Final Report on Evaluation of the “Other Disabilities” DSPS Reporting Category

A contract with Yosemite Community College District DSPS Program Accountability and Development Services
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EXECUTIVE SUMMARY

This year-long study of the “Other Disabilities” weighted student count (WSC) sought to explain the use of this category. Answering questions such as: what factors or conditions motivate DSPS staff to assign “Other Disabilities” as the MIS category and what support services and academic accommodations are provided and at what cost.

Virtually from the beginning of this project, in initial discussions with DSPS Coordinators and our team of experts, the recognition came that the “Other Disabilities” category had stretched and become a ‘holding category’ and a category of ‘last resort’ in order to capture reportable/fundable disabilities. Subsequent studies in this project more than proved that point. Although the category was created because some disabilities did not fit into established previously well-defined reportable categories such as DDL or D/HOH, its use was out of control.

Data provided in this report identifies many inconsistencies and confusion within colleges and between colleges in how and where students are designated or categorized for the WSC; as well as inconsistencies in how contacts are counted for funding. In addition, the “Other Disabilities” category is now home to a growing number of students with ADD/ADHD and Autism Spectrum Disorder. In addition, a large population of students identified as LD but not under the LDESM umbrella, are categorized as ‘Other’, as well as a substantial population of students with a myriad of Chronic Health Conditions.

As this report details, there is a significant need for training and education on disabling conditions, functional and educational limitations, appropriate documentation, record keeping, and how to count contacts correctly for MIS submission. However, the authors of this report feel strongly that policy decisions must be made before guidance on the issues cited above is developed. The report lays out in detail various issues, policy
considerations and recommendations for change. Each of these issues is well supported by the data.

In summary, several of the key elements to reshaping the DSPS “Other Disabilities” WSC are (1) restructuring the funding formula, (2) removing ambiguity from the reportable categories, and (3) ongoing education and certification of disabilities specialists and DSPS decision makers. The conclusions represented in the closing remarks address the following issues:

- Defining the Educational/Functional Limitation
- Realignment of Weighted Student Count Categories
- Non-LDESM LD
- Chronic Health Conditions
- Counting Contacts
- Overall need for training

The authors of this report would like to take this opportunity to thank all the Coordinators who assisted in this project. In our proposal we stated that we had built a level of rapport and trust with DSPS personnel throughout the system and we thought that would provide more cooperation and an added level of insight. This has more then been borne out in the response to the survey, file review, longitudinal study and interviews. The enthusiastic response and interest added great depth and understanding on the many issues involved in not just this wayward category, but the current funding system.
This is the final report on the “Other Disabilities” project funded by the Yosemite Community College District on behalf of the California Community Colleges Chancellor’s Office.

The Galvin Group was eager to work on this project both because of our history of the past fourteen years visiting community colleges and providing technical assistance to their DSPS programs and in recognition of the critical importance of more accurate accounting of the students being served by these programs. The increase in use of the “Other Disabilities” category has been noted and speculation made as to the causes of this increase, but the need for a detailed study was evident. In some cases it was clear that newer Coordinators were not familiar with the broad range of educational limitations represented in each of the categories incorporated in the weighted student count. Much institutional memory has been, and continues to be, lost as seasoned Coordinators retire. We believe that this project and its outcomes may well form the basis for a realignment, addition of new categories to the weighted student count (WSC) or just
plain old-fashioned in-service education of Coordinators on how best to designate their students for MIS data collection.

Indeed, as this report will show, some of the issues raised surrounding this WSC category have been soundly upheld and we foresee many possible outcomes for improving not just the use of this category, but the whole process of determining eligibility.

The RFP posed six basic questions to be addressed:

1. What different impairments, by number and percent, are being reported in the “Other Disabilities?”

2. How are students’ disabilities reported under the “Other Disabilities” being documented and verified by the DSPS program?

3. How many students, by number and percent, are originally reported under the “Other Disabilities” and eventually moved to another disability reporting category?

4. At what point in the student’s educational plan and in the reporting cycle are students who are being temporarily reported in this category moved to a different reporting category?

5. How many colleges, within their existing MIS systems, are internally coding students reported to the state under “Other Disabilities” as having a more specific disability type?

6. What are the average costs of each of the various disabilities reported under “Other Disabilities”?

With the core issue being:
Why particular students are placed in the “Other Disability” reporting category. What factors or conditions motivate DSPS staff to assign “Other Disability” as the MIS reporting category? What support services and accommodations are provided and at what cost?

In responding to the Request for Proposals, The Galvin Group, L.L.C., proposed a set of activities designed to gather information to respond to these questions, involving six primary research and data gathering methods:

1. On-line survey of 112 colleges for information on students served in the “Other Disabilities” category.
2. Partnering with a minimum of 20 colleges for comprehensive review of student files for those designated in the “Other Disabilities” MIS data reporting category.
3. Partnering with a minimum of 8 colleges to gather comprehensive data and cost analysis of serving students designated in the “Other Disabilities” MIS data reporting category.
4. One-on-one interviews with a minimum of 30 college DSPS supervisors to gain insight into usage of the “Other Disabilities” category.
5. Town Hall meeting at CAPED 2011.
6. Thorough review of all pertinent literature, laws and regulations regarding Weighted Student Counts.

Since 1998, the Galvin Group has been working with the California Community College system and the programs serving students with disabilities. We have built a level of rapport and trust with the vast majority of DSPS personnel throughout the system and are frequently contacted for our technical expertise and assistance. Additionally, our team has experience in database design, management, and extensive report writing, including evaluative commentary and recommendations. We have expertise in program development and evaluation, web accessibility, online training development, and in providing a wide range of technical assistance information, research, resources, and materials to all 112 community colleges.

Equally, the consultants selected to work with Galvin Group staff on this project have long term relationships with the colleges where they worked, as well as professional
relationships through work groups, CAPED and special task forces on which they have served during their tenure with the California Community College system.

**BACKGROUND**

This report is offered as the final account of activities undertaken by the Galvin Group in addressing the “Other Disabilities” study, awarded by the Yosemite Community College District on behalf of the California Community Colleges Chancellor’s Office. As stated in the RFP, the California Community Colleges Chancellor’s Office was seeking more relevant data, comprehensive data analysis, a cost analysis, and other relevant information related to the statewide issue of the extreme growth in the “Other Disabilities” MIS data reporting category over the last 5 years.

Title 5 of the California Code of Regulations defines nine disability categories related to the Disabled Student Programs and Services (DSPS) program in the California Community Colleges. These categories are defined in Sections 56032-56044. California Community Colleges are required to report the number of students they serve in each of those nine categories on an annual basis, for purposes of categorical state funding. Eight of the nine categories define very specific types of impairments: (Hearing, ABI, LD, Vision, Mobility, DDL, Speech and Psych). However the ninth, defined in Section 56044 as “Other Disabilities,” simply states: “This category includes all students with disabilities, as defined in Section 56002, who do not fall into any of the categories described in Sections 56032-42 but who indicate a need for support services or instruction provided pursuant to Sections 56026 and 56028.”

Title 5 Guidelines (Section 56044) state that…

“This category includes all other verifiable disabilities and health related limitations that adversely affect education performance but do not fall into any of the other disability categories. Therefore, it is first necessary to consider whether the condition qualifies in any of the specific disability categories discussed in Sections 56032 thru 56042. If so, the student should be reported under the
appropriate disability specific category. A student should only be categorized under ‘Other’ if the student has a current verifiable impairment which meets the general definition of disability under Section 56002 and also has an educational limitation as defined in Section 56004, but does not qualify in any of the disability specific categories.

“Other Disabilities” include conditions having limited strength, vitality, or alertness due to chronic or acute health problems. Examples are environmental disabilities, heart conditions, tuberculosis, nephritis, sickle cell anemia, hemophilia, leukemia, epilepsy, acquired immune deficiency syndrome (AIDS), diabetes, etc.

A person may be protected under Section 504 and the Americans with Disabilities Act because he or she has a history of disability or is perceived as having a disability. However, it is important to keep in mind that such individuals may not qualify for services from the DSPS program because they do not have a current impairment or their impairment does not give rise to an educational (functional) limitation.

Use of the “Other Disability” category is only appropriate after it has been determined that the student does have an impairment, but that none of the disability specific categories are appropriate. An example of such a case would be a student who does not meet the criteria for either learning disability or developmentally delayed learner even though the student has documentation indicating that he or she was recently classified as learning handicapped in high school.

Over the course of the last several years, the number of students reported under this category has grown significantly. At the time of this study, it was, by far, the most highly reported disability category statewide. The California Community Colleges Chancellor’s Office, in working closely with its various advisory boards and the DSPS field in general, believed that this trend was the result of many converging factors including: a) an
increase in students with conditions such as Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), Autism and Asperger’s Syndrome and other conditions that do not fit neatly into the defined disability categories; b) a trend within the DSPS program whereby students were being reported under the “Other Disabilities” Management Information System (MIS) data reporting category while they waited to be tested under the Learning Disabilities Eligibility and Services Model (LDESM) and confirmed by the college to have a learning disability; c) possible misplacement of students who could be reported under the Psychological Disability category; and d) a general misunderstanding of the “Other Disabilities” category, as well as confusion about the other eight disability categories.

The large number of students reported under “Other Disabilities” (approximately 1/3 of all students reported as having a disability) created inequity in the state DSPS allocation process. This category was assigned a relative weight value associated with the comparative costs of serving students in the “Other Disabilities” category versus the costs of serving students in the eight more clearly defined categories, which also had assigned weights within the formula. This assigned weight for “Other Disabilities” may not have been valid, due to the fact the Chancellor’s Office anticipated that many different impairments with widely fluctuating costs were associated with serving the growing number of students reported under this category.

Other considerations included the fact that students were claimed as ‘Other’ as a secondary disability. Students were counted as having two disabilities, a primary and a secondary, when, in fact, the two were both symptoms of one condition. This was very confusing for new Coordinators as they tried to distinguish when a secondary disability was present, when the primary was ‘Other. For example, a student who has had a foot amputated because of diabetes may be coded as having a “Mobility Disability” or an “Other Health Condition.” And, a student diagnosed as a child with ADD may then be tested and qualified as LD, when the weaknesses are associated with the ADD symptoms (focus, memory, performance on timed achievement tests).
WORKPLAN FOR THE “OTHER DISABILITIES” STUDY

THE WORKPLAN DESIGN AT THE OUTSET OF THE PROJECT:

Concisely stated, the workplan was to assess, document and thoroughly analyze the number of students reported in the “Other Disabilities” MIS data reporting category, through a representative sample of the community colleges’ MIS data, and a cost analysis of students served in this category by their actual impairment.

Three extremely wise, well-seasoned and recently retired DSPS Coordinators were selected to work with the Galvin Group team on every aspect of this contract. They were assigned to reach out to colleagues as the questions for each part of the process were developed, and their collective professional expertise was essential in informing the field as the project moved forward.

The six activities planned for this project were to span from April 1, 2011 through March 31, 2012. It was expected that some of the planned activities would be completed during the six month window of the first year of this contract. While there were anticipated concerns over the burdens of this project upon college DSPS personnel that might create delays in project activities with partner colleges, the tasks planned were accomplished on schedule.

THE GOALS OF THIS PROJECT THAT WERE ACCOMPLISHED THROUGH THE FOLLOWING ACTIVITIES:

- Online survey of 115 colleges and centers to obtain information on students served in the “Other Disabilities” category. This task was completed on May 18, 2011.
- Partnering with a minimum of 20 colleges for comprehensive review of student files for those designated in the “Other Disabilities” MIS data reporting category. This task was completed on July 31, 2011.
• One-on-one interviews with a minimum of 30 colleges regarding the “Other Disabilities” category. This task was completed on January 25, 2012.
• Town Hall meeting at CAPED 2011 was conducted October 18, 2011.
• Partnering with a minimum of 8 colleges in order to conduct a comprehensive data and cost analysis of serving students designated in the “Other Disabilities” MIS data reporting category. Twelve colleges were identified for a comprehensive data analysis and all twelve completed this activity by January 31, 2012.
• Thorough review of all pertinent literature, laws and regulations regarding Weighted Student Counts. All pertinent literature was reviewed and this activity completed by December 2011.

THE EVALUATION PROCESS

The evaluation process consisted of six (6) parts: 1) general survey of all 112 college DSPS programs; 2) partnering with 20 colleges for comprehensive review of student records; 3) partnering with 8 colleges for comprehensive data and costs analysis; 4) selected interviews with a minimum of 30 DSPS college programs; 5) Town Hall meeting at CAPED; and 6) literature and resource review. Critical to a successful response rate in all phases of the evaluation process was the relationship of the contractor and consultants to the colleges, when making personal final appeals for survey responses or for participation in labor intensive activities.

PART 1: GENERAL SURVEY

A comprehensive online survey of all 112 college DSPS Coordinators/Supervisors, plus the two developmental centers and Compton Education Center, was designed in cooperation with the Chancellor’s Office, consultants and experts from the field.

Project staff and consultants met numerous times via conference call, in addition to many email conversations, to develop survey questions and drop down menus. Prior to
launching the survey, project staff and consultants met with Chancellor’s Office staff in Sacramento to finalize questions.

In concert with the survey content development, the webmaster designed the database for the survey and subsequent activities. The database used for the survey was successfully tested for accessibility.

The three project consultants contacted selected pilot volunteers and 11 college DSPS Coordinators agreed to pilot the survey, two of whom are blind. They checked accessibility, as well as content. No accessibility issues were found that interfered with the electronic process. Both Coordinators with visual impairments were able to complete the survey successfully. Several minor technical difficulties relating to registration and log-in were resolved. The three consultants either travelled to the pilot colleges or spoke by phone, as the Coordinators worked through the survey and raised issues. Two main content issues, relating to the way the questions were posed, were resolved through team discussion.

The colleges completing the pilot test were:

- Antelope Valley (accessibility)
- Butte College
- Canada College
- Chabot College (accessibility)
- Cuesta College
- Grossmont College
- San Diego Mesa College
- Santa Rosa Junior College
- San Francisco, City College of
- Shasta College
- Southwestern College
The web-based survey required each college to register in order to access the survey. This control element allowed contract staff and the webmaster to identify which colleges had or had not completed the survey. However, the actual data submitted was recorded in such a way as to maintain the anonymity of the respondent.

Each individual Coordinator received a personal email invitation from the Galvin Group which described the survey and provided a hyperlink to the survey. The survey was sent to all 112 Community Colleges, the Compton Community Education Center, North Orange School of Continuing Education and San Diego School of Continuing Education, for a total of 115 entities.

The survey went live on Monday, April 18, 2011 and officially closed on May 16, with 96 completed surveys. A follow-up email was sent on May 8 to those who had not yet responded. A further phone call reminder to the remaining 19 took place on May 16 and 17. A total of 111 colleges completed the survey.

The survey was designed with 14 questions, 13 with drop-down selection menus and a final open-ended question. The questions were:

1. Who determines if a student should be included in the ‘Other Disabilities’ category?
2. Types of disabling conditions which your college has served under ‘Other’?
3. What sources of documentation are used to determine eligibility for ‘Other’ category?
4. What category does your college use to classify Autism Spectrum Disorder?
5. What category does your college use to classify Asperger’s Syndrome?
6. Where do you initially place students who may be LD but have not completed the LDESM process?
7. How would you describe your college demographic: Urban/Suburban/Rural?
8. Is your DSPS Program known as a center for any specific disability group?
9. What is your current DSPS staffing?
10. In terms of obtaining timely referrals and documentation how would you rate your college's outside relationships with: DOR, Regional Center, Community Mental Health, catchment area High Schools, and other outside referring agencies?

11. Have you been internally tracking disability categories within 'Other’?
   Yes/No/Link If so, would you be willing to share this data with us? Your anonymity will not be compromised if you agree to share your data.

12. What is your most common practice and/or procedure for serving students while awaiting documentation?

13. What are your main reasons for using the 'Other Disabilities' MIS reporting category?

14. Please share any other comments, thoughts or concerns that you have related to the ‘Other’ disabilities category.

Survey Results

The Survey results are presented on a question by question basis with overall conclusions being presented at the end of the entire section. Each section contains the results of the data analysis for that question and some observations. It should be noted that of the 115 possible respondents, 111 colleges completed the survey for a 95% completion rate. With a population of 115 and a sample size of 111 (confidence interval of 1.74) we were able to obtain a confidence level of 95%. It would have been necessary to secure two additional surveys to raise the confidence level to 99%.

WHO DETERMINES IF A STUDENT SHOULD BE INCLUDED IN THE “OTHER DISABILITIES” CATEGORY?

This question was designed to look at which DSPS staff has the authority to make a categorical determination at a given college and to assess if there is a relationship between the size of the “Other Disabilities” population and who makes those decisions.
The question also explores how many decision makers a college had. Initial analysis of this query is represented in Figure 1 where 87.5 percent of the respondents indicated that, at their college, the DSPS Coordinator was involved in categorizing the student’s disability. As shown in Figure 1, there were lower percentages of colleges utilizing staff at other job classifications.

The next logical question was how many category “determiners” might a college have? On the next page, Figure 2 indicates the results of this question.
Figure 2 indicates that the number of “Determiners” ranged from 1 to 6 at the colleges sampled, with the highest percentage (30.6%) having three individuals who were responsible for disability category placement decisions. The next question examined whether a relationship existed between the percentage of students in the “Other Disabilities” category and the number of category “Determiners.” For this question, the colleges with 2 or fewer “Determiners” (50.45% of all colleges sampled) was compared to those with three or more “Determiners” (49.55%). The results are shown in Figure 3 on the following page.
The above chart indicates that a significantly higher percentage of students in the "Other Disabilities" category existed at those colleges that allowed 3 or more individuals to determine students' placement in the MIS categories.

Observations/Analysis:

Considering the number of variables involved, this finding requires further examination before a true causal relationship can be determined. However, it does raise the question of whether there is a need for standardized definitions, guidelines and training regarding the placement of students in the disability categories.

WHAT TYPES OF DISABLING CONDITIONS HAS YOUR COLLEGE SERVED IN THE "OTHER DISABILITIES" CATEGORY?

This question was developed to assess the range of disabilities or disabling conditions commonly identified and placed the “Other Disabilities” category. Figure 4, on the next page, depict the variety of disabling conditions that have been reported under the “Other
Disabilities” category. The chart indicates the percentage of the 111 sample colleges that reported the various conditions. The list below the figure represents a non-duplicated list of qualifiers to the “other: please specify” response.
Observations/Analysis:

1. The extent of medical knowledge required to appropriately assess the educational limitations of a population with this variety of medical conditions is vast and complex. (Remember, this is just the ‘Other’ conditions and does not include the eight major categories.)

2. Asperger’s Syndrome is included in the commonly held definition of Autism Spectrum Disorder.

3. Once again, the responses point toward a need for standardization in category definitions and guidelines, followed by training on categorization of disabling conditions.

This last point seemed evident from the number of conditions that, given guidance, may have been reported elsewhere. For example, seizures might be the result of an Acquired Brain Injury. The disability category of mobility might include back injuries, cerebral palsy, multiple sclerosis and arthritis. Anxiety and substance abuse are generally considered to have an underlying psychological etiology and might, therefore, be entered into the major heading of Psych. As well, there were vision and speech issues listed in the “other: please specify” response that should most likely have been reported in the corresponding major category.

Given the limits of the survey and due to anonymity, it was not possible to investigate the underlying evidence and rationale for these decisions.
WHAT SOURCES OF DOCUMENTATION ARE USED TO DETERMINE ELIGIBILITY FOR THE “OTHER DISABILITIES” CATEGORY?

This question was designed to list the primary sources of information used to determine both eligibility for services and placement into a disability category. Figure 5 on the next page illustrates the results of the responses.

