS	Case withdrawn prior to hearing—student attended Gaithersburg HS Bridge.

*Data is only available from FY 2007-FY 2010

RESPONSES TO SPECIAL POPULATIONS COMMITTEE QUESTIONS REGARDING HIGH SCHOOL BRIDGE PROGRAMS

1a. How long have the Bridge Programs been open at each school?

<u>1970s</u>

- "Project Bridge" started during the 1973–1974 school year at Belt Middle School. Project Bridge serviced 16 emotionally disabled students who were coming out of psychiatric hospitals. The program served as a "bridge" back into the public school setting.

- A director/psychologist, two teachers, three paraeducators (all full time), one child development specialist (half time), and one speech clinician (half time) staffed the program.

- In May 1974, a formal court decision stated that "all children within the prescribed age limits must actually be placed in an educational environment suited to their individual needs" *(Maryland Association for Retarded Citizens et al. v. The State of Maryland et al).*

- Montgomery County already had begun pioneer efforts on behalf of emotionally disabled children. Other counties followed suit.

<u>1980s</u>

- The Bridge Program was housed at various schools, such as Belt Middle School, Broome Middle School, Newport Middle School, and Northwest High School.

- The program settled at Herbert Hoover Middle School and Winston Churchill High School.

- It was a Level 5 setting and was a 100 percent self-contained special education program.

- Staffing was allocated based on a ratio of nine or 10 students to one teacher.

- Mental health services were provided by a psychologist and a social worker.

<u>1990s</u>

- In 1990, the *Americans with Disabilities Act* (ADA) was enacted.

- The first year the specific disability category of autism became available in Maryland was 1993.

- In 1993, 260 students were identified with the disability code of autism in the state of Maryland. Increased focus on autism spectrum disorders led to increased identification of students involved in the Bridge Program.

- Bridge staff began to seek specialized training by Dr. Tony Attwood, an expert in the field of autism.

- The educational disability code of some Bridge Program students was changed to autism.

2000–2010

- Bridge Programs continued to increase.

- In 2002, the Bridge Programs at Gaithersburg Middle School and Gaithersburg High School opened due to increased enrollment at Herbert Hoover Middle School and Winston Churchill High School and the need for an upcounty location.

- Each facility started with only two grade levels. Each subsequent year, a grade was added until the Bridge Programs were available in Grades 6–12. Enrollment continues to increase in both locations.

- Each high school is staffed with a seven-teacher model. This model allows Bridge to provide a continuum of services, including general education classes with paraeducator support, resource support classes, social skills classes, and self-contained classroom instruction.

- Each middle school is staffed with a four-teacher model and has the same level of flexibility as the high schools listed above.

- In addition, increased mental health services are provided at each site. Over the past four years, the Bridge mental health teams developed social skills lessons appropriate for different age levels to address the diverse issues that this population struggles with daily in the school setting. Students also have access to a social worker and psychologist, if needed for crisis situations.

- In 2004, the *Individuals with Disabilities Education Act* (IDEA) was enacted.

- Students receiving Bridge services participated in inclusive opportunities.

1b. How has the enrollment changed over time?

The enrollment at all Bridge Programs has increased over the years. This is consistent with the increase in children being diagnosed on the autism spectrum and those with significant mental health issues in the state of Maryland. In 2000, 2,304 children ages 3–21 receiving special education services in Maryland had a disability code of autism. In 2010, this number increased to 7,510. Current enrollment in Bridge services is 182 students.

Churchill enrollment pattern
*2010–2011 N=62 (66 w/2 RICA students, 1 nonpublic (Frost), 1 LAD student)
2009–2010 N=57 (59 w/1 RICA, 1 LAD student)
2008–2009 N=54 (55 w/1 RICA student)
2007–2008 N=56
2006–2007 N=51
*At present, placements are still occurring

Gaithersburg enrollment pattern
*2010–2011 N=62

2009–2010 N=72 (73 w/1 RICA student)
2008–2009 N=67
2007–2008 N=59 (60 w/1 RICA student)
2006–2007 N=55

1c. What is the ratio of students with emotional disabilities/Asperger's/autism spectrum in the current population?

