

Core Service Report

Disabled Student Services

Consumer Category:
Educational / Employment Limitations

Primary Consumer Group:
**Persons with Educational Disadvantages
Preschool and K-12**



February 2007

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COMPANION REPORTS

In addition to the information included in this report, a report of the other core services (80 in total), community leader key informant interviews, United Way - First Call for Help staff focus groups, consumer snapshots, and e-survey of United Way funded executive directors, board presidents, and United Way Community Investment staff are available at <http://www.uws.org>.

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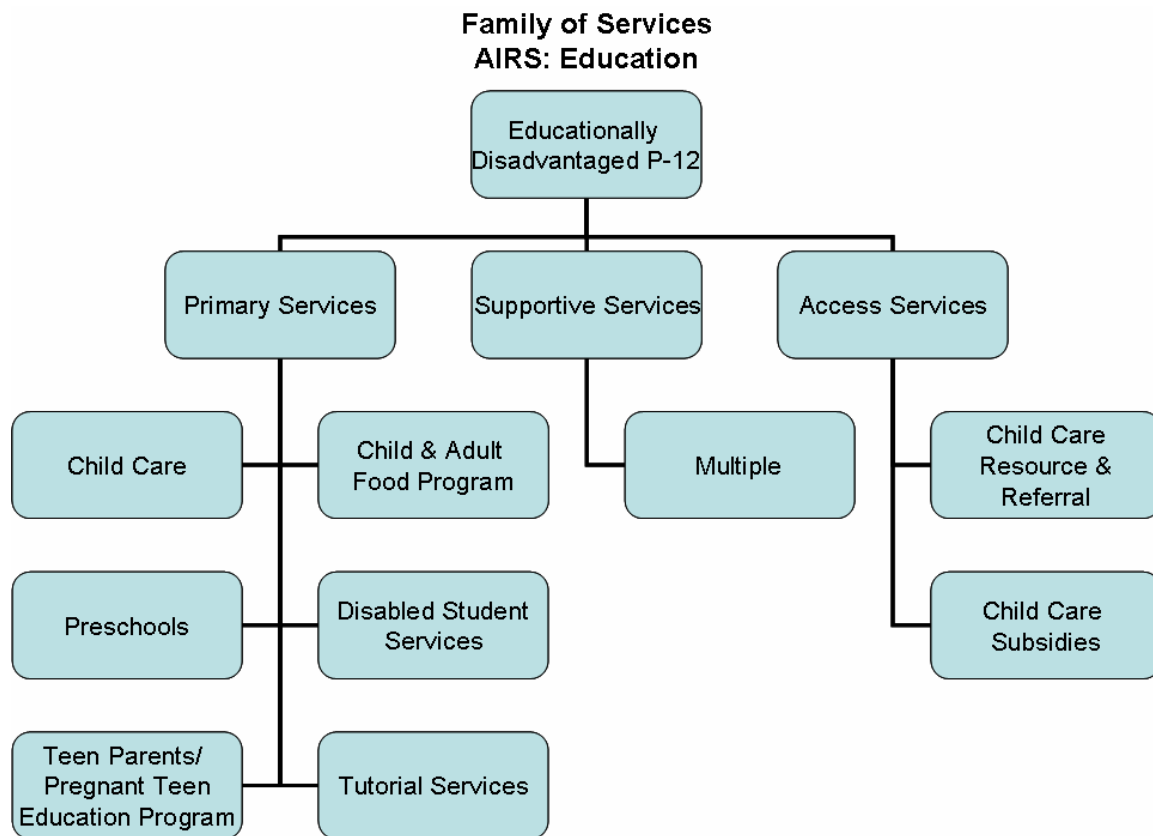
SNAPSHOT

AIRS Code Level I: Education (H)
AIRS Code Level II: Educational Support Services (HL)
Core Service: Disabled Student Services HL-180

Investment Committee: Learning and Earning for Life
Cluster: Education

AIRS Definition: Programs that provide special assistance for disabled students whose visual, hearing, or physical disabilities would prevent them from obtaining an education without support services.

The Disabled Student Services Program is part of a family of services for those with educational limitations in grades P through 12. It is one of six services targeting this consumer group. (See figure below.) In addition, there are two services that facilitate access to some of these services.



Core Service Environment

Changes in laws and attitudes, coupled with the medical and school communities' ability to make earlier diagnoses of potential disabilities, have resulted in an educational environment that is evolving to include more students with disabilities for more support services. The number of

students with disabilities receiving services has been increasing nationally, across the State of Ohio, and within Cuyahoga County schools.

Special education programs in the United States were made mandatory in 1975, when Congress passed the Education of the Handicapped Act (EHA). The EHA was later modified to strengthen protections for disabled pupils and renamed the Individuals with Disabilities Education Act (IDEA). The two most basic rights ensured by the IDEA are that every disabled student is entitled to a free and appropriate public education in the least restrictive environment (www.wikipedia.com, 2006).

IDEA was reauthorized in 2004. IDEA 2004 calls for states to establish goals for the performance of children with disabilities so that they are aligned with each state's definition of "adequate yearly progress" under the No Child Left Behind Act of 2001.

With the rise of mainstreaming students with disabilities into typical school environments, the burden of proving that a child can excel in a mainstreamed classroom has shifted away from parents to teachers and administrators who must make the case that a given child should *not* be mainstreamed.

Core Service Consumers

The target population addressed in this core service report is children and youth with visual, hearing, or physical disabilities between the ages of 3 and 21, which is the age generally served by the federal government's programs authorized and funded under the Individuals with Disabilities Education Act (IDEA).

One in every 26 American families reported raising children with a disability. This figure represents 3.9 percent of the 72.3 million American families and 9.2 percent of the 30.7 million families raising children in 2000. Among the 2.8 million families, 1.3 percent was raising two or more children with a disability. These families often suffer from economic hardships as compared to families without disabled children (Wang, 2005).

For the year 2000, IDEA served over 3.9 million children, or 8 percent of all students enrolled in public schools (kindergarten through grade 12). Nationally, the number of disabled students (served under IDEA) as a percent of public school enrollment has continued to increase.

In 2001, the majority of special education students ages 6 to 21 years were white; however, blacks were disproportionately affected, comprising 19.3 percent of special education consumers but only 14.3 percent of the 6 to 21 years population (Department of Education, 2003).

Consistent with the national findings, the number of students with disabilities in Ohio (served under IDEA) as a percent of public school enrollment has also been increasing.

In 2004-05, the Cuyahoga Special Education Service Center (CSEC) reported that 29,757 students in Cuyahoga County's 31 school districts were in special education. This number is projected to decrease to 26,429 by 2015 because of population shifts. The largest proportion of disabilities is speech-language disorders (SLD) at 38 percent, followed by cognitive disability (CD) at 17 percent, speech at 12 percent, and emotional disturbance (ED) at 10 percent.

Core Service Delivery

The definition of the core service for this report is: programs that provide special assistance for students ages 3-21 whose visual, hearing, or physical disabilities would prevent them from obtaining an education without support services.

Parents who suspect or know that their child has a problem making adequate school progress request an evaluation from their local school district. After the referral process, the district begins the evaluation. The law requires a comprehensive school evaluation. Experts may include professionals such as psychotherapists, psychiatrists, neurologists, pediatricians, medical personnel, and tutors. An Individual Education Program (IEP) is developed by a team which first determines if the child is eligible for special education, then classifies the child by type of disability. Tests of General Intelligence and other skills are given to the child or youth. (www.wikipedia.com, 2006)

The IEP may include supplementary aids and services, as well as related services. Supplementary services are services a child needs to participate with non-disabled children in the regular classroom and in other education-related settings. These can include modifications to the curriculum or classroom, extended time to complete tasks, assistive technology devices, an aide or note-taker, and other accommodation to allow regular classroom participation. Related services is the term for those services a child with a disability needs in order to benefit from special education. These are often specific services provided directly to the child, such as speech therapy, occupational therapy, orientation and mobility services, transportation services, or counseling. (Council for Exceptional Children, 2003)

Based on United Way - First Call for Help's (FCFH) database (February 2005), there are 33 disabled student services providers operating from 35 different sites, 32 of which are government and 1 is nonprofit. Note that the FCFH list was supplemented by the list provided by the Cuyahoga Special Education Services Center (CSESC) for academic year 2004-05. FCFH call data shows consistently very low numbers of total requests for disabled student programs in the county: from 2 in 2000 to 3 in 2004. Most referrals occur through the schools. For the same five-year period, FCFH only received 13 calls for disabled student services and all requests were referred for service.

The majority of funding for disabled student services in Cuyahoga County comes from the federal government through IDEA and from the state of Ohio's general revenue fund, and is passed to local school districts and the Cuyahoga County Board of Mental Retardation and Developmental Disabilities. In addition, individuals may receive disabled student services through other third party payers such as private insurance, Medicaid, and the Cuyahoga County Mental Health Board.

The state's general revenue fund (GRF) pays the largest portion of services for disabled students. Per the Ohio Department of Education, GRF funds for disabled student services have been increasing significantly from \$19 million in 2002 to \$31 million in 2004.

Between calendar years 2002 and 2004, government funding identified for disabled student services in Cuyahoga County increased from \$31.9 million in 2002 to \$44.1 million in 2004. Funds came from the Ohio Department of Education and Cuyahoga County Board of Mental Retardation and Development Disabilities, which blends funds from multiple sources including Medicaid, the county MR/DD levy, and its own IDEA allocation

As of May 11, 2006, over \$44.4 million in revenues for disabled student services has been identified countywide. Government funders account for just over 99 percent of the funding, with the remainder coming from private foundations and the United Black Fund. United Way of Greater Cleveland did not fund disabled student services in FY 2004.

Ever since its initial enactment, the federal law included a commitment to pay 40 percent of the average per student cost for every special education student. The current average per student cost is \$7,552 and the average cost per special education student is an additional \$9,369, or \$16,921. Yet, in 2004, the federal government paid local school districts just under 20 percent of its commitment rather than the 40 percent specified by law, creating a \$10.6 billion shortfall for states and local school districts. This shortfall creates a burden on local communities and denies full opportunity to all students—with and without disabilities (National Education Association, 2006).

What Works; What Doesn't

Unfortunately, the quantity of rigorous, evidence-based research on programs that promote positive outcomes for students with disabilities is severely limited. According to the research that does exist, strategies that seem to be most effective in helping students with disabilities persevere in high school typically include counseling services, reading remediation, tutoring, attendance monitoring, or after-school clubs (Lehr, Hansen, Sinclair, & Christenson, 2003). Other services could include sustained and supportive monitoring interventions focused on school completion (Scanlon & Mellard, 2002).

An early 1990's study of three dropout prevention programs for students with disabilities sponsored by the Office of Special Education Programs found that five components were common to all programs: persistence, continuity and consistency; monitoring; relationships; affiliation; and problem-solving skills (Lehr et al., 2003; National Council on Disabilities, 2004).

Two major barriers to the implementation of evidence-based practices are the lack of time and inadequate support from administrators. Other barriers include “pressures associated with high-stakes testing, insufficient materials, a mismatch between teacher style and the practice, a lack of fit between the practice and other methods mandated by the school district, and teachers' lack of in-depth understanding of the practice or forgetting” (National Council on Disabilities, 2004).

Mainstreamed students with disabilities who receive an appropriate education are generally more successful in school. Many students who receive special services can go on to post-secondary education.

Gap Analysis

The estimated universe of possible consumers is 29,757 including both realized (29,757) and unrealized (0) access.

I. FOREWORD

INTRODUCTION

United Way of Greater Cleveland (UW), in partnership with the Cuyahoga County Board of Commissioners, has initiated a large scale core service planning process to generate data and engage in community-wide dialogue about the community's safety net of core service and consumer needs in the Greater Cleveland area. In addition, UW envisions this process as an opportunity to better understand its role in the community and its long term capacity to improve the lives of Greater Clevelanders.

The primary goal of the Cuyahoga County core service research is to identify consumer needs and assess whether there are service gaps/duplications on a community-wide level. The findings from this research will guide future funding decisions at UW, and they will also be used to stimulate dialogue with other funders and groups in the community. United Way intends to continue to fund a broad array of "safety net" services that are important to the Greater Cleveland area. But it is hoped that the research findings will inform how UW dollars may be dispersed to have the greatest impact on current realities, needs, and priorities in the Greater Cleveland community.

METHODOLOGY

United Way contracted with MCS Consulting Service, LLC, to conduct the core service research, which focuses on both the consumers served and services provided. (See Attachment 1 for list of members of the research team.) The research team has obtained information about each core service from multiple data sources. At the end of the research process there will be substantial information available for some services and less for others, which will provide a clearer picture of what information *is* available and where there are *significant gaps*.

The questions addressed are:

- Including public policies, what are the environmental influences that are impacting both service consumers and the capacity for service delivery?
- Who are the service consumers? What are the factors that lead to a need for services? How many consumers are there? How many have there been in the past several years and what factors influenced the historic trend line? What are the projected numbers for the future? What is their demographic profile? Where do they reside? How many are receiving services funded by government and/or United Way?
- What is the philosophy that drives service delivery? Has it changed? What does the service consist of? Who provides the service?
- What are the funding sources? What are the annual revenues from government sources, federated fund raising organizations, foundations, and United Way of Greater Cleveland? What are the historic government funding trends and what is projected for the future? What is the reimbursement amount?
- What works and what doesn't work in service delivery?
- Are there service gaps, duplication, under-utilization?

The primary information sources used for this report are:

- Results of 20 focus groups with 159 direct service staff of United Way member agencies and non-members, and key informant interviews with 93 experts in the respective service areas (February 2005). Participants were asked about consumer populations that are increasing and those with unmet needs; they provided insight about specific service gaps and duplication, as well as services they perceive to be outdated or under-utilized.
- United Way Program Report data for FY 2004 (July 2003 to June 2004). Each year United Way member agencies submit information to their respective investment committees on each funded core service they provide. Among other things, this information includes a demographic profile of the consumers served, the zip codes where the consumers reside, and all revenue sources that support the service. The research team has aggregated this information for each core service.
- United Way - First Call for Help call data (2000 to 2004) - United Way - First Call for Help provides a 24/7 information and referral service through its 211 telephone line. The research team analyzed data from its large database, which includes the names of service providers for most core services, the activities they provide and the zip codes in which they and those they serve are located, the number of calls received, and whether the need was met or unmet. Unmet needs are those for which there was no resource to reference.
- Literature reviews on service trends and issues as well as best practices (i.e., what works/ what doesn't work in service delivery), including impact on the individual/family and on the community.
- Searches for information on public policies that are currently impacting consumers or service delivery.
- U.S. Census and American Community Survey data for various time periods.
- Data from funders on actual consumer populations and funding levels.

(See Attachment 2 for technical notes on the research methodology as well as limitations of the data.)

II. THE CORE SERVICE ENVIRONMENT

CORE SERVICE ENVIRONMENT

Both the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 ruled that discrimination against people with disabilities is illegal. However, with the passage of Public Law 94-142—now known as the Individuals with Disabilities Education Act or IDEA—children with disabilities are guaranteed the right to a free, appropriate public education.

Significantly, attitudes toward disabled populations have begun to improve. As a community and society, we are learning that people with disabilities do not need to be put away, segregated, or sheltered. We are also learning that our communities, neighborhoods, schools, and work places are enriched by the presence and participation of people with disabilities.

Changes in laws and attitudes, coupled with the medical and school communities' ability to make earlier diagnoses of potential disabilities, have resulted in an educational environment that is evolving to include more students with disabilities for more support services. The number of students with disabilities receiving services has been increasing nationally, across the State of Ohio, and within Cuyahoga County schools.

America is focused on educational reform like never before. The No Child Left Behind Act (NCLB) has raised awareness of the poor performance of many of our schools and students, particularly those in disadvantaged and lower-income neighborhoods. Because the federal law now requires states, communities, and schools to collect data on student performance, broken out by categories of students based on their race and other factors, such as native language and disability, the public is finally beginning to understand the true magnitude of the problem. But a recent study indicates that despite our growing awareness and concern, we may have seriously underestimated the number of students who drop out of high school, revealing that the problem is greater than imagined. (Swanson, 2004 in National Council on Disabilities, 2004)

For many families with children in low-performing schools, or those who have children with individualized needs, the failure of our public schools to graduate every young person and prepare them for a career and livelihood comes as no surprise. Students with disabilities bear a particularly hard burden, as their rates of high school graduation, graduation with a diploma as opposed to a certificate of attendance, entry to postsecondary education, and success in the labor market are dramatically lower than rates for students without disabilities. More than 40 percent of secondary-aged students with disabilities do not attain a high school diploma at the end of high school, and dropout rates for youth with disabilities are three to four times higher than dropout rates for youth without disabilities. (National Council on Disabilities, 2004)

PUBLIC POLICY ISSUES

NATIONAL

Mainstreaming Students with Disabilities – The Current Philosophy

Public policy makers at federal, state, and local government levels as well as judicial bodies such as U.S. District Courts and the U.S. Supreme Court are upholding and ensuring that every child with a disability accesses a free and appropriate public education. With the rise of mainstreaming students with disabilities into typical school environments, the burden of proving that a child can excel in a mainstreamed classroom has shifted away from parents who want to mainstream their disabled child to the teachers and administrators who must make the case that a given child should *not* be mainstreamed. What was once the default position—that disabled students should be segregated—has now become the exception.