**Percentage of Colleges Using Documentation Sources**

- Physician
- High School IEP
- Psychiatrist
- Neurologist
- Department of Rehabilitation
- High School 504 plan
- Neuropsychologist
- LD Specialist
- LD documentation/non-Sp. Ed. source
- County Mental Health Services
- Speech Language Pathologist
- Personal Observation by DSPS staff
- Community Mental Health Services
- Nurse Practitioner
- Social Worker
- Ophthalmologist
- Substance Abuse Clinic/Counselor
- Audiologist
- Otologist
- Optometrist
- Other: Please specify
- Physician’s Assistant

![Fig. 5](image-url)

WHAT CATEGORY DOES YOUR COLLEGE USE TO CLASSIFY AUTISM SPECTRUM DISORDER AND ASPERGER’S SYNDROME?

This question was very straightforward and sought only to confirm what had been long assumed: The “Other Disabilities” category was where most Autism and Asperger’s...
Syndrome records would be found. On the next page Figures 6 and 7 confirm this assumption. These charts indicate that slightly more than 80% of the reporting colleges used the “Other Disabilities” category for Autism and Asperger’s Syndrome.
Disability Categories Used for Autism

- ABI: 0.90%
- DDL: 4.50%
- Other: 81.08%
- Psych: 13.51%

Disability Categories Used for Asperger's Syndrome

- DDL: 1.8%
- Other: 82.9%
- Psych: 15.3%

Fig. 6

Fig. 7
Observations/Analysis:

While this result is not surprising, it does demonstrate that 17% to 20% of these students were being categorized incorrectly, if “Other Disabilities” is considered the correct category. However, according to the DSM-IV, all students with Autism and Asperger’s Syndrome should be categorized as Psych, indicating that actually only 13-15% of the students disabilities were correctly coded.

WHERE DO YOU INITIAL PLACE STUDENTS WHO MAY BE LD BUT HAVE NOT COMPLETED THE LDESM PROCESS?

This query had implications as to whether students were being served prior to LD eligibility determinations and what WSC was claimed during that process. Figure 8, on the next page, demonstrates that slightly over 75% of those awaiting LDESM certification are served in the “Other Disabilities” category, while 18% are placed on a waiting list. In some cases placing a person on a waiting list may be warranted, such as in the case of self or faculty referral. It is unknown if SEC’s were completed for the group on the waiting lists or if services were delayed until the eligibility process was completed. Similarly, between 4 and 5% were placed in the LD category, apparently under the assumption that the LDESM verification would be forthcoming.

Interestingly enough, 4 of the 5 colleges that placed students in the LD category while awaiting the LDESM process to be completed had certified LD Specialists on staff at the time of the survey that were considered “category determiners” at their college. As well, 50% of the colleges who used a waiting list also had certified LD Specialists on staff at the time of the survey that were considered “category determiners.”

Observations/Analysis:

Once again, the lack of consistency indicates a need for more standardized guidance in appropriate disability category placement.
This query examined college location as a variable in the size of the “Other Disabilities” category. As shown in Figure 9 on the next page, 37.8% of the colleges reported an urban location, 38.7% a suburban base and 23.4% a rural locale. The percentage of students with disabilities categorized as “Other Disabilities” at urban colleges averaged 31.1%, at suburban colleges 32.3% and at rural colleges 28.4%. Compared to the average percentage of students with disabilities placed in the “Other Disabilities” category at all colleges (31.7%), these results fall within the standard error of measure, indicating that the slight variations from the mean are by chance and represent no significant difference.
College Location in Relation to Percent of "Other Disabilities"

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Suburban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of other</td>
<td>33.11%</td>
<td>32.31%</td>
<td>28.41%</td>
</tr>
<tr>
<td>% of colleges</td>
<td>37.8%</td>
<td>38.7%</td>
<td>23.4%</td>
</tr>
</tbody>
</table>
IS YOUR DSPS PROGRAM KNOWN AS A CENTER FOR ANY SPECIFIC DISABILITY GROUP?

The purpose of this question was to explore any potential relationship between a college focus, such as Adaptive Physical Education or Acquired Brain Injury, and the “Other Disabilities” population. Fig 10 below shows the results of these responses. Other than “Speech,” for which the sample size was much too small, the variations in the percent of “Other Disabilities” in these college populations did not rise to a statistically significant level.

![Graph showing "Other Disabilities" in Relation to College Focus]

**Fig. 10**

"Other Disabilities" in Relation to College Focus

<table>
<thead>
<tr>
<th>College Focus</th>
<th>% of Total DSPS Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDL</td>
<td>30.2%</td>
</tr>
<tr>
<td>DHH</td>
<td>28.8%</td>
</tr>
<tr>
<td>ABI</td>
<td>33.0%</td>
</tr>
<tr>
<td>Blind</td>
<td>30.0%</td>
</tr>
<tr>
<td>APE</td>
<td>26.8%</td>
</tr>
<tr>
<td>Psych</td>
<td>32.7%</td>
</tr>
<tr>
<td>Speech</td>
<td>42.3%</td>
</tr>
</tbody>
</table>

WHAT IS YOUR CURRENT DSPS STAFFING?

This question was designed to poll colleges regarding their current staffing and to record changes since 2009/10. The colleges reported a loss of almost 300 DSPS professional staff from 2009/10 to September 2011. Therefore, during this time period, DSPS programs have experienced a 22% loss of professional staff and a 7% loss when
considering all DSPS staff. Figure 11 below demonstrates the total number of staff categories reported by the survey participants.

![Staffing of DSPS Programs](image)

This question also queried the colleges regarding the staffing and existence of satellite campuses. Figure 12 on the next page, indicates that there was no significant difference in the size of the “Other Disabilities” category in relation to whether a college had or did not have satellite campuses.
Observations/Analysis:

There does not appear to be a connection between the number of staff lost and the percentage of students placed in the “Other Disabilities” category, though the impact of staff reductions may not yet be apparent in the numbers reported. This may be due to the fact that many students who use DSPS services remain in the system for an extended time and were categorized prior to the time staff reductions took effect.
IN TERMS OF OBTAINING TIMELY REFERRALS AND DOCUMENTATION, HOW WOULD YOU RATE YOUR COLLEGE’S OUTSIDE RELATIONSHIPS WITH:

- DoR
- Regional Center
- Community Mental Health
- Catchment area High Schools
- Other outside referring agencies

This question was developed to assess the impact of outside relationships. It sought to determine if the timely receipt of disability documentation or quality referral information impacted the number of individuals being placed in the “Other Disabilities” category. Figures 13 and 14 detail the results. Below, Figure 13 compares those colleges that, on average, reported above average relationships with community organizations with those that indicated overall relationships that were below average.

![Percentage of "Other Disabilities" in Relation to Quality of Outside Collaborations](image_url)

| Percentage of "Other Disabilities" in Relation to Quality of Outside Collaborations |
|---------------------------------|---------------------------------|
| Percent of "Other Disability"   | Below Average Relationships     | Above Average Relationships     |
|                                 | 0.33135547                      | 0.308350805                     |
Observations/Analysis:

Once again, data analysis indicated no significant difference between the two groups. A comparison of only those colleges reporting excellent outside relationships (Figure 14 below) showed no significant difference between the various referral sources. Those colleges reporting outstanding relationships with their outside partners continue to show average “Other Disabilities” populations that do not vary significantly from the average size reported by all colleges.

![Fig. 14](image)

**Colleges Reporting Excellent Outside Relationships**

<table>
<thead>
<tr>
<th></th>
<th>No. of Colleges</th>
<th>% of Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highschool</td>
<td>26</td>
<td>31.0%</td>
</tr>
<tr>
<td>DOR</td>
<td>24</td>
<td>31.6%</td>
</tr>
<tr>
<td>Regional Center</td>
<td>8</td>
<td>35.2%</td>
</tr>
<tr>
<td>Community Mental Health</td>
<td>7</td>
<td>29.5%</td>
</tr>
</tbody>
</table>
WHAT ARE YOUR MOST COMMON PRACTICES AND/OR PROCEDURES FOR SERVING STUDENTS WHILE AWAITING DOCUMENTATION?

As can be seen from the chart below (Figure 15), common practice was divided into three similarly sized groups. The groups consisted of those colleges that provided no service without prior documentation, those that offered limited service with time restrictions and those that provided the full range of services for moderate to extensive time periods.

![Bar chart showing % of "Other Disabilities" in Relation to Documentation Status](Fig. 15)

Observations/Analysis

It should be noted that these are fairly rough categorizations of individual comments. However, the results do highlight differences in the philosophical base used for
determining whether or not to provide service. Interestingly enough, the file review revealed that a number of files were placed in “Other Disabilities” with no documentation whatsoever. All these policy positions have a rational and justifiable philosophy, but they do show the considerable disparity that exists across the state. The question of what factors were motivating programs in these decisions comes to mind and whether financial pressures were an influence.

**WHAT ARE YOUR MAIN REASONS FOR USING THE “OTHER DISABILITIES” MIS REPORTING CATEGORY?**

This question explored the decision-making process of colleges as they made disability category determinations. As shown in Figure 16 below, the question allowed for multiple responses and the most popular response (65.8%) reported that the “Other Disabilities” category was used with new or unfamiliar disorders. “ Provisional Services” or “Awaiting LD Testing” responses were chosen a little over 40% of the time. Of interest is the truthful response (17%) that the “Other Disabilities” category pays better than Psych. The “Other: Please Specify” responses are listed on the next page.
Observations/Analysis:

Considering the outcomes that have been previously reported, this question might have been more precisely answered if some other choices had been available. Clearly the results have shown that the “Other Disabilities” category was the “go to” category for a broad spectrum of disorders that did not fit anywhere else, the repository of choice for all those LD students not yet (or never to be) determined eligible under the LDESM.
model, and the ADD/ADHD/ Autism group that would more accurately be placed in Psych. This result launches a big debate from which big decisions will be made.

**PLEASE SHARE ANY OTHER COMMENTS, THOUGHTS OR CONCERNS THAT YOU HAVE RELATED TO THE “OTHER DISABILITIES” CATEGORY.**

Over 50 responses were received. The responses given were captured verbatim without editing, except for spelling, and can be found in Appendix I:

These comments are briefly summarized below:

- LD assessment is not considered to be a "mandatory" service provided to DSPS students;
- LD staff have been cut significantly across all colleges impacting ability to test and review documentation;
- Long waiting list of those waiting to be assessed for LD by staff. High school data is insufficient to meet the LDESM criteria. Maybe a separate “History of LD with 504/IEP” category within LD.
- Would like to be able to include students in LD who have reputable outside documentation from a licensed state clinician;
- We have so many ‘LD but not qualified’ in ‘Other’ getting all the services they would if placed in LD WSC so we are financially penalized.
- ‘Other’ category valuable but needs more specificity and clarity, should not be a “catch all”. Provide examples of what should be in this category.
- This category is too broad, and certain groups within this category use many more support services than others;
- Need separate categories for Autism Spectrum Disorder, ADHD. These students take more services and much more counselor time than a
student with heart disease, etc. If we have to put students with Autism spectrum, ADD/ADHD in Psych it needs to be given a higher weighted count.

- Many students have difficulty getting documentation, we don’t have the staff to follow-up as we used to.

**PART 2: COMPREHENSIVE FILE REVIEW**

Twenty colleges were recruited to become ‘partners’ in this aspect of the project. In cooperation with the Chancellor’s Office, the contractor selected a pool of colleges that reflected the ten regions, urban and rural, small and large colleges. From this list, we identified and selected 20 colleges.

These colleges were asked to review records of all students designated as having “Other Disabilities” in the MIS reporting category in both primary and secondary disability categories according to the WSC 2009/10. These colleges were required to access the database collection tool via the Galvin Group website and answer a total of 13 questions about each student.

The database collection tool was designed with two screens. The first screen required answers to five information elements:

- Demographic information
- Student ID
- Male/Female
- Ethnicity
- Year of birth

Originally, the Student ID was to be generated as an alphanumerical list provided by the Chancellor’s Office. When this proved to be more difficult than anticipated, the
contractor provided a simple alphanumeric identifier for each student. For example, Cuesta was CUE001-CUE224. The colleges kept a master list for comparison, but the student confidentiality was not compromised.

The second screen asked the following questions, each with an accompanying drop-down menu:

1. What is the primary disabling condition/diagnosis?
2. What is the source of documentation/verification?
3. Is the disability permanent or temporary?
4. What semester was the student first enrolled in DSPS?
5. Was this student provided with provisional accommodations while awaiting documentation or test results?
6. What are the educational limitations of this student?
7. Is the student awaiting LD assessment?
8. This file was selected because it was coded as ‘Other’ for the 2009/10 WSC. Is it still in ‘Other’ category? If not what category has it been moved to?

On May 13, the database was tested for ease of use and accessibility. Revisions were made based on feedback from the team. On May 25, two of the consultants met with DSPS Coordinators at City College of San Francisco and San Diego Mesa College to review and input data from five files to test question validity, database log-on and input procedures. A third college was to have been involved in the pilot, but the college administration was not inclined to go forward with this aspect of the study.

Procedures for entering the website, registering, logging-in and completing student record and file review questions were covered. Technical aspects at the front-end (i.e., getting in and around the database) all worked well, and the back-end (i.e., file data downloaded correctly) also ran smoothly.

The pilot participants requested wording changes on several of the question drop-down menus, plus the removal of the ethnicity question, in that DSPS does not collect that
data. With these few, minor changes, the pilots ran smoothly. The suggested modifications were quickly made and the file review activity was initiated on June 1, 2011. All 20 colleges completed the file review by July 31, 2011.

### LIST OF COLLEGES PARTICIPATING IN COMPREHENSIVE FILE REVIEW

<table>
<thead>
<tr>
<th>Bakersfield</th>
<th>Palo Verde</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>Porterville</td>
</tr>
<tr>
<td>Copper Mountain</td>
<td>San Diego Mesa</td>
</tr>
<tr>
<td>Cuesta</td>
<td>San Francisco CC</td>
</tr>
<tr>
<td>El Camino</td>
<td>Santa Monica</td>
</tr>
<tr>
<td>Fullerton</td>
<td>Santa Rosa</td>
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<tr>
<td>Gavilan</td>
<td>Shasta</td>
</tr>
<tr>
<td>Glendale</td>
<td>Sierra</td>
</tr>
<tr>
<td>Grossmont</td>
<td>Southwestern</td>
</tr>
<tr>
<td>Mira Costa</td>
<td>Yuba</td>
</tr>
</tbody>
</table>

### PART 3: COMPREHENSIVE LONGITUDINAL DATA ANALYSIS

In this phase of the study, 8 colleges were to be asked to become ‘partners’ in the project. In cooperation with the Chancellor’s Office, we planned to identify a pool of colleges that represented the various economic and demographic areas of the state, such as small, medium and large colleges, north and south, urban and rural, with an expectation that the list of colleges would yield a group of eight highly diverse campuses to participate.

Further, the selected colleges would be provided with training on the database collection system and receive on-going technical assistance and support throughout the
designated data collection period. The contractor and consultants, in conjunction with the Chancellor’s Office, were to develop specific data sets to be collected to identify the disability and enrollment characteristics of students, services provided, duration of the services, and configuration of service providers.

The plan involved data collection to continue for at least two semesters. The thinking being that two semesters would be sufficient time for even an overburdened college to make an initial categorization and a revision based on testing or other received information.

The data collection was to consist of three major steps: 1) selecting colleges to participate; 2) developing the data collection system; and 3) collecting the data. The last step was planned to include training participants to use the forms and software, pilot-testing and revising the data collection system.

This phase of the study proved to be challenging in many ways. During the file review process we learned the following from the colleges:

- Colleges collect service data in different ways (i.e., MIS, logs, PC databases)
- Colleges record services differently. For example, one college had 69 service codes while another had 31.
- Colleges count service contacts in different ways: Take notetaking as an example; some colleges count the use of a notetaker for each class during the academic year as one contact, some colleges count it as one contact per semester, and some count every class, every time as a contact as per Title 5 Guidelines (Section 56062. Provision of Support Services or Instruction).

We also encountered challenges in determining the cost of these services across colleges. This issue is discussed in greater detail on page 40.
Original Design for Longitudinal Study

As a result of a conference call with our consultants and Chancellor’s office staff, selected DSPS Coordinators were contacted to ascertain what data they collected and what would be involved in collecting this data for at least one semester, if not two. There were three basic questions that needed to be answered for this phase of the project: 1) what services did the student receive; 2) length of time to provide said service; and 3) classification of staff providing the service. We then asked several colleges a series of six questions:

1. How easy is it for you to identify, from the file review, which of those students are still enrolled?
2. What is your current process for collecting data on the three areas listed above?
3. How difficult is it to gather information on these three areas for 30 students?
4. How much work would be involved in providing this data to us on a weekly basis, monthly basis or at the end of the semester?
5. If you already have this data, how easy would it be to provide us with required information on the students for the past two semesters?
6. If providing this data is relatively easy, how feasible is it to ask for the data on all the students that were entered for the file review?

Based on responses to these questions and discussions with the Chancellor’s Office and the experienced consultants, the design of this phase of the study was changed and an additional task was added subsequent to the completion of this activity.

The new design focused on collecting contact data from colleges on all the academic accommodations and support services provided to all of the students designated in the “Other Disabilities” WSC for 2009/10.

Because of the modifications that were made and the time/staff constraints in collecting this data, colleges that could find this data easily were enlisted. Several colleges had a “home grown” electronic data collection tool or used Banner or Datatel to collect this
data. To their credit, those colleges that participated in this aspect of the study that had developed “homegrown” data collection systems were able to compile research data much more expeditiously.

Unfortunately, for the most part, there was no accepted method of collecting contact data across college. The majority of colleges that agreed to participate in this activity had to either review each student file, or access one or more databases and/or review pencil/paper log books in order to collect all the information required.

After reviewing data collection tools from five colleges, the list that was designed for the file review was adopted for this task as well. Subsequently, a data collection tool was developed, based on an excel spreadsheet that identified the following:

- the categories of disabling conditions reported in MIS (both primary and secondary);
- the ‘Other’ category divided into twenty sub categories of the most commonly reported conditions;
- educational limitations (as used in the file review);
- most common types of accommodations and support services; and
- number of contacts associated with each service.

Twelve colleges were selected for this activity and were also provided with a document that described each academic accommodation and support service and how contacts were to be counted for each. Data was collected on a combined total of 5,242 students during this phase. This activity was completed January 2012.
The colleges selected for the longitudinal study were:

<table>
<thead>
<tr>
<th>American River</th>
<th>Mt. San Antonio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabrillo</td>
<td>Mt. San Jacinto</td>
</tr>
<tr>
<td>Chabot</td>
<td>Palo Verde</td>
</tr>
<tr>
<td>Cosumnes River</td>
<td>San Francisco CC</td>
</tr>
<tr>
<td>Cuesta</td>
<td>Santa Rosa</td>
</tr>
<tr>
<td>El Camino</td>
<td>Ventura</td>
</tr>
</tbody>
</table>

A Question of Costs

The most difficult component of the project was the determination of costs. In the end, the answer was a very simple and completely unsatisfying one: “It costs what it costs.”

Comparison of two college DSPS programs illustrates the challenges in defining the costs of delivering services.
Using these two colleges as the two extremes in terms of budget, enrollment and staffing, it became difficult to compare salaries and job duties. At City College of San Francisco, numerous classified staff and/or student workers take care of everything from arranging accommodations to chasing down lost furniture. At Palo Verde, the Coordinator is frequently the proctor, occasional notetaker, Alternate Media Specialist, as well as Counselor and Administrator of the DSPS program.

Another example of the challenges faced was how to cost out the amount of time required to provide a service. Consider the following questions:
How to calculate extra time on tests?