See Appendix A.

2a. What research/learnings were relied upon in designing the programs?

The Bridge model draws upon the work of Dr. Nicholas Long, Dr. William C. Morse, Dr. Larry Brendtro, Dr. Tony Attwood, Carol Gray, and others' psycho-educational philosophy that emphasizes an understanding of the individual child, the child's psychological and educational profiles and needs, and the use of individualized behavioral supports to maximize academic potential. The goal is to provide assistance to students when they are in distress or need to be taught replacement behaviors. A multidisciplinary approach to serving these students is critical to their success. The philosophy of Bridge services is a multidisciplinary approach, meaning the varied disciplines work with each student in tandem to support the student throughout the school day. Each discipline depends on the others to make the most informed decisions on behalf of the student.

2b. Have we examined how other school systems provide services at the high school level to Asperger's/autism spectrum students?

Staff from Bridge services reviewed the programs in surrounding counties and states. This review included the District of Columbia, Virginia, and West Virginia, and Prince George's and Washington counties in Maryland. Typically, students of similar profiles are in resource programs or self-contained centers. In addition, the students are assigned to one-to-one paraeducators who shadow them all day. Students who are not successful in these programs typically are placed in nonpublic settings. Groups from the District of Columbia visited to learn about the Bridge Program.

3. How do we evaluate the effectiveness of these programs? What data do we regularly collect to monitor student outcomes?

Data from our programs are collected on an ongoing basis to measure the individual success of our students. Graduation rate, High School Assessment (HSA) scores, report cards, progress on the Individualized Education Program (IEP) goals, number of students included and least restrictive environment data, number of students that graduate, postsecondary graduation plans, progress on the daily point sheet, and parental input are all used to access the effectiveness of the program for the individual student.

Below, please find the graduation/HSA data for each school:

Churchill Graduation/HSA data
2009–2010 Graduates=9
       7 out of 9 passed HSAs
       1 student completed HSA Bridge Projects
       1 student earned a Certificate of Attendance

2008–2009 Graduates=8
       7 out of 8 passed HSAs
       1 student earned a Certificate of Attendance

2007–2008 Graduates=9
       9 out of 9 passed HSAs

Gaithersburg Graduation/HSA data
2009–2010 Graduates=15
       15 out of 15 passed HSAs

2008–2009 Graduates=10
       9 out of 10 passed HSAs
       1 student completed HSA Bridge Projects

2007–2008 Graduates=10
       10 out of 10 passed HSAs

4a. How many students "complete" each program? (For example, do we keep data on students who withdraw/transfer out, and do we do exit interviews with students and families?)

Churchill Withdrawal/Transfer Data
2009–2010 N=4
       1 Transferred to Regional Institute
         for Children and Adolescents (RICA)
       1 Transferred to Katherine Thomas School
       1 Parents placed student in Residential
         Treatment Center (RTC) in Utah
       1 Parents placed student at Katherine Thomas School

2008–2009 N=6
       1 Moved to Georgia
       1 Parents placed student in RTC in Utah
       1 Transferred to Frost School
       1 Transferred to RICA but returned to Churchill
       1 Transferred to Northwest High School
       1 Withdrew to Job Corp

2007–2008 N=3
       1 Withdrew – Completed GED
       1 Transferred to RICA
       1 Parents placed student in RTC in Utah

2006–2007 N=3
       3 Transferred to RICA

Gaithersburg Withdrawal/Transfer Data
2009–2010 N=4
1 Transferred to RICA
1 Transferred to Churchill (student moved)
1 Parents placed student at Harbour School

2008–2009 N=4
       1 Transferred to RICA
       1 Withdrew
       1 Transferred to Seneca Valley High
         School
       1 Transferred to Frost School