The latest trend shows a strong preference for mainstreaming children with disabilities. Many have said that school officials should start with the presumption that most children can be included versus being segregated—mainstreamed students have a much better chance of doing well. There have been several court cases supporting this concept:

- *Blount v. Lancaster-Lebanon Intermediate Unit* – A U.S. District Judge found that a Pennsylvania hearing officer misapplied the federal Individuals with Disabilities Education Act (IDEA) in the case of Gavin Blount when the child was ordered to be placed in a segregated educational program and taken out of the mainstream classroom. The judge stated that under IDEA, the hearing officer “must consider whether the intermediate unit has met its burden of proof that it has attempted to mainstream Gavin to the fullest extent possible with supplemental aids and services, before the hearing officer determines that it is necessary that Gavin be removed from mainstreaming.”
- *Oberti v. Board of Education of Borough of Clementon School District* – In this case, the Third Circuit Court held that IDEA’s “strong presumption in favor of mainstreaming,” would be “turned on its head if parents had to prove that their child was worthy of being included, rather than the school district having to justify a decision to exclude the child from the regular classroom” (Duffy, 2003).

Recently, the Supreme Court ruled that parents who disagree with a school system’s special education plan for their child have the legal burden of proving that the plan will not offer the “appropriate” education that federal law entitles all children with disabilities. The Bush Administration had originally entered the case on behalf of the parents; but when the case reached the Supreme Court, the administration switched sides (Greenhouse, 2005).

Individuals with Disabilities Education Improvement Act (IDEA)

Over the years, much has changed in the field of special education. During the 1960’s and 1970’s the goal was to ensure that public education was available for special education students with little consideration regarding quality of programming. During the 1960’s, advocates had sought a federal role in providing leadership and funding for efforts to provide a free and appropriate public education to children with disabilities. Congress responded in 1966 by establishing the Bureau of Education of the Handicapped under Title VI of the Elementary and Secondary Schools Act (ESEA). Ultimately, the Education of the Handicapped Act, P.L. 91-230 was passed in 1970. At the same time, parents were also pushing for state laws that would

require local education agencies (LEAs) to offer special education services to students with disabilities.

During the mid 1970's, advocates shifted their focus toward whether children with disabilities were receiving an appropriate education, meaning that they had full equality of opportunity. Congress determined that millions of American children with disabilities were still not receiving this level of education. To remedy this situation, IDEA was enacted. IDEA has been modified over the years, but it is important to note that while the law requires that all children with disabilities have a free, appropriate public education available to them, it also requires that this education be designed to meet the individual child's needs, and requires states and localities to assess and ensure the effectiveness of efforts to educate these children (ERIC Clearinghouse on Disabilities and Gifted Education, 2003).

On December 3, 2004, President George W. Bush signed the Individuals with Disabilities Education Improvement Act of 2004 into law. This was a reauthorization of the previous IDEA legislation, but with some modifications. IDEA 2004 calls for states to establish goals for the performance of children with disabilities so that they are aligned with each state's definition of "adequate yearly progress" under the No Child Left Behind Act of 2001. This law serves approximately 6.8 million disabled children and youth. IDEA gives families the right to have their children assessed or tested to determine their eligibility and needs for special education, inspect and review school records relating to their children, attend an annual individualized education program (IEP) meeting to develop a written IEP plan with representatives of the local school district, and resolve disputes with the school district through an impartial administrative and legal process (U.S. Department of Education, 2005).

The 2004 reauthorization changed learning disability identification procedures, required high qualification standards for special education teachers, stipulated that all disabled students participate in annual state or district testing or documented alternate assessments, and allowed (in response to activities related to weapons, drugs or violence) that a student could be placed in interim alternative educational settings.

IDEA defines "children with disabilities" as individuals generally between the ages of 3 and 21 with one or more of the following conditions:

- Mental retardation,
- Hearing impairment (including deafness),
- Speech or language impairment,
- Visual impairment (including blindness),
- Serious emotional disturbance,
- Orthopedic impairment,
- Autism,
- Traumatic brain injury,
- Specific learning disability, or
- Other health impairment (Find Law, 2005).

For a child to qualify for special education under IDEA, he or she must not only have at least one of the impairments noted above, but there must also be evidence that the child's disability adversely affects his or her education performance. Once a child is determined eligible for services, subsequent evaluations take place at least every three years (OSEP, 2005).

The U.S. Department of Education's Office of Special Education and Rehabilitative Services is dedicated to improving results for individuals with disabilities through age 21 by providing leadership and financial support to assist state and local districts. It does this through formula grants and discretionary grants as authorized by the Individuals with Disabilities Education Act (IDEA). The grants are used to support research, demonstrations, technical assistance and dissemination, technological and personnel development, parent-training, and information centers (U.S. Department of Education [DoE], 2005).

No Child Left Behind Act of 2001

On January 8, 2002, President Bush signed into law the No Child Left Behind Act of 2001. The U.S. Department of Education touted the legislation as the "most sweeping reform of the Elementary and Secondary Education Act since its enactment in 1965" [that] "refines the federal role in K-12 education" (Pasternack, 2003). In addition to those claims, NCLB champions accountability for "all students, including student groups based on poverty, race and ethnicity, disability and limited English proficiency." This legislative act contains four basic education reform principles:

- Stronger accountability for results;
- Increased flexibility and local control;
- Expanded options for parents; and
- Emphasis on teaching methods that have been proven to work. (National Center on Educational Outcomes, 2003 in National Council on Disabilities, 2004)

Through NCLB, states must implement statewide accountability systems covering all public schools and students based on:

- Challenging state standards in reading and math (and science in 2005-2006);
- Annual testing for all students in grades 3-8 and at least once in grades 10-12; and
- Annual statewide progress objectives ensuring that all groups of students reach proficiency within 12 years. (Pasternack, 2003 in National Council on Disabilities, 2004)

According to the National Center on Educational Outcomes, the main difference between IDEA and NCLB is that the former specifically governs services that are provided to students with disabilities and provides individual accountability through IEPs developed on the basis of each child's unique needs. The National Center believes that NCLB complements the IDEA provisions by providing public accountability at the school, district, and state levels for all students with disabilities. Secondly, NCLB builds on IDEA law by requiring the participation of students with disabilities in state and district-wide assessments. (National Center on Educational Outcomes, 2003 in National Council on Disabilities, 2004)

In its analysis of NCLB, the National Center on Educational Outcomes cited three critical areas of focus for those who serve students with disabilities: (a) academic content standards, which tell us what students should learn; (b) academic achievement standards, which tell us how well they should learn; and (c) assessments, which tell us how well students achieved those standards. (National Center on Educational Outcomes, 2003 in National Council on Disabilities, 2004)

A key requirement of NCLB that has been praised by some but is the brunt of criticism from others is the calculation of “Adequate Yearly Progress” (AYP). According to the legislation, states must bring all students up to the “proficient” level on state tests by 2013-14, and individual schools must meet a measure of adequate yearly progress targets in mathematics and reading or language arts with all student groups from one year to the next (Education Week, 2004a). There are a number of disincentives for schools and states to meet these targets, but at issue with AYP is that all subgroups—including students with disabilities—must show progress. Of greatest importance is that a school will not meet AYP if any one of its subgroups fails to meet AYP. Schools and districts that fail to do so over time will be subject to “improvement, corrective action, and restructuring measures. (Pasternack, 2003)

A school can still make AYP if a subgroup does not make AYP, but only on the condition that the subgroup in question decreased in size by ten percent from the previous year's percentage AND manages to make progress on graduation rates or one other indicator designated by the state. Additionally, ninety-five percent of all students within a subgroup are required to take the assessment. Consequences for failing to meet AYP are as follows:

- If a school fails to meet its adequate yearly progress target for two consecutive years, then it is designated as a school in need of improvement. Parents of students in a school so designated will be given the option of sending their children to another school.
- Continued failure of a school to attain AYP targets beyond two years can result in more severe consequences, to include restructuring or changes in governance. There are many more details to the accountability requirements pertaining to such things as inclusion rules and various situations, such as schools meeting their targets but with not all subgroups meeting them. (Kahl, 2003 in National Council on Disabilities, 2004)

Concern exists among state and local officials about how students with disabilities—especially those with significant or multiple disabilities—are included in the overall school count. The issue raised by some is that it is unfair to include students with significant cognitive disabilities in the calculation of AYP. Given that approximately one percent of all students (or 15 percent of students with disabilities) is considered severely disabled, the U.S. Department of Education offered an amendment to its guidelines in December 2003, now known as the “one percent rule.” This

rule allows school districts to use alternative assessments (based on alternative standards) for up to one percent of all students to report either “proficient” or “advanced” in order to meet AYP (Goldstein, 2004). States are free to define which student groups or subgroups make up this one percent, but the policy is aimed at students with the most significant cognitive disabilities. (National Council on Disabilities, 2004)

The Assistive Technology Act of 2004 (ATA)

The Assistive Technology Act of 2004 (ATA) PL 108-364 provides support for school-to-work transition projects and created loan programs for the purchase of assistive technology (AT) devices.

STATE

Family Opportunity Act

On February 8, 2006, the Family Opportunity Act (FOA) was enacted as part of the final federal budget law, the Deficit Reduction Act (DRA). Supported by many organizations that advocate for children and adults with disabilities, the purpose of the FOA is to allow middle-income families with children who have severe mental or physical disabilities to purchase health care coverage through the Medicaid. Under the legislation, individual states:

- can create a new optional Medicaid eligibility group for children with disabilities under age 19:
 - a) who meet the severity of disability required under SSI without regard to any asset or eligibility requirements under SSI for children, and
 - b) whose family income does not exceed 300 percent of the federal poverty level (approximately \$58,500 for a family of four).
- can require cost-sharing (premiums and co-pays) on a sliding scale based on income, but cannot exceed five percent of family income up to 200 percent of the federal poverty level, and 7.5 percent of family income from 200-300 percent of federal poverty. The state may waive payment of a premium in any case where the state determines that requiring a payment would create an undue hardship (Ohio Legal Rights Services, 2006).

The provision went into effect on January 1, 2007. The federal law includes a phase-in approach. In the first year, states can offer Medicaid services to families with incomes up to \$60,000 for a family of four if their child is under the age of 6. In the next year, children up to age 12 can participate and in the third year, children under the age of 18 can participate (Ohio Legal Rights Services, 2006).

States now need to pass legislation to implement the Family Opportunity Act. Ohio currently does not have a Medicaid buy-in program for children with disabilities. The Ohio Disabilities Council is actively advocating for this provision, and it is a component of their 2007 Public Policy Platform (Ohio Developmental Disabilities Council, 2006).

Ohio Department of Education’s Office for Exceptional Children

Within the State of Ohio, children with disabilities are provided special education programs covering ages three through five, as required by IDEA. For the federal child count, all 5-year-old children with disabilities are reported as preschoolers. Children who have a deficit in one or

more areas such as vision, hearing, self-help skills as well as communication or motor skills become eligible for these programs or services.

The Office for Exceptional Children, a division of the Ohio Department of Education, offers many services that cover disabled students and students identified as gifted. For the students with disabilities, the office does the following:

- Administers state and federal funds budgeted for children with disabilities;
- Coordinates and administers programs to improve their academic performance;
- Provides information, technical assistance, and support to parents and families;
- Implements a statewide monitoring and complaint resolution system designed to assess district/educational agency compliance with federal and state laws and regulations applicable to children with disabilities;
- Provides technical assistance to districts and educational agencies around issues of compliance with the Individuals with Disabilities Education Act (Ohio Department of Education [ODE], 2005).

In 2001, for the first time, changes to the Ohio Revised Code required that students with disabilities participate in state assessments (Armstrong, 2004). Assessments are intended to improve teaching and learning. The state assessment, the Ohio Proficiency Test (OPT), produces data on both individual student (learning) and system (teaching) performance. The education of students who have disabilities has long been directed by their IEP, with its associated components of individual goal setting and individual performance evaluation. These processes have proven particularly beneficial for the highly diverse group of children who have complex disabilities that interfere with or prevent progress in the general program of instruction. Therefore, many of these children are given an alternate assessment that is connected to the IEP process and uses outcome data common to all IEPs (ODE, 2005).

On July 1, 2005, the new operating standards for Ohio's Schools Serving Children with Disabilities became effective. These new standards provide a framework for Ohio's schools to:

- Provide children with disabilities with the best conditions for learning;
- Ensure Ohio is in compliance with federal regulations;
- Have flexibility in local decision making;
- Foster alignment with operating standards, content standards and performance standards for Ohio's Schools;
- Emphasize results for disabled students; and
- Enhance parental involvement (ODE, 2006).

Ohio Developmental Disabilities Council

The mission of the Ohio Developmental Disabilities Council is to create change that improves independence, productivity, and inclusion for people with developmental disabilities and their families in community life. Any state desiring federal funds must submit a five-year state plan. The plan includes a comprehensive review and analysis of the extent to which services and supports are available for individuals with developmental disabilities and their families. It reflects the council's plans for systematic change, capacity building, and advocacy activities to appropriately address the needs of people with developmental disabilities and their families. Ohio's plan addresses the following areas of emphasis: education and family support; health and mental health; employment; community living and housing; self advocacy; and community inclusion (Ohio Development Disability Council, 2004).



State Budget

On June 30, 2005, Governor Taft signed Ohio's \$51.25 billion budget, which is the main operating budget for FY 2006-07. Some notes of interest for disabled student services include the restoration of funding for the Bureau of Children with Medical Handicaps (BCMh) and the June 30th end-date for the Community Alternative Funding System (CAFS), a program that targets youth with mental retardation.

III. THE CORE SERVICE CONSUMERS

DEFINITION OF TARGET POPULATION

The target population addressed in this core service report is children and youth with visual, hearing, or physical disabilities between the ages of 3 and 21, which is the age generally served by the federal government's programs authorized and funded under the Individuals with Disabilities Education Act (IDEA). In recent years, IDEA has been amended to include provisions relating to infants and toddlers, but the majority of its funded activities are targeted toward school-age children.

DEMOGRAPHIC CHARACTERISTICS

National

One in every 26 American families reported raising children with a disability. An estimated 2.8 million families were raising at least one child aged five to 17 with a disability. This figure represents 3.9 percent of the 72.3 million American families and 9.2 percent of the 30.7 million families raising children in 2000. Among the 2.8 million families, 1.3 percent is raising two or more children with a disability (Wang, 2005).

These families often suffer from economic hardships as compared to families without disabled children. Families raising disabled children had a poverty rate of 21.8 percent, compared with 12.6 percent for families raising children without a disability. While one of five families raising one child with a disability lived in poverty, the rate was roughly one in three for families raising two or more children with a disability (Wang, 2005).

The economic consequence of raising a child with disabilities has drawn the attention of the federal government. The number of children served in federally supported programs for the disabled has increased by almost 80 percent over the last thirty years. Slowly increasing numbers and proportions of children are being served in programs for the disabled. During the 1993–94 school year, 12 percent of students were served compared with 14 percent in 2003–04. Some of the rise since 1993–94 may be attributed to the increasing proportion of children identified as having speech or language impairments, which rose from 2 percent to 3 percent of enrollment in 2003–04 (DoE, 2005).