As an example of the complexity of these calculations, consider a particular student approved for 1.5 extended time on tests for four classes. A certificated staff member, such as an Instructor or Counselor, approves the accommodation, so their time must be included in a cost calculation. Additionally, a paraprofessional checks the student in and proctors the test. Because each test in each class is considered a service, cost calculations for the paraprofessional’s time need to include all the time spent proctoring for every test for every class. Next, if there are several students taking tests and being monitored simultaneously, the time/staff expense for each test must be divided between the number of students using the service at the same time. Without staff recording time in a “billable hour format,” with increments of 15-30 minutes, it would be difficult to determine the exact cost of serving that student, not to mention the time spent to conduct the calculations.

How to calculate costs of notetaking?

Some colleges pay a stipend, usually $50 per semester. Some colleges use volunteers for notetakers, but the Counselor’s time required to approve the accommodation and then locate and train the volunteer varies. Occasionally, a student may require a specialized notetaker and an hourly wage must be paid. Counselor or Coordinator time might also be spent advocating for the student with the instructor. Paraprofessional time may be spent copying notes from the notetaker, ordering NCR notebooks and paper, and possibly managing stipends or gifts given to notetakers for their service. If the student is eligible for community service credit, there may also be demands on staff time to track and report the hours worked by the student. If a program is established to use “service learning” students as notetakers, coordination with the service learning program would need to be considered. If, instead, the program establishes a minimum grade point average to qualify to be a notetaker, the review of notetaker applicants must be accounted for. Again, to gain the data necessary to determine the cost of notetaker
services, detailed tracking of staff time that included the disability of each student being served would be required.

**How to calculate costs of special classes?**

The question posed requires counting the number of students in the special class that are registered with DSPS and dividing by class and salary of instructor, minus the costs of providing the same service to those attending each class who are not registered with DSPS (Section 56028 majority enrollment). Additionally, the cost of specialized equipment, and/or the cost of instructional aides, if utilized in the course, would need to be factored in to demonstrate the true cost of the course.

**How to calculate costs of the HTC Lab?**

A DSPS staff member would have to review the HTC logs (if logs are kept) to determine the number of hours each student was working in the lab. If there is an instructor and an aide present and a range of 5-15 students at any time, should one calculate an average per student cost, divide by the number of students in the lab and then multiply by the number who are classified as “Other?” How best to parcel out the cost of the technology and equipment required in an HTC and determine what portion to assign to the students classified as “Other?”

These are just a few of the many potential scenarios in the 112 community colleges that made it extremely difficult to determine an accurate accounting method.

In addition, the wide variation in time required to assist individual students would need to be considered. Not every contact requires an equal amount of time. To further complicate the analysis, some students may drop out mid-way through the first semester and others may use extensive, sometimes daily, services.

Another very important component of DSPS programs is responsibilities of the front office staff. As the first person a student sees upon entering the DSPS office, they
direct students to various offices and departments, schedule appointments, set up meetings, provide a wide variety of informational materials, resources and forms. They answer questions and often provide a listening ear or sounding board for students. Without extensive record keeping on the part of front office staff, there is no method of capturing this invaluable and often underrated service.

Beyond consideration of costs by service, even if staff time were tracked in billable units and costs assigned based on specific job classifications; the results still represent a snapshot in time of that particular semester, at that particular college. The assigned values would not be transferrable, even within the same college, when staffing patterns, salaries, work assignments or procedures change. Likewise, the costs that were calculated would not be transferrable to other institutions, as each college has different methodology for service delivery, different staffing patterns and different personnel costs.

It was determined to be unrealistic in the current budget climate with staff cutbacks and resultant pressures on remaining staff to assign the necessary record keeping to accomplish this level of cost analysis.

If this were the public Department of Rehabilitation program and the question was asked “What does it cost to serve student X or population Y or special project Z?” the answer would be relatively simple. Detailed individual service costs would be accessed, administrative and overhead formulas added, and direct service time calculated through its own formula. In the end, do the math and the answer pops out. What it costs to serve that person over the course of the fiscal year, over the life of the case, for particular services, etc. can be determined. The same mechanism is available for populations, sub-groups or special projects.

This is not the case in the world of DSPS. First, there is no centralized accounting system that incorporates all 112 colleges. Second, there is no known system within an individual college that tracks expenditures by the individual student. Third, there is no known methodology for charging personnel or administrative costs back to an individual
or group. This is not criticism of the CCCCO system, it is just an observation. There are recognized pitfalls in developing such accounting systems as seen in DOR and an attempt to do so with DSPS would prove to be impossible. DSPS provides some similar and many divergent services to a broader based disabled population than DOR, with a strikingly different methodology and a broader variety of service goals.

Next, the questions surface: what is provided, what are the deliverables, what is counted? Two measurements are used for funding and allocation – Students and Contacts. Fundable students are those who receive four or more contacts in a given year. As addressed in other sections of this report, neither what a contact is nor how it is counted are standardized. As well, once the magic number of four contacts is reached, counting contacts does not impact the program’s funding.

The comparisons shown in Figures 17 and 18 demonstrate, using Chancellor’s Office data from ten colleges that appear keep accurate records of contacts beyond the required four for funding (using information from DataMart, not this study), how EOY staffing costs compare in serving different disability populations. The first chart (Figure 16) shows the disparity in the cost per contact and in the contacts per person between colleges. The average staff cost per contact ranges from $40 to $140 per contact and the average contacts per person range from 17 to 27. While these colleges document the contacts, they do not count them or record them in the same manner or format making it unfair to compare results between colleges. Why include this representation? It shows graphically the futility of attempting to determine service costs using the available data.
Using the same data, Figure 18 on the next page examines College 5 from the above chart. This chart shows a fairly equal distribution of contacts across the disability categories. Only the Hearing Impaired category stands out. The use of interpreters would predictably inflate this category. Based on the EOY report for this college, the cost per contact averages $66.61 which might lead to the conclusion that it costs about the same, except for the Hearing Impaired population, to serve all students. Such a methodology is still flawed, as it essentially says that it costs the same to deliver a notetaker contact or a priority registration contact, as it does to provide an hour long counseling session.
Each college has its own, unique staffing patterns. In reviewing the staffing patterns of the colleges surveyed it was found that the job titles within the classified and certificated staff vary significantly. Cost analysis is further complicated by the use of contracts for services/staff vs. employment of personnel for service provision. An example of college staffing is shown in the following chart. Again College 5 is used as an example (Figure 19) and note that 44% of the total DSPS staff at this college are interpreters (vs. contract interpreters). This fact accounts for the high number of staff contacts for Hearing Impaired students. Contract interpreters would not show up on this chart as they are not reported as staff on the EOY.

Other staffing profiles are available in Appendix II.
Another approach to cost analysis is to utilize the information reported in End of Year (EOY) reports. In the EOY report, colleges report their income from various sources and report expenditures on a variety of expenditure categories with the most important being the primary component of service provision – the staff. Figure 20 on the next page shows the 12 colleges that were used in the longitudinal study and the numbers of students correspond to the actual number of files for which data was provided. The staff costs reflect the total staffing costs for the 2009/10 year (EOY report data), the staff numbers and staff types (Cost Study Data). This chart compares staff costs per student to the number of “Other Disabilities” students in the program. These comparisons seem to indicate that there is no relationship between the size of the “Other Disabilities” student population and the staffing of the program. While differences in salaries would explain some of the disparity, these differences do not explain why a program with 750 DSPS ‘Other’ students has staff costs 19% greater than one with almost 1200 students.
This is not a criticism of any program; it is just further explanation of the futility of determining service costs across the spectrum of community colleges.

Again, referencing the chart above, the staff cost per student is comparable between colleges; however, the cost per contact is not. In an effort to create uniformity, the following resources were provided for the Longitudinal Study:

- a guide for how to count contacts;
- training on the guide and methodology;
- ongoing technical assistance throughout the study.

Despite these resources, it was obvious that contacts were still counted in many different ways and, as a result, the contacts are useful only in looking within each
college. This caveat must be considered when reviewing any costs, contacts or services contained in this study.

In looking at costs there are several conclusions:

1. It is impossible to compare costs between colleges due to the diversity of funding sources, the diversity of services available, the diversity of the service provision methodologies as well as, community expectations and needs.
2. The disparity in the way the major DSPS deliverable, contacts, is defined and counted makes it impossible to compare service or costs across colleges.
3. Costs of populations within colleges are only comparable at schools that maintain record keeping systems that consistently and routinely collect contact data beyond the 4 contacts required for funding.
4. When data is collected and aggregated for specific populations and the percent of the contacts approximates the percent of the population, two conclusions can be drawn: (1) that the individual student’s circumstances have more influence on the cost to serve that individual than the name of their disability; and/or (2) those services that the college has readily available may have more bearing on what services are provided than what a disability profile says should be provided.

In the end, the circle is complete and the answer to the question, “What does it cost to provide DSPS services?” is “It costs whatever the EOY reports says it costs!” and each year the budget shrinks, it costs less.

FILE REVIEW AND LONGITUDINAL STUDY DATA

Twenty colleges participated in a file review of slightly over 6000 student files that had a primary or secondary disability of ‘Other.’ Those files were a snapshot representing a picture of the population as it existed during the 2009-10 school year. Twelve colleges participated in the longitudinal study that provided additional information regarding services received and added to the data on educational limitations. Seven were colleges not previously involved in the study and five were colleges that had conducted
a file review. The following data was gathered from these two studies and used to make comparisons and assumptions within the “Other Disabilities” category:

- Year of Birth – File Review
- Sex – File Review
- Year Enrolled – File Review
- Primary Disability – File Review
- Secondary Disability – File Review
- Source of Disability Documentation – File Review
- Disability Permanent or Temporary – File Review
- Provisional Accommodations Provided – File Review
- Was Student awaiting LD Testing in 2009-10 – File Review
- Was Student still in the "Other Disabilities" category at the time of the study in 2011 – File Review
- If not in the "Other Disabilities" category, what category was the file placed in – File Review
- Educational Limitations – File Review and Longitudinal Study
- Accommodations Received during the 2009-10 year – Longitudinal Study
- ADD/ADHD, Autism, Asperger’s and Non-LDESM LD Profiles – Longitudinal Study

Usable data was gathered from nineteen of the twenty colleges generating approximately 5600 to 5800 files, depending on the question asked in the file review. Those files that were not used had data entered that did not conform to the instructions, was not consistently identifiable or was incomplete. The last query listed above, regarding the current disability category placement, was answered by only 13 of the 20 colleges.

The Longitudinal Study added an additional 2800 files for some questions and contained approximately 4800 files for the service accommodations questions. The results are as follows. In order to preserve the anonymity of the college, once again the results are designated by a number, rather than their name when required.
First, the demographics of the “Other Disabilities” category are presented. Included in this section is the data regarding the student’s age, sex and the year they enrolled at their respective colleges. Figure 21 below indicates that almost 70% of the students in the “Other Disabilities” category were less than 30 years old. This finding was not surprising, as the expected age group for community college students is under 30. The range of ages from under 20 to over 80 would lead to a conclusion that the community college is not just a vehicle for careers, but is used as a lifelong enhancement of the “quality of life.”
The study population was almost equally split between males and females, as is shown in Figure 22 below. Of note is the sizable difference in the male/female population at College 4.

![Graph showing percent of male/female in "Other Disabilities" category across different colleges.](Fig. 22)
Figure 23 below indicates that almost 15% of the “Other Disabilities” population that was captured in the study sample was enrolled prior to the 2006/07 school year. The increase in the % of students enrolled in subsequent years after 2006/07 was as expected, with the largest percent of the 2009/10 population enrolled during that school year.

![Figure 23](image)

**When Students in "Other Disabilities" Study Enrolled**

- Before 2006-07: 14.6%
- School Year 2006-07: 7.8%
- School Year 2007-08: 12.9%
- School Year 2008-09: 25.5%
- School Year 2009-10: 39.2%

Figure 24, on the next page, demonstrates that almost 24% of the “Other Disabilities” population was considered to have a learning disability that had not been verified under LDESM model. This lack of verification may have ramifications other than just placement in the ‘Other’ category. It might also indicate a lack of explicit information needed to create viable educational plans, thereby reducing the effectiveness of services and prolonging the college stay. The Chronic Health Impairment Category is over 20% of the total or approximately 35% if all Chronic Health related conditions were placed here. This circumstance might indicate a pattern of extended matriculation due
to the effects of ongoing health issues and, again, resulting in a longer stay in the college program.

**Primary Disabilities of Students in "Other Disabilities" Category Enrolled Prior to 2006/07**

![Bar chart showing percentages of primary disabilities in "Other Disabilities" category.]

**PRIMARY AND SECONDARY DISABILITY DATA**

The file review of the 20 colleges generated Primary and Secondary disability data on approximately 5800 students with disabilities in the “Other Disabilities” category. Regarding the categories used, the eight major named categories employed in community college MIS reporting were used (LD, Vision, Psych, Mobility, Speech, Hearing, ABI, DDL). The ninth major category is ‘Other’ and that was the focus of this study. Considerable effort went into identifying what subcategories should comprise the breakdown of ‘Other.’ The significant inventory of disease/condition names made a comprehensive list unmanageable. Complicating the categorization further was the uncertainty of whether to categorize by impairment’s name or by what effect it causes.
Even the major reporting categories were confounded in that regard. Psych was fairly clear, with guidance to utilize DSM-IV for classification. However, Mobility was confusing because its name implies a function, not a specific condition.

One of the categories used in this study was “Chronic Health Impairment,” a fancy name for ‘Other’. This category/name seems useful to hold those conditions that occur in a half or a tenth of a percent of the population and are long-term or chronic in nature. To make reporting manageable, any condition or disease that affects less than 1 percent of the sample and is chronic or long-term was placed in the Chronic Health Impairment category, unless the condition was one of the 8 main reporting categories. This group might also rightly include the other chronic, low incidence (1% to 4% of the “Other Disabilities” Category) conditions seen in the Figure 25 (next page). If this adjustment were made, CHI would increase to approximately 31% of the “Other Disabilities” category and in actuality, Chronic Health Impairment, would become the true ‘Other’ Category. The names of the conditions that have been included as Chronic Health Impairments are listed in the Appendix IV.

The file review looked at 5800 files that reported either a Primary or Secondary disability in the ‘Other’ category, Figures 25 and 26 (on the next page) display the breakdown of those files.
Figure 26 below is another representation of the data above and shows that three conditions: Non-LDESM Verified LD; ADD/ADHD; and the ubiquitous Chronic Health Impairment (CHI) comprise over 70% of the individuals with ‘Other’ as the primary disability. In this representation all chronic health related conditions are included in the...
CHI grouping. Autism/Asperger’s is next at approximately 5%. Considering the assortment of conditions in the CHI category, Autism/Asperger’s is probably the 3rd largest homogenous group.

Secondary Disabilities, represented in Figures 27 and 28 found on the next page, indicate more diversity among reported categories. Psychological, ADD/ADHD and Mobility disabling conditions being the most frequently reported after the Chronic Health Issues.
Final Report on Evaluation of the “Other Disabilities” DSPS Reporting Category

Fig. 27

Secondary Disabilities of Students Reported in the "Other Disabilities" Category

Fig. 28

Secondary Disabilities Of Students Reported in the "Other Disabilities" Category
What conclusions can be drawn from this data? First, over a quarter of the single largest MIS reporting category consists of a condition that was documented (sufficiently to receive services) as a learning disability, yet, for a variety of reasons, was not reported as a learning disability in official reports and demographics. This practice artificially deflates, significantly, the representation of this population.

Second, ADD/ADHD is a disorder recognized in the DSM-IV and, therefore, it ought to be categorized in the Psych vs. the ‘Other’ category. According to the CCCCO data and based on the above information, the ADD/ADHD population was greater in FY2009-10 than the Hearing, ABI, Vision and Speech categories. Similarly, the Autism/Asperger’s population was almost twice the size of the Speech population. While specialized services distinguish the Vision and Hearing categories, given the numbers, a recommendation could be made that the ADD/ADHD and Autism/Asperger’s categories constitute special designation to a greater degree than either ABI or Speech.

Third, the categorization of medical/psychological conditions was confused by the inconsistent use of designation by both functionality and causality. Increased training and guidance would enable the current system to be more representative and consistent and, subsequently, more effective in the planning of services.

Lastly, reconsideration might be given to the name ‘Other’ as a category. By providing a more complete definition of what conditions belong in this category and possibly by changing the name to something such as “Chronic Health Impairment,” some confusion would be minimized. The dual purpose would be served of making determinations of categorization/designation easier for DSPS staff, as well as, more understandable to the layperson or elected official when reporting who is using the system.

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**Documenting the Disability**

Figure 29, next page, indicates that the top three documentation sources for disability categorization in the “Other Disabilities” population were: (1) Physicians—all types, (2)
High School IEP’s and, (3) Psychologists-all types. This finding was congruent with the disabilities that were being documented. For example, almost 23% of the primary disabilities and 17% of the secondary disabilities were Chronic Health Impairments and these conditions are typically diagnosed and documented by physicians. High School IEP’s (33.8%) were quite often the documentation associated with non-LDES verified Learning Disabilities (28.6% primary) and a Psychologist (18.5%) would be expected to provide the documentation of ADD/ADHD (20%) and Autism/Asperger’s (5.7%). Appendix III contains the complete list of documentation sources reported.

![Documentation Sources of "Other Disabilities" Population](image)

- Physician (all types)
- LD Specialist
- Speech Language Pathologist
- Other
- Nurse Practitioner
- Audiologist
- Regional Center
- Community Mental Health Services
- Ophthalmologist
- High School IEP
- High School 504 plan
- Psychiatrist
- Personal Observation
- Neuropsychologist
- Neurologist
- SELPA
- VA
- SSI/SSDI
- Psychologist (all types)
- Department of Rehabilitation
- Private Social Worker/Counselor
- Substance Abuse Clinic/Counselor
- LD Non-special education
- County Mental Health Services
- Self Report
- Optometrist
- Physician’s Assistant
DISABILITY PERMANENT OR TEMPORARY

Below Figure 30 vividly displays the fact that the disabilities reported in the study were overwhelmingly permanent in nature. This was an expected, but heartening statistic, as it indicated that the mission of assisting individuals with disabilities who qualify under the State and Federal disability programs was being met. Assisting those whose temporary conditions could delay their college program was also being accomplished.

PROVISIONAL ACCOMMODATIONS PROVIDED

On the next page, Figure 31 shows that the single largest population receiving provisional accommodations was the Non-LDESM LD group. In fact, this group (51%) was slightly larger than all other disability groups combined. This was not unexpected, given the extensive use of high school records used to document this population and the severe staffing cutbacks that many programs have experienced.
Figure 32 (on the next page) demonstrates that the vast majority of students, despite many with an LD history, were not waiting for LD testing. Whether this was because of previous testing, lack of testing capability, or lack of motivation to test, the cause is not known. In the current budgetary environment, the lack of testing capacity might be the foremost reason that LD testing is not being completed. It is the opinion of the Contractor that lack of testing capacity is a much more serious problem when comes to providing the correct accommodations than determining whether or not a student actually meets the LDES model. The latter merely results in the correct MIS coding and a somewhat larger share of the budgetary pie, while the former results in offering the student a better chance of success.
WAS STUDENT STILL IN THE ‘OTHER’ CATEGORY AT THE TIME OF THE STUDY IN 2011?
Below, Figure 33 shows that a very small percentage of the “Other Disabilities” population was moved to a different disability category after services had been initiated. Again, this fact may indicate an acceptance of the status quo, a lack of capacity or a lack of motivation to determine a more appropriate category. Based on the results of the interviews, technical assistance, guidance and standardization would likely help to resolve the underlying issue.

"Other Disabilities" Students Reassigned to More Appropriate Category

Fig. 33
Figure 34 below indicates that of the 5.8% that were moved to another disability category, 66% were moved to the LD category. Again, this finding was to be expected based on the fact that the LD weighted student count represents a financial incentive to move students to the LD category. The LDESM also offers the only methodology that exists in the system to make eligibility determinations and thereby provide the information needed to make a category shift.