2007–2008 N=4
       1 Transferred to Churchill
       1 Transferred to Rock Terrace
       1 Moved to Prince George's County
       1 Moved to Mexico

2006–2007 N=6
       1 Moved to Prince George's County
       2 Home-schooled
       1 Moved to Florida
       1 Withdrew
       1 Transferred to Harbor School

4b. Also, in School Safety and Security at a Glance, data (suspensions/serious incidents) are not disaggregated for the Bridge Programs at Churchill and Gaithersburg. Can we please get the same data broken out only for each Bridge program?

Churchill Suspension Data	Gaithersburg Suspension Data
2009–2010 N=0	2009–2010 N=5
2008–2009 N=2	2008–2009 N=4
2007–2008 N=1	2007–2008 N=3
2006–2007 N=2	2006–2007 N=3

STAFF

5. What specialized training do we require of staff? (For example, do they have a special education degree or specialized training in dealing with Asperger's and autism?)

Most teaching staff have a master's degree in special education. All teaching staff are certified in special education and a content area (e.g., mathematics, English, history, etc.). Staff members participate in continuous professional development throughout the school year. There is a staff development teacher who observes the classrooms and gives feedback and recommends appropriate instructional strategies to the teachers. Training in autism is done periodically with the Autism Program. Dr. Susan Mason, instructional specialist, Autism and Asperger's Program, Montgomery County Public Schools, presented at the Gaithersburg and Churchill staff meetings in 2009. In the last year, many staff attended the Response Ability Pathways training provided by a $172,000 Maryland State Department of Education (MSDE) grant to the Emotional Disabilities (ED) Unit. Staff also participates in Comprehensive Behavior Management Intervention training provided by the ED Unit. The latter training also includes physical restraint training. Additionally, Bridge staff is trained on relevant topics by the resource teachers and by the mental health staff during weekly staff meetings.

The Bridge mental health team meets regularly to discuss the latest research as well as other relevant information from any conferences or workshops attended. Conferences attended recently by mental health staff include:

- "Understanding & Differentiating the Autism Spectrum in Children and Adolescents" by John Ortiz, Ph.D. (6 hours)
- "Autism and Asperger's Syndrome: From Assessment to Treatment" by Michael D. Powers, Psy.D. (12 hours)
- "Stocking the Toolbox: Brain-Compatible Strategies for Challenging Behaviors" (6 hours)
- "Diagnosis and Treatment of Learning Disabilities, ADHD and Related Neurologically-Based Disorders" by Larry Silver, MD (12 hours)
- "Diagnosing and Treating the Spectrum of Rain Man Disorders" by Peter Tanguay, MD (12 hours)
- "Understanding Asperger's Syndrome" by Susan L Stokes, MA (6 hours)
- "Overview of Autism" by Fred Volkmar, MD (.5 hour)

- "Ziggurat Model: A framework for designing comprehensive intervention for Individuals with High Functioning Autism and Asperger's Syndrome" by Ruth Aspy, Ph.D., and Barry G. Grossman, Ph.D.
- "Autism Spectrum Disorders" by Ami Klin, Ph.D.

6. What is the staff:student ratio for instruction?

The high school Bridge Programs at Gaithersburg and Churchill are staffed at a ratio of 9 students to 1.0 teacher and 1.25 paraeducators (10 hours/day).

7a. How often is instruction provided directly by paraeducators or long-term substitutes?

Teachers provide daily instruction in academic content areas. Paraeducators assist by working with students in general education classes as appropriate, helping with independent work/projects, and working with students to prioritize and complete assignments. Long-term substitutes are used when special education teachers are on approved extended leave or in the unlikely event that a viable permanent candidate is not available. Below is the data on the number of long-term substitutes:

Year	Churchill Long-term Subs	Gaithersburg Long-term Subs
2010–2011	1	0
2009–2010	0	0
2008–2009	Data unavailable	0
2007–2008	Data unavailable	2
2006–2007	Data unavailable	2

7b. What is the rate of staff turnover (again let's look at a five-year trend)?