Specifically in the area of education for children with disabilities:

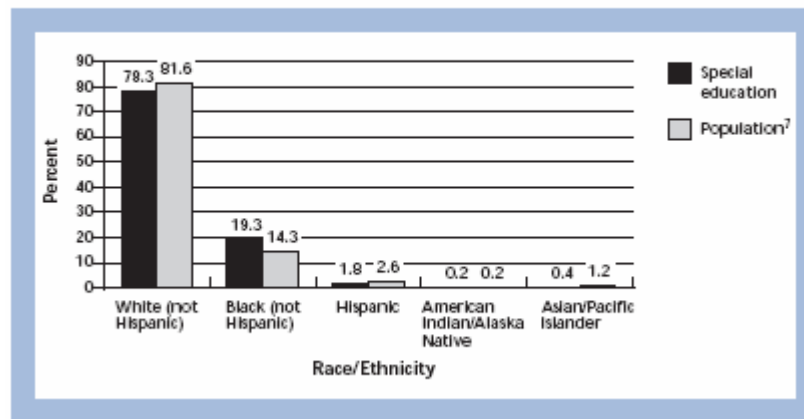
IDEA has been characterized as having fulfilled its primary goal of providing access for students with disabilities in public schools across America. In 1977, about 8 percent of students were identified as having a disability and were receiving appropriate services. In 1999, 11 percent of all students were identified and served through IDEA (American Youth Policy Forum & Center on Education Policy, 2002). In 1977, 80 percent of students with disabilities were placed in institutions or separate facilities where many received little schooling. By 1997-98, 96 percent of students with disabilities were served in regular public schools (U.S. Department of Education, 2003, p. ix). Even in the short time since the 1997 reauthorization of IDEA, the number of students served through IDEA has

increased from 3.7 million to over 6.5 million. Additionally, disabled students are also spending more time in inclusive classrooms. In 1997-98, 46 percent of disabled students spent at least 80 percent of their academic day in a regular classroom, compared to 31 percent a decade earlier. (American Youth Policy Forum & Center on Education Policy, 2002 in National Council on Disabilities, 2004)

For the year 2000, the last year for which demographic data is available, IDEA served over 3.9 million children, or 8 percent of all students enrolled in kindergarten through grade 12 in public schools. Nationally, the number of disabled students (served under IDEA) as a percent of public school enrollment has continued to increase. During the 2001-2002 school year, disabled students represented 13.4 percent of public school enrollment. There has been a 34 percent change in representation of disabled students in public schools when compared to the previous decade (1990 -1991 school year).

The majority of special education students ages 6 to 21 years in 2001 were white, as the following graph illustrates. However, African Americans were disproportionately affected, comprising 19.3 percent of special education consumers, but only 14.3 percent of the 6 to 21 years population (DoE, 2003).

Racial/Ethnic Composition of Special Education and the National Population, Ages 6-21: 2001



Source: U.S. Department of Education, 2003

These children can have a variety of disabilities. Some of the more prevalent disabilities include speech-language disabilities (SLD), mental retardation and developmental disabilities, and emotional disturbances.

Speech-Language Disabilities (SLD)

Most of these students (over 2.8 million) were classified as having a speech-language disability (SLD). For purposes of the National Center for Education Statistics (NCES) data, SLD refers to a disorder in one or more of the basic psychological processes involved in understanding or in using language, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

Dyslexia, specific types of reading disorders, disorders of written language, dysgraphia, developmental language disability, aphasia, and dyscalculia all may define a specific type of SLD. Attention deficit disorders, traumatic brain injury, tic disorders (i.e., Tourette syndrome),

particular autistic spectrum disorders, and a host of other syndromes may be associated with SLD (AC-ACLD, 2003).

According to the Association for Children and Adults with Learning Disabilities, SLD is a clinical term describing a neurobiological disorder, not a single disorder. SLDs affect the ability to acquire, process and/or use spoken, written, or nonverbally presented information. SLD displays itself as a significant deficit in one or more of the following areas: attention, executive functioning (organizing/planning), functional literacy skills (reading, writing, spelling, calculating, etc.), functional language skills (expressing oneself and understanding conversations), memory, reasoning, problem solving, and perceptual motor skills (AC-ACLD, 2003).

According to the National Institutes of Health, 15 percent of the U.S. population (one in seven Americans) has some type of specific learning disability. SLDs are often lifelong conditions that occur on a continuum from mild to severe. SLD prevents potentially average or above-average functioning individuals from processing and using information in a meaningful manner. SLD may cause disturbances in behavior, emotions, and motivation (AC-ACLD, 2003).

Students with SLD are more likely to be male (67.4 percent) than female (32.6 percent). The race or ethnic makeup of students with SLD includes whites (61.8 percent), African American (18.3 percent), and Hispanics (16.8 percent). A very small percentage (less than 2 percent) of Native American or Asian/Pacific Islanders was found to have SLD.

Mental Retardation and Developmental Disabilities

There were over 647,000 mentally retarded students enrolled in public schools in 2000. Mental retardation refers to significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affect a child's educational performance. NCES data for mental retardation includes mild, moderate, and severe mental retardation. Of the over 647,000 students, 58.3 percent are male. The majority of mentally retarded students are white (53 percent), followed by African American (33.4 percent), and Hispanic (10.6 percent).

More broadly, developmental disabilities by definition describe the condition of someone who has had one or more mental or physical impairments from an early age that are likely to continue indefinitely. Examples of developmental disabilities include cognitive impairments (e.g., mental retardation), sensory impairments (e.g., blindness and deafness), neurological disorders (e.g., autism, epilepsy, and cerebral palsy), or genetic disorders (e.g., Down syndrome and fragile-X syndrome) (Dell Orto, & Marinelli, 1995).

Emotional Disturbances

In 2000, NCES found over 437,000 students enrolled in public schools with emotional disturbances. Emotional disturbances include an unexplainable inability to learn, an inability to build or maintain interpersonal relationships, inappropriate behavior under normal circumstances, a general pervasive mood of unhappiness or depression, and a tendency to develop physical symptoms or fears associated with personal or school problems. Students with emotional disturbances are predominantly male (78 percent), white (61.2 percent), African American (27.4 percent) or Hispanic (8.9 percent).

Dropout Rates Among Students with Disabilities

Children with disabilities have some special issues with respect to educational achievements. One of these issues has to do with the high drop-out rate of children with disabilities and the other has to do with the students' transition to postsecondary education.

Dropout rates among students with disabilities have always been a serious challenge for educators, parents, and policymakers. Even though there have been positive decreases in the percentage of students dropping out of high school, one third of all students with disabilities drop out (American Youth Policy Forum & Center on Education Policy, 2002). Put another way, only slightly more than half of students with disabilities graduate from high school. An additional eleven percent of students graduate with a certificate. (U.S. Department of Education, 2002a; National Council on Disabilities, 2004)

Completion and dropout rates vary depending on the type of disability. As can be seen in Table 1 below, students with emotional disturbances are the least likely to receive a diploma, or alternative credential, and are most likely to drop out. Conversely, students with sensory impairments are most likely to earn a diploma and complete high school, and are least likely to drop out. (National Council on Disabilities, 2004)

Table 1. High School Completion and Dropout Rates by Disability Type, 2000-01

Disability	Completion Rate			Dropout Rate
	Diploma	Alternative Credential	Total Completion Rate	
All IDEA students	57	11	68	29
Emotional disturbances	39	6	45	53
Learning disabilities	64	8	71	27
Mental retardation	40	28	68	25
Other cognitive disabilities	57	20	77	13
Speech/language impairments	64	8	72	26
Orthopedic impairments	64	11	76	18
Sensory impairments	69	14	83	14
Other health impairments	68	7	75	23
Multiple disabilities	48	20	68	17

Source: U.S. General Accounting Office. (2003). SPECIAL EDUCATION: Federal Actions Can Assist States in Improving Postsecondary Outcomes for Youth. Report to the Ranking Minority Member, Committee on Health, Education, Labor and Pensions, U.S. Senate (GAO-03-773). Washington, DC: U.S. General Accounting Office. In National Council on Disabilities, 2004.

Students with disabilities, like other students, drop out for a wide variety of reasons. According to Jordan, Lara, and McPartland (1996), these reasons can be categorized as those that push or pull students out of school. Push factors are usually considered the primary reasons for dropping out, and include repeating grades, low academic achievement, and insufficient evidence that school personnel care (Scanlon & Mellard, 2002). Factors that pull students out of school may include employment and pregnancy. (National Council on Disabilities, 2004)

Transition of Students with Disabilities to Postsecondary Education

Transition from high school to postsecondary education and the workforce is a critical issue for students with disabilities, such that specific language was added to IDEA in 1997 to ensure that all students, by age 14 or earlier, would have a statement of transition services itemized in their IEP. In addition, IDEA also requires school districts to include students as participants in their transition planning meetings (Field & Hoffman, 2002). Regardless of the legislative language, research shows that the implementation of this policy has been slow and inconsistent across states (Hasazi, Furney, & DeStefano, 1999; Johnson, Sharpe, & Stodden, 2000; Johnson et al., 2002; National Council on Disability, 2000 in National Council on Disabilities, 2004).

Fifty-seven percent of youth served under IDEA received a standard diploma and an additional eleven percent received an alternative credential when they left high school in 2000-2001 (U.S. General Accounting Office, 2003). In total, over 300,000 IDEA youth exited high school that year. Approximately thirty-seven percent of students with disabilities entered some type of postsecondary education (compared to seventy-eight percent for all high school graduates) (Blackorby & Wagner, 1996). Overall, an estimated 428,280 students with disabilities were enrolled in colleges in the United States in 1997-1998, almost half of whom were diagnosed as learning disabled (Skinner & Lindstrom, 2003 in National Council on Disabilities, 2004).

Still, significant numbers of students with disabilities remain in special education programs beyond their eighteenth birthday while their non-disabled peers go on to postsecondary education or the workforce. According to Hart, Zaft, and Zimbrich (2001), reasons for this discrepancy include:

- Federal entitlements to public educational services that continue to age 21 (with most recent legislation through the Individuals with Disabilities Education Act Amendment, 1997);
- Low expectations that students with significant disabilities such as mental retardation will go on to college; and
- Adult service agencies with limited resources and long waiting lists. (National Council on Disabilities, 2004)

The U.S. General Accounting Office (GAO)(2003) recently reported that students with disabilities have a ‘fear’ of losing public assistance, per the first bullet above. An unintended consequence of Social Security Administration (SSA) programs and regulations is the potential discontinuation of benefits once a student leaves high school and enters postsecondary education. In fact, the SSA “Ticket to Work” program, which serves individuals with disabilities (Title II of the Social Security Act) between the ages of 18 and 64, has reported serving less than one percent of eligible youth. GAO visited three states and was told by SSA officials, school administrators, teachers, advocacy groups, and others that fear of losing federal and state benefits is a significant barrier to participation in federal work incentive programs such as the Ticket to Work program. SSA has recently partnered with the U.S. Department of Education to reverse those policies and allow students in postsecondary education to continue to receive benefits. (National Council on Disabilities, 2004)

In a synthesis of special education literature, Skinner and Lindstrom (2003) identified six critical areas where students with disabilities are at a disadvantage compared to non-disabled students with regard to postsecondary education attainment:

- Deficits in study skills such as test preparation, note-taking, and listening comprehension;
- Problems with organizational skills;
- Difficulties with social interaction;
- Deficits in specific academic areas, with reading and written composition being the most frequent;
- Low self-esteem; and
- Higher school dropout rates. (National Council on Disabilities, 2004)

Ohio

Consistent with the national findings, the number of students with disabilities in Ohio (served under IDEA) as a percent of public school enrollment has also been increasing. During the 2000 to 2001 school year, 13 percent of Ohio students age 3 to 21 were disabled. However, the 16 percent change in disabled enrollment from the previous decade (1990 to 1991) is considerably less than the national average of 34 percent (DoE, 2003). Specifically in Ohio, in 2001, over 19,000 children ages 3 to 5; over 206,000 children ages 6 to 17; and over 13,000 children/adults ages 18 to 21 received IDEA services.

Cuyahoga County

During the 2004-2005 school year, roughly 184,500 students were enrolled in Cuyahoga County public schools. Nearly 15 percent of this student body population was disabled. Within most Cuyahoga County school districts, less than 15 percent of the population is classified as disabled; however there are several school districts with their disabled enrollment higher than 15 percent. These include:

- Mayfield (23.6 percent);
- Warrensville Heights (17.6 percent);
- Euclid (16.9 percent);

- Orange (16.2 percent);
- Cleveland Heights (16.2 percent);
- Cleveland Municipal (15.9 percent);
- South Euclid/Lyndhurst (15.7 percent);
- Berea (15.6 percent);
- Parma (15.6 percent); and
- Lakewood (15.2 percent).

In 2004-05, the Cuyahoga Special Education Service Center (CSEC) reported that 29,757 students in Cuyahoga County's 31 school districts were in special education. The largest proportion of disabilities is speech-language disorders (SLD) at 38 percent, followed by cognitive disability (CD) at 17 percent, speech at 12 percent and emotional disturbance (ED) at 10 percent. School districts with the largest numbers of special education students are:

- Cleveland (12,003);
- Parma (2,261);
- Euclid (1,165);
- Berea (1,148);
- Lakewood (1,045); and
- Cleveland Heights (1,034).

Most of them are K-12 students; however, 1,839 (6 percent) are preschool children 3 to 5 years.

(See Table 2.)

Table 2: The Cuyahoga Special Education Service Center “Child Count” Data, 2004-05

District	MD	Deaf/Blind	HI	VI	Speech	OI	ED	CD	SLD	Pre-sch Dis 3-5	Autism	TBI	OHH Major	OHH Minor	Total
Bay Village	19	0	2	1	62	0	18	14	143	37	10	2	0	44	352
Beachwood	4	0	4	1	7	1	18	9	71	17	21	1	2	15	171
Bedford	36	0	7	3	65	4	66	138	137	30	18	0	0	35	539
Berea	65	0	12	2	157	4	83	102	533	79	46	0	11	54	1,148
Brecksville	18	1	9	5	86	4	17	28	202	43	38	2	0	21	474
Brooklyn	4	0	1	1	24	5	25	29	60	9	10	0	0	19	187
Chagrin Falls	0	0	2	1	29	3	3	4	130	25	11	2	0	26	236
Cleveland	694	2	137	53	1,190	123	1,645	3,126	4,000	497	213	50	37	236	12,003
Cleve.Hts.	63	0	8	5	80	10	122	156	385	77	65	3	2	58	1,034
Cuy. Hts.	1	0	1	0	4	1	7	2	59	12	4	0	1	3	95
East Cleve.	36	1	2	1	74	5	68	156	183	18	7	1	1	11	564
Euclid	42	0	12	2	150	13	123	212	426	73	37	1	0	74	1,165
Fairview Pk.	13	0	1	0	32	4	16	14	103	18	20	4	0	31	256
Garfield Hts.	41	0	5	4	96	2	36	86	246	24	3	0	0	13	556
Independence	6	0	1	0	10	6	2	6	53	12	3	1	0	1	101
Lakewood	47	0	10	8	117	3	106	73	467	97	54	6	12	45	1,045
Maple Hts.	30	0	9	0	71	8	45	128	141	25	25	3	0	32	517
Mayfield	18	0	17	1	125	0	32	31	343	54	29	3	0	27	680
No. Olmsted	31	0	8	2	59	14	35	55	222	55	31	2	0	67	581
No. Royalton	23	0	4	2	56	1	39	40	200	39	14	4	0	41	463
Olmsted Falls	19	0	4	2	62	3	17	17	153	48	12	1	1	22	361
Orange	11	0	1	2	36	2	22	17	125	32	20	0	0	19	287
Parma	93	0	17	7	465	28	121	216	924	190	77	4	2	117	2,261
Richmond Hts.	4	0	1	0	19	1	5	15	46	7	4	0	0	1	103
Rocky River	16	0	4	0	94	6	15	16	93	29	6	1	0	45	325
Shaker Hts.	25	0	8	11	45	11	91	68	449	44	40	2	8	55	857
Solon	20	0	4	3	49	5	42	30	278	68	47	0	1	96	643
So. Euclid	29	0	7	0	109	8	75	68	302	39	50	3	2	51	743
Strongsville	36	0	7	5	133	1	61	61	381	83	46	3	0	135	952
Warrensville	27	0	1	4	67	3	83	83	150	8	7	1	3	9	446
Westlake	21	0	4	4	115	5	31	36	270	50	49	2	0	25	612
TOTALS	1,492	4	310	130	3,688	284	3,069	5,036	11,275	1,839	1,017	102	83	1,428	29,757
Percent	5.0%	0.0%	1.0%	0.4%	12.0%	1.0%	10.0%	17.0%	38.0%	6.0%	3.0%	0.3%	0.2%	5.0%	100.00%