![Pie chart showing where "Other Disabilities" students have been moved]

**EDUCATIONAL LIMITATIONS**

A major component of both the File Review and the Longitudinal Study was an exploration of the educational limitations cited for students in the “Other Disabilities” category. This variable was important in both examining whether services addressed the stated limitations and in assisting with the development of various sub-group profiles. The following educational limitations were vetted through our panel of experts and confirmed by the colleges participating in both the File Review and Longitudinal Study.
Educational limitations resulting from a diagnosed and verified disability

- Difficulty with tasks involving manual dexterity (i.e., writing, typing)
- Difficulty hearing lectures, discussions or presentations
- Difficulty processing lectures, discussions or presentations
- Difficulty seeing visually presented material
- Difficulty processing visually presented material
- Difficulty producing class notes
- Difficulty focusing/concentrating for extended periods or easily distracted
- Difficulty formulating or executing a plan of action
- Difficulty interacting with others
- Difficulty expressing self verbally
- Difficulty traversing campus
- Panics or becomes stressed in unfamiliar situations and/or surroundings
- Slow processing of information
- Unable to take tests in a traditional manner
- Unable to sit or stand for long periods of time
- Unable to climb stairs or successfully negotiate barriers
- Unable to use standard classroom furniture

The file review data collection included instruction that all the educational limitations that were identified for a particular student be listed. There was no ranking of the severity of the limitations, so the chart demonstrates by percent the most commonly identified limitations. It was not uncommon for an individual student to be reported as having as many as six educational limitations. The diversity of disabilities and individuals made each record unique.

Approximately 8000 files from 25 colleges were examined for this query. Below, Figure 35 shows the aggregate percentages for all colleges that participated in the file review of the “Other Disabilities” population by educational limitations. The limitation
statements shown on these graphs were considerably abbreviated to fit in the space available.

Observations/Analysis:

There appear to be four tiers in this graphic. The most frequently cited limitation (69.5%) was the inability to take tests in the traditional manor. Issues with concentration and problems with information processing speed, especially verbal processing were experienced by 46% to 54% of the students. Difficulty producing written material, visual processing and problems formulating plans of action were experienced 26% to 31% of the time. All other issues were seen in less than 11% of the population. Considering the high percentage of ADD/ADHD and Non-LDESM LD the identified limitations are quite consistent.
A primary purpose of the longitudinal study was to examine the actual services received by a cohort of the ‘Other’ population. Approximately 4800 files were examined in this part of the study. The participant colleges were given the following list as the basic service categories to be counted in the review of case records. Again, this list was vetted by our consultants and approved by the colleges participating in the study.

<table>
<thead>
<tr>
<th>Accommodations Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Counseling/ Advising</td>
</tr>
<tr>
<td>Adapted/Adjustable Furniture</td>
</tr>
<tr>
<td>Adapted Physical Education</td>
</tr>
<tr>
<td>Alternate Media</td>
</tr>
<tr>
<td>Assessment</td>
</tr>
<tr>
<td>Assistive Listening Devices</td>
</tr>
<tr>
<td>Assistive Technology Loan/Lab</td>
</tr>
<tr>
<td>Assistive Technology Training</td>
</tr>
<tr>
<td>CART (Communication Access Realtime Translation)</td>
</tr>
<tr>
<td>Calculator/Spellchecker</td>
</tr>
<tr>
<td>Disability-related Counseling (tests)</td>
</tr>
<tr>
<td>Distraction Reduced Setting</td>
</tr>
<tr>
<td>Equipment Loan</td>
</tr>
<tr>
<td>Extended Time on Tests/Quizzes/Exams</td>
</tr>
<tr>
<td>Learning Disability Assessment</td>
</tr>
<tr>
<td>Liaison/Referral Instr/Campus/Com</td>
</tr>
<tr>
<td>Liaison/Referral Instr/Campus/Com</td>
</tr>
<tr>
<td>Locker</td>
</tr>
<tr>
<td>Mobility Assistance</td>
</tr>
<tr>
<td>Mobility Assistance</td>
</tr>
<tr>
<td>Mobility Orientation</td>
</tr>
<tr>
<td>Move Classroom</td>
</tr>
<tr>
<td>Notetaker/Notetaking Paper</td>
</tr>
<tr>
<td>Off Campus Transport Assist</td>
</tr>
<tr>
<td>On Campus Transportation</td>
</tr>
<tr>
<td>Personal Counseling</td>
</tr>
<tr>
<td>Preferential Seating</td>
</tr>
<tr>
<td>Priority Registration</td>
</tr>
<tr>
<td>Reader</td>
</tr>
<tr>
<td>Recorder</td>
</tr>
<tr>
<td>Registration Assistance</td>
</tr>
<tr>
<td>Scribe Services</td>
</tr>
<tr>
<td>Service Animal Allowed</td>
</tr>
<tr>
<td>Sign Language Interpreter</td>
</tr>
<tr>
<td>Special Classes</td>
</tr>
<tr>
<td>Special Parking Permit</td>
</tr>
<tr>
<td>Speech Services</td>
</tr>
<tr>
<td>Tutoring</td>
</tr>
</tbody>
</table>
On the next page, Figure 36 depicts, by percent, those who received the listed services during the time period of the study. In order to make the chart more readable, only services that were received by at least one percent of the population were listed. Priority registration was the most often provided service with over 84% of the population receiving this accommodation. Academic counseling was provided to 72% of the students, with disability related counseling (48%), registration assistance (37%) and testing accommodations (37%) rounding out the top five service areas. It might seem that an inconsistency exists between some identified limitations and what might be considered the appropriate service. For example, test taking limitations were reported for 70% of the students and only 37% received test taking accommodations. Several explanations are possible: 1) combining extended time (37%), distraction reduced setting (32%) and assistive technology (15%) for a total of 84% may account for some of the discrepancy; 2) students must follow through for services to be used; just because a service is authorized it is not necessarily provided; and/or 3) a service may not be provided if the student fails to actually register and take classes or does not coordinate with their instructor to receive the accommodation.

Of these five most common services, only priority registration stands out. Of the 20 colleges participating in the file review, 16 of the colleges indicated that they had approved priority registration for 95+% of the students in this category. While there are many valid reasons for moving to the head of the registration line (conflicting special classes, interpreting coordination, classroom location, fatigue, etc.), there is nothing inherent in a physical or mental disability that would make it a required accommodation. It would appear that this accommodation is an almost de-facto service. A student receiving priority registration for three terms, fall, spring, and summer, as the only service provided, would attain 75% of the required contacts.
Services Received by All "Other Disabilities" Students

- On Campus Transportation
- Calculator/Spellchecker
- Adapted/Adjustable Furniture
- Preferential Seating
- Tutoring
- Mobility Orientation
- Alternate Media
- Adapted Physical Education
- Equipment Loan
- Personal Counseling
- Recorder
- Assistive Technology Training
- Assessment
- Learning Disability Assessment
- Assistive Technology Loan/Lab
- Special Classes
- Note Taker/Note Taking Paper
- Liaison/Referral Instr/Campus/Com
- Distraction Reduced Setting
- Extended Time Tests/Quizzes/Exams
- Registration Assistance
- Disability-related Counseling
- Academic Counseling/ Advising
- Priority Registration

Fig. 36
In further examining the Educational Limitations and Academic Accommodations, the largest four populations in the ‘Other’ category were profiled separately. ADD/ADHD, Non-LDESM LD, Autism/Asperger’s and CHI. ADD/ADHD, Non-LDESM LD, Autism/Asperger’s were all fairly homogeneous and profiles were completed. The CHI population was made up of so many different conditions that it did not lend itself to profiling, but a description of the traits of the individuals included in this category and why it exists was developed.

As a place to start, the following charts show the average number of services and contacts received by the populations that are profiled below. These contacts and services were observed under the study rules that were established for the Longitudinal Study counting of contacts and cannot be compared to the Chancellor’s Office contact counts. The services comparison shows that the profiled populations consistently averaged between 4.5 and 5.5 services while the average contacts ranged from a low of 43 contacts for the ADD/ADHD population to a high of 67 for the Non-LDESM LD population. The non-verified LD population was afforded the highest average contacts of the profiled populations in the study.

The average number of services per student and the average number of contacts per student are noteworthy, but not as revealing as to what services are actually being provided. In several places of this report the ubiquitous nature of “priority registration” is mentioned. The widespread authorization and resulting capability of achieving a majority of funding related contacts with priority registration has been recognized. However; when the actual contacts are broken down (as seen in the table below) priority registration only accounted for approximately 4% of the total contacts. This finding was noted favorably, because even though many students received this accommodation, there are other services (perhaps more essential) that constitute the bulk of the service contacts. However, due to the ease of providing and counting this
service, it may have a disproportionate impact on funding, considering the lack of standards in record keeping and definition of services.

The table on the next page is a breakout of all services and contacts from the Longitudinal study. It shows the percentage of all contacts for each identified service for the major sub populations of the “Other Disabilities” Category. As well, it shows the “Other Disabilities” category as a whole. Also included, at the bottom of the table, are the total number of services received, the total number of contacts, the average number of services received and the average number of contacts. As can be seen the table demonstrates that two services, notetaking and special classes, account for the majority of the service contacts. These contacts were counted using the study criteria which was consistent with Title 5 regulations. As the reader proceeds through this section and observes the various charts, reference back to this table may prove useful in ascertaining the full impact of various services. With this background, the profiles of the major subcategories of the “Other Disabilities” category are presented starting with ADD/ADHD on page 73.
## Percent of Contacts by Service for Sub Populations of “Other Disabilities” Category

<table>
<thead>
<tr>
<th>Service</th>
<th>Non-LDESM LD</th>
<th>ADD/ADHD</th>
<th>Autism</th>
<th>Asperger's</th>
<th>CHI</th>
<th>All Other’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notetaker/Notetaking Paper</td>
<td>64.4%</td>
<td>55.3%</td>
<td>33.6%</td>
<td>55.4%</td>
<td>42.6%</td>
<td>45.8%</td>
</tr>
<tr>
<td>Special Classes</td>
<td>10.4%</td>
<td>5.5%</td>
<td>28.3%</td>
<td>10.1%</td>
<td>12.7%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Extended Time Tests/Quizzes/Exams</td>
<td>3.9%</td>
<td>6.4%</td>
<td>3.2%</td>
<td>5.9%</td>
<td>5.1%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Academic Counseling/ Advising</td>
<td>3.0%</td>
<td>2.9%</td>
<td>3.0%</td>
<td>2.4%</td>
<td>3.6%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Distraction Reduced Setting</td>
<td>2.4%</td>
<td>5.4%</td>
<td>2.2%</td>
<td>5.5%</td>
<td>3.8%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Priority Registration</td>
<td>2.2%</td>
<td>5.2%</td>
<td>3.3%</td>
<td>3.6%</td>
<td>4.1%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Adapted/Adjustable Furniture</td>
<td>1.7%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>2.0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Assistive Technology Loan/Lab</td>
<td>1.7%</td>
<td>1.7%</td>
<td>1.4%</td>
<td>1.4%</td>
<td>1.9%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Registration Assistance</td>
<td>1.6%</td>
<td>2.8%</td>
<td>3.5%</td>
<td>2.2%</td>
<td>2.4%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Equipment Loan</td>
<td>1.4%</td>
<td>0.9%</td>
<td>0.5%</td>
<td>1.1%</td>
<td>0.9%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Recorder</td>
<td>1.3%</td>
<td>1.1%</td>
<td>0.7%</td>
<td>0.9%</td>
<td>1.3%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Disability-related Counseling</td>
<td>1.1%</td>
<td>2.3%</td>
<td>1.3%</td>
<td>2.3%</td>
<td>2.1%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Assistive Technology Training</td>
<td>0.9%</td>
<td>0.7%</td>
<td>2.9%</td>
<td>0.5%</td>
<td>1.5%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Liaison/Referral Instr/Campus/Com</td>
<td>0.7%</td>
<td>1.7%</td>
<td>2.1%</td>
<td>2.3%</td>
<td>1.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Tutoring</td>
<td>0.6%</td>
<td>2.7%</td>
<td>2.7%</td>
<td>2.2%</td>
<td>1.1%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Learning Disability Assessment</td>
<td>0.5%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.2%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Calculator/Spellchecker</td>
<td>0.4%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Alternate Media</td>
<td>0.4%</td>
<td>0.5%</td>
<td>0.3%</td>
<td>0.1%</td>
<td>0.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Preferential Seating</td>
<td>0.4%</td>
<td>2.3%</td>
<td>1.2%</td>
<td>2.8%</td>
<td>2.4%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Personal Counseling</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.5%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Assistive Listening Devices</td>
<td>0.2%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Adapted Physical Education</td>
<td>0.1%</td>
<td>0.6%</td>
<td>5.9%</td>
<td>0.0%</td>
<td>4.3%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Assessment</td>
<td>0.1%</td>
<td>0.6%</td>
<td>0.8%</td>
<td>0.4%</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Reader</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Sign Language Interpreter</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Locker</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Scribe Services</td>
<td>0.0%</td>
<td>0.1%</td>
<td>1.4%</td>
<td>0.0%</td>
<td>0.8%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Mobility Orientation</td>
<td>0.0%</td>
<td>0.3%</td>
<td>0.1%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Mobility Assistance</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Service Animal Allowed</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Special Parking Permit</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>On Campus Transportation</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>3.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Off Campus Transport Assist</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>CART</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Move Classroom</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Speech Services</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total # Services</td>
<td>5611</td>
<td>4602</td>
<td>918</td>
<td>544</td>
<td>6313</td>
<td>23529</td>
</tr>
<tr>
<td>Total # Contacts</td>
<td>83770</td>
<td>41005</td>
<td>9695</td>
<td>5802</td>
<td>63905</td>
<td>247104</td>
</tr>
<tr>
<td>Avg. Services</td>
<td>4.50</td>
<td>4.81</td>
<td>4.74</td>
<td>5.55</td>
<td>4.95</td>
<td>4.82</td>
</tr>
<tr>
<td>Avg. Contacts</td>
<td>67.23</td>
<td>42.85</td>
<td>49.09</td>
<td>59.20</td>
<td>50.12</td>
<td>50.57</td>
</tr>
</tbody>
</table>
ADD/ADHD

What is ADD/ADHD?

Attention-deficit/hyperactivity disorder (ADHD) is a common neurobiological condition affecting 5-8 percent of school age children with symptoms persisting into adulthood in as many as 60 percent of cases (i.e., approximately 4% of adults). It is characterized by developmentally inappropriate levels of inattention, impulsivity, and hyperactivity. ADD/ADHD may impact a student's classroom behavior and study skills. Some students with ADD/ADHD will need accommodations to help them achieve academic goals.

What are the typical academic accommodations?

- a quiet work area and seating away from windows, doors, or other distractions.
- opportunities for movement and tactile input. Some students with ADD/ADHD benefit from sitting on a therapy ball instead of a standard chair.
- a safe environment with encouragement and compliments for positive behavior while ignoring minor inappropriate behavior.
- reformatting documents to minimize clutter and providing documents in alternative formats.
- clear and specific instructions.
- breaking long assignments into smaller parts.
- peer assistance with note taking.
- extended time to complete assignments and alternative testing arrangements.
Below, Figure 37 depicts the results of the File Review in which 5800 files were examined with 20% of the students having a Primary Disability diagnosed as ADD/ADHD and 16% having a Secondary Disability diagnosis of ADD/ADHD.

On the next page, Figure 38 shows that students with ADD/ADHD were reported to have difficulty concentrating (83%) and were unable to take tests in the traditional manner (75%). This finding was consistent with the literature review of an ADD/ADHD diagnosis. As well, the ADD/ADHD services depicted in Figure 39 (next page) indicates that the most frequently provided accommodations (aside from priority registration) are academic counseling, test accommodations, disability related counseling, registration assistance and distraction reduced settings. Again, all of these are consistent with the literature’s suggested academic accommodations for this disability population.
Educational Limitations of Students with ADD/ADHD

Percentage of All Students with ADD/ADHD Receiving Specific Services
Figure 40 below shows a comparison between the ADD/ADHD sub-group (20% of the ‘Other’ population: n=818) and the ‘Other’ population as a whole.

Setting aside the universal accommodation of priority registration, the accommodation most often received by this population was academic counseling. However, it was received less than the general ‘Other’ population receives academic counseling, by 9%. The same was true for disability related counseling. On the other hand, extended time on tests and distraction reduced setting were received by students with ADD/ADHD 10% more often that the general ‘Other’ population and registration assistance was used 6% more often. Individuals with ADD/ADHD were 5% more likely to be referred for other services. While attending special classes and receiving technology training and assistance were provided less often.
AUTISM and ASPERGER’S

What is Autism?

Autism, also referred to as Autistic Disorder, is a developmental disability characterized by impairments in social interactions and communication, as well as a pattern of repetitive or obsessive behaviors and interests. Symptoms can vary from mild to severe. There is no known cure for Autism, but interventions have been identified that can reduce behavioral symptoms and improve academic, employment, and social outcomes. The cause of Autism is not known; however, evidence suggests that both genetic factors and environmental triggers may play roles.

Autism is diagnosed by a pattern of behaviors. Symptoms of Autism can be identified by the time a child is eighteen months old, and a reliable diagnosis of Autism can be made by the time a child is three years old. Autism is three to four times more common in boys than in girls. The number of children identified with Autism has been growing in the past decade, and current estimates suggest that as many as 1 child in every 250 born today will be diagnosed with Autism.

What is Asperger’s

Asperger's Syndrome, also referred to as Asperger's Disorder, is a neurological disorder characterized by difficulty with social interactions, preference for sameness and routine, and narrowly focused interests or repetitive behaviors. Individuals with Asperger’s Syndrome have average or above-average intelligence and normal language development. Although they often have exceptionally rich vocabularies, individuals with Asperger's Syndrome may have an overly literal understanding of language, and their speech patterns may be unusual. People with Asperger's Syndrome also have difficulty interpreting nonverbal communication, such as gestures and facial expressions.
Many individuals with Asperger’s Syndrome have a strong preoccupation with a particular subject matter and may exhibit considerable knowledge, skill, and/or talent in a specific area. Some individuals may have a heightened sensitivity to sounds, odors, or other sensory input. Asperger’s Syndrome is considered to be one of the Autistic Spectrum Disorders. It is diagnosed on the basis of a pattern of behaviors and is more common in boys than girls.

School activities that may be particularly challenging for students with Asperger’s Syndrome and high-functioning Autism include social interactions, noisy or disordered environments, intense sensory stimulation, and changes in expected routines. The unstructured parts of the school day, such as lunch, may present the greatest challenges. Many students with Asperger’s Syndrome or high-functioning Autism have difficulty using a pencil and paper for writing. Some have difficulty with organization and schedules.

Although each individual is unique and the student and family should be consulted regarding accommodations, the following accommodations may be helpful to students with Asperger’s Syndrome and high-functioning Autism vi:

What are the typical academic accommodations?

- clearly established and ordered routines
- warning and preparation when changes are anticipated
- planning and practicing of communication strategies and social routines
- earplugs or noise-canceling headsets in hallways or lunchroom
- a quiet area where the student can take a time-out if necessary
- visual schedules and graphic organizers
- visual or written, rather than auditory, instructions
- computer use, especially word processing for writing
- notetaker
Figure 41 depicts the results of the File Review in which 5800 files were examined with 5.7% of the students having a Primary Disability diagnosed as Autism/Asperger's with 1.5% having a Secondary Disability diagnosis. Applying these percentages to the ‘Other’ category as a whole would suggest that approximately 2000 of the 35,000 students in the 2009/10 year had an Autism/Asperger’s diagnosis. As previously noted, this number is almost twice the size of the major category of Speech.
Figure 42 below displays the educational limitations reported for students with Asperger’s Syndrome. An inability to take tests in a traditional manner was reported in 63% of the students, followed by difficulty concentrating (56%), difficulty formulating and executing plans of action (45%), and difficulty interacting (43%).
Figure 43 below shows the accommodations most often received by these students. Beyond priority registration, academic (69%) and disability related (52%) counseling, extended time on tests and registration assistance (both 47%) and distraction reduced setting (38%) were the primary accommodations.

