

A REPORT ON EDUCATION FROM POLICY MATTERS OHIO

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# ANALYZING AUTISM VOUCHERS

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## ... IN BRIEF

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BY PIET VAN LIER

Ohio's Autism Scholarship Program allows parents with autistic children to use public funds of up to \$20,000 per year to purchase education or treatment at private schools or agencies.

During fiscal year 2007, about 734 children aged 3 to 21 were enrolled for at least part of the year. The state deducted \$10,872,770 that year from state foundation funds for 209 school districts with residents using the voucher. The average voucher was worth about \$15,000.

Families of all income levels are eligible and can choose from a list of some 200 providers approved by the Ohio Department of Education. These schools, agencies and therapists are located in 32 of Ohio's 88 counties.

Policy Matters conducted research to better understand who uses the voucher, what services are provided and how the program affects school districts. We also offer solutions to improve services for all children on the autism spectrum.

We interviewed parents seeking the best education and services for their children, school officials who said the program drains needed resources, and private providers offering services ranging from all-day school programs to speech or occupational therapy. We also consulted advocates with expertise in the education of autistic children.

### RAPID RISE

The number of public school children diagnosed with autism has increased dramatically in just over a decade, to 9,127 in 2006 from 194 in 1995. Agencies that serve children with disabilities, including the Ohio Department of Education, school districts, the Ohio Department of Mental Retardation and Developmental Disabilities and others have adjusted poorly to this rapid increase and have been slow in planning a coordinated response.

One former district special education director put it this way: "Think about the thousands of educators [in public schools]. You can't pass a law and expect [services] to change overnight." The widely differing needs of autistic children also present a challenge to the philosophy of equity and access for all children that has come to define federal special education law.

Nevertheless, improving services for children with autism should be a priority for school districts and the state, because strong public programs at the district level are "the exception and not the rule," according to the Ohio Autism Task Force, formed by the state legislature and Gov. Bob Taft in 2003.

Significantly, of the 21 parents interviewed for this study, those using the voucher reported greater satisfaction with services their children were receiving than those whose children were enrolled in public schools.

Autism spectrum disorders encompass a wide range of disabilities that impair one's ability to interact socially and make communication through spoken language difficult. They can also cause repetitive behaviors and interests. Autism is four times more likely to affect boys than girls, and occurs across racial, ethnic and socioeconomic lines.

### SELECTIVE ADMISSION

Just 40 of the 127 approved private providers that filed claims for voucher payment in the first quarter of fiscal year 2008 offered a school setting. Of these 40, only three did not limit or discourage enrollment by at least one of three criteria: ability, cost, or religious belief.

- Twenty-five of the 40 providers offering a school setting did not accept children with more severe disabilities;
- Fourteen of these 40 providers charged fees above the \$20,000 voucher cap, requiring families to pay extra costs out-of-pocket or choose another school;
- Eighteen provided a religious setting, or required religious instruction or agreement with a statement of faith, discouraging enrollment of otherwise eligible children.

The table below shows a breakdown of claims for payment by providers with school settings. Only 100 of the 541 first-quarter claims were for school settings that did not exclude some autistic students.

#### Analysis of claims for voucher providers by enrollment criteria

In the first quarter of fiscal year 2008, school-like providers made 541 claims. This breakdown shows the extent to which these providers limit or discourage enrollment based on disability, cost or religion.	
<b>Disability</b>	31 percent for providers that accept only less severely disabled children (166 claims)
	69 percent for providers that accept more severely disabled children (375 claims)
<b>Cost</b>	53 percent for providers that charge more than \$20,000 (285 claims)
	47 percent for providers that provide services for less than \$20,000 (256 claims)
<b>Religion</b>	22 percent for providers with a religious orientation (117 claims)
	78 percent for providers with no religious orientation (424 claims)
<b>Overall</b>	18 percent for providers with no apparent limitations* (100 claims)
	82 percent for providers with at least one limitation* (441 claims)

\*Some of the private religious schools in the program do not actively limit enrollment on religious grounds. However, schools classified as religious in this report require religious instruction or provide a religious setting, which can discourage enrollment of eligible children. Source: Number of claims from the Ohio Department of Education. Information on restrictions from provider interviews and websites.