Source: Cuyahoga Special Education Service Center, 2004-05

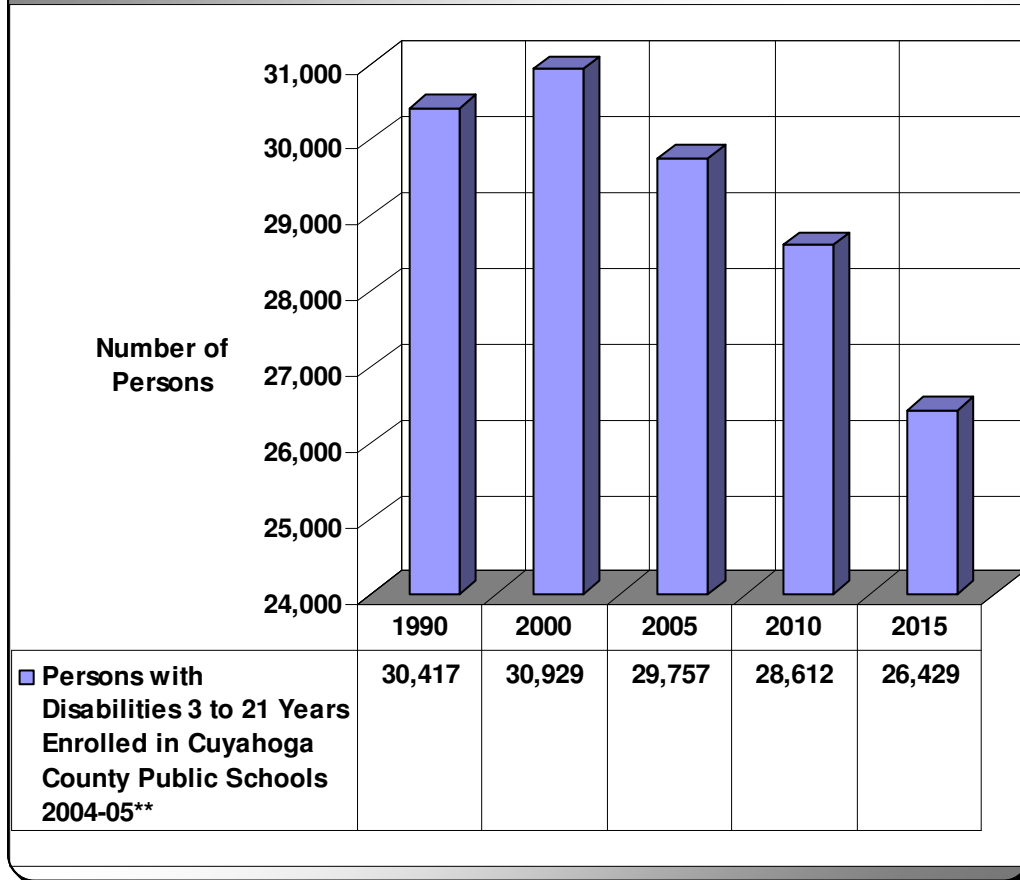
Disability Definitions:

MD = Multiple Disabilities, Deaf Blind = same, HI = Hearing Impaired, VI = Visually Impaired, Speech = same, OI = Orthopedic Impairments, ED = Emotional Disturbance, CD = Cognitive Disability, SLD = Speech Language Disorder, TBI = Traumatic Brain Injury, OHH (minor) = Other Health Disabilities, OHH (major) = Other Health Disabilities

Estimated Persons in Need

An estimated 29,757 persons need disabled student services programs, which was the number of special education students ages 3 to 21 in Cuyahoga County’s 31 school districts for academic year 2004-05. It is projected to decrease to 26,429 by 2015 because of population shifts. (See Figure 1.)

**Figure 1: Disabled Student Services
Estimated Persons in Need
Cuyahoga County, 1990-2015**



Sources:

* U.S. Census 1990, STF 1 (P11); 2000, SF3 (P8); 2005-2015, Ohio Department of Development, (July, 2003). Age 3-21 estimated from ODOD projections for Ages 5-19 (nearest age cohort)..

**Estimated persons in need calculated at 8.329% of total population aged 3-21 based on actual number of students receiving special education services in Cuyahoga County Schools according to the Cuyahoga Special Education Service Center in 2004-05.

This estimate of persons in need of disabled student services begins to offer some clarity about the extent of need in Cuyahoga County.

REALIZED ACCESS TO SERVICE

Realized access to service is represented by the number of consumers actually served. It includes the actual number of consumers reported by agencies funded by United Way and by government funders from which it was possible to obtain data. Thus, it is an underestimate of actual numbers of consumers receiving service.

In FY 2004, United Way did not fund disabled student services programs. Cuyahoga County Department of Mental Retardation and Developmental Disabilities (MRDD) reported serving 1,030 students, but did not provide any demographic or geographic data. The 31 public school districts in Cuyahoga County served 29,757 children and youth ages 3 to 21 years in special education in academic year 2004-05, as reported by the Cuyahoga Special Education Services Center (CSESC).

(See Attachments 3 and 4 for demographic data.)

IV. CORE SERVICE DELIVERY

CORE SERVICE DEFINITION

The definition of the core service for this report is: programs that provide special assistance for students ages 3-21 whose visual, hearing, or physical disabilities would prevent them from obtaining an education without support services.

BACKGROUND ON CORE SERVICE

Special education programs in the United States were made mandatory in 1975 when Congress passed the Education of the Handicapped Act (EHA) in response to discriminatory treatment by public educational agencies against students with disabilities. The EHA was later modified to strengthen protections to disabled pupils and renamed the Individuals with Disabilities Education Act (IDEA). The IDEA is found in Title 20 of the United States Code, starting at Section 1400. (wikipedia.com, 2006)

The two most basic rights ensured by the IDEA is that every disabled student is entitled to a free and appropriate public education (FAPE) in the least restrictive environment (LRE). To ensure a FAPE, a team of professionals and parents meet to determine the student's unique educational needs, develop annual goals for the student, and determine the placement, program modification, testing accommodations, counseling, and other special services that the student needs through the development of an Individualized Education Program (IEP). The educational agency is required to develop and implement an IEP that meets the standards of federal and state educational agencies. (wikipedia.com, 2006)

The LRE mandate requires that all students' educations be with their non-disabled peers to the greatest extent possible, while still providing a FAPE. The LRE requirement is intended to prevent unnecessary segregation of the disabled, and is based on Congress' finding that over twenty years of research and experience demonstrates that education of disabled students is more effective by having high expectations of such children and ensuring their access to the general curriculum to the maximum extent possible. (wikipedia.com, 2006)

Some special education services (such as speech and language therapy, occupational therapy, physical therapy, etc) may be provided within the mainstream class (i.e. inclusion) or in a separate classroom if this is decided to be the LRE. Students receive individualized services to meet their goals, and these services are outlined in each child's IEP. Special equipment may be used, such as a standing frame, to encourage inclusion and achieve multiple IEP goals at once (i.e. standing while working on speech). A *transition plan* is also an important part of Special Education students' schooling process, which focused on their life after

school, and is first developed starting at age 16. The transition plan focuses on the learner's goals for the future, addressing living and employment. (wikipedia.com, 2006)

Most educators also believe that children with disabilities and non-disabled children should be taught together whenever possible. Isolating children with disabilities may lower their self-esteem and may reduce their ability to deal with other people. In addition, non-disabled children can learn much about personal courage and perseverance from children with disabilities. The practice of integrating children with disabilities into regular school programs is called mainstreaming. Students with disabilities attend special classrooms or schools only if their need for very specialized services makes mainstreaming impossible (i.e. a child with a wheelchair cannot participate in physical education, while a child with AD/HD may have trouble concentrating in a large class.) Many children with disabilities attend regular classes most of the school day: They work with a specially trained teacher for part of each day to overcome their disability. These sessions may be held in a classroom called a resource room, which may be equipped with such materials as Braille typewriters and relief maps for blind students. Other students with disabilities attend special classes most of the day but join the rest of the children for certain activities. For example, youngsters with mental retardation may join other children who do not have retardation for art and physical education. (wikipedia.com, 2006)

Although the place where instruction occurs (the setting) is seen as important in the field of special education, the types of curricular modifications and interventions may be a more important area to focus on in the future. Special education programming is influenced by behaviorism to a larger extent than general education. (wikipedia.com, 2006)

The Process

- *Referral:*

Parents who suspect or know that their child has a problem making adequate school progress should request an evaluation from their local school district. The request, called a "referral for evaluation," should be initiated in writing. The referral should be addressed to the principal of the local public school or the special education coordinator for the district, and should provide the child's name, date of birth, address, current school placement (if applicable), and the suspected area of disability or special need. Upon receipt of the referral, the school district will contact the parent to set up a meeting time to explain the process and obtain written consent to perform the necessary evaluations. To prepare for this meeting, parents should be able to describe their child's problems in depth, providing examples of their child's difficulties in the classroom. Parents can request any evaluations they feel are needed to add to the picture of the child's specific educational needs, such as speech and

language testing, occupational therapy testing or neurological testing. All evaluations needed to provide a full picture of the child's disabilities must be provided by the school system at no cost to the family. (wikipedia.com, 2006)

- *The Evaluation:*

After the referral process, the district will begin the evaluation. The law requires a comprehensive school evaluation involving all areas of suspected disability. Testing must be in the native language of the child (if feasible). It must be administered by a team of professionals, which must include at least one teacher and a specialist who is knowledgeable in the area of the child's disability. Testing must be administered one-to-one, not in a group. Any tests or other evaluation materials used must be administered by professionals trained and qualified to administer them; i.e., psychological testing must be conducted by a psychologist trained to administer the specific tests utilized. In addition to testing, an observation of the child either in school or in a comparable situation is required for an initial evaluation, and often at later stages as well. It is through the observation that the child can be assessed while interacting with his peers and teachers. To insure objectivity and cross-referencing, this observation must be conducted by a person other than the child's classroom teacher. The observation need not be done exclusively in the child's classroom, especially when the child's suspected area of disability may become manifest in larger settings, such as the lunchroom, hallways or gym. For children over twelve years of age, vocational testing is required. This requirement is in keeping with the spirit of the IDEA 1997 Amendments that encourage preparation of children for useful employment. The vocational testing should identify areas of interest and skills needed to attain employment after graduation from school. During the testing process, the parent is free to provide any privately obtained evaluative material and reports. Although sometimes costly, private evaluations can be very valuable in providing the Special Education Committee with the expertise of specialists trained in the area of the child's disability who may have a more objective view than school system personnel. Experts may include professionals such as psychotherapists, psychiatrists, neurologists, pediatricians, medical personnel, and tutors. Professionals who have been working with the child over time can often provide the district with a long-term view of the child's needs. (wikipedia.com, 2006)

- *Developing the Individual Education Program (IEP):*

The Individual Education Program is developed by a team (sometimes referred to as the Committee on Special Education) that must include:

- A representative of the school district (not the child's teacher) who is qualified to provide or supervise special education.

- The child's teacher(s). If the child is in a general education class and receives special education services as well, both teachers are required to attend.
- If the program to be recommended includes activities with general education students, even if the child is in a special education class in the school, a general education teacher is required to attend.
- One or both of the child's parents. Consistent with the IDEA's stated policy, parents should expect to be treated as equal participants with school personnel in developing the IEP.
- The child should attend the meeting whenever the parents think it is appropriate.
- Professionals who are qualified to explain the results of the testing. Usually this requires at least the presence of a psychologist and educational evaluator.
- Parents may bring with them any others involved with the child who they feel are important for the IEP team to hear; for example, the child's psychologist or tutor.
- Parents may elect to bring an educational advocate and/or lawyer knowledgeable in the IEP process.
- Although not required, if the child is receiving related services (such as speech therapy or occupational therapy), it is valuable for related service personnel to attend the meeting or at least provide written recommendations concerning the services in their area of specialty.
- In some localities additional members are required. For example, New York State requires the presence of a parent member. A parent member is the parent of a child with a disability (not the parent of the child for whom the IEP is being developed) who has had special training in the workings of the IEP process. (wikipedia.com, 2006)

Parents must be notified of the meeting in writing. The notification must indicate the purpose, time and location of the meeting and list the people who will be in attendance, including the name and position of each person. If parents are unable to attend at the appointed time, the meeting should be rescheduled to accommodate the needs of the family. (wikipedia.com, 2006)

- *Classification:*

Once all the evaluative material is presented and reviewed at the meeting, the IEP team must first determine whether the child is eligible for special education services. An eligible child will require special education intervention in order to enable him/her to receive the benefits of instruction and an education. If the team finds the child eligible for special education, they must then classify the child. The classifications include:

- Learning Disabled (LD);
- Speech Impaired (SI);
- Visually Impaired (VI);
- Traumatic Brain Injured (TBI);
- Mentally Retarded (MR);

- Emotionally Disturbed (ED);
- Hearing Impaired (HI);
- Orthopedically Impaired (OI);
- Autistic; and
- Other Health Impaired (OHI) (wikipedia.com, 2006).

The IDEA allows, but does not require, school districts to add the classifications of Attention- Deficit/Hyperactivity Disorder (ADHD) and Pervasive Developmental Disorder (PDD) at their discretion. (wikipedia.com, 2006)

- *The Individual Education Program:*

The IEP must include:

- A statement of the child's present levels of educational performance, which describes the effects of the child's disability on all affected areas of the child's academic and non-academic school performance.
- A statement of annual goals including short-term objectives. Annual goals must describe what the child is expected to accomplish in a 12-month period in the special education program. Short-term objectives should describe the steps required to achieve the goals. Goals and objectives are specific in all areas in which the child is receiving special education services.
- A statement of the specific special education and related services to be provided to the child and the extent to which the child will participate in regular education programs.
- The projected dates for the initiation of services. (wikipedia.com, 2006)

After the IEP meeting the parents must be given written notice of exactly where and how the services will be provided for their child. Most often, the suggested program will be located within the public school system in the district. When a student's disability is such that his or her needs cannot be met in the district, the school district may suggest a placement in an out-of-district program. These programs can include a Day Treatment Program, a Non-public Special Education School, a Residential School or Home Instruction. In all cases, parents should visit the sites that are recommended to observe the program to determine if the program is appropriate for their child. (wikipedia.com, 2006)

- *Impartial hearing/mediation:*

Parents may disagree with the program recommendation of the school district. In that event, parents may reject the district's recommendations by notifying the school district in a clear and concise manner of the reasons for the rejection of the IEP recommendation. This notice must be given in writing within 30 days of receipt of the program recommendation. The IDEA provides for two methods of resolving disputes between parents and school districts. These include:

Mediation that may be a viable means to review small disagreements with the IEP, such as the number of sessions for a related service or the size of a special education class.

Impartial Hearing which is a due process-based formal proceeding that allows the parents to challenge the district's individual education plan in whole or in part. (wikipedia.com, 2006)

- *Diagnosis; Tests of General Intelligence:*
 - The Gray Oral Reading Test is a norm-referenced, individually administered test for readers ages six to eighteen. It takes 15-45 minutes to administer. Its purpose is to identify students who need help with oral reading and to identify their strengths and weaknesses. It is also used to document progress and for research purposes. The student is asked to read aloud for one minute and the administrator tracks errors, after which the student answers five multiple-choice comprehension questions. Mean standard score is 100, with a norm sample representative of the US school-aged population. It is considered reliable both for internal consistency and test-retest. (wikipedia.com 2006)
 - The Woodcock Reading Mastery Test is a norm-referenced test applicable to readers in kindergarten through age 75. It consists of six individually administered tests to identify strengths and weaknesses in visual-auditory learning, letter identification, word identification, word attack skills, word comprehension, and passage comprehension. During the test, the reader must pronounce words in isolation, read nonsense words, identify synonyms, antonyms, and analogies. The scores from these sub-tests are almost always clustered to derive basic skills or comprehension scores. The norm sample is representative of US School-aged population and the test is reliable for internal consistency with ranges from .8 upward, with most .9 or above. (wikipedia.com, 2006)
 - The Stanford Diagnostic Test is a group-administered measure of phonetic analysis, vocabulary, comprehension, and scanning. It is given to readers grades 1.5 through 13. It takes 15 to 45 minutes to administer. The scores can be transformed into progress indicators, percentile ranks, stanines, grade equivalents, and scaled scores. Norm-referenced scores can be used to identify weaknesses and strengths, evaluate progress, and identify trends and class, school, and district levels. The test is norm-referenced to represent US school-aged population. It is considered reliable for both internal consistency and alternate form, making it sufficient for making decisions about individual students. (wikipedia.com, 2006)
 - The STAR (Standardized Test of for the Assessment of Reading) is a criterion-based test, not a norm-based test. It is used to provide instructional reading levels for individual students for the purpose of

planning initial instruction. During the test, the student will identify correct word choices to place in a sentence with a missing word. The choice must have both the correct meaning and be correct syntactically. Its reliability for instructional reading level ranges from .79 to .91 It comes on software and can produce immediate scores. (wikipedia.com, 2006)

Besides special educational services, what other services do students with disabilities receive?