![Percentage of all Students with Asperger's Receiving Specific Accommodations](image-url)
Below, Figure 44 shows the comparison of Educational Limitations of the Asperger’s population to the “Other Disabilities” category as a whole. Of note is the substantial difference between Asperger’s and the “Other Disabilities” category as a whole in the percentage of students who have difficulty in interacting and in formulating plans.

Educational Limitations of Students with Asperger's Syndrome Compared to All 'Other'

Fig. 44
With regard to accommodations received, Figure 45 (below) indicates that students with Asperger's appear to use the listed accommodations slightly more often than the 'Other' population as a whole, with the exception of technology-related services and a very slight difference in academic counseling services.
Despite the close association, the profile (figure 46 below) of educational limitations of students with Autism differs somewhat from the Asperger's population. In addition to the limitations seen the Asperger's students, the Autistic students also were often reported to have difficulty with information processing and verbal expression as well as, some instances of writing problems and panic or stress issues.
Below, Figure 47 shows a comparison of accommodations received by students with Autism compared to the “Other Disabilities” population as a whole. Of note is the higher levels of registration assistance, referrals, special classes and assessments and the lower levels of counseling, test taking and technology services.
Non-LDESM LD

What is Non-LDESM LD?

At the foundation of the LDESM lies the definition of learning disabilities as encoded in the Title 5 regulations which govern the California Community Colleges. The LDESM consists of six components which serve to operationalize the elements of the learning disabilities definition. The components include:

- Intake Screening
- Measured Achievement
- Ability Level
- Processing Deficit
- Aptitude-Achievement Discrepancy
- Eligibility Recommendation

A student must meet all six components in order to be deemed eligible to receive support services for learning disabilities and be categorized as LD for MIS reporting.

However; the above criteria for Community College classification as Learning Disabled is too narrow to meet Federal and State standards for the determination of a disability that may need to be accommodated with DSPS resources. Myriad sources are available to diagnosis a student with a learning disability that do not rise to the standards of the LDESM model. Whether the student brings high school IEP records, private psychological reports, DOR referrals, it is of no consequence for service provision that the LDESM LD standard is not met. Regardless, the ADAvi and Section 504vii, (29.U.S.C.§ 794) require that services be provided based on a broader definition of disability. Since the above named sources call the diagnosis a learning disability and since the colleges have routinely documented a learning disability but either because of a lack of LDESM Model testing capacity or failure to meet the higher standard, yet still with significant learning issues, the student has been categorized appropriately as
‘Other’. Therefore, for the purpose of this study, the term Non-LDESM LD has been coined to refer to those individuals whose documentation points to a learning disability but that disability has not been verified under the LDESM Model.

Students with specific learning disabilities have average to above average intelligence but may have difficulties acquiring and demonstrating knowledge and understanding. This results in a lack of achievement for age and ability level, and a severe discrepancy between achievement and intellectual abilities.

According to the National Joint Committee for Learning Disabilities, learning disabilities are a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, writing, reasoning or mathematical abilities. The specific causes of learning disabilities are not clearly understood, however, these disorders are presumably related to central nervous system dysfunction. The effects of a learning disability are manifested differently for each individual and can range from mild to severe. Learning disabilities may also be present with other disabilities, such as mobility or sensory impairments. Often people with Attention Deficit Disorder also have learning disabilities. Specific types of learning disabilities include:

- **Dysgraphia**
  An individual with dysgraphia has a difficult time with the physical task of forming letters and words using a pen and paper and has difficulty producing legible handwriting.

- **Dyscalculia**
  A person with Dyscalculia has difficulty understanding and using math concepts and symbols.

- **Dyslexia**
  An individual with dyslexia may mix up letters within words and sentences while reading. S/he may have difficulty spelling words correctly while writing. Letter reversals are common. Some individuals with dyslexia have a difficult time with
navigating and route finding tasks as they are easily confused by directions and spatial information such as left and right.

- Dyspraxia-
  A person with dyspraxia may mix up words and sentences while talking. There is often a discrepancy between language comprehension and language production.

- Non-verbal Learning Disorder-
  Poor motor coordination, visual-spatial organization and/or a lack of social skills may characterize non-verbal learning disorders.

- Auditory Processing Disorder-
  A person with an auditory processing disorder intermittently experiences an inability to process verbal information.

For a student with a learning disability, auditory, visual, or tactile information can become jumbled at any point during transmission, receipt, processing, and/or re-transmission. For example, it may take longer for some students who have learning disabilities to process written information. Lengthy reading or writing assignments and tests may, therefore, be difficult to complete in a standard amount of time. This may be due to difficulty discriminating numerals or letters because they appear jumbled or reversed. Inconsistencies between knowledge and test scores are also common.

Some students who have learning disabilities may be able to organize and communicate their thoughts in a one-to-one conversation, but find it difficult to articulate the same ideas in a noisy classroom. Other students may experience difficulties with specific processes or subject areas such as calculating mathematics problems, reading, or understanding language. People with learning disabilities may have difficulty spelling and subsequently have difficulty creating or editing text or otherwise communicating in writing. Difficulties with attention, organization, time management, and prioritizing tasks are also common.

Examples of accommodations for students who have learning disabilities include:
• Notetakers.
• Audiotaped or videotaped class sessions.
• Extended exam time and a quiet testing location.
• Visual, aural, and tactile demonstrations incorporated into instruction.
• Concise course and lecture outlines.
• Books on tape.
• Alternative evaluation methods (e.g., portfolio, oral or video presentations).
• Providing projects or detailed instructions on audiotapes or print copies.
• Reinforcing directions verbally.
• Breaking large amounts of information or instructions into smaller segments.

Computers can be adapted to assist students with learning disabilities. A student with learning disabilities might find these accommodations useful:

• Computers equipped with speech output, which highlights and reads (via screen reading software and a speech synthesizer) text on the computer screen.
• Word processing software that includes electronic spelling and grammar checkers, software with highlighting capabilities, and word prediction software.
• Software to enlarge screen images.

For math and science classes, examples of specific accommodations that are useful for students with learning disabilities include:\footnote{X}:

• The use of scratch paper to work out math problems during exams.
• Talking calculators.
• Fractional, decimal, and statistical scientific calculators.
• Computer Assisted Instruction (CAI) software for math.
• Computer Assisted Design (CAD) software for engineering.
• Large display screens for calculators and adding machines.
This study has reported that almost 24% of the “Other Disabilities” population were identified as have learning disorders that either did not rise to the LDESM standard or were not tested under the Model. The responses to the file review and longitudinal studies queries about primary or secondary disability indicated that this number would actually be even higher because many of the responses listed as ‘Other’ or “not listed” had descriptions indicating learning problems. While these files were not included in the 24%, it is safe to say that 24% was a conservative estimate of the population. On the following pages, Figures 48 and 49 show the comparisons between the Non-LDESM LD population and the “Other Disabilities” category as a whole. As shown in Figure 48, auditory and visual information processing issues and plan formulation problems were experienced more often, while processing speed and concentration problems less often than in the ‘Other’ population as a whole. With regard to accommodations, Figure 49 shows a comparison between students in the Non-LDESM LD and all ‘Other’ which indicates that across the board services to the Non-LDESM LD students were not significantly different than those services used by all ‘Others.’
Educational Limitations of Non-LDESM LD Students Compared to All 'Other'

Fig. 48
CHRONIC HEALTH CONDITIONS

What is a Chronic Health Impairment?

For the purposes of this study, a Chronic Health Impairment is the new “Other.” Throughout this project, an attempt has been made to add as much specificity as possible in describing the “Other Disabilities” category. A standard list of 30 disability groupings, including the 9 MIS coding categories, has been used throughout the study on questionnaires and protocols. However, the reported incidence of many of the conditions was very low. As well, throughout the study, participants have had the opportunity to list choices that, in their experience or as shown in their databases, did
not fit the categories that the project chose. For the final reporting of the project, the choices provided by participants were combined with all other categories that fell to less than 1% of the reported total, unless the condition was one of the MIS reporting categories. Additionally, the conditions included were chronic or long term. This combined subset ultimately totaled approximately 23% of the “Other Disabilities” population, one of the three largest subcategories.

With specific guidance and incentive, colleges might be able to move many of this group to other categories, if they were to be viewed in terms of functional limitations (i.e., mobility, communication, etc.) or a more in-depth investigation of etiology (i.e., ABI, etc.). However, without direction or cause, this expenditure of time and resources would be unlikely. Therefore, this group may constitute the true “Other Disabilities” population that the name would imply and would encompass approximately 10-12% of the DSPS population. This figure, along with a rationale of how it was developed, would seem palatable to Administration and acceptable to funding sources, such as the legislature.

There were also groups, such as Epilepsy and Diabetes, that were often included in the Chronic Health Impairment category and these groups comprise between 1% and 4% of the population of the “Other Disabilities” category.

Increased guidance could result in many of these individuals being placed in other categories based on functional limitations. For the purposes of demonstrating a profile, Epilepsy, Diabetes and all other low incident chronic conditions were included in the charts on the following pages.

On the next two pages Figures 50 and 51 indicate that only the educational limitation, “difficulty focusing/concentrating for extended periods or easily distracted” (52%), was assigned to more than 50% of the students. All other listed limitations were observed in less than 46% of the population. Registration, counseling and test taking services were the most frequently provided services and, though used by a small percentage of the
population, technology training services, personal counseling and assessment were used slightly more often by this subcategory than the ‘Other’ population as a whole.
Comparison of Services Received Chronic Health Impairment to All 'Other'

Fig. 51
SERVICE/ACCOMMODATION CONTACTS OF THE MAJOR DISABILITIES IN THE "OTHER DISABILITIES" CATEGORY

Finally, in the examination of the four main groups, Figure 52 looks at the top three service categories in each group. These charts show what services constitute most of the contacts used by each population, as opposed to the percentage of the population using a specific service. Notetaking was the most popular service, with special classes and test accommodations a distant second and third. The larger table on page 73 delineates the range of services and how the overall service provision is distributed.

![Services with the Highest Percentage of Contacts](image-url)
PART 4: INTERVIEWS WITH DSPS COORDINATORS/SUPERVISORS

Three recently retired DSPS Coordinators with a combined 94 years of service with DSPS joined the Galvin Group as consultants for this project and were involved in every aspect of the study. As a result, they were well aware of the issues involved and have spoken at length with many of the survey respondents, as well as, the participants of the file review and longitudinal study.

The first set of interviews was completed on September 15, 2011 and consisted of a minimum 30-minute conversation with each comprehensive file review participant. Each participant was asked three questions:

1. What did you learn from the file review about your files/record keeping?
2. What changes, if any, will you be recommending to your staff based on what you learned?
3. What advice would you offer to others, particularly new Coordinators, on best practices for files/record keeping and forms?

These interviews included all college staff who participated in the file review. These discussions highlighted a number of issues related to "Other Disabilities" which provided enormous insight into how colleges complete student records, including: collecting and approving appropriate documentation; making the correct linkage between disabling conditions and educational limitations; and determining appropriate educational accommodations. The significant disparities between colleges and their approaches to these tasks may have impacted the large and incongruous ‘Other’ category.

Following the conclusion of the longitudinal study, the second set of interviews commenced. Staff from the twelve colleges that completed the longitudinal study were asked the following five questions:

1. What did you learn from the longitudinal study about your files/record keeping?
2. What changes, if any, will you be recommending to your staff based on what you learned?

3. What advice to others would you share with DSPS Coordinators, particularly new Coordinators, on best practices for files/record keeping and forms?

4. How do you count contacts? For example: For a notetaker, do you count the notetaker as (a) a contact for every class, (b) once a semester, (c) once a year. Do you count Priority Registration each semester or one for the year?

5. In a totally subjective manner, off the top of your head, who, on your staff, would you say spends the most time with students with ADD, Autism, or chronic health problems.

Nine colleges, considered outliers due to extremely high or low percentage of students placed in 'Other,' were asked:

1. How do you use the "Other Disabilities" Weighted Student Count (WSC) reporting category? For example, have you stopped LD testing, do you use this as a way station while awaiting testing, etc.

2. How do you count contacts?

3. In a totally subjective manner, off the top of your head, who, on your staff, would you say spends the most time with students with ADD, Autism, or chronic health problems.

The following pages contain a graphical depiction of the results of the survey. Theses charts are followed by summaries of the comments of the participants. In some cases the charts reference an ‘Other’ Please Specify response, these responses have been included in the summaries of the comments.
QUESTION 1: What did you learn from the longitudinal study about your files/record keeping?

- Lack of consistency and uniformity in who is in the ‘Other’ category
- Inconsistency in record keeping and forms
- Discrepancy between actual service provided and what was listed on educational limitations form
- Once placed in ‘Other’ while awaiting LD testing or other pertinent documentation never re-categorized
- Other please specify
QUESTION 2: What changes, if any, will you be recommending to your staff based on what you learned?

- Training for staff on correctly completing all student record forms (50.0%)
- Training on consistency in all aspects of intake and eligibility (25.0%)
- Training on verifying disabilities according to Title 5 (33.3%)
- Need to review all files at least annually and ed accommodations each term (33.3%)
- Development of system to track contacts (50.0%)
- Review student orientations to emphasize need for valid documentation and other student requirements (41.7%)
- Other, please specify (50.0%)
QUESTION 3: What advice to others, particularly new Coordinators on best practices for files/record keeping and forms?

- In-service all staff on relevant legal, disability and services issues
- Ensure front office staff are educated on all aspects of DSPS role and function
- Ensure all staff are aware of the difference between functional limitations and educational limitations
- Double-check MIS contacts and ensure accuracy of data entry
- Other, please specify
QUESTION 4: How do you count contacts?

- 58.3%: One contact per service every time service is offered
- 41.7%: One contact per service per semester
- 25.0%: One contact per service annually
- 25.0%: 4 contacts assigned once student has completely priority registration
- 0.0%: Other, please specify
QUESTION 5: In a totally subjective manner, off the top of your head, who, on your staff, would you say spends the most time with students with ADD, Autism, or chronic health problems. Is it you, the counselor, front desk…?

![Pie chart showing responses to QUESTION 5]

- 58.3% Is it you?
- 50.0% A DSPS counselor?
- 25.0% Another DSPS staff member?
- 16.7% N/A
INTERVIEW QUESTIONS WITH DSPS COORDINATORS (COLLEGE OUTLIERS)

QUESTION 1: How do you use the "Other Disabilities" Weighted Student Count (WSC) reporting category?

- We try not to use this category
- We have no, or limited LD testing, so we use this category while students are awaiting testing
- We use it because it is weighted more favorably than Psych
- We use it routinely when providing temporary or provisional services
- For new disabilities not listed in Title 5 or when verified disability does not match any other WSC categories
- We use it when documentation is incomplete
QUESTION 2: How do you count contacts?

- One contact per service and only once per semester: 33.3%
- One contact per service annually: 22.2%
- 4 contacts assigned once student has completely priority registration: 22.2%
- Other, please specify: 11.1%
QUESTION 3: In a totally subjective manner, off the top of your head, who, on your staff, would you say spends the most time with students with ADD, Autism, or chronic health problems.

- 77.8% Is it you?
- 33.3% A DSPS counselor?
- 55.6% Another DSPS staff member?
A Summary Of The Issues Described By Interviewees Is Reflected Below:

General record keeping issues

- Lack of definitive "rules" or policies regarding assignment to ‘Other Disabilities’ category
- Lack of consistency and uniformity in placement in ‘Other’
- Once placed in ‘Other,’ while awaiting further document, never re-categorized when documentation becomes available
- Inconsistency in record keeping and forms completed
- Discrepancy between actual service provided and what was listed on educational accommodations form
- Educational limitations do not translate into appropriate accommodations
- Different counselors have different patterns of accommodations
- Counselors tend to look at primary diagnosis rather than functional/educational limitations
- SEC not reviewed at least annually
- Many mistakes found in paperwork during this review

LD Issues

- Confusion about LD eligibility and assignment of students with IEP and history of accommodations and services in K12- need to properly code students coming in with IEP
- No funding for LD specialists, hence no testing
- Some students being placed in ‘Other’ while awaiting LD assessment and do not receive services during this waiting period
- Students awaiting LD testing served but not counted
- Clarification needed on transferability of LD test results between CA colleges
Use of ‘Other’ category for students with ADD/ADHD and Psych disabilities

- Use of ‘Other’ category for students with ADD/ADHD
- Use of ‘Other’ category for students with Psych disabilities
- Recognition of need to subdivide or make new category from ‘Other’ (e.g., Autism/Asperger’s, ADD/ADHD)

Other ‘Other’ Issues

- ‘Other’ disability category not considered for secondary disability, when applicable
- Some colleges do not claim secondary disabilities
- Need more info from K-12 regarding provision of accommodations
- Lack of follow-up on students who do not complete assessment or don’t return for services
- Problems with MIS reporting
- Problems prioritizing dual diagnosis

Counting Contacts

- College generally gives 4 contacts when they meet the student for the first time
- 4 contacts given once student has completed priority registration
- No records kept on number of contacts
- Once entered into Datatel student is programmed with 4 contacts
- This is a workload issue, too time-consuming and expensive use of staff time if we counted contacts every time we saw a student
- Contact recorded if an expense is involved, i.e., interpreter in class
- One contact per service and only once per semester
- One contact for service annually
- One contact every time service is provided
- No guidance or clear definition on what constitutes a contact
- Do we count each book or each page or each chapter for alternate media, we find this very confusing
- Inconsistency in counting contacts
- Don't count contacts but estimate if student will use 4 or more
- Need an electronic system that is compatible with college MIS
- Need database tool that would standardize data entry for entire DSPS field
- Need set of concrete examples including screen shots on how each data system works with tracking contacts
- All data needs to be computerized
- Need to double-check MIS contacts and ensure accuracy of data entry

Training Issues

- Many staff lack background and training in the concept of educational limitations, particularly new staff
- Training needed to accurately complete all student record forms
- Training needed for all staff on writing case notes for completeness and objectivity
- Training needed to improve inter-office and intra- and inter-campus communication
- Need for consistency in all aspects of intake, eligibility and record keeping
- Training needed on verifying disabilities according to Title 5
- Improvement needed on documentation, including decision of eligibility, accommodations/services and case notes
- Part-time staff need more training on all aspects of student record keeping
- Staff need to review files at least annually and educational accommodations each term
• Once disability verification documentation is complete, file should be reviewed to ensure appropriate disability coding
• Review forms for duplication and currency and streamline where possible
• Review all student files to remove non-essential information
• Need to develop system to track contacts
• Find ways to more easily identify documents in student record, i.e., standard file organization, differently colored forms, etc.
• Use student orientations to emphasize the need for valid documentation and other student record requirements, even though it is ultimately the DSPS program’s responsibility to require documentation before any service given is counted for excess cost reimbursement.

Advice for new Coordinators and best practices

• Time spent in the beginning works best and supports a smoother running operation
• Develop DSPS policies and procedures manual
• Conduct training meeting for all staff at beginning of semester
• In-service new staff (faculty and classified) regarding relevant legal, disability and service issues
• Schedule monthly case management meetings to discuss specific issues, accommodations and office procedures and policies affecting service delivery
• Regular and ongoing in-service education on available services and accommodations
• Establish a mentor system for professional staff
• Ensure front office staff are educated on all aspects of the DSPS role and function
• Ensure all staff are aware of the difference between functional limitations and educational limitations
- Make a conscious effort to personalize accommodations and services for an ‘individual’ based on verified educational limitations, instead of authorizing support for a ‘disability.’
- Be proactive on listserv, regional meetings and statewide organizations
- Double-check MIS contacts, ensure correct data entry
- Develop a tracking system for counting contacts, card swipe technology works well
- Develop an ‘eligibility workshop’ for students that spells out the steps and processes required to receive DSPS services
- Have one person double check files before the information is entered into the system. If staff is trained, this process is not overly time consuming and can save many headaches later. It is also a tool to catch and clear up inconsistencies as they are happening.