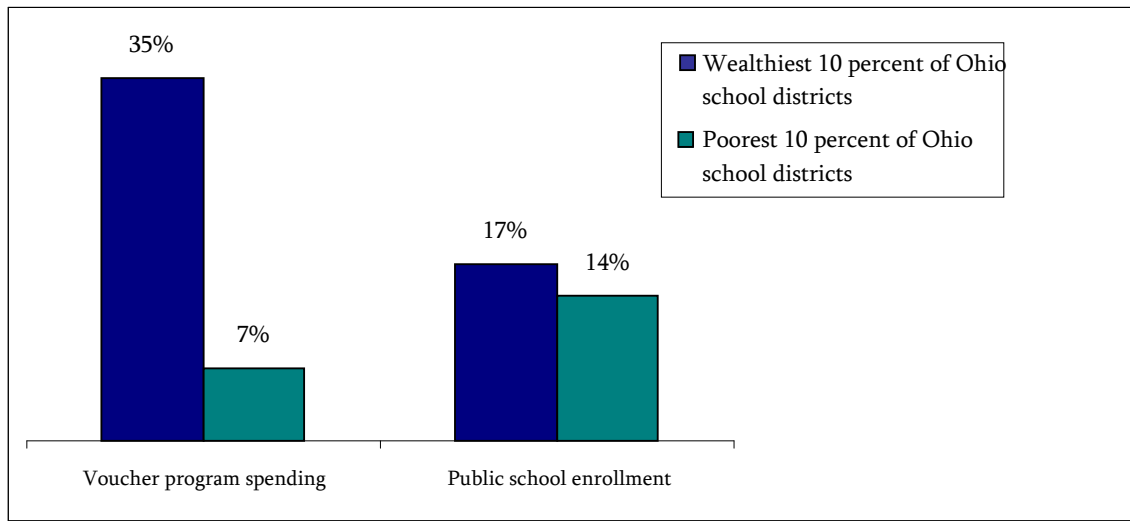
A total of 880 claims were made in the first quarter. As noted above, the 40 school-like providers made 541 claims. Other first-quarter claims were made by 87 providers that offered services such as tutoring or therapy. While a non-school setting may be more appropriate for some children with autism, such short-term tutoring or therapy differs substantially from the five-plus hours of classroom instruction mandated under Ohio law, and may reasonably be expected to cost less than a full day of schooling. Nearly 40 percent of first-quarter claims were made for these private providers that did not offer a classroom setting.

### GREATER USE BY WEALTHIER OHIOANS

Voucher use by residents of Ohio's wealthiest districts accounts for 35 percent of spending on the voucher program, while these districts enroll only 17 percent of Ohio's public school students; residents of the state's poorest districts enroll 14 percent of the state's students but account for only 7 percent of spending in the program, as the figure at the top of the next page shows.

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**Residents of wealthiest districts account for 35 percent of voucher spending**



Sources: Office for Exceptional Children at the Ohio Department of Education; Ohio Department of Taxation

Reasons for this disproportionately higher use by Ohioans in wealthier communities likely include cost – at least 14 of the 40 school-like providers charge more than the \$20,000 voucher limit, leaving parents to pick up the difference. Lower-income parents also may have more difficulty taking advantage of home-based services offered by many voucher providers, since both parents are more likely to be working outside the home.

For this analysis, Policy Matters used Ohio Department of Education data for fiscal year 2007 that show deductions from state foundation aid for each district with residents using the voucher. Median income data were taken from the Ohio Department of Taxation’s most recent summary of income tax returns by school district.

**VOUCHER STUDENTS IN MORE RESTRICTIVE SETTINGS**

Fully 75 percent of the 880 first-quarter claims were made for providers created to primarily or exclusively serve disabled students and therefore unlikely to offer voucher students the opportunity for regular interaction with non-disabled peers. As a result, the program undercuts decades of advocacy for the inclusion of disabled children in the mainstream of education.