The Individualized Education Program (IEP) for a child with disabilities may include supplementary aids and services, as well as related services. Supplementary services are services a child needs to participate with non-disabled children in the regular classroom and in other education-related settings, such as in extracurricular activities. Because of the emphasis in the Individuals with Disabilities Education Act (IDEA) on mainstreaming and the “least restrictive environment,” supplementary aids and services have become increasingly important and should be specified in the child’s IEP. These can include modifications to the curriculum or classroom, extended time to complete tasks, assistive technology devices, an aide or notetaker, and other accommodation to allow regular classroom participation. Related services is the term for those services a child with a disability needs in order to benefit from special education. These are often specific services provided directly to the child, such as speech therapy, occupational therapy, orientation and mobility services, transportation services, or counseling. (Council for Exceptional Children, 2003)

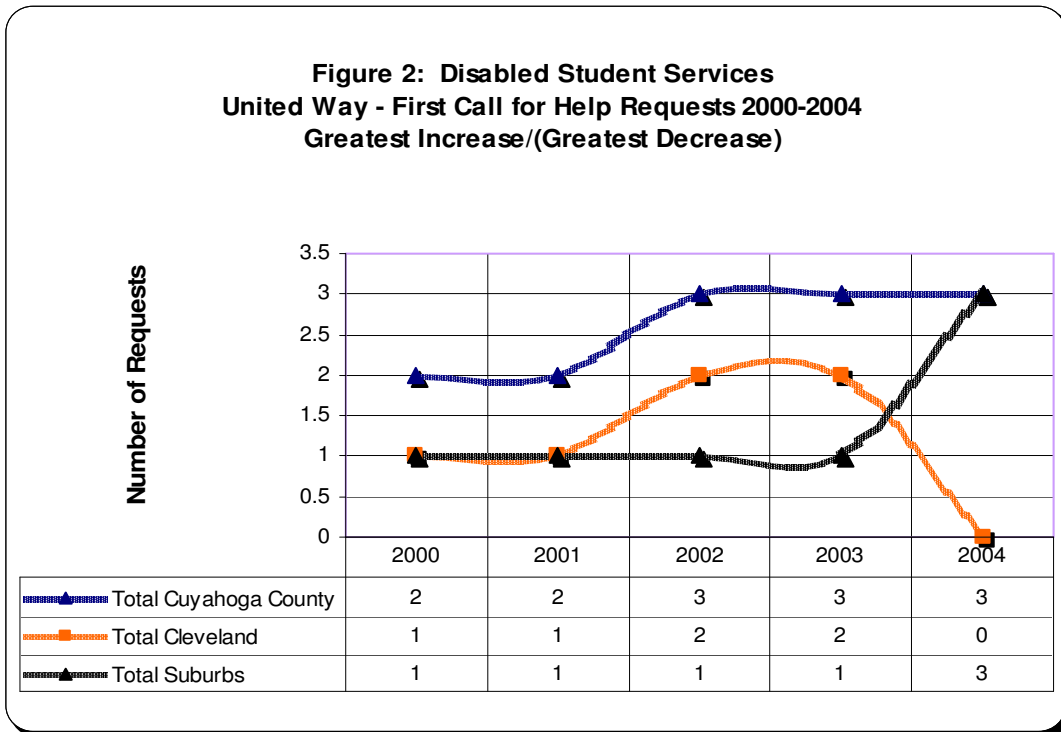
The Cuyahoga Special Education Service Center (CSESC)

The Cuyahoga Special Education Service Center (CSESC) provides professional development, technical assistance, product development, and information dissemination to assist educators and families develop and deliver instruction that promotes involvement. CSESC assists districts with complying with federal and state laws. It also publishes a parent group directory that is a guide to groups in Cuyahoga County that give support to parents, family and friends of children with special needs (CSESC, 2005).

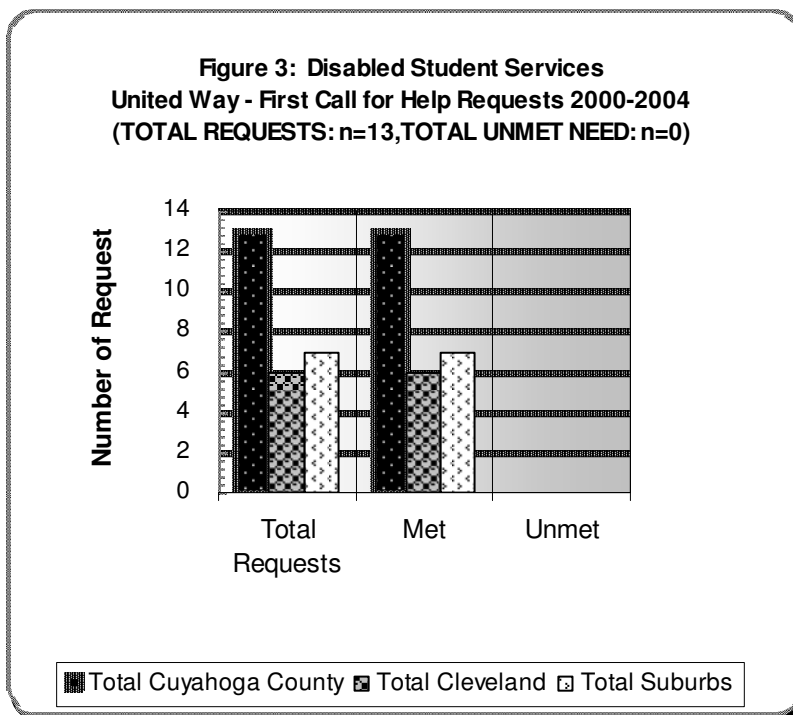
United Way – First Call for Help Call Data

Based on United Way - First Call for Help’s (FCFH) database (February 2005), there are 33 disabled student services providers operating from 35 different sites, 32 of which are government and 1 is nonprofit. In FY 2004 (July 2003 to June 2004), United Way did not fund disabled student services. Note that the FCFH list was supplemented by the list provided by the Cuyahoga Special Education Services Center (CSESC) for academic year 2004-05. This increases the number of providers to 33 with 35 sites. (See Attachments 5 and 6.)

United Way - First Call for Help call data shows consistently very low numbers of total requests for disabled student programs in the county: from 2 in 2000 to 3 in 2004. It may be that persons requiring disabled students services do not view FCFH as a primary source of information for this core service. It is likely that since most of the providers are through the schools, most parents are likely to be receiving information regarding these resources there. (See Figure 2 and Attachment 7.)



For the same five-year period, FCFH only received 13 calls for disabled student services and all requests were referred for service. (See Figure 3 and Attachment 8.)



FUNDING OF CORE SERVICES

Major Government Funders

The following are the major sources of funding for disabled student services:

- Individuals with Disabilities Education Act – Part B Grants to States (IDEA);
- State General Revenue Fund (GRF); and
- Cuyahoga County Mental Retardation/Developmental Disabilities Levy.

The majority of funding comes from the federal government through IDEA and from the State of Ohio's general revenue fund, and is passed to local school districts and the Cuyahoga County Board of Mental Retardation and Developmental Disabilities. In addition, individuals may receive disabled student services through other third party payers such as private insurance, Medicaid, and the Cuyahoga County Mental Retardation/Developmental Disabilities Board.

FEDERAL

Individuals with Disabilities Education Act – Part B Grants to States (IDEA)

As described in Section III of this report, the Individuals with Disabilities Education Act (IDEA) is the major federal law that supports special education and related services for children with disabilities. IDEA Part B is the grants to states program which helps schools pay for the costs of special education and related services to students. IDEA Part B appropriations have been increasing dramatically over the past 10 years. In FY 1995 \$2.3 million was allocated, and in FY 2005 \$10.1 billion was allocated (Apling, 2005). Despite the large increase, actual IDEA Part B allocations are still well below the amount authorized. IDEA originally authorized Congress to contribute up to 40 percent of the average per pupil expenditure (APPE) for each special education student, but currently IDEA only accounts for between 17 and 19 percent of costs (Apling 2005, NEA, 2006). The rest of the cost is borne by state and local school districts. IDEA was reauthorized in 2004, and though many advocates strongly lobbied for an increase in appropriations, a sizeable increase was not achieved. The National Education Association (NEA) notes that IDEA appropriations still need a 139 percent increase before IDEA is fully funded (NEA, 2006). Ohio received \$404 million in FY 2005 and \$403 million in 2006. IDEA funding in Cuyahoga County in FY 2006 was \$51.5 million. IDEA Part B allocations history was requested from the Ohio Department of Education, but was not available at the time this report was written. Allocations prior to FY 2006 were not available on ODE's website.

STATE

State General Revenue Fund (GRF)

The state's general revenue fund (GRF) pays the largest portion of services for disabled students. Per the Ohio Department of Education, GRF funds for disabled student services have been increasing significantly from \$19 million in 2002 to \$31 million in 2004.

LOCAL

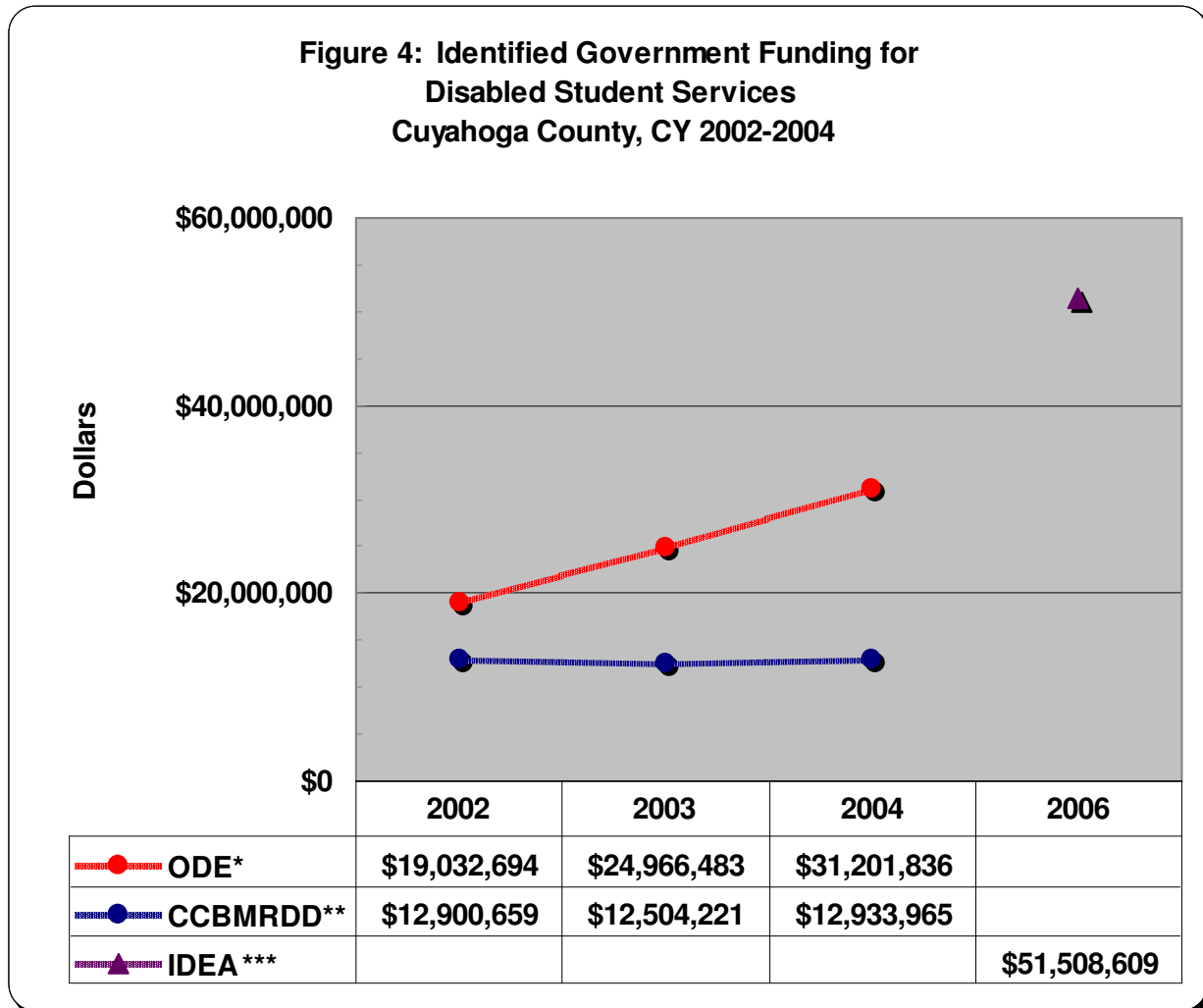
Cuyahoga County Mental Retardation/Developmental Disabilities Levy

The Cuyahoga County Board of Mental Retardation and Developmental Disabilities (CCBMRDD) receives funding from multiple sources; however, the local MRDD levy is the largest source of funds (\$97.9 million in 2005, or 53 percent of the \$184 million budget per the

CCBMRDD 2005 Annual Report). The MRDD levy is a permanent levy generating \$117 million per year.

Trends of Identified Government Funders in Cuyahoga County

Between calendar years 2002 and 2004, funding for disabled student services has increased overall. GRF funds increased dramatically. Funding of the service from Cuyahoga County Board of Mental Retardation and Development Disabilities, which blends funds from multiple sources including Medicaid, the county MR/DD levy, and its own IDEA allocation, generally increased. (See Figure 4.)



* Ohio general revenue funds are disbursed by the Ohio Department of Education

** Includes approximately \$500,000 in IDEA funds blended with others sources such as Medicaid, county MR/DD levy, and funds from the Ohio Department of MR/DD.

*** For 31 Cuyahoga County public school districts only

IDENTIFIED REVENUES

As of May 11, 2006, over \$44.4 million in revenues for disabled student services has been identified countywide. (See Table 3.) This includes information from foundations; federated fundraising organizations; regional, county, and municipal government; and United Way of Greater Cleveland.

The Ohio Department of Education and Cuyahoga County Board of Mental Retardation and Developmental Disabilities account for just over 99 percent of the funding with the remainder coming from private foundations and the United Black Fund. United Way of Greater Cleveland did not fund disabled student services in FY 2004.

Table 3: Identified Annual Revenue for Core Services: Countywide and United Way of Greater Disabled Student Services, 2003/2004.

Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Abington Foundation, The		100,000			
Cleveland Foundation, The		158,000			
Deaconess Community Foundation		15,000			
Reuter Foundation, The		10,000			
Total - Foundations & Trusts		283,000	0.64%	0	N/A
United Black Fund of Greater Cleveland		10,000			
Total - Federated Fundraising Organizations		10,000	0.02%	0	N/A
State Department of Education	2004	31,201,836			
Subtotal State of Ohio		31,201,836	70.23%	0	N/A
Board of Mental Retardation and Developmental Disabilities (169 Board)	2004	12,933,965			
Subtotal Cuyahoga County Funding Sources		12,933,965	29.11%	0	N/A
Total - Contracts/grants from government organizations		44,135,801	99.34%	0	N/A
Subtotal Non - UWGrCle Support		44,428,801	100%	0	N/A
Total Support/Revenue		44,428,801	100%	0	N/A

REIMBURSEMENT/COST

Ever since its initial enactment, the federal law included a commitment to pay 40 percent of the average per student cost for every special education student. The current average cost per student is \$7,552 and the average cost per special education student is an additional \$9,369, or \$16,921. Yet, in 2004, the federal government paid local school districts just under 20 percent of its commitment rather than the 40 percent specified by law, creating a \$10.6 billion shortfall for states and local school districts. This shortfall creates a burden on local communities and denies full opportunity to all students—with and without disabilities (National Education Association, 2006).