Many respondents mentioned the goal of creating an electronic record keeping system and the perceived advantages of a streamlined, paperless office.

**PART 5: TOWN HALL MEETING AT CAPED 2011**

A “Special Town Hall Meeting” on use of the “Other Disabilities” category was conducted on Tuesday October 18th. This Town Hall included a presentation by Chancellor’s Office staff on the importance and focus of the project; presentations by the Contractor and staff on project design and accomplishments to date. This meeting was extremely well-attended and well received.

Contractor and consultants also presented a project overview at the Program Managers CIG and the Regional Coordinators meeting, both held during the CAPED Convention.

The plans are in place to host a follow-up presentation at the 2012 CAPED Convention.
PART 6: REVIEW OF PERTINENT LITERATURE, LAWS, AND REGULATIONS REGARDING WEIGHTED STUDENT COUNT

The primary purpose of the literature/resource review was to consider all historical literature related to this issue and incorporate relevant information in the final conclusions of the study.

Program History

Disabled Student Programs and Services (DSPS) (Education Code, Section 84850 and Title 5, California Code of Regulations (5 CCR) Sections 56000-56076) was enacted in 1976 through the passage of Assembly Bill 77 (Lanterman), which funded support services and instructional programs for students with disabilities in the California Community Colleges. DSPS assists colleges to provide services and accommodations for students with disabilities to support their student success and to meet the requirements of Federal and State non-discrimination laws including Sections 504 and 508 of the Federal Rehabilitation Act, the Americans with Disabilities Act (ADA), and State Government Code Sections 11135-11139.5. xi

The DSPS program provides support services and educational accommodations to students with disabilities so that they can have full and equitable access to the community college experience.

Purpose of This Review

To consider the literature, laws, and pertinent regulations relating to the funding of Disabled Student Programs and Services (DSPS) offices through the mechanism of weighted student counts (WSC). Relevant information from this review was incorporated into the conclusions and recommendations of the project titled "An Evaluation of the ‘Other Disabilities’ DSPS Reporting Category."
Pertinent Documents Reviewed

1. Services to Students with Disabilities: A Study of Workload and Costs (July 31, 2000)
2. California Education Code
3. Title 5 Regulations and Guidelines
4. Legal Opinions and Advisories- CCCCO
5. Tarjan Center TA Report
8. Students with Disabilities at Degree-Granting Postsecondary Institutions: First Look

SERVICES TO STUDENTS WITH DISABILITIES: A STUDY OF WORKLOAD AND COSTS

Background

The State formula for DSPS allocations at the time of this study included, among several variables, the number of unduplicated students reported within each reportable category. Each reportable category was given a weighted student count (WSC), a subjective number assigned on the relative costs/services ratio to DSPS programs.
### Weighted Student Count Percentages

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<th>Primary Disability</th>
<th>Weight</th>
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<td>Blind/Low Vision</td>
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<tr>
<td>Deaf/Hard-of-Hearing</td>
<td>4.87</td>
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<tr>
<td>Communication Disability</td>
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<tr>
<td>Learning Disability</td>
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<tr>
<td>Developmentally Delayed Learner</td>
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<td>Acquired Brain Impairment</td>
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<td>Mobility</td>
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<td>Psychological Disability</td>
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</tbody>
</table>

Adding or taking away from an assigned WSC affects all other reportable categories because the changes result in a zero sum budget.

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**CRITIQUE OF THE DOCUMENT**

Under the auspices the Disabled Student Programs and Services unit (DSPS), California Community Colleges Chancellor’s Office (CCCCO), several work groups convened in 1995 to investigate a number of issues:

- The workloads of DSPS staff on independent campuses
- The estimated costs for services and programs for students eligible for DSPS support.
- How to accurately create an allocation formula that incorporated: (a) program size (unduplicated student headcount); (b) the variability of costs between
reportable disability categories (weighted student count); and (c) a college’s annual allocation relative to its share of the State total weighted student count (DSPS categorical allocation).

In 1991, an Allocations Task Force was organized with representatives from the CCCCO and eleven DSPS college programs. A product of the Allocations Task Force was a revision of the WSC formula based on "... the specific services (other than instruction) provided to students in each disability group and then estimated how much of each service a typical student (that is, a student enrolled for 9 units with an average need for services) would receive in an adequately funded program."xv Five reportable disability categories were labeledxvi and each was given its own WSC.

By the fall, 1993, two additional reportable categories had been added to the list of five:

- Psychological Disability and
- Other Disabilities.xvii

Subsequently, a Workload Task Force was organized to "... study the feasibility and desirability of revising the disability group weights used to calculate the weighted student counts in the funding formula serving students with disabilities."xviii

In support of the 1995 Workload Task Force's recommendation, the CCCCO contracted with a private research group to develop a system to track the delivery of services to students with disabilities and the relative cost of serving students with differing types of disabilities when compared to one another.

The Workload Task Force expressed uncertainties about two issues:

- What disabilities were to be included in the "Other Disabilities" category?xix and
- Given the heterogeneous nature of the “Other Disabilities” category, what weighted student count should the category be assigned?

Implications for the “Other Disabilities” Reporting Category
The creation and implementation of the “Other Disabilities” category in 1994 resulted in several unintended consequences:

1. It placed an additional demand on staff to counsel, provide services, and account for a "new" disability category.
2. The “Other Disabilities” category, in some instances, resulted in additional demand for use of durable medical equipment (e.g., wheelchairs) and consumable products (e.g., tape recorders).
3. It increased a college’s relative share of the State total weighted student count and, thus, the college’s annual allocation.
4. Although a college’s relative share of the State total weighted student count may have increased in the fiscal years beginning with 1996, the State allocation for distribution to DSPS programs was unchanged; a zero sum game resulted in that the State allocation was not adjusted for additional reportable categories or any increase in the number of students served by college DSPS programs.\textsuperscript{xx}

California Education Code

Background

The Board of Governors for the California Community Colleges has been authorized by the California State legislature to "... adopt rules and regulations for the administration and funding of educational programs and support services to be provided to disabled students by community college districts ..." Under that mandate, disabled students were defined as "... persons with exceptional needs enrolled at a community college who, because of a verified disability, cannot fully benefit from classes, activities, and services regularly provided by the college without specific additional specialized services or educational programs."\textsuperscript{xxi}
CRITIQUE OF THE DOCUMENT

To accomplish the legislative mandate, the Board of Governors was authorized to provide an apportionment of funds to "... each community college district to offset the direct excess cost of providing specialized support services or instruction, or both, to disabled students ..." who meet the eligibility criterion for Disabled Student Programs & Services accommodations or services.

As delineated in the California Education Code, Section 84850, DSPS apportionment was to be used to meet the excess cost of "... providing specialized support services or instruction, or both, to disabled students enrolled in state-supported educational programs or courses." An operational definition of what constitutes direct excess costs is found in Title 5, California Code of Regulations, Section 56064:

"... direct excess costs [are] the expenditures, excluding indirect administrative costs, that the college incurs while serving students with disabilities which exceeds expenditures paid by revenue derived from:

"comparable services (Section 56066);

"special classes (Section 56070); and

"other Federal, State or local funds received by the college which are directly related to students with disabilities." These are funds that are distributed by the district without discretion, i.e., WorkAbility III or specific grants. Funds not included in this category are those which the district does distribute with discretion, i.e., VATEA.

"Direct excess costs are expenditures that can be paid with DSPS categorical funds or money from the college general fund (college effort)."

Implications for the "Other Disabilities" Reporting Category

The California legislature mandated that California’s community colleges "... adopt rules and regulations for the administration and funding of educational programs and
support services to be provided to disabled students by community college districts." To accomplish that goal, the legislature provided separate, categorical, apportionment to community colleges to deal with the excess costs associated with accommodations and services for students with disabilities. The legislature did not, however, provide a formula or mandate how the categorical apportionment for DSPS was to be allocated among disability categories (e.g., Physical Disabilities, Psychological Disabilities, Learning Disabilities, etc.). The decision on what the weighted student count percentages would be was deferred to the CCCCO, Disabled Student Programs and Services unit.

Without a legislative mandate on weighted student count, CCCCO staff and the DSPS field were tasked to subjectively determine the relative costs of providing accommodations and services to each of the nine reportable disability categories.

### Weighted Student Count Percentages

<table>
<thead>
<tr>
<th>Primary Disability</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind/Low Vision</td>
<td>2.25</td>
</tr>
<tr>
<td>Deaf/Hard-of-Hearing</td>
<td>4.87</td>
</tr>
<tr>
<td>Communication Disability</td>
<td>1.00</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>3.15</td>
</tr>
<tr>
<td>Developmentally Delayed Learner</td>
<td>1.29</td>
</tr>
<tr>
<td>Acquired Brain Impairment</td>
<td>3.34</td>
</tr>
<tr>
<td>Mobility</td>
<td>1.32</td>
</tr>
<tr>
<td>Psychological Disability</td>
<td>0.38</td>
</tr>
<tr>
<td>Other</td>
<td>1.32</td>
</tr>
</tbody>
</table>
At the time of this study, the “Other Disabilities” category was weighted heavier (e.g., the reimbursement rate was more) than the Developmentally Delayed Learner or Psychological Disability categories and equal in weight to those served with Physical Disabilities.

Title 5 Regulations and Guidelines

Background

Title 5, California Code of Regulations, Sections 56000-56076, were operationalized for DSPS offices in November 1992 with the publication of the Implementing Guidelines for the Title 5 Regulations for Disabled Student Programs and Services (Guidelines).

It is important to note that the Guidelines are not regulations that have gone through the full regulatory approval process. College DSPS staff are encouraged, but not required, to use the Guidelines in administering DSPS programs. It is the responsibility of each college to establish programs, policies, and procedures that meet the requirements of Title 5, Sections 56000-56076.

CRITIQUE OF THE DOCUMENT

Implementing Guidelines for the Title 5 Regulations for Disabled Student Programs and Services provide technical assistance to DSPS staff. In addition, they provide guidance to community colleges regarding their legal and fiscal responsibilities to DSPS offices and toward students with disabilities. Comprised of four Articles and twenty-nine Sections, the Guidelines for the Title 5 Regulations for Disabled Student Programs and Services is the fundamental document for DSPS program management and policy development.

Implications for the “Other Disabilities” Reporting Category

Implementing Guidelines for the Title 5 Regulations for Disabled Student Programs and Services defines the “Other Disabilities” reporting category as "all students with
disabilities . . . who do not fall into any of the categories described in Sections 56032-42 but who indicate a need for support services or instruction provided pursuant to Sections 56026 and 56028. Such a vague and ambiguous definition (anyone . . . who [does not] fall into any of the [other reporting] categories . . . ) resulted in significant confusion about: (a) which disabilities are served by DSPS; (b) in which reportable category are they to be counted; (c) what constitutes valid documentation of a disability; and (d) what services or accommodations are appropriate for an individual placed in the “Other Disabilities” category.

DSPS staff would be well served to review the caveat contained in Section 56044:

"A student should only be categorized under ‘Other’ if the student has a current verifiable impairment which meets the general definition of disability under Section 56002 and also has an educational limitation as defined in Section 56004, but does not qualify in any of the disability specific categories. Other disabilities include conditions having limited strength, vitality, or alertness due to chronic or acute health problems. Examples are environmental disabilities, heart conditions, tuberculosis, nephritis, sickle cell anemia, hemophilia, leukemia, epilepsy, acquired immune deficiency syndrome (AIDS), diabetes, etc."

In addition to reviewing and applying the standards for placement noted above, additional clarifying language should be provided to limit confusion and misplacement in the “Other Disabilities” category. Specifically, Section 56044 should include language detailing what is not permissible to include in the “Other Disabilities” category (e.g., Attention Deficit Disorder [ADD], Attention Deficit Hyperactivity Disorder [ADHD]).
Chancellor's Office Legal Opinions and Advisories: Title 5, Section 56044, “Other Disabilities” Category Issue

Background

Responding to requests from the field and the statewide DSPS Coordinators’ Council, the CCCCO added two additional disability categories to the 1993-94 DSPS year-end report: (1) Psychological Disability and (2) Other Disabilities. The “Other Disabilities” category was created in response to the growing number of diagnoses that did not cleanly fit into an existing reporting category. Students presenting documentation of infrequently occurring disabilities such as Lyme Disease, Munchausen by Proxy, or Guillain-Barre Syndrome, in addition to emerging disability populations such as Attention Deficit Disorder, Post Traumatic Stress Disorder, and HIV/AIDS, created a sense of urgency within the DSPS community. The primary question from the DSPS community was, "which disability category were individuals with uncommon or infrequent disabilities to be reported?"

The CCCCO, DSPS Unit, requested the Legal Affairs Division develop a legal opinion regarding the use of the “Other Disabilities” category.

CRITIQUE OF THE DOCUMENT

The purpose of this legal opinion was to clarify the use of the “Other Disabilities” category. The opinion reads:

"This category should be used where a student has a verified impairment that limits one or more major life activities and imposes an educational limitation, but the disability does not fit neatly into any specific categories."

The opinion clarified that the "Other Disabilities" category was developed so that "... any student who has a current impairment which meets the definition of disability under..."
the Americans with Disabilities Act" could be served and that the college (DSPS) could receive apportionment for the accommodations and services provided.xxx

The legal opinion concluded with two hypothetical scenarios that attempt to clarify the purpose for which the “Other Disabilities” category was developed:

"... a student who does not meet the criteria for either learning disability or developmentally delayed learner even though the student has documentation indicating that he or she was recently classified as learning handicapped in high school or.xxxi

A student arrives on a community college campus and requests DSPS support without documentation or history of receiving services prior to his/her college enrollment. Should the student fail to meet the System's Learning Disability eligibility criterion, cannot be classified as a Developmentally Delayed Learner and, in professional judgment of the Learning Disabilities Specialist, the "... student does have some type of impairment which limits one or more major life activities, then the student should be served and reported in the “Other Disability” category.xxxii

Implications for The “Other Disabilities” Reporting Category

While the intended purpose of this legal opinion was to clarify the use of the “Other Disabilities” category, it instead contributed to some confusion and increased the perplexity that is this category’s legacy. The opinion encouraged the (mis)use of the “Other Disabilities” category by stating, "This category should be used where a student has a verified impairment that limits one or more major life activities and imposes an educational limitation, but the disability does not fit neatly into any specific categories." (emphasis added) The field responded to the opinion by using the category as a "catch-all" reporting mechanism for all kinds of disabilities, or suspected disabilities. It is unlikely that the field will voluntarily limit its use of the “Other Disabilities” category since the category can report WSC which, in turn, leads to an increased allocation for the DSPS program.
Background

The Tarjan Center at the University of California, Los Angeles (UCLA) conducted a series of discussions with the CCCCO, DSPS unit, and campus DSPS offices between 2007–2011. The discussions focused on students diagnosed on the Autism Spectrum Disorder (ASD) and their participation in college coursework.

Tarjan Center staff interviewed or elicited responses to specific questions from fifty Disabled Student Programs and Services (DSPS) offices.

CRITIQUE OF THE DOCUMENT

The Tarjan Center Technical Assistance Report, 2011, summarized the familiarity of DSPS professionals and CCCCO, DSPS staff, with respect to their experiences in supporting and serving students diagnosed on the ASD. Below are selected descriptions from some of the colleges about students with Autism and their participation in coursework at their colleges:

- City College of San Francisco: Twenty students with Autism in credit-bearing regular courses.
- San Diego Community College District: A student with ASD was successfully completing studies in Auto Body & Painting; a student was completing studies in the Culinary Arts program and another was pursuing studies as an electronics test technician.
- Los Angeles Valley College: Some students on the Autism Spectrum have taken chemistry.
- Long Beach City College: Many students diagnosed on the ASD were taking a variety of degree granting coursework including enrollment in the college's honors program.
• Gavilan College reported on the challenges of supporting and serving a heterogeneous disability group possessing such a wide range of abilities.

**Implications for the “Other Disabilities” Reporting Category**

The incidence of students diagnosed on the Autism Spectrum and pursuing a post-secondary education at a California Community College (CCC) has increased exponentially in the last ten years. In forecasting future enrollments, the Tarjan Center anticipated that with earlier diagnosis and special education opportunities in the K-12 system, the CCC should expect a continued influx of autistic students on their campuses. The projected growth will significantly affect an already eroded DSPS allocation and burden professional DSPS staff with increased demand for their time, support, and service.

In compiling responses from DSPS staff, the Tarjan Center identified the following themes regarding support and services for students with Autism Spectrum Disorders:

• Before enrolling and participating at a community college, students and families must adequately prepare for the behavioral and academic expectations of a post-secondary education.

• Community college staffs, irrespective of job title or institution function, require additional professional development and training to better understand and serve individuals diagnosed on the Autism Spectrum.

• A stereotypical autistic student does not exist.

• The ways in which DSPS may collaborate with other campus entities or community agencies has not been sufficiently explored.
Background

In recent years, mainstream publications such as the Chronicle of Higher Education and the *U.S. News and World Report* have increased public awareness of the options available for individuals with Intellectual Disabilities (e.g., Developmentally Delayed Learners) to transition to some form of postsecondary education (e.g., PSE). In addition to the mainstream media, professional journals have published a number of opinion pieces calling for changes in transition planning to provide more opportunities for individuals with Intellectual Disabilities (ID) and other significant disabilities to go to college and/or participate in PSE.

"In 2003, in anticipation of the reauthorization of the Higher Education Act, the National Council on Disability released a report that identified factors that influence the preparation, access, participation, and retention of students with disabilities in PSE. This report called for a number of changes, including the coordination of supports and services across agencies that facilitate the transition to PSE for students with disabilities, increasing access to financial assistance to make higher education more affordable, increasing the awareness of the options for higher education, and improving the preparation of personnel necessary to support student access to and retention in higher education settings."xxxiv

The research team focused on PSE opportunities for individuals with ID. They identified 250 programs located in 41 different states. Of those programs, 38% were located in two-year colleges, 51% in four-year institutions, and 12% in trade or technical schools.
CRITIQUE OF THE DOCUMENT

This review of the literature covered the years 2001 through 2010 and sought information regarding three outcomes:

- Whether there have been changes in the types of programs offered to individuals with ID.
- Whether participation in PSE results in improved outcomes for individuals with ID.
- Whether the evidence indicated that PSE is a preferred outcome to other transition outcomes.

Implications for the “Other Disabilities” Reporting Category

The focus of the "Participation in Postsecondary Education for Students with Intellectual Disabilities: A Review of the Literature 2001 – 2010" was on students with Intellectual Disabilities in a post-secondary setting. The review identified several trends that could influence services to students with disabilities, in general, and the “Other Disabilities” reporting category, in particular:

- 53% of the students with Intellectual Disabilities accessed courses through the regular registration processes compared to 43% who took advantage of specialized assistance for students with disabilities (e.g., registration assistance, priority registration, disability services counseling).
- 45% received academic advising from regular college staff compared to 52% who obtained course counseling from disabled student services staff or another specialized source.
- 56% of the colleges surveyed offered one or more programs for adults with Intellectual Disabilities; 22% provided dual enrollment programs, and 22% offered both types of programs.
There will continue to be an increasing demand for a PSE option for individuals with disabilities. The rapidly increasing presence of students with disabilities on local campuses is a harbinger for California’s community colleges to:

- Restore revenue lost to DSPS programs, beginning with the 2009-10 fiscal year.
- Provide an equitable allocation formula to fund programs and services for students with disabilities.
- Ensure compliance with Federal and State disability law.
- Provide professional staff at State and local levels who possess expertise in disability counseling, issues, and services and accommodations for individuals with disabilities.