**Majority of claims are for providers that serve only disabled students**

	Claims for providers that serve children with less severe needs	Claims for providers that serve children with more severe needs	non-school providers	totals	percent
Segregation more likely	113	211	339	663	75%
Segregation less likely	53	164	--	217	25%
Totals	166	375	339	880	100%

Source: Ohio Department of Education, claims per provider first quarter fiscal year 2008.

The “Least Restrictive Environment” provision of the federal Individuals with Disabilities Education Act requires that children with disabilities be educated with non-disabled children to the maximum extent possible. Separate classes or schooling are to occur only when the needs of disabled children can’t be met in an inclusive environment, such as a regular education classroom or school, even with extra assistance.

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Policy Matters analysis shows that a significant majority of voucher students do not have access to such a setting through approved private providers. According to ODE, no complaints have been filed on this issue. Experts consulted for this study said that clarity could likely come only from a court challenge to the program.

The importance of this question is highlighted by the priority parents interviewed for this study placed on finding a setting that allows their children to practice social interaction with non-disabled peers who can model appropriate behaviors. Interviews also suggest, however, that many parents using the voucher are choosing more restrictive environments because they consider them more appropriate for their children.

### FEW PROVIDERS IN RURAL AREAS

Approved providers in the program are concentrated in Ohio's metropolitan areas, excluding Ohioans not within reasonable driving distance. Last year, 37 counties had no participants, while districts in Ohio's three largest counties accounted for nearly half of voucher spending. Only 32 of Ohio's 88 counties had approved private providers within their boundaries.

Furthermore, all but 10 providers are in Ohio's eight major metropolitan areas, defined as counties with urban centers (Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Summit, and Stark counties) and immediately surrounding counties.

Despite this distribution of private providers, residents of 51 counties participated in the voucher program in fiscal year 2007. The table below shows the ten counties with the highest deductions for the program.

**Ten counties with the highest deductions  
for the autism voucher program, fiscal year 2007**

County	Deduction	Public school enrollment	Voucher students
Franklin	\$2,709,416	163,231	180
Cuyahoga	\$1,311,394	171,863	92
Hamilton	\$1,114,727	103,886	70
Mahoning	\$650,405	34,011	37
Delaware	\$548,628	21,096	34
Summit	\$483,705	77,849	28
Lucas	\$462,187	58,007	37
Lake	\$320,491	33,694	23
Trumbull	\$316,784	32,559	17
Warren	\$282,410	33,214	18

Source: Ohio Department of Education, all data fiscal year 2007.

In terms of voucher use, this comparison shows that:

- Ohio's three largest counties (Cuyahoga, Franklin and Hamilton) account for nearly half of all spending in the program (47 percent) but account for only a quarter (26 percent) of the state's overall public school enrollment.
- The \$8.2 million ODE deducted from foundation aid designated for districts in the ten Ohio counties with the highest resident participation in the program represents 75 percent of all voucher spending. These are either counties where one of the state's eight large urban school districts is located, or adjacent suburban counties.

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Although at least one agency offers tutoring statewide, it is likely that many families in counties with no providers incurred transportation costs not covered by the voucher. Parents from unserved counties in southeast Ohio reported that no appropriate services are available outside of the public sector, with or without the voucher.

Geographic disparity in the availability of services for Ohio's autistic children predates the voucher program. The program's creation has not reduced this inequity, nor does it invest in the training of public school teachers who serve autistic children throughout the state.

### OVERSIGHT AND ACCOUNTABILITY LACKING

The state provides minimal oversight. Parents are responsible for holding providers accountable for services which they, as private entities with no obligation to serve or enroll all children who apply, are not legally required to provide. The primary oversight of providers in the voucher program consists of a credential check.

The application includes an affidavit requiring a notarized signature assuring that the provider has specific policies and procedures in place, background checks for owners, employees, contractors and staff on file, adequate insurance and enough capital or credit to operate during the upcoming school year. The agency must also assure ODE that it has been in operation at least one full school year prior to enrolling children using the voucher.

ODE staff does not oversee any individual program's operation. Oversight is focused on credential checks – each provider must have at least one appropriately licensed staffer or consultant to be approved.