V. WHAT WORKS; WHAT DOESN'T

IMPACT ON INDIVIDUALS/FAMILIES

What Works

An important component of No Child Left Behind is the focus on evidence-based practices. The U.S. Department of Education has moved toward a research-driven mandate supported by practices that rely extensively on random controlled trials (RCTs) and other high-end research methodology to inform policy and practice. The importance of this movement was illustrated by the retooling of the former Office of Educational Research and Improvement (OERI) into the Institute of Education Sciences (IES) in late 2002. (National Council on Disabilities, 2004)

The impetus for the move toward evidence-based research and practices emanates from the Department of Education's belief that educational research is often poorly constructed. The field of K-12 education contains a vast array of educational interventions – such as reading and math curricula, school-wide reform programs, after-school programs, and new educational technologies – that claim to be able to improve educational outcomes and, in many cases, to be supported by evidence. This evidence often consists of poorly-designed and/or advocacy-driven studies. (Institute of Education Sciences, 2003; National Council on Disabilities, 2004)

The use of evidence-based practices in special education is a new initiative, largely due to language authorized during the 1997 reauthorization of IDEA. Practitioners often have difficulty finding practices that are based on rigorous evaluation methods, either through the use of random controlled trials or other experimental methods. In an analysis of research-based instructional practices for students with disabilities, Gersten, Chard, and Baker (2000) were able to locate only one empirical study, which happened to be a Klingner, Vaughn, Hughes, and Arguelles (1999) study of reading approaches in the classroom. According to Gersten et al. (2000), research on special education has largely been “in the form of self-reflective essays” (p. 445). (National Council on Disabilities, 2004)

The National Council on Disabilities (NCD) is particularly interested in how IDEA and NCLB are improving outcomes for students with disabilities and to what extent evidence-based practices are being used to make policy decisions affecting students with disabilities. The outcomes for students with disabilities in which NCD is most interested include:

- Reducing the number/percentage of students with disabilities nationwide (currently at about thirty percent) who drop out of high school;

- Increasing the number/percentage of students with disabilities nation wide (currently at about 56 percent) who graduate high school with a diploma as opposed to a certificate of attendance; and
- Increasing the availability and usage of effective strategies to help students transition to and remain connected with postsecondary education. (National Council on Disabilities, 2004)

Unfortunately, the amount of rigorous, evidence-based research on programs that promote positive outcomes for students with disabilities is severely limited. First, most research is aimed at young students and strategies to help them learn to read. Second, the few evaluations that are available usually involve a very limited number of students, sometimes fewer than a dozen, which makes drawing conclusions about a broader group very difficult. Third, most of the evaluations only focus on one type of disability (e.g. severe cognitive disability or learning disability), again making general applicability of findings difficult. And last, while a few scientifically rigorous studies of programs were identified, there were almost none in the area of dropout prevention, and only a few on the transition from secondary to postsecondary education. (National Council on Disabilities, 2004)

- According to the research that does exist, strategies that seem to be most effective in helping students with disabilities persist in high school typically include counseling services, reading remediation, tutoring, attendance monitoring, or after-school clubs (Lehr, Hansen, Sinclair, & Christenson, 2003). Other services could include sustained and supportive monitoring interventions focused on school completion (Scanlon & Mellard, 2002). An early 1990s study of three dropout prevention programs for students with disabilities sponsored by the U.S. Department of Education found that five components were common to all programs: persistence, continuity and consistency; monitoring; relationships; affiliation; and problem-solving skills. (National Council on Disabilities, 2004)

To help students with disabilities transition from secondary to postsecondary education, strategies that appear to be most successful include:

- Competence in:
 - functional academic skills (e.g., reading, math, writing, and problem-solving);
 - community living skills (e.g., money management, community access);
 - personal-social skills (e.g., getting along with others);
 - vocational skills (e.g., career awareness, job search); and
 - self-determination skills (e.g., self-advocacy, goal setting).
- Participation in vocational education classes during the last two years of high school, especially classes that offer occupationally-specific instruction;

- Participation in paid work experience in the community during the last two years of high school;
- Participation in transition planning;
- Graduation from high school; and
- Absence of continuing instructional needs in functional academic, vocational, and personal-social areas after leaving school. (Benz, Lindstrom, & Yovanoff, 2000 in National Council on Disabilities, 2004)

Even when there are evidence-based practices, practitioners, for various reasons, don't always end up using them. Two major barriers to the implementation of evidence-based practices are the lack of time and inadequate support from administrators. Other barriers include “pressures associated with high-stakes testing, insufficient materials, a mismatch between teacher style and the practice, a lack of fit between the practice and other methods mandated by the school district, and teachers' lack of in-depth understanding of the practice or forgetting” (p. 413). Practitioners need incentives and technical assistance in using evidence-based practices, yet little is done to help them learn to apply research to practice. (National Council on Disabilities, 2004)..

The following highlight strategies for specific disabilities or issues.

Instructional Strategies for Children with Attention Deficit/Hyperactivity Disorder (ADHD)

Affecting 3 to 7 percent of the population, attention deficit/hyperactivity disorder (ADHD) is one of the more common childhood behavior disorders, often involving core symptoms of inattention, hyperactivity, and impulsivity. Students with ADHD are covered under IDEA and, therefore, are ensured the provision of a free and appropriate education. Moreover, the recent reauthorization of IDEA and its requirement for functional behavior assessments has increased the frequency with which classroom based behavioral interventions are considered for ADHD students (Brock, 1998).

The National Association of School Psychologists (NASP) published the following information for families and educators regarding the best practices for teaching ADHD children in the classroom. Specifically, NASP suggests targeting the specific behavior problem and replacing it with an appropriate alternative behavior that is incompatible with the problem behavior. While all children should be treated as individuals, NASP does suggest the following strategies for promoting success for students with ADHD (Brock, 1998):

- *Task Duration.* To accommodate short attention spans, academic assignments should be brief and feedback regarding accuracy immediate. Longer projects should be broken up into manageable parts. Short time limits for task completion should be specific and enforced with timers.
- *Peer Tutoring.* Peer tutoring provides frequent and immediate feedback.
- *Rule Reminders and Visual Clues.* Rules must be well-defined, specific, and frequently enforced through visible modes of presentation. Visual reminders or cues should be placed throughout the classroom.

Like NASP, the U.S. Department of Education published its own instructional strategies and best practices for teaching children with ADHD. The Department of Education suggests a three-pronged strategy that begins with identifying the unique needs of the child. Assessments, such

as learning style inventories, can be utilized to determine the child's strengths and build instruction upon their existing abilities (DoE, 2005).

Once a child's needs are evaluated, the educator must select the appropriate instructional practices that will meet that child's identified academic and behavioral needs. These practices will fit the content being taught, will be age appropriate, and will gain the child's attention (DoE, 2005).

Finally, for children receiving special education services, appropriate instructional practices should be integrated into their individualized education plan, or IEP (DoE, 2005).

To get the most out of a lesson, the Department of Education suggests the following set of strategies: be predictable; support the student's participation in class, such as advance warnings of when he or she will be called to answer; use audiovisual materials; check student performance to assess their mastery of the subject; ask probing questions and give the child 15 seconds to respond before supplying the answer or calling on another student; perform ongoing student evaluations and watch for signs (such as daydreaming) that indicate a student is not comprehending material; help students correct their own mistakes; eliminate or reduce the frequency of timed tests; and highlight key points (DoE, 2005).

Resources and Best Practices for Children with Specific Disabilities

There are resources and best practice documentations for children with specific disabilities. For example, each year in the United States 24,000 children are born with hearing loss. Hearing loss can vary from mild to profound and can have an effect on a child's education. Early intervention services help families learn to communicate with each other. Technological advancements such as hearing aids and cochlear implants help students join the hearing world (DoE, 2005).

Academic content varies, just as each child is different and should be treated uniquely. There are specific suggestions for how to best incorporate disabled children into content area lessons or classrooms. For example, science class provides special needs students with rare opportunities they might otherwise not experience. But because of their limited mobility, disabled students may require additional aisle space within classrooms and along any corridors that may be part of emergency escape routes (McCann, 1998).

Assistive Technology

Students with disabilities may also require assistive technology. Three issues should be kept in mind when considering incorporating assistive technology in the classroom: (a) allow the student, his or her family, and classmates to help select assistive technology devices; (b) have a specific activity in mind when looking for a device, rather than simply purchasing an available device and figuring out what to do with it; and (c) seek help and advice from experts outside the field of education, including engineers, carpenters, and computer experts (McCann, 1998).

In science classes, laboratory instruction may need to be modified for students with disabilities. Students with physical disabilities may require modified equipment or procedures in order to complete laboratory exercises. Possible solutions include providing a "lab buddy" who understands the disabled student's limitations and can work within that framework to do the lab "with" the student rather than "for" him or her (McCann, 1998).

What Doesn't Work

As was discussed in Section III of this report, the dropout rate for disabled students is higher than that of non-disabled students. In addition disabled students encounter barriers for transitioning into postsecondary education.

IMPACT ON COMMUNITY

Disabled students who receive an appropriate education, and are mainstreamed, are generally more successful in school. Many students who receive special services can go on to receive a post-secondary education.

ACCREDITATIONS/STANDARDS/CERTIFICATIONS

Programs that fall under the jurisdiction of the Ohio Office of Early Learning and School Readiness, including public preschool, preschool special education, Head Start and Even Start, are required to follow federal and state standards as outlined in statutes and regulations. Standards are used to monitor compliance, ensure quality programming, evaluate program goals and services for effectiveness, and determine what programs need assistance. In Ohio, the Department of Education's Office Of Certification and Licensure ensures, through licensing standards, that each student is served by caring, competent, and qualified education professionals who meet the highest academic and ethical standards of the profession.

The goals for the Office of Certification/Licensure are:

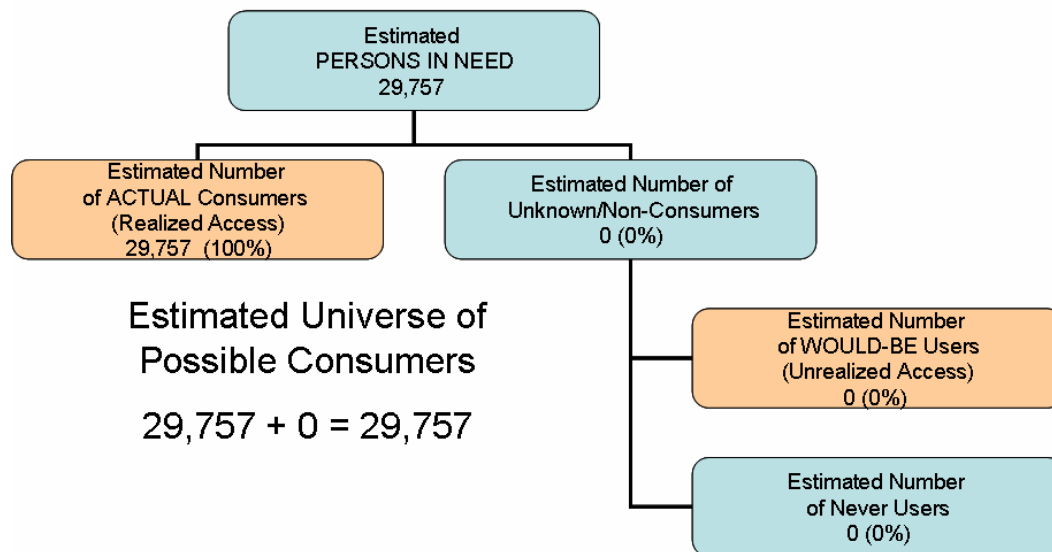
- To reduce the amount of processing time of applications for all customers;
- To increase ongoing support and technical assistance to school districts and institutions of higher education;
- To improve the office communication system and to provide clear and consistent information to customers regarding certification/licensure rules, procedures, and processes
- To improve customer satisfaction with the service and products provided by the office.

VI. GAP ANALYSIS

The following is the formula for arriving at the estimated universe of possible consumers for Disabled Student Services:

- An estimated 29,757 persons need disabled student services programs, which was the number of students ages 3 to 21 in special education in Cuyahoga County’s 31 school districts for academic year 2004-05.
- Based on available information about actual consumers, approximately 29,757 disabled students have realized access to disabled student services programs because school districts are required to provide services.
- Thus this number is also the estimated universe of possible consumers.¹ (See Figure 5.)

Figure 5 - Consumer Estimates: Disabled Student Services



Service Site Index

Countywide, there are 35 service sites for disabled student service programs. This is a ratio of 850 possible consumers (estimated 29,757 total) to one service site countywide.

Data is not available by zip code. Therefore, no Service Site Index is included.

¹ A limitation of using the number of individuals receiving services to the number in need is that it is unknown if the services received are appropriate, effective, and resulting in desired post-school outcomes.

VII. SUMMARY

The following are the major findings from the research on disabled student services:

- Changes in laws and attitudes, coupled with the medical and school communities' ability to make earlier diagnoses of potential disabilities, have resulted in an evolving educational environment to include more students with disabilities who are receiving more support services.
- Special education programs in the United States were made mandatory in 1975 when Congress passed the Education of the Handicapped Act (EHA).
- The two most basic rights ensured by the IDEA are that every disabled student is entitled to a free and appropriate public education in the least restrictive environment.
- IDEA 2004 calls for states to establish goals for the performance of children with disabilities so that they are aligned with each state's definition of "adequate yearly progress" under the No Child Left Behind Act of 2001.
- With the rise of mainstreaming students with disabilities into typical school environments, the burden of proving that a child can excel in a mainstreamed classroom has shifted away from parents to the teachers and administrators who must make the case that a given child should *not* be mainstreamed.
- Per the Ohio Department of Education, General Revenue Fund funds for disabled student services have been increasing significantly from \$19 million in 2002 to \$31 million in 2004.
- Between calendar years 2002 and 2004 identified government funding for disabled student services in Cuyahoga County increased from \$31.9 million in 2002 to \$44.1 million in 2004.
- As of May 11, 2006, over \$44.4 million in revenues for disabled student services has been identified countywide.
- Strategies that seem to be most effective in helping students with disabilities remain in high school typically include counseling services, reading remediation, tutoring, attendance monitoring, or after-school clubs.
- Two major barriers to the implementation of evidence-based practices are the lack of time and inadequate support from administrators.
- The estimated universe of possible consumers is 29,757 including both realized (29,757) and unrealized (0) access.
- Countywide, there are 35 service sites for disabled student service programs. This is a ratio of 850 possible consumers (estimated 29,757 total) to one service site countywide.

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ATTACHMENTS

Attachment 1: Researcher List

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Thanks to **The Center for Community Solutions** for providing multiple sources of information.

Attachment 2: Technical Notes

Technical Notes: Methodology, Caveats, Limitations of Data

The following provides descriptions, definitions, methodologies, caveats, or limitations of data for the following components of the core service reports:

- Unit of Analysis
- First Call for Help Data
- Funding Information for Core Services
- Consumer and Financial Data: Caveats
- Gap Analysis Methodology & Limitations
- Service Site Index

Unit of Analysis

The core service is the unit of analysis. United Way of Greater Cleveland either funds or could fund 80 core services. These are the object and subject of the research, specific to Cuyahoga County. A separate report has been developed for each service. It must be noted that the aggregate of any quantifiable data across all of the reports does not comprise a picture of the totality of health and human services in Cuyahoga County because there are many more than 80 services that comprise the community's safety net.

The unit of analysis for estimates of service consumers is the individual, the family, or the household.

United Way - First Call for Help Data

For most core services, United Way First Call for Help (FCFH), the community's resource and referral service data, was used in tables that show the number of service providers and service sites, the geographic location of service providers by zip code, the service area by zip code as reported by providers of the respective services, and to show unmet need and greatest increase/decrease in calls received by FCFH for a particular core service.

It is important to remember that FCFH receives calls from a variety of sources that include people calling on behalf of a prospective consumer such as social workers, provider agencies, relatives, etc. Not all calls come directly from a prospective consumer, so some of the zip codes are for hospitals and business addresses, although the numbers for these zip codes are relatively small.

Calls also may be from people who are not interested in receiving a service, but wish instead to make a contribution to a program such as clothing, household items, food, books, crafts supplies, etc.

Because, in many instances, FCFH codes its data with a different level of core services than the 80 core services identified by the United Way Community Investment staff as fundable services, it was necessary to develop a crosswalk. This crosswalk was used for a number of services, however, seven services did not have a match in the FCFH database. The staff of United Way - First Call for Help gave explanations which follow each core service):

- Adolescent/Youth Counseling: A caller asking about help with their troubled teenager would be referred by the type of counseling rather than age. (Example: counseling for drugs, family, sexual abuse, etc.)
- Advocacy: FCFH does not receive calls from people about advocacy.
- Child Care: Calls are directed to Starting Point.
- Condition Specific Rehabilitation Services: FCFH would refer caller back to their primary care physician for a referral.
- Early Intervention for Mental Illness: FCFH does not receive calls for this, but if they did, they would refer to the county's Help Me Grow program.
- Family Support Centers: FCFH defines data by specific service rather than type of agency. Depending on the call, the caller may be referred to General Counseling or Early Intervention for Infants and Toddlers with Disabilities, and so on.
- Preschools: Calls are directed to Starting Point.

A different match was used for other services that had no crosswalk.

- Medical Transportation and Senior Ride: FCFH uses "Paratransit" as they do not differentiate between senior transportation, medical transportation, and transportation for the disabled.
- Outpatient Mental Health Facilities: FCFH uses "Mental Health Drop-in Centers."

It must also be noted that, for the most part, the FCFH database does not include for-profit agencies. In the case of home health care providers, we contacted the Long Term Care Ombudsman for a more complete list of provider agencies which includes for-profit organizations.