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**Background**

The 2010 document was the third iteration of The Association on Higher Education and Disability (AHEAD) survey of people working on disability issues in higher education. The purpose of the 2004 and 2008 iterations of the survey was to:

"Collect demographic information about a wide variety of disability services office staff, including personal statistics (e.g., age, ethnicity), professional backgrounds, and salary ranges;

"Learn more details about the administration of disability services offices, including the number of students and staff served, the decentralization or centralization of services, and the institutional units (e.g., academic affairs, student affairs) overseeing disability services operations; and
“Find practical information to guide administrators in disability services offices and at AHEAD, including which types of compensation, resources, and professional development opportunities would be most beneficial for disability services staff.”

CRITIQUE OF THE DOCUMENT

The 2008 survey contained five sections:

- Personal and professional information, such as age, gender, ethnicity, and education.
- Details about respondents’ current positions, including job titles and degree requirements for the position.
- Salary and compensation information, including non-monetary forms of compensation like flexible work hours.
- Information about the respondents’ campus and disability services’ office information, including setting, type of campus, statistics about consumers, and administrative features of the office – this section was only intended for respondents who were disability services office administrators.
- Perspectives on disability services, including professional development needs, identification of critical knowledge for staff, and underlying philosophy of disability services service provision.

Implications for the “Other Disabilities” Reporting Category

This report focused primarily on the demographic characteristics of the survey respondents.

The correlation between this survey and the “Other Disabilities” project was not significant. The focus of the survey was disability staff and the campuses on which they work.
The benefit of this report, however, was that it provided a snapshot (2010) of disability services and human resource management within disability services offices. The data can be a useful tool for disability service planning and the allocation of human resources within an office.

AHEAD has done its best to collect and present data that would further the development of the field of, not only disability services in higher education, but to a better understanding of disability and education, and disability services, in general.

Students with Disabilities at Degree-Granting Postsecondary Institutions: First Look

Background

The National Center for Education Statistics (NCES) is the primary Federal entity for collecting, analyzing, and reporting data related to education in the United States and other nations.

This report provided national data collected from degree-granting postsecondary institutions about students with disabilities, the services and accommodations provided to these students, and various aspects of institutional accessibility.

CRITIQUE OF THE DOCUMENT

On June 27, 2011, Dr. Doron A. Dula, Psy.D., Learning Disabilities Specialist, CSU San Bernardino, posted a document on the California disability services email system/Learning Disabilities Listserv, that summarized the findings of the paper:

"Regarding the types of student disabilities reported by institutions, about one-third of disabilities reported by institutions were specific learning disabilities (31 percent) (table 4). Eighteen percent of disabilities reported by institutions were for students with ADD/ADHD, 15 percent of disabilities were mental illness/psychological or psychiatric conditions, and 11 percent of disabilities were a health impairment/condition (table 3).
"Among institutions that enrolled students with disabilities during the 2008–09 academic year, 93 percent provided additional exam time as an accommodation to students with disabilities (table 6). Large percentages of institutions also provided classroom notetakers (77 percent), faculty-provided written course notes or assignments (72 percent), help with learning strategies or study skills (72 percent), alternative exam formats (71 percent), and adaptive equipment and technology (70 percent).

"When asked about the types of documentation that institutions accept as sufficient, stand-alone verification of student disabilities, 92 percent of institutions reported that they require verification of student disabilities for some purpose. Of these institutions, 44 percent accepted an Individualized Education Program (IEP) and 40 percent accepted a 504 Plan from a secondary school as sufficient, stand-alone verification, while 80 percent accepted a comprehensive vocational rehabilitation agency evaluation.

"About one-third (37 percent) of institutions reported working, either formally or informally, with the state vocational rehabilitation agency regarding students with disabilities to a minor extent (table 8).

"Almost all institutions (93 percent) reported using a main website to post information about the institution (table 10). Of those institutions, 24 percent reported that the institution’s main website follows established accessibility guidelines or recommendations for users with disabilities to a major extent."

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### Implications for the “Other Disabilities” Reporting Category

Among other variables, the “Other Disabilities” project sought information about (a) who was served in the category; (b) how and by whom placement in the category was determined; and (c) what types of services and accommodations were typically authorized.

The data provided in “Students with Disabilities at Degree-Granting Postsecondary Institutions: First Look” provides useful information to respond to the three questions...
asked above. Regarding students with other health impairments (useful because California’s community colleges report other health impairments as “Other Disabilities”) the NCES report found that:

"11 percent of disabilities were a health impairment/condition."\textsuperscript{xxxvii}

Additionally, the process used by colleges to determine disability services eligibility found that:

"44 percent accepted an Individualized Education Program (IEP) and 40 percent accepted a 504 Plan from a secondary school as sufficient, stand-alone verification, while 80 percent accepted a comprehensive vocational rehabilitation agency evaluation."\textsuperscript{xxxviii}

This data was useful to this study because it identifies a significantly large national cohort that is enrolling in postsecondary institutions. It would be reasonable to conclude that California’s community colleges could expect a burgeoning population of students with “other disabilities” as the cohort pursues postsecondary educational opportunities.

Additionally, the practice of accepting documentation from local education entities (e.g., IEP or Section 504 plan) for other disabilities/health impairment has not usually been accepted in California’s community colleges. This practice may be explored by the CCCCO, DSPS unit, and legislative advocates as a means to expedite services and accommodations to students served in the “Other Disabilities” reporting category.
RESULTS: WHAT WE HAVE LEARNED FROM THIS STUDY

Before we begin this discussion, an example of efforts to better understand and utilize the weighted student count (WSC), in particular the “Other Disabilities” category, merits review.

DSPS programs throughout the state are struggling with too much to do, too little time, too many students to see, not enough staff, too much paperwork, not enough guidance or clarity, more students with complex issues and a budget that has diminished the program.

There is an awareness that colleges place students with ‘fuzzy’ documentation (particularly psychological disabilities) in the ‘Other’ category for purposes of better funding – ‘Other’ being preferable to ‘Psychological Disabilities’ because the remuneration is more representative of the cost outlay for serving these students.

Likewise, the conventional practice utilized in many DSPS programs involves automatically coding each new student with four contacts for funding eligibility.

- With these conditions in mind, one college boldly addressed their MIS data and the over-sized ‘Other’ category. The CCCCCO was notified to let them know that the college’s numbers might change drastically due to this change. In fact, their numbers plummeted in the following allocation cycle.
- Next, they dismantled their database to allow the building of a new system that would capture accurate data on contacts, disabilities, etc.
- Several database systems were utilized—On Base Management, SARS Grid, MIS and PeopleSoft. To make using multiple data systems easier for staff to work with, a push button system was developed so that all the programs could run in the background enabling the Counselors to access information they needed without signing in & out of multiple systems.
- The new system allows continuing students to enter their student ID and the forms self-populate many of the fields on the SEC. When new students come in,
they see an Accommodations Specialist and complete application for services forms.

The Student Education Plan i.e., SEC, and the educational limitations are noted on the Counselor’s log.

Student progress is charted. One way to see progress is that when a student has success in a course the ink turns green, if they fail or withdraw, the ink is red. In a quest to capture and record more accurate information, this college added subcategories under the “Other Disabilities” category. The subcategories are in a drop down menu, (i.e., ADHD & Lupus).

As part of the system, there is a drop down grid that shows the correlation of accommodations with disability. It also shows services that are appropriate for more than one disability across the grid.

The educational limitations and functional limitations are recorded in the Counselor’s log, along with approved accommodations.

A clear definition of what constitutes a contact was addressed through training. They use a guideline that addresses issues like “can I count a contact for talking to a student on campus”? Yes, if there was a significant occurrence that would have otherwise taken place in the office but got resolved in this “casual” meeting with the student.

Ample training resources are provided for the Counselors on the latest information pertaining to these disabilities. There is a psychologist in the college Counseling department who provides periodic in-service to general Counselors & DSPS Counselors on the latest information on medication/side effects/strategies. A couple of the Counselors in DSPS have become the experts in Asperger’s, so they provide training as well.

Another attempt to “measure” workload/productivity is that they allow ½ hour counseling time for continuing students and 1 hour for new students, as a general rule. However, the Counselor is free to take as much time as is needed to complete the process.
This narrative illustrates many of the issues facing DSPS programs. The data and anecdotal evidence demonstrated in this example point to five major issues. Several of the issues can be addressed by training and technical assistance, several through policy changes and others are innate facts resulting from 112 colleges with 112 different approaches, services, staffing and college support issues.

The main factor in the Chancellor’s Office decision to delve into the issue of the “Other Disabilities” weighted student count was the significant growth of this category over the past 10 or more years. There is no doubt that in some cases newer Coordinators were not familiar with the broad range of educational limitations represented in each of the categories incorporated into the WSC. In others, the difficulty in obtaining appropriate documentation inevitably resulted in placing the student in ‘Other’ as a catch-all…better to serve them under this rubric than not at all. Another element was the inequity inherent in the weighted student count, in particular with psychological disabilities. Many of the students that could be categorized in the Psych WSC were not, because: a) the guidelines were not clear; and b) it doesn’t pay as much as other categories!

Furthermore, students entering college with an IEP, a history of LD, or outside documentation have not been tested under the California Community College Learning Disabilities Eligibility Services Model (LDESM). Some are placed in ‘Other’ while awaiting testing, although, again, due to budget cuts, many colleges are either not testing or have limited staff availability to test.

*It is important to note before reading the following issues and subsequent recommendations that the Contractor is aware that any or all of these major policy recommendations can have multiple and complex consequences. Therefore, it is advised that none of these recommendations move forward without full consultation and discussion with all stakeholders.*
ISSUE ONE: DEFINING THE EDUCATIONAL/FUNCTIONAL LIMITATION

The nine weighted student count categories are a mix of functional limitations, i.e., mobility and speech, and disabilities, i.e., ABI and DDL. The regulations for Title 5 are specific to disabilities, such as Physical Disability and Psychological Disability. Both the Title 5 regulations and guidelines place Visual Impairment under Physical Disability and Deafness, Hearing and Speech Impairments under Communication Disability.

Furthermore, using Section 56032, Physical Disability, as an example, the Section definition of Physical Disability includes Visual Impairment and Blindness, mobility and orthopedic impairments caused by congenital anomalies, disease or Cerebral Palsy and amputation. However, Mobility Impairment does not apply to seeing, hearing or psychological limitations or mobility limitations resulting from an Acquired Brain Injury.

As the data from this study demonstrates, there is much confusion on exactly how to categorize students for the purpose of the weighted student count. In many cases, individuals with clear mobility or speech limitations were placed in the “Other Disabilities” category. One might ask...where should someone with Carpel Tunnel Syndrome or Repetitive Strain Injury be placed? These conditions could certainly be considered a mobility issue, if the student has limited upper extremity mobility...or should they be categorized as ‘Other’ because these impairments do not quite neatly fit into Mobility?

It is understandable that in developing regulations and subsequent guidelines it is important to leave “wriggle room.” ADD/ADHD and Autism Spectrum are prime examples, because when Title 5 was written, these conditions were represented in the student body only minimally and never mentioned at all in the Title 5 regulations or guidelines.

However, there are two major problems with this approach:
1. The guidance provided in Title 5 Regulations and Implementing Guidelines is so limited that it is extremely difficult for DSPS staff to make a proper determination of
categorization. Further, with many DSPS staff new to their positions and some with little background in rehabilitation/disability, the challenge is intensified by the absence of institutional memory.

2. Lack of supporting documentation from referring agencies or certified or licensed professionals outside DSPS also makes it extremely difficult for DSPS professional staff to determine the educational limitations associated with the disability. It is important to note that due to the budget cuts many Coordinators explained they do not have the staff or the time to pursue documentation or clarification from the referring source.

POLICY RECOMMENDATION

The current categorization of medical/psychological conditions is confused by the inconsistent use of designation according to both functionality and causality. Standardized definitions and guidance are needed. A policy consideration would be a reordering of weighted student count categories based on the functional limitations, rather than the disability type. One such category might be “Learning Disorders” which would include learning disabilities, whether LDESM or non-LDESM.

ISSUE TWO: REALIGNMENT OF WEIGHTED STUDENT COUNT CATEGORIES

Below are discussions on realignment strategies for both ADD/ADHD and Autism Spectrum Disorder. However, before looking at any WSC changes there are intermediary steps that can be taken to prepare for future realignments and to resolve audit and legislative inquires. During the time that broad, sweeping changes are discussed and evaluated, a simple MIS sub-code could be established for the major sub-populations currently in the ‘Other’ category. The Non-LDESM LD (history of LD), ADD/ADHD, Autism Spectrum Disorder and Chronic Health Impairment could be assigned a numerical data element in order to further track, study or otherwise identify
these populations. Whether or not colleges are asked to retrofit such a coding or to begin the coding at a specific time is a determination to be made, and while such a code would not resolve the disparities noted in this report it would begin to quantify the scope of the issues.

As well, any time that a category can house more than one identifiably homogenous condition, sub-codes would aid in the reporting and understanding of such a category. It ultimately may be expedient to use existing categories and definitions for realignment to balance the condition and the weight of the category. In such cases, sub-codes would allow for accurate reporting of those in a category and strengthen the rationale for such placements.

Additionally, before considering the discussion below, it should be noted that while both ADD/ADHD and Autism Spectrum have rationale that could place them in multiple categories, both conditions are almost always diagnosed in childhood. An early diagnosis may make the case for a developmental delay placement; however, it runs the risk of an assumption of an intellectual disability that may not be present.

**ADD/ADHD**

ADD/ADHD is considered both a developmental disorder and a psychological disorder. According to Title 5 regulations, a developmentally delayed learner (DDL) exhibits below average intellectual functioning; therefore, in most cases, this would not be an appropriate category for a student with ADD/ADHD. ADD/ADHD is listed as a psychiatric disorder in the DSM-IV\(^{xl}\) and, under Section 56042\(^{xli}\), a student with ADD/ADHD would have a psychological condition that poses a functional limitation in the educational setting.

The data from this study show over 20.1% of students with ADD/ADHD categorized in the ‘Other’ vs. the Psych category. Moreover, according to the CCCCO data and based on the aforementioned information, the ADD/ADHD population was greater in FY2009-10 than the Hearing, ABI, and Vision and Speech categories.
There was a time when Speech Therapy was a common DSPS service and many programs had Speech and Language Pathologists on staff. While there is still the occasional college that is able to offer these services, for the most part, individuals needing speech therapy must seek assistance through their medical health providers or other resources. One possible reason for the failure of this service to thrive is the relatively low incidence of speech disorders compared to other disability categories. In fact, the student count reported in the Speech category is lower than any other reportable category, less than \( \frac{1}{2} \) of 1% of the DSPS students in the 2009-10 year (Chancellor’s Office 2009-10 Funding Summary). In a review of ten colleges, 0.72% of the DSPS students who received four or more contacts had Speech or Language impairments. This shift has occurred over time and this study presents the occasion to reevaluate the WSC categories.

**POLICY RECOMMENDATION**

With the burgeoning growth of ADD/ADHD and Autism as reported disabilities, the retirement of the category which recorded Speech and Language disabilities might enable the creation of a category that merits special designation to a greater degree than Speech.

As an alternative, providing guidance to the field on placement of students with ADD/ADHD in an existing WSC category to be determined may help to correct MIS representations. However, this direction must not be given without attention and adjustment being given to the weighted student count. As has been noted, many of the Coordinators who participated in the activities of this project expressed the view that the weight associated with the Psych category was insufficient given the time, support services and academic accommodations required by many of these students. It is not advocated to place additional conditions in this category until a reevaluation of the weight is completed.
By reexamining/redefining the basis for the low Psych Weighted Student Count, it could be brought into an appropriate relationship to the services actually provided. As an example, ADD/ADHD files could be isolated and moved into Psych and then computations could be done to calculate the impact of taking weight away from the “Other Disabilities” category and adding it to Psych.

While not a part of this study, it has been noted by a number of Coordinators that student veterans of Operation Iraqi Freedom and Operation Enduring Freedom are entering college in record numbers, many with some form of Post-Traumatic Stress Disorder (PTSD). These students are correctly categorized in the Psych WSC, but the time, support services and accommodations many of these students require well exceeds the WSC funding for this category.

Consider a sub-code for the ADD/ADHD population and leave it in the “Other Disabilities” Category.

**Autism Spectrum**

The charts on page 20 indicate slightly more that 80% of the reporting colleges use the “Other Disabilities” category for Autism and Asperger’s Syndrome, with 5.7% of students having a primary diagnosis of Autism Spectrum and 1.5% having a secondary diagnosis of Autism.

As with ADD/ADHD, the Autism Spectrum is both a developmental disability and a psychological disorder. Autism Spectrum includes autistic disorder (Autism), Asperger’s Disorder, childhood Disintegrative Disorder, and Pervasive Developmental Disorder not otherwise specified.

The current law defines an intellectual disability as an IQ below 80. Now **if**, the description stated, “An individual is considered to have an intellectual disability when (1) the person’s intellectual functioning level (IQ) is below 70-75; **OR** (2) the person has significant limitations in adaptive skill areas as expressed in conceptual, social,
practical adaptive skills;…." we could infer that ID is the appropriate categorization. Because that is not the definition provided in Title 5, the definition does not fit a student who is high functioning with Autism and/or Asperger’s Syndrome.

Title 5 Section 56040 is clear in its definition, and it does not allow for above average intellectual functioning, so students with Autism and Asperger’s Syndrome clearly do not meet the 56040 definition.

**Definition of “Intellectual Disability” under IDEA**

Until Rosa’s Law was signed into law by President Obama in October 2010, IDEA used the term “mental retardation” instead of “intellectual disability.” Rosa’s Law changed the term to be used in the future to “intellectual disability.” The definition itself, however, did not change. Accordingly, “intellectual disability” is defined as “…significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child’s educational performance.” [34 CFR §300.8(c)(6)]

An individual is considered to have an intellectual disability when: (1) the person’s intellectual functioning level (IQ) is below 70-75; (2) the person has significant limitations in adaptive skill areas as expressed in conceptual, social, and practical adaptive skills; and (3) the disability originated before the age of 18. "Adaptive skill areas" refer to basic skills needed for everyday life. They include communication, self-care, home living, social skills, leisure, health and safety, self-direction, functional academics (reading, writing, basic math), and work.

DSM-5 Proposed changes – Autism Spectrum Disorder must meet criteria A, B, C, and D:

A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifested by all 3 of the following:
1. Deficits in social-emotional reciprocity; ranging from abnormal social approach and failure of normal back and forth conversation through reduced sharing of interests, emotions, and affect and response, to total lack of initiation of social interaction.

2. Deficits in nonverbal communicative behaviors used for social interaction; ranging from poorly integrated verbal and nonverbal communication, through abnormalities in eye contact and body language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures.

3. Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behavior to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people.

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:

1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypes, echolalia, repetitive use of objects, or idiosyncratic phrases).

2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change; (such as motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes).

3. Highly restricted, fixated interests that are abnormal in intensity or focus; (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment; (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects).

C. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities).

D. Symptoms together limit and impair everyday functioning.

POLICY RECOMMENDATION

Based on the above descriptions, the recommendation is the creation of an independent category for the placement of students with Autism and Asperger’s Syndrome. Placement in the Psychological Disability category may be considered, but that strategy is not recommended without a reevaluation of the weight for this category.

As referenced previously, many of the Coordinators who participated in the activities of this project agreed that while both of these conditions are consistent with Section 56042 Psychological Disabilities, the weight associated with that category was insufficient given the time, support services and academic accommodations required by many of these students.

Again, consideration may be given for a sub-code for the Autism Spectrum Disorder population and leave it in the “Other Disabilities” Category.

ISSUE THREE: NON-LDESM LD

The following are issues related to the students considered Learning Disabled, who are assigned to the “Other Disabilities” category:
1. Over a quarter of the single largest MIS reporting category consists of a condition that was documented (sufficiently to receive services) as a learning disability, yet, for a variety of reasons, was not reported as a learning disability in official reports and demographics. This practice artificially deflates, significantly, the representation of this population.