Churchill
2010–2011: 7 teachers, 10 paraeducators
2 new teachers (1 retired, 1 new allocation)

2009–2010: 6 teachers, 8 paraeducators
1 new teacher (former teacher moved to Chicago)
1 new paraeducator (former para went into private industry)

2008–2009: 6 teachers, 8 paraeducators
1 new teacher (former teacher became RTSE)

2007–2008: 5.5 teachers, 8 paraeducators
No new teachers or paras (.5 increase allocation)

Gaithersburg
2010–2011: 7 teachers, 10 paraeducators
1 new teacher (former teacher moved to LAD)
1 new paraeducator (former para retired)

2009–2010: 7 teachers, 10 paraeducators
1 new teacher (former teacher moved to Israel)

2008–2009: 7 teachers, 10 paraeducators
2 new teachers (2 former teachers moved)
1 new paraeducator

2007–2008:- 7 teachers, 9 paraeducators
2 new teachers (new allocations)
2 new paraeducators (new allocations)

10b. We understand that there is a handbook about each program. Can we get a copy?

The Bridge staff is in the process of revising the handbook to reflect changes in the philosophy and special interventions, and to promote the problem-solving model. The handbook is due for dissemination during the 2010–2011 school year.

STUDENTS

11. What steps do the programs take to expressly address social skills development with students? How do the programs work to help students better understand and accept each other?

Bridge services provide a continuum of social skills instruction. Every moment is viewed as a teachable moment. The Bridge Program provides direct instruction, problem solving, and the rehearsal of social skills in a variety of settings. Staff members model and encourage the development of positive social skills and assist students in navigating the social world on a daily basis. Replacement behaviors are listed on the point sheet as taken from students' IEP goals. Staff members also use literature to teach insights in understanding the mind of others. In addition, the students participate in social skills groups that are led by the mental health staff. These groups focus on topics such as building self-esteem, teambuilding, making friends, conversation building, bullying prevention, stress reduction, and anger management.
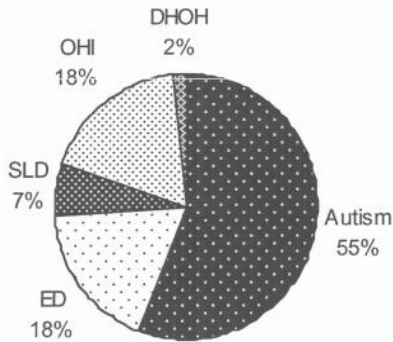
OHI – Other Health Impaired   ED – Emotional Disabilities   SLD – Specific Learning Disabilities
DHOH – Deaf & Hard of Hearing   SPL – Speech & Language Disabilities

APPENDIX A

Churchill High School
2010-2011

DHOH 2%
OHI 18%
SLD 7%
ED 18%
Autism 55%

Gaithersburg High School
2010-2011
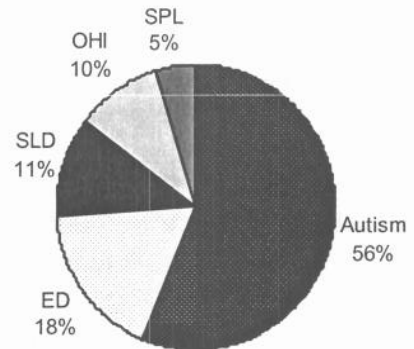
SPL 5%
OHI 10%
SLD 11%
ED 18%
Autism 56%