There were several instances where the FCFH database did not code a United Way-funded agency with the core service for which they were receiving funding. In these instances, the agency was added manually to the Service Provider Table along with their site locations. The core services with the respective United Way of Greater Cleveland agencies that were added are:

- Case/Care Management – Care Alliance, Cystic Fibrosis, Epilepsy Foundation, Golden Age Centers
- Comprehensive Outpatient Substance Abuse Treatment – The Covenant
- Disease/Disability Information – The Muscular Disease Society of Northeastern Ohio
- Early Intervention for Infants and Toddlers with Disabilities – United Cerebral Palsy
- Medical Expense Assistance – North Coast Health Ministry
- Medical Transportation (Paratransit in FCFH) – Kidney Foundation of Ohio
- Senior Centers – Catholic Charities Services Corporation, Jewish Community Center of Cleveland, Jewish Family Service Association of Cleveland, University Settlement House.
- Volunteer Development – Neighborhood Leadership Institute

It must also be noted that when numbers are low for trend data reported, the high percentages are slightly exaggerated.

Funding Information for Core Services

We collected financial information for each core service on a countywide level from multiple sources including major government funders, foundations, federated fund raising organizations, and United Way of Greater Cleveland. While we were successful in gathering a substantial amount of data, there is much that has not been collected. It must also be noted that even if we had all major public and private funding gathered, this would not create a total picture of health and human service funding in Cuyahoga County because there are more than 80 core services provided. The following provide highlights of data collected and some of the limitations for each source. It is important to note that funding in each source is changing and represents point in time amounts. The typical period for trend data, when available, is 2002, 2003, and 2004. Note: some services are funded by private insurance or other self-pay arrangements.

Foundation Funding

We attempted to obtain foundation funding amounts for each core service from the latest annual report or 990 PF (foundation tax return to the IRS) of each major foundation that funds social services in Greater Cleveland. Wherever a description of the grant purpose was given, we used our best judgment to match the grant to the appropriate core service. If the grant fell within more than one core service area, it was not listed. When no description was given, the grant was treated like a general operating grant and assigned to a core service only when the mission of the grant recipient fell mainly within one particular core service. In-kind donations, grants for capital and equipment expenses and administrative salaries were not used. When grants were \$10,000 or greater, they were listed by name of the foundation. All others were placed under Other Foundations and not listed. Typically, we did not attempt to provide trend financial data for foundation funding of core services because of the changing nature of funded programs from year to year.

Federated Funding Sources

We approached the major federated funders of core services in Greater Cleveland for funding and consumer information. Some data provided was for a single point in time; others provided three years of trend data. We often had to do a cross walk of United Way of Greater Cleveland funded core services against those funded by federated agencies to agree on the services.

Government Funding

We approached every major government funder for funding amounts for each core service and also did Internet searches for some federal government sources. Due to the constant state of change in government funding, it is important to note that the data provided is a snapshot in time and that many of the programs funded in 2004 have changed definition, are funded through different revenue sources, or no longer exist at all due to a lack of funding. This is particularly true of Community Development Block Grant dollars which have decreased due to shifting federal priorities.

Every effort was made to appropriately match government funding data to the correct core service area; however, this was not always possible as frequently the service definitions were not a one-to-one match. It was necessary, in some instances, to take the closest match or use the sore service which represented a majority of the services being provided.

In other cases, it was not possible to select a specific core service. An example is Medicaid in which Medicaid-defined services crossed over more than four core services in some instances. In cases where Medicaid is a significant source of revenue, the data was entered as an

aggregate total at the appropriate AIRS level. These aggregates are footnoted under the appropriate funding table.

Every effort was made to include data from municipalities. However, many did not respond after repeated requests for information. We would like to thank those who took the time to help with this project.

Medicaid Funding

A significant portion of Medicaid funding was NOT entered under the countywide total in the core service reports for two reasons: first, because many of the Medicaid services are not a one-to-one match with United Way core services, and second because some Medicaid services fall into more than one AIRS Level 1 categories. In the first instance, Medicaid funding was entered as an aggregate total at the AIRS 1 level, and in the second instance Medicaid funding was entered as an aggregate total under Third Party Payee/Direct Bill in the combined Master Revenue file of funding across all nine AIRS Levels. They are as follows:

Entered as Aggregate Total Under Appropriate AIRS Level

- Medicaid Service - Home Care (\$17,787,703 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: daily living aids and home health care.
- Medicaid Service - CADAS (\$8,522,183 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: comprehensive outpatient substance abuse treatment, residential substance abuse treatment programs, substance abuse education and prevention.
- Medicaid Service - Therapy (\$2,257,394 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: condition specific rehabilitation, and speech & hearing.
- Medicaid Service - CMH (\$67,773,487 in 2004) - Falls into AIRS 1 Mental Health Care & Counseling and includes the following core services: supportive therapies, adolescent/youth counseling, children's residential treatment facilities, early intervention for mental illness, general counseling services (outpatient mental health facilities), and psychiatric day treatment.

Entered as Aggregate Total Under Third Party Payee/Direct Bill

- Medicaid Service - Inpatient Hospital (\$188,329,269 in 2004) - Falls into two different AIRS 1 categories: Basic needs and health care. It includes the following core services: condition specific rehabilitation and medical expense assistance.
- Medicaid Service - Waiver (\$128,921,354 in 2004) – This category included all PASSPORT services. Since we reported PASSPORT separately, in order to avoid duplication, we deducted the PASSPORT total of \$52,676,048 from this number and reported the remaining \$76,245,306. This total falls into AIRS 1 Basic Needs, Health Care and Individual & Family Life and includes the following core services: adult day care, home-delivered meals, home health care and in-home assistance.
- Medicaid Service - Habilitation (\$55,550,307 in 2004) - Falls into AIRS 1 Health Care and Individual & Family Life and includes the following core services: condition specific rehabilitation services, early intervention for infants and toddlers with disabilities/delays, and residential living options for people with disabilities.

United Way of Greater Cleveland Funding

Financial data for core services funded by United Way of Greater Cleveland was for FY 2004 (July 2003 to June 2004). It included allocations through the community investment committees

and donor designations that United Way funded agencies applied to the respective core services. It is important to note that not all United Way funded agencies applied donor designated gifts, which are unrestricted, to the core service for which they receive United Way funding. It did not include donor designations that non-United Way funded agencies used for any of the 80 core services.

United Way Agency Revenues

Annually United Way-funded agencies submit revenue budgets to United Way for each funded core service. This information for FY 2004 is reported. However, all of the agency data may not be included in the countywide data as agencies may have assigned dollars from unrestricted grants to a specific core service, or allocated a portion of grant monies that fell within two or more core service areas. It was not always possible to match countywide government or foundation funding with that reported by the agencies and that gathered from other funding sources.

Consumer and Financial Data: Caveats

The following applies to revenue sources on tables and graphs and their corresponding consumer data used in the consumer demographics and zip code tables.

All Core Services

Data was self-verified by the funder/provider. Whenever data provided by a funder appeared to be inconsistent or incorrect, an attempt was made to contact the funder. If the funder responded, the data was either adjusted according to their instructions, or the reason for discrepancies footnoted. If they did not respond, or if they said it was correct, the data was left as submitted.

Demographic and zip code data provided by the funder/provider is frequently taken from consumer intake forms which may have missing or incomplete data, or from provider agency databases which contain data entry errors or incomplete consumer intake forms. Whenever possible, the funder was asked for corrected data. In cases where a correction was not possible, the data was counted as either unknown or missing. The usage of these terms is footnoted at the bottom of each table and is explained more fully in the Gap Analysis section of this attachment.

It was not always possible to get information in the format requested as each funder tracks data differently, using different service definitions, terminology and variables. Wherever possible, data was matched to a consistent report format.

When a funder could not provide consumer demographics, but could provide an estimated percentage of consumers by category, we took the total number of consumers and applied the percentages to come up with estimated numbers for the consumer tables. For example, Medicaid tracks individual recipients throughout the year, entering new data if there is a change, each time a claim occurs. Thus, a consumer who has a birthday between claims will appear in the system for that year with two different ages.

To resolve this, the percentage of consumers in each age range was determined for the total number of duplicated consumer ages. Those percentages were then applied to the total number of unduplicated consumers for the year in order to reach a total number of unduplicated consumers for each age range.

The time periods for both revenue and consumers vary by funder/provider. United Way Program Report data is for FY 2004 (July 2003 to June 2004). Other funder/provider data is for either a January to December or July to June fiscal year.

Gap Analysis Methodology & Limitations

Based on Anderson's (1964) seminal needs assessment model, realized access is defined as the number of consumers who receive service while unrealized access is the estimated number of consumers who need and would utilize a service, but are not currently receiving it. This could be considered the service gap. Unrealized consumer access to services drives the need for change in the social service delivery system. Ensuring unrealized consumer access to services requires new models of service delivery related to access, effective use of resources, data management, and funding. There were multiple steps used to conduct a gap analysis:

- *Estimate of persons in need of the service:* Unless local research was conducted to determine need for a given service, this estimate was obtained by either using U.S. Census data for Cuyahoga County or applying percentages from national studies and reports to the census data. All references and percentages are footnoted in the respective graphs or tables. In most cases this percentage was also applied to actual 1990 Census figures and population projections 2005 through 2015 that were done by the Ohio Department of Development.
- *Estimate of number of ACTUAL consumers in the public systems (realized access):* Data submitted to United Way by funded agencies was aggregated to determine the number of consumers for each core service. The period was FY 2004, which is July 2003 through July 2004.
 - In some cases data was "unknown," defined as data not collected by agency because no tracking system was available or the type of service delivered made it difficult (i.e., group presentations, telephone information and referral, and drop-ins). This also represents data not completed by consumers either deliberately or inadvertently on intake forms.
 - In other cases, data was missing that, for United Way data, represented computational errors or incorrect completion of online reports. For all other data, "missing" represents data funders/providers were unable to provide.
 - There was no check of the accuracy of data submitted by agencies.
 - Major government funders were asked to provide information about the number of consumers for the respective core services that they funded. In most cases, services were not defined in the same way as the United Way core services which are based on the Alliance for Information and Referral Systems (AIRS) taxonomy. To accommodate these differences, customized crosswalks were developed.
 - We assumed that the numbers of consumers across funding sources were not unduplicated and thus made a judgment about which numbers would be the best estimate of an unduplicated number.
 - The estimate of consumers is not inclusive since it does not include numbers of consumers who use their personal resources to pay for services, nor for other private resources such as insurance or agency fundraising. In addition, it was not always possible to obtain information from some government funders.
- *Estimate of number of "unknown/non-consumers":* This is the difference between the estimated number of actual consumers and the estimate of persons in need.
- *Estimate of number of "would-be users" (unrealized access):* This is the estimate of persons who would use a service if it were available, typically based on research.

- *Estimate of number of “never users”*: This is the difference between the estimated number of unknown/non-consumers and would-be users.
- *Estimate of “universe of possible consumers”*: This is the total of those actually receiving the service (realized access) and those would-be users (unrealized access).

We recognize that this is not a perfect method for assessing either realized or unrealized access to core services. However, we opted to use an imperfect method rather than no method to demonstrate both the complexity and the usefulness of quantifying realized and unrealized access to services as a first step toward a more rigorous methodology. In the business sector this would be a form of market analysis. We also recognize that actual consumer numbers are not unduplicated across funders, or across core services. Thus, there is much work yet to be done to gain realistic estimates of needs.

The numbers we provided are on a countywide level. We recognize that there could be, and often are, differences by demographics and geographical area. In the Actual Consumer Demographics attachment, we have identified the profile of the base consumer group from census, but have little on the estimated persons in need. Occasionally, there is information from other research that describes differences among different racial, ethnic, gender, age, or income groups that is discussed in the narrative. There is also inconsistent information for consumers funded by various governmental bodies. In other words, some funders provided demographic data and others did not. In the Actual Consumer Zip Codes attachment, we have also attempted to identify the geographic profile of the estimated persons in need and actual consumers. However, this information has the same limitations as the demographics.

Service Site Index

For many services a service site index was developed. It provides a ratio of estimated consumers per service site on a countywide level and for each zip code within the county. The ratio is based on the number derived from the gap analysis described in the previous section and on the number of providers who reported to United Way – First Call for Help whether a specific service site includes a given zip code in its service area. A provider site is located in a single zip code, but could serve multiple zip codes. The ratio is a measure of potential service accessibility by estimated universe of service consumers per zip code area. This measure does not include the capacity of providers to offer the service, for example, the number of consumers that can be served on a daily basis. It is only capturing whether there is a possibility of being a consumer. The lower the ratio, the greater is the chance of receiving service. The index also gives an indication of which zip codes have higher ratios which means that consumers have a lower probability of receiving a service as well as any patterns in zip codes that have high percentages of African Americans, Asians, or Hispanics. A map is also attached which provides a graphic picture of the estimated consumers by zip code.

Based on the numbers of providers that report to FCFH whether they serve a given zip code, we had assumed that there would be greater variability across zip codes. In reality, many report that they serve the entire county. Thus the variability across zip codes is often primarily because of differences in the population numbers rather than in service sites that offer service in a given zip code.

Specific Service Issues

Senior Services

“Senior Centers” was used as a catch-all category when the funder-defined service covered more than one senior success core service and could not be accurately allocated among the separate core services. Often, funding for transportation and home-delivered meals was not broken out from senior activities and supportive services at the municipal level, so it was placed under Senior Centers. Because the core services for congregate and home-delivered meals and senior ride were tracked separately, funding for these core services was not included under Senior Centers to avoid duplication of resources, even though senior center activities can and do include congregate meals.

Senior Ride includes disabled individuals of all ages as well as seniors for most funders with the notable exception of Western Reserve Area Agency on Aging (WRAAA) that requires an individual to be 60 years of age or older in order to receive services. If the transportation service was not provided by a senior center, the number of consumers reflects the number of riders using the system and contains duplicates (e.g. paratransit).

Home improvement/accessibility data includes programs for low-income families and people of all ages with disabilities, as well as seniors.

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Attachment 3: Actual Consumer Demographics

Core Service: Disabled Student Services HL-180						
PERIOD	Total Population (%) ^a 1/1/2000-12/31/2000	Total Population 3 to 21 (%) ^{aa} 1/1/2000-12/31/2000	Estimated Persons in Need Students 3 to 21 in Special Education in 31 Cuyahoga County School Districts (%) ^{aaa} 2004-05	Actual Number/Percent of Consumers by Funding Source ^{aaaa}		
				UW Program Report Data Cuy Cnty Only N/A (%) 7/1/2003-6/30/2004	ODE (%) 7/1/2003-6/30/2004	MRDD (%) 7/1/2003-6/30/2004
TOTAL	1,393,978	357,265	29,757	N/A	Missing	1,030
Percent		25.6%	8.3%			
GENDER						
Male	47.2%	51.0%	N/A	N/A	0.0%	0.0%
Female	52.8%	49.0%	N/A	N/A	0.0%	0.0%
Unknown Data ^{*****}				N/A	0.0%	0.0%
Missing Data ^{*****}				N/A	100.0%	100.0%
RACE^{*****}						
White alone	67.1%	58.3%	N/A	N/A	0.0%	0.0%
Black or African American alone/combo	27.9%	35.7%	N/A	N/A	0.0%	0.0%
Asian alone/combo	2.1%	2.1%	N/A	N/A	0.0%	0.0%
American Indian and Alaska Native alone/combo	0.7%	0.8%	N/A	N/A	0.0%	0.0%
Native Hawaiian and Other Pacific Islander alone/combo	0.1%	0.0%	N/A	N/A	0.0%	0.0%
Some other race alone/combo	2.1%	3.1%	N/A	N/A	0.0%	0.0%
Unknown Data ^{*****}				N/A	0.0%	0.0%
Missing Data ^{*****}				N/A	100.0%	100.0%
HISPANIC^{*****}						
	3.3%	4.8%	N/A	N/A	0.0%	0.0%
AGE						
0-4	6.5%			N/A	0.0%	0.0%
5-9	7.3%			N/A	0.0%	0.0%
10-14	7.1%			N/A	0.0%	0.0%
15-19	6.4%		N/A	N/A	0.0%	0.0%
20-34	19.1%		N/A	N/A	0.0%	0.0%
35-64	29.3%			N/A	0.0%	0.0%
55-64	8.7%			N/A	0.0%	0.0%
65-74	7.8%			N/A	0.0%	0.0%
75+	7.8%			N/A	0.0%	0.0%
Unknown Data ^{*****}				N/A	0.0%	0.0%
Missing Data ^{*****}				N/A	100.0%	100.0%
INCOME^{*****}						
Average Household Size	2.4	N/A	N/A	N/A	N/A	N/A
\$0-\$9,999	11.3%	N/A	N/A	N/A	0.0%	0.0%
\$10,000-\$14,999	6.9%	N/A	N/A	N/A	0.0%	0.0%
\$15,000-\$19,999	6.7%	N/A	N/A	N/A	0.0%	0.0%
\$20,000-\$29,999	13.6%	N/A	N/A	N/A	0.0%	0.0%
\$30,000 and above	61.5%	N/A	N/A	N/A	0.0%	0.0%
Unknown Data ^{*****}				N/A	0.0%	0.0%
Missing Data ^{*****}				N/A	100.0%	100.0%
Totals	100.0%	N/A	N/A	N/A	100.0%	100.0%

Attachment 3: Actual Consumer Demographics (continued)

* U.S. Census 2000 SF1 (P1): PCT144
** US Census 2000, SF1 (P12) for 5 to 21 yrs; SF1 (P14) for 3 to 4yrs; SF4 (PCT 3)
*** Cuyahoga Special Education Service Center "Child Counts" Data, 2004=05
****Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
*****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms.
*****Missing Data - For United Way Data - represents computational errors or incorrect completion of online report. For all other data - represents data funder was unable to provide.
*****The race categories and data utilize US Census SF4 "Race Iterations," which allow for multiple races to be selected by census respondents. As a result, totals will add to > 100% of population. Universe is "Total Races Tallied." Except "White Alone", all racial categories are "... alone or in combination with some other race". This method isolates and minimizes the non-minority population ("White alone").
*****Hispanic - Amount in this field is from data provided by clients on intake forms and may not be accurate as clients may either deliberately or inadvertently provide incomplete data, or data may not be collected by the agency.
*****The U.S. Census reports income by household or family, not individuals. Estimates by income category were derived by applying the ratio of total county population (1,393,978) to total households (571,606) = 2.4. The number of households in each income category was multiplied by 2.4 to arrive at an estimate of individuals by income category. The assumption is that the average household size applies to each income category, which may result in more conservative estimates for children, and the "old," which may actually have larger proportions of persons in the lower income categories.