Individualized Education Programs (IEPs) and progress reports required by program rules are not sent to ODE; only parents and staff at private providers and school districts see them. Several school district officials and some private providers interviewed for this study raised concerns about weak oversight of voucher providers, asserting that some agencies provide poor or inadequate services or don't provide services required by a child's IEP.

One provider that signed the affidavit in June 2007 ran out of money and closed its doors just five months later, according to a newspaper account. The closing left 20 families scrambling to place their children elsewhere.

### EDUCATION GUARANTEE

Federal law requires that disabled children receive a "free appropriate public education" (FAPE), but families using the autism voucher give up this right. Each year, however, district staff must continue to write each voucher participant's IEP, based on reports from private providers, even if the child has never enrolled in a district school.

If parents in the program aren't satisfied with a voucher provider, their only options are to shop around for another provider who accepts the voucher, pay with their own funds at another private school or agency, or return to their district school. IEPs written by school district staff, in theory, provide a guarantee that children's needs will be met. But lack of oversight and potentially contentious relationships between private providers and district staff can weaken this protection.

*Policy Matters Ohio is a non-profit, non-partisan policy research institute dedicated to researching policies and programs that work for all in Ohio. The full version of this report, along with sources for all data used, can be found at [www.policymattersohio.org](http://www.policymattersohio.org). Policy Matters seeks to broaden debate about state policy by providing research on issues that matter to Ohio's working people and their families. To those who want a more fair and prosperous Ohio ... Policy Matters.*

## CONCLUSIONS AND RECOMMENDATIONS

The autism voucher provides education and therapy options to about 5 percent of autistic children in Ohio's public schools. The voucher has allowed many families to access services they might not have otherwise been able to use. But the program's exclusivity and inequities overshadow benefits and undermine the idea of public schools as a place where a diverse group of children can learn together and begin to create a common civic culture.

For these reasons, Policy Matters does not view the program as sound education policy or as a good model for a broader special-needs voucher in Ohio or other states. However, because many families are already depending on the voucher, we do not recommend ending the program.

Rather than supporting a system that exacerbates inequity, public resources should be directed toward strengthening services for all. To this end, we recommend policy makers:

- **Create incentives to serve autistic children through collaboration among schools, boards of Mental Retardation and Developmental Disabilities (MR/DD), regional service centers, higher education institutions and private providers.** Examples of this type of collaboration, such as a partnership among three school districts, the education service center and Defiance College in northwest Ohio, already exist. These efforts are needed around the state, but would particularly benefit underserved rural areas.
- **Create new opportunities for professional development for teachers, aides and administrators who work with autistic children.** While public schools are arguably in the best position to deliver comprehensive education services to children on the autism spectrum, the lack of appropriate staff training is a serious shortcoming.
- **Establish incentives for institutions of higher education to develop programs and curricula that lead to certification in the teaching of children with autism.** Examples already exist. At Bowling Green State University, for example, efforts are underway to establish a master's level autism certificate which includes coursework and practical experience working with autistic children.
- **Establish criteria for data collection and reporting by private providers.** This would enable stronger oversight of the program and help policymakers better understand it.

The state has begun working to coordinate and improve services for children with autism, most notably through the Interagency Work Group on Autism, led by the Ohio Department of MR/DD. Regional Autism Advisory Councils around the state are showing promise in bringing a much needed focus to unserved areas, and must be fully supported.

These recommendations concern concrete reforms related to educating children with autism. Other broader reforms that could help include:

- Ensuring that the state's special education funding formula for school-age children and unit funding for preschoolers are both up-to-date and fully funded.
- Passing the bill currently before the Ohio legislature to prohibit health insurers from excluding coverage for autism spectrum disorders. Similar legislation has passed in 19 other states. Introduced in April 2007 with bipartisan support, HB 170 would prohibit health insurers with certain minimum enrollment levels from denying coverage for the diagnosis and treatment of autism. Many health plans cover diagnosis but not treatment. Ensuring coverage would be of immense value to many families.

To read the full report, with complete recommendations, go to [www.policymattersohio.org](http://www.policymattersohio.org)