Churchill High School
2009-2010
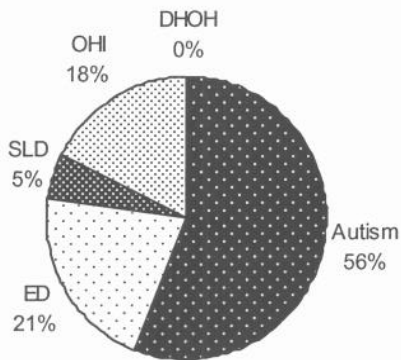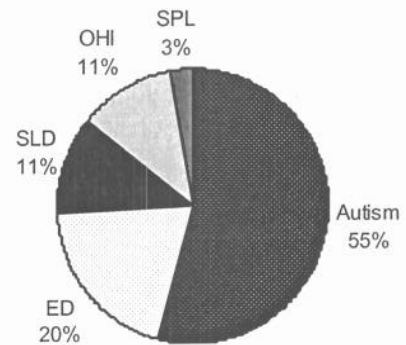
DHOH 0%
OHI 18%
SLD 5%
ED 21%
Autism 56%

Gaithersburg High School
2009-2010

SPL 3%
OHI 11%
SLD 11%
ED 20%
Autism 55%

Churchill High School
2008-2009

DHOH 0%
OHI 17%
SLD 7%
ED 20%
Autism 56%

Gaithersburg High School
2008-2009

SPL 3%
OHI 11%
SLD 11%
ED 20%
Autism 55%
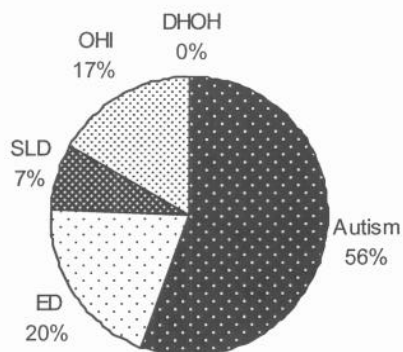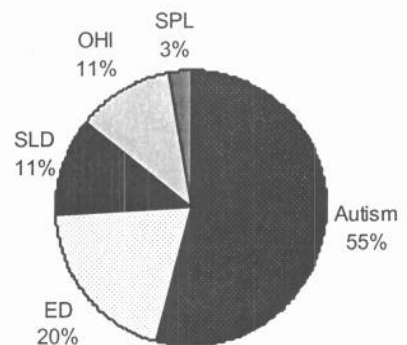
Documentation of Physical Interventions or Seclusion

Department of Special Education Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

⚡MCPS

Student _____ ID # _____ Grade _____

School Name _____

Date ____/____/____ Time ____:____ Staff reporting the incident _____

Type of Intervention:

☐ Seclusion _____ Length of Time ☐ Physical Intervention _____ Length of Time

Description of location: (ventilation, lighting, size of room, ability to view student):

Names and positions of staff who observed the behavior that prompted the intervention:

_____   _____

_____   _____

Student Exhibited Behaviors (Check appropriate option and describe behavior that precipitated the intervention.)

☐ Dangerous to self or others   ☐ Severely disrupted learning environment   ☐ Significant property destruction

_____

_____

_____

Strategies and Interventions Used Prior to Seclusion or Physical Interventions (list strategies and outcomes):

_____

_____

_____

Reported and/or Observed Student Injuries

_____

_____

Notification:

☐ Parent
   ☐ Verbally by the end of the school day (required)
   ☐ In writing within 24 hours (required)
☐ Nurse
☐ School Counselor
☐ PPW
☐ School Psychologist
☐ Other_____

Follow Up (if needed):

☐ Convene EMT/CPS/IEP team
☐ FBA within 10 days
☐ Development/Revision of BIP within 10 days
☐ Parent Conference

☐ Other_____

☐ Other_____

Printed name and signature of administrator informed of the use of this intervention:

_____   _____   ____/____/____
       Printed Name   Signature   Date

Printed names and signatures of staff implementing and monitoring the use of this intervention (at least 2 staff members required):

_____   _____   ____/____/____
       Printed Name   Signature   Date

_____   _____   ____/____/____
       Printed Name   Signature   Date