Attachment 4: Actual Consumer Zip Codes

Core Service: Disabled Student Services HL-180							
Period	City/Town (% Cleveland)	Total Population (%) [*]	Total Population 3 to 21 (%) ^{**}	Estimated Persons in Need Students 3 to 21 in Special Education in 31 Cuyahoga County School Districts (%) ^{***}	Actual Number/Percent of Consumers by Funding Source ^{****}		
					UW Program Report Data (%)	ODE (%)	MRDD (%)
		1/1/2000-12/31/2000	1/1/2000-12/31/2000	2004-05	7/1/2003-6/30/2004	7/1/2003-6/30/2004	7/1/2003-6/30/2004
TOTAL		1,393,978	357,265	29,757	N/A	Missing	1,030
Percent			25.6%	8.3%			
44017	Berea	1.4%	1.6%	N/A	N/A	0.0%	0.0%
44022	Bentleyville	1.3%	0.8%	N/A	N/A	0.0%	0.0%
44040	Gates Mills/Mayfield Village	0.2%	0.2%	N/A	N/A	0.0%	0.0%
44070	North Olmsted	2.4%	2.4%	N/A	N/A	0.0%	0.0%
44101	Cleveland (100%)	0.0%	0.0%	N/A	N/A	0.0%	0.0%
44102	Cleveland/Brooklyn (95%)	3.7%	4.4%	N/A	N/A	0.0%	0.0%
44103	Cleveland (100%)	1.8%	2.4%	N/A	N/A	0.0%	0.0%
44104	Cleveland (100%)	2.1%	3.0%	N/A	N/A	0.0%	0.0%
44105	Cleveland/NewburghHts/GarfieldHts (75%)	3.9%	4.8%	N/A	N/A	0.0%	0.0%
44106	Cleveland/Cleveland Hts (60%)	2.3%	2.6%	N/A	N/A	0.0%	0.0%
44107	Lakewood/Cleveland	4.0%	3.4%	N/A	N/A	0.0%	0.0%
44108	Cleveland/Bratenahl (90%)	2.6%	3.3%	N/A	N/A	0.0%	0.0%
44109	Cleveland/Brooklyn Hts (98%)	3.3%	3.5%	N/A	N/A	0.0%	0.0%
44110	Cleveland/East Cleveland (98%)	1.9%	2.3%	N/A	N/A	0.0%	0.0%
44111	Cleveland (100%)	3.1%	2.9%	N/A	N/A	0.0%	0.0%
44112	East Cleveland/Cleveland	2.4%	2.8%	N/A	N/A	0.0%	0.0%
44113	Cleveland (100%)	1.4%	1.4%	N/A	N/A	0.0%	0.0%
44114	Cleveland (100%)	0.3%	0.1%	N/A	N/A	0.0%	0.0%
44115	Cleveland (100%)	0.6%	0.9%	N/A	N/A	0.0%	0.0%
44116	Rocky River	1.5%	1.2%	N/A	N/A	0.0%	0.0%
44117	Euclid/Cleveland	0.9%	0.7%	N/A	N/A	0.0%	0.0%
44118	ClevelandHts/UniversityHts/ShakerHts	3.2%	3.6%	N/A	N/A	0.0%	0.0%
44119	Cleveland/Euclid (50%)	1.0%	0.8%	N/A	N/A	0.0%	0.0%
44120	Shaker Hts/Cleveland	3.4%	3.6%	N/A	N/A	0.0%	0.0%
44121	University Hts/South Euclid	2.5%	2.5%	N/A	N/A	0.0%	0.0%
44122	Beachwood/Highland Hills/ShakerHts	2.5%	2.2%	N/A	N/A	0.0%	0.0%
44123	Euclid	1.3%	1.2%	N/A	N/A	0.0%	0.0%
44124	Pepper Pike/MayfieldHts/Lyndhurst	2.9%	2.1%	N/A	N/A	0.0%	0.0%
44125	Valley View/Garfield Hts	2.1%	2.0%	N/A	N/A	0.0%	0.0%
44126	Fairview Park/Cleveland	1.2%	1.1%	N/A	N/A	0.0%	0.0%
44127	Cleveland (100%)	0.6%	0.8%	N/A	N/A	0.0%	0.0%
44128	Warrensville Hts/Cleveland	2.4%	2.4%	N/A	N/A	0.0%	0.0%
44129	Brooklyn/Parma/Cleveland	2.1%	1.9%	N/A	N/A	0.0%	0.0%
44130	Parma/Cleveland	3.8%	3.1%	N/A	N/A	0.0%	0.0%
44131	Independence/Seven Hills/BrooklynHts	1.5%	1.2%	N/A	N/A	0.0%	0.0%
44132	Euclid	1.1%	1.0%	N/A	N/A	0.0%	0.0%
44133	North Royalton	2.0%	2.0%	N/A	N/A	0.0%	0.0%
44134	Parma/Cleveland	2.9%	2.5%	N/A	N/A	0.0%	0.0%
44135	Cleveland/Linndale (90%)	2.0%	2.0%	N/A	N/A	0.0%	0.0%
44136	Strongsville	3.1%	3.2%	N/A	N/A	0.0%	0.0%
44137	Maple Hts/Cleveland	1.9%	1.9%	N/A	N/A	0.0%	0.0%
44138	Olmsted Twp/Olmsted Falls	1.3%	1.2%	N/A	N/A	0.0%	0.0%
44139	Bentleyville/Glenwillow/Solon	1.6%	1.9%	N/A	N/A	0.0%	0.0%
44140	Bay Village	1.1%	1.1%	N/A	N/A	0.0%	0.0%
44141	Brecksville	1.0%	0.9%	N/A	N/A	0.0%	0.0%
44142	Brookpark/Cleveland	1.5%	1.4%	N/A	N/A	0.0%	0.0%
44143	Highland Hts/Richmond Heights	1.7%	1.5%	N/A	N/A	0.0%	0.0%
44144	Brooklyn/Cleveland	1.6%	1.2%	N/A	N/A	0.0%	0.0%
44145	Westlake	2.3%	2.0%	N/A	N/A	0.0%	0.0%
44146	Walton Hills/Oakwood/Bedford	2.3%	1.9%	N/A	N/A	0.0%	0.0%
44147	Broadview Hts	1.1%	1.1%	N/A	N/A	0.0%	0.0%
	Unknown Cuyahoga County Zip Codes*****				N/A	0.0%	0.0%
	Missing*****				N/A	100.0%	100.0%
	Unknown*****				N/A	0.0%	0.0%
	Total Cuyahoga County*****	100.0%	100.0%	N/A	N/A	0.0%	0.0%
	Total Known Cleveland	30.5%	43.5%	N/A	N/A	0.0%	0.0%
	Total Known Suburbs	69.5%	56.5%	N/A	N/A	0.0%	0.0%
	Unknown & Missing				N/A	100.0%	100.0%

Attachment 4: Actual Consumer Zip Codes (continued)

* U.S. Census 2000 SF 1 (P1)
** U.S. Census 2000 SF1 (P12) for 5 to 21 years; SF1 (P14) for 3 to 4 years
*** Cuyahoga Special Education Service Center "Child Counts" Data, 2004-05
**** Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
*****Missing Data - For United Way - represents computational errors or incorrect completion of online report. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County. For all other data - represents data funder was unable to provide.
*****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County.
***** Totals vary because of rounding. County total population 1,393,978 does not correspond to the total of zip codes because some zip codes include data from adjacent counties

Attachment 5: Profile of Core Service Providers – 2005

PROFILE OF CORE SERVICE PROVIDERS - 2005		
Source: United Way - First Call for Help Refer Database February 2005; Supplemented by List from Cuyahoga Special Education Service Center (CSESC) 2004-05.		
	Count	Sub-Count: UW-Affiliated
Total Number of Organizations	33	0
Number of Organizations by Type		
Nonprofit	1	-
For-profit	-	-
Government	32	-
Other	-	-
Total Number of Service Sites	35	-
Number of Service Sites per Organization		
1	33	-
2 – 5	2	-
6 – 10	-	-
11+	-	-
44017 - Berea	1	-
44022 - Bentleyville	1	-
44040 - Gates Mills/Mayfield Village	-	-
44070 - North Olmsted	1	-
44101 - Cleveland	-	-
44102 - Cleveland/Brooklyn	-	-
44103 - Cleveland	-	-
44104 - Cleveland	-	-
44105 - Cleveland/Newburgh Hts/Garfield Hts	-	-
44106 - Cleveland/Cleveland Hts	1	-
44107 - Lakewood/Cleveland	1	-
44108 - Cleveland/Bratenahl	-	-
44109 - Cleveland/Brooklyn Hts	-	-
44110 - Cleveland/East Cleveland	-	-
44111 - Cleveland	-	-
44112 - East Cleveland/Cleveland	1	-
44113 - Cleveland	-	-
44114 - Cleveland	2	-
44115 - Cleveland	-	-
44116 - Rocky River	1	-
44117 - Euclid/Cleveland	1	-
44118 - ClevelandHts/UniversityHts/ShakerHts	1	-
44119 - Cleveland/Euclid	-	-
44120 - Shaker Hts/Cleveland	1	-
44121 - University Hts/South Euclid	-	-
44122 - Beachwood/Highland Hills/Shaker Hts.	1	-
44123 - Euclid	-	-
44124 - Pepper Pike/Mayfield Hts./Lyndhurst	2	-
44125 - Valley View/Garfield Hts	2	-
44126 - Fairview Park/Cleveland	1	-
44127 - Cleveland	-	-
44128 - Warrensville Hts/Cleveland	1	-
44129 - Brooklyn/Parma/Cleveland	1	-

Attachment 5: Profile of Core Service Providers – 2005 (continued)

PROFILE OF CORE SERVICE PROVIDERS - 2005		
Source: United Way - First Call for Help Refer Database February 2005; Supplemented by List from Cuyahoga Special Education Service Center (CSESC) 2004-05.		
	Count	Sub-Count: UW-Affiliated
44130 - Parma/Cleveland	-	-
44131 - Independence/Seven Hills/Brooklyn Hts	1	-
44132 - Euclid	-	-
44133 - North Royalton	1	-
44134 - Parma/Cleveland	-	-
44135 - Cleveland/Linndale	-	-
44136 - Strongsville	1	-
44137 - Maple Hts/Cleveland	1	-
44138 - Olmsted Twp/Olmsted Falls	<i>1</i>	-
44139 - Bentleyville/Glenwillow/Solon	1	-
44140 - Bay Village	1	-
44141 - Brecksville	2	-
44142 - Brookpark/Cleveland	-	-
44143 - Highland Hts/Richmond Heights	3	-
44144 - Brooklyn/Cleveland	<i>1</i>	-
44145 - Westlake	<i>1</i>	-
44146 - Walton Hills/Oakwood/Bedford	<i>1</i>	-
44147 - Broadview Hts	-	-
44149 - Strongsville	-	-

Note: Those in *Italics* are from the CSESC list and supplement FCFH.

Attachment 6: Providers and Functions – 2005

Service Providers & Functions	
Source: United Way - First Call for Help Refer Database February 2005; Supplemented by List from Cuyahoga Special Education Service Center (CSESC) 2004-05.	
Agency	Services
Bay Village City School District	Special Education And Gifted Education
Beachwood City School District	Special Education And Gifted Education
<i>Bedford School District</i>	<i>Special Education</i>
<i>Berea School District</i>	<i>Special Education</i>
Brecksville-Broadview Heights City School District	Special Education And Gifted Education
<i>Brooklyn School District</i>	<i>Special Education</i>
Chagrin Falls Exempted Village School District	Special Education And Gifted Education
Cleveland Heights-University Heights City School District	Special Education / Gifted Education
Cleveland Municipal School District	Special Education And Gifted Education
Cleveland Sight Center	Children And Youth Services
Cuyahoga Heights School District	Special Education And Gifted Education
Cuyahoga Valley Career Center	Youth - Vocational Education/Training - Disabilities
East Cleveland City School District	Special Education
<i>Euclid School District</i>	<i>Special Education</i>
Fairview Park City School District	Special Education
Garfield Heights City School District	Special Education
Independence Local School District	Special Education And Gifted Education
<i>Lakewood School District</i>	<i>Special Education</i>
Maple Heights City School District	Special Education/Gifted Education
Mayfield City School District	Special Education - Hearing Impaired, Special Education And Gifted Education
<i>No. Olmsted School District</i>	<i>Special Education</i>
North Royalton City School District	Special Education And Gifted Education
<i>Olmsted Falls School District</i>	<i>Special Education</i>
Orange City School District	Special Education And Gifted Education
Parma City School District	Special Education And Gifted Education
Richmond Heights Local School District	Special Education
Rocky River City School District	Special Education And Gifted Education
Shaker Heights City School District	Special Education/Gifted Education
Solon City School District	Special Education And Gifted Education
South Euclid-Lyndhurst City School District	Special Education And Gifted Education
Strongsville City School District	Special Education And Gifted Education
Warrensville Heights City School District	Special Education And Gifted Education
<i>Westlake School District</i>	<i>Special Education</i>

Bold represents agency funded by United Way for this core service. United Way did not fund any agency in FY 2004. Those in *Italics* are supplemented from the CSESC list.

Attachment 7: United Way - First Call for Help Disabled Student Services Requests – 2000-2004: Greatest Increase/Greatest Decrease

HL-180 Disabled Student Services								
United Way - First Call for Help Requests 2000-2004								
Greatest Increase/(Greatest Decrease)								
Zip Code		TOTAL REQUESTS					%Change* 00&04	Avg. # Calls 00-04
		2000	2001	2002	2003	2004		
44133	North Royalton	0	0	0	0	1	N/A	N/A
44124	Pepper Pike/Mayfield Hts./Lyndhurst	0	0	0	0	1	N/A	N/A
44105	Cleveland/Newburgh Hts/Garfield Hts	1	0	0	0	0	(100%)	0
**Total Cuyahoga County		2	2	3	3	3	50%	3
**Total Cleveland		1	1	2	2	0	(100%)	1
**Total Suburbs		1	1	1	1	3	200%	1
* Extremely high percentages are due to low numbers.								
** These totals do not reflect the sum of the numbers above which are the zip codes reflecting the greatest increase or decrease. Rather, they are the total of calls from ALL zip codes many of which do not appear on this table.								

Attachment 8: United Way - First Call for Help 2000-2004: Unmet Need

HL-180 Disabled Student Services				
United Way - First Call for Help Requests 2000-2004				
Unmet Need				
Zip Code	TOTALS 00-04			%
	Requests	Met	Unmet	Unmet
* Total Cuyahoga County	13	13	0	0%
* Total Cleveland	6	6	0	0%
* Total Suburbs	7	7	0	0%

FCFH DATA NOTES

Met = service request resulting in referral to an organization. (Does not mean agency was able to provide the service.)

Unmet = service request for which there was no referral.

Note: Zip Codes shared by Cleveland and surrounding suburbs whose boundaries fall 50% and greater within the city of Cleveland are highlighted and totaled as Cleveland. Others are totaled as Suburbs.

* These totals do not reflect the sum of the numbers above which are the zip codes reflecting unmet need in 2004. Rather, they are the total of calls from ALL zip codes some of which do not appear on this table.



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