2. The majority of colleges report that these students (designated as Non-LDESM LD) are receiving support services and accommodations as if they were in the LD WSC, but the college is not receiving the level of funding that the LD WSC awards. Without the extensive evaluation that occurs through the LDESM, these students may or may not be receiving the services that are most appropriate to their individual needs.

3. In some colleges, these students are receiving limited services or no services at all. This practice denies those students who lack the appropriate level of documentation the full and necessary level of services.

These issues call into question two areas of concern: 1) the validity of the LDESM model as a vehicle for service provision for students categorized as Learning Disabled and 2) the role of LD testing in the community colleges. First, it must be restated that this study is not a study about LD. That being said, there is no way to avoid this discussion. On the surface, the LDESM model would appear quite reliable. The exacting training and entrance requirements for staff to participate in the Model along with the detailed selection methodology create an exemplary process. Ongoing training and input from the LD Field Advisory Group add to the professionalism. However, is it a valid measure of LD for the purpose of determining if LD services should be provided? Clearly not. The data indicates that colleges routinely place students in an LD category outside of the Model and, according to law, provide services very similar to those who have been called LD under LDESM rules. Secondly, and it is believed that the Field Advisory group would agree with this, that LD testing is more important for the decisions about services than for its use as a categorization tool.
In reviewing the study data and writing this report it became clear that this issue might become contentious, sparking heated debate and widely divided opinions. The researchers, wishing to adequately address the issue, but not subvert the main goal of the study, have attempted to paint a picture that represents a variety of viewpoints. To accomplish this, findings were shared with the LDFAG and the Regional Coordinators and feedback requested regarding the conclusions drawn by the researchers. This was done primarily to promote civil debate and problem-solving behavior rather than raise controversial issues in the final report, without providing the opportunity for comment. To this end the following discourse is presented.

Comments from the LD Field Advisory Group are summarized below:

*It is essential to recognize that the initial development of the LDESM was to create consistency throughout the community college system. Prior to the implementation of the model, colleges varied in their eligibility processes and students found eligible at one college could not depend on a similar eligibility or services at other colleges within the system. The LDESM has ensured the consistency desired across the system.*

*Additionally, ongoing modifications have been made to LDESM practice to keep the model current with practice across the field. Acceptance of revised Guidelines for Review of Outside Assessments, resulting from the Boston U and Bartlett v. NY Law Exam case increased the recognition and value of anecdotal evidence when verifying the presence of a learning disability. The LDESM was modified and training provided to the field in 2000.*

*With recent budget cuts, some colleges have eliminated LD eligibility assessments altogether and other colleges have been forced to severely reduce their activity on this area. If a college has no LD Specialist on staff to make professional judgments, greater flexibility in review of records is irrelevant. Those colleges still offering the service have moved to a “priority of need” method. Thereby offering testing to students with no history of disability first and*
those students with a history who are currently served, but who are still struggling despite the use of accommodations and services of DSPS programs. Previously, testing was often provided to assist students to meet national criteria for high stakes tests, i.e., military entrance, exams for employment, exams for advancement in employment, certificate/licensure exams, transfer to four-year colleges or career technical programs.

Acceptance into DSPS programs requires that all students with disabilities show current functional limitations in order to be served. It would seem discriminatory to allow students with a history of LD to be counted as LD with no documentation of current functional limitations.

After their remarks describing background and current issues, the LDFAG offered the following recommendations:

1. Provision of adequate LD assessment resources to answer questions about placement of the large number of students with a history of LD in MIS as ‘Other.’
2. Statewide LDESM Update Trainings modeled after the CCCCO trainings in 2000.
3. Further study of this Non-LDESM LD population.
4. Consideration of changing the weighted allocation model, particularly researching the proposal to increase Psych and DDL and lower Speech and ‘Other.’

This position clearly reflects current thinking in relation to accepted national definitions and continues to advocate for LD testing as an important component in both the identification and accommodation of Learning Disabilities. It represents a formal and statistically defensible approach to categorization and accommodation that justifies the higher WSC as needed to continue the appropriate identification of the student’s educational limitations. This position also appears to make the assumption that such valid and exacting identification procedures are the current practice on all other
disability categories. However, anecdotal information would suggest that the LD category is by far the most prescriptive and standardized of the major MIS categories.

Since the 1970’s the battle to recognize and appropriately accommodate the myriad of LD symptomatology has raged. Possibly more so than with any other condition, LD has produced controversy, at first, because learning disabilities were not understood, later because they were so individual and still later because the term LD became the disability of choice. As the extent of learning disabilities began to become apparent and it became accepted that an individual with extraordinary capabilities also may have learning disabilities the attempt to level certain playing fields became contested and political. There is little controversy over accommodating the entry level bookkeeper with a learning disability, but there are heated battles over the Bar Examinations or the Medical Boards. These contentions have driven the identification and quantification of accommodations to such high levels. Therefore, the thinking behind the close scrutiny that is applied to the academic accommodations of the LD student who wishes to be a doctor calls for defensible models, such as the LDESM.

However, a model, whose only real purpose is to place in a category, for in reality the law allows many forms of documentation to lead to LD services, might be considered arcane and divisive. A review of the recently published AHEAD documentation guidelines would contradict the use of the LDESM as a categorization tool and would not suggest the rigidity of its practice be expanded to other disability populations.

At the end of the day the competing goals of university and graduate level acceptance of diagnosis and accommodation conflict with the goal of inclusion and accommodation at the community college level.

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<th>POLICY RECOMMENDATION</th>
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<td>The use of appropriate testing in the identification of learning limitations and teaching strategies has been shown to be an effective tool. The efficacy of both LD testing and LD Specialists in the successful completion of college programs has been demonstrated</td>
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repeatedly and must not be lost in the discussion. However, a close examination of the benefits and implications of the LDESM model should be undertaken and the development of a category titled “Learning Disorders” seriously considered.

A review of documentation from various sources should be conducted and recommendations made as to what agency/community organization’s documentation will be required to document a “Learning Disorder.”

The politics of learning disabilities (and all disabilities) need to be removed. While there is no requirement that either students or parents know what MIS category they or their children have been placed in, it is imperative that, by the time accommodations are being provided, that the primaries in an SEC understand why accommodations are being provided. The “nicety” of a learning disability diagnosis over the more functionally descriptive intellectual disability may have been a necessary secondary school tactic, but has no place at the college level. The MIS categories must be about broad service planning and capacity building. The SEC’s must be about functional capacities, educational limitations and appropriate accommodations.

Training with regard to any changes must be comprehensive and system-wide.

Obviously, the Learning Disabilities Field Advisory Group needs to be involved in any recommendations regarding this issue. Their initial statements should not be taken as their final word on the issue or as a completed debate.

**ISSUE FOUR: CHRONIC HEALTH CONDITIONS**

Title 5 regulations for the "Other Disabilities" WSC states this category includes all students with disabilities…who do not fall into any of the …other categories. Clearly the results show that the “Other Disabilities” category is the category of choice for a broad spectrum of disorders that do not fit anywhere else.
Data show over 100 conditions (Appendix IV) were listed by the colleges as fitting the ‘Other’ category. Therefore, just in the ‘Other’ WSC, the extent of medical knowledge required to appropriately assess the educational limitations of a population with this wide variety of medical conditions is vast and complex.

It also seems evident from the data that a number of conditions currently placed in ‘Other’ should be reported in another category. For example, seizures may be the result of an Acquired Brain Injury (ABI).

**POLICY RECOMMENDATION**

Reconsider the name of the ‘Other’ category, using a better, more descriptive term and a more comprehensive definition of the conditions that belong in this category. The title “Chronic Health Impairment” would serve a dual purpose of making the categorization/designation easier for those conditions that are indeed long-term or chronic in nature and would be considerably more understandable by all.

**ISSUE FIVE: COUNTING CONTACTS FOR MIS**

The Section 56062 regulations, “Provision of Support Services or Instruction,” state that a community colleges district will be deemed to have ‘provided support services or instruction’ to a student with a disability…. “if the student is enrolled in a special class or is enrolled in a regular class and receives four or more service contacts a year with the DSPS program.” The guidelines continue by stating that a service contract is defined as “each time a service, as defined in Section 56026, is provided to the student.” The documentation is to include the amount and type of services received.

At the outset of this study, the RFP asked for an accounting of the number and type of support services provided and at what cost. The data from the longitudinal study and discussions with a number of DSPS Coordinators show that contacts are counted, or not counted in an inordinate number of ways.
That request, a critical question for the study, proved to be the most difficult to answer, because colleges count contacts in so many different ways. Some colleges will automatically assign four contacts the minute a student registers with DSPS, once they have met with a Counselor, once they have gone through priority registration and, then, for those that do count based on services provided, one a class, once a semester, once a year. The Chancellor’s Office MIS system requests only four contacts for funding purposes. In the past few years with severe budget cuts, DSPS Coordinators have stated there is neither the staff nor the time to count every contact. However, as stated earlier in this report, some colleges with ‘home grown’ data collection systems are counting every contact. That information was an incredibly valuable part of this project.

Neither the regulations for Section 56026 nor the Implementing Guidelines provide a clear definition of what constitutes a contact. For example: Access to and arrangements for adaptive educational equipment, materials and supplies. How does that translate to contacts? Access...a High Tech Center, where every visit counts as a contact; or a campus computer lab with computers with specialized software, hardware and an accessible desk. Does placing a desk where it is needed for a specific student count as a contact? Does equipping the computer with specialized access count as a contact? If so, is it appropriate to count a contact for each student that accesses that computer? How would the program track usage of computers in campus labs?

During this study as the questions for the longitudinal study were developed, it quickly became clear that in order to compare ‘apples to apples’ as opposed to ‘apples to figs,’ guidance to the colleges on what constitutes a contact and how to count contacts was needed. The document, developed as a necessary component to the project, is contained in Appendix V. Many colleges have since adapted this document for their own use.

Many respondents mentioned the goal of creating an electronic record keeping system and the perceived advantages of a streamlined, paperless office. In the course of completing the study, several “homegrown” systems were discovered that work well.
While not specifically an issue related to “Other Disabilities,” sharing of recommended “homegrown” systems across the state would doubtless have a positive impact on consistency of record keeping.

POLICY & REGULATORY RECOMMENDATION

In light of the budget cuts, the funding formula standard of “fair and equitable” becomes more difficult to realize each year. It may be time to revisit what is meant by this concept and determine the best long term solution to current inequities.

Colleges are operating under enormous strain with fewer staff, and more students with complex issues. In many cases, Counselors spend a substantial amount of time with a student who does not then follow-through with enrollment and completion of classes and, therefore, cannot be counted.

Regardless of what method the program is currently using to count contacts, they are being funded at the 95% level.

This study would encourage:

- Colleges eliminate shortcuts in counting contacts and redesign their systems to more accurately report services provided. Create electronic record keeping systems to aid in accurate reporting. One of the most effective ways to become integrated into the college system is to educate and personally work with the IT department representative who is responsible for the DSPS reporting.

or

would recommend that either:
• contacts are counted for every service provided with guidance on the correct way to count each service. The more consistency that can be built into the system, the easier it will be to get accurate counts and allow various workers to understand and assist with the process.

or

• four contacts are counted with: 1) completion of application and associated documentation; 2) meeting with Counselor to identify educational limitations and SEC completion; and 3) the ubiquitous priority registration. If this method is selected, it precludes worthwhile data gathering in the future.

or

• provide colleges with X amount based on support services and academic accommodations provided. This would require accurate record keeping on the provision of such services and accommodations and consistency in the counting of services. The current method(s) of counting contacts, a key element of this project, varied greatly among colleges, and because we could not collect consistent contact data, it was impossible to collect true cost data.

CULMINATING CONCERN: THE NEED FOR TRAINING

An overarching issue, well-documented throughout this report, is the lack of knowledge in understanding educational limitations, inconsistencies in the way services are approved and documented and the tendency of programs to interpret regulations and guidelines in the manner most advantageous to their circumstances. Also noted is the lack of enough specific guidance and training for the appropriate identification and categorization of disabling conditions by DSPS staff. Therefore, we strongly recommend:
1. Regardless of whatever categorization methodologies are developed, that comprehensive guidelines and instructions be created that allow for more consistent and defensible decisions to be made; and

2. that system-wide training be undertaken once policy decisions have been developed. Training is warranted on both an initial and ongoing basis. As staffing changes occur and budget challenges persist, it’s of critical importance that DSPS staff understand and accurately interpret disability documentation and complete all appropriate Title 5 requirements.

Options for training DSPS staff might include:

1. A Disability Specialist "certification" in-service/workshop/education. The training could be an online, self-paced module that provides a certificate upon completion or a Webinar offered several times annually. An offering by CAPED (endorsed by the CCCCO) for those who evaluate individuals for DSPS eligibility and placement in reportable categories would be another option. Similar to many professions, the certificate might be required to be renewed every 3-5 years.

2. Ongoing training of DSPS staff and specialists with a regional emphasis. Expand the current model of a "New Coordinators Training" to include more in-depth coverage of weighted students count definitions and record keeping methods. Whether standardization of the definitions and policy guidance are developed or not, training is of the utmost importance. Training for staff in all colleges would strengthen the current system to be more consistent regarding placement of students in any of the WSCs. Utilization of Regional Coordinators and retired DSPS staff is recommended.

3. Provide training to staff in all colleges regarding placement of students with ADD/ADHD in the category that new policy might direct.
4. Provide training to staff in all colleges regarding placement of students with Autism Spectrum in the category that new policy might direct.

5. Provide training to staff in all colleges regarding placement of students with a history of Learning Disabilities in the category that new policy might direct.

6. Conduct annual Regional Training Conferences to share best practices and guidelines for identifying educational limitations, SEC, accommodations, etc. Retired DSPS staff could be tapped for roundtables, specific workshops, and discussion leaders.

7. The CCCC0 might work with the DSPS Regional Coordinators to identify several "mentors" within each region who could work with and train new staff. The Galvin Group website and training materials could be used as a curriculum. Mentors could meet with their mentees monthly, quarterly and keep in touch via email, text messaging, and/or Skype.

CONCLUSION

This was a study about the "Other Disabilities" WSC Category. In the 2009-10 year, according to that year’s Chancellor’s Office funding summary, there were just over 102,000 DSPS students and just under 31,000 of those students were in the ‘Other’ category. This study reviewed 5800 of those files. Every conceivable condition was represented, either as a primary or secondary disability. What was learned and what issues were identified? This final report has reviewed the findings and made recommendations that are consistent with those findings and within the scope of the RFP.

The following is, most likely, beyond the scope of the task assigned to us. However, it would be negligent to fail to address one final, overarching issue revealed in this study. The WSC system in use today was formulated in 1993, 19 years ago. It was created to facilitate the allocation of funds to the community colleges for “excess” costs.
associated with serving their population of students with disabilities. California, noted for its far reaching disability legislation, created a funding mechanism that attempted to assign values to categories of students seemingly similar because of their conditions, limitations and perceived needs. At the same time, the rest of the world including California, solidified and codified concepts that were developed in the 1970’s and repeatedly proven and embraced by disability advocates, consumers of services and professionals alike: The belief that services to people with disabilities must address the specific accommodations needed by that individual to create opportunities that are equitable (education, employment, transportation, etc.) to their non-disabled peers. Hence the names: Individuals with Disabilities Education Act (IDEA), Individual Plan for Employment (IPE), Individual Educational Plan (IEP), Student Educational Contract (SEC). The essential concept being recognition of the individual and their situation, rather than their “disability label.” In recognition of this basic concept in disability services, the weighted student count would seem outdated.

However, the reality is that some categories of disability can be identified that require costly services. Consider sensory impairments; the high costs of providing interpreters and alternate media preparation cannot be denied. This reality was acknowledged years ago and resulted in the Access to Print funds, the DHH allocation and development of the HTCTU and ATPC; specific resources for specific issues. It therefore seems redundant and unnecessary to assign a higher weight to some of those categories. Similarly, the WSC for learning disabilities was justified because of the need to evaluate the individual students in this category through the specialized LDESM model. However, if a person with a learning disability is assessed once, it may not be logical to fund their services at a higher level throughout their college career. The current system actually bars access to this increased category weight for those colleges who do not have the “certified” LD Specialist and cannot funnel people to that higher paid status. It may be that LD assessment services should be separated from accommodation services.
As services to students in the “Other Disabilities” category were compiled, it was apparent that, despite the best intentions, the statistics reported indicate that students are receiving the services that their program has to offer. By law, students can expect to receive the accommodations that will create equity for them. But, in reality, if the college has been unsuccessful in recruiting an Alternate Media Specialist, the services to students requiring alternate media will not be on par with programs that have a highly skilled Specialist. Likewise, the differences in policy interpretation from one campus to another may result in variances in services that students are provided.

After a year of examining the “Other Disabilities” category with extensive file reviews, interviews with experts and bringing together many divergent opinions, the time to review how students are categorized, how data is collected, how a more equitable system would look, is now, when the topic is fresh and the data current. DSPS has lost so much funding, that despite rearrangement or re-categorization within the current structure, there is no more funding for the colleges…currently. However, if a way could be found to restructure the funding formula, make the populations more identifiable and make the provision of individualized services more equitable, then the colleges would be in a better position to advocate for more funding as the economy improves. This would be a worthy effort; however, it must be accomplished without great redress to the colleges or adding more workload to an already overworked, overstressed group of individuals who are doing heroic work every day with limited resources and growing needs.

An enormous amount of data was collected during this study. From the Coordinators who completed the initial survey to those who worked their way through the longitudinal study, one must have nothing but admiration for the way DSPS staff are responding to severe budget cuts, simultaneous growth in numbers and complexity of students, as well as confusing guidelines for determining WSC and collecting correct MIS data.

The Contractor is extremely grateful to all who gave their time, their wisdom and sage advice on what should be done about this wayward category.
Reading through the narrative, the tables, and the interview responses, it is clear that a) there is confusion over use of this WSC; b) it is a useful catch-all category for complex cases; c.) it does pay more than Psych; d) there are a huge number of students who are deemed LD, but who are not under the LDESM umbrella; and e) there is a significant need for standardization, guidance and training.

The policy and training recommendations are outlined. A window has been provided into several of the cohorts within the WSC to evidence the broad sweep of the functional and educational limitations within each category. A DSPS Primer was created that, in part, was a necessary document to facilitate the study but has become a stand-alone work that will most likely direct, at a minimum, a revision of the statewide New Coordinators Training and has become an invaluable resource for many colleges involved in the study.

The question of who is in the “Other Disabilities” category has been answered, but as with many successful quests, it is as often as much about the journey as it is about the goal. On that journey, the hard work and dedication that makes DSPS a viable and successful program and an unmatched service to students with disabilities has again been witnessed as has the confusion in reporting, the lack of guidance and training and the need for standardization that weighs upon the efficiency and accuracy of the Weighted Student Count system. The oft heard statement that “the pie is only so big…” is certainly true. Does it matter how it is cut into pieces? That is a question that must be answered. Another question worthy of additional consideration is that of “state wideness.” This term often refers to the availability of services in an equable manner across a statewide system. The Chancellor’s office staff attempts, with herculean effort, the task of equitable application of existing policy across a system that, by its very nature is as diverse in resources as it is in geography and population. Access to service is not equal across the California Community Colleges. It may never be in terms of resources, but shouldn’t it be in terms of standardized policy, practice and training?
ENDNOTES

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ii California Community Colleges, Chancellor’s Office. (Undated). Chancellor’s Office Legal Opinions Title 5, Section 56044, Other Disability Category.


viii Title V, Section 504 of the Rehabilitation Act of 1973 (29 USC Section 974);

ix Retrieved from National Joint Committee for Learning Disabilities http://www.ldonline.org/about/partners/njcld

x Retrieved from University of Washington DO-IT http://www.washington.edu/doit/Faculty/Strategies/Disability/LD/

xi California Community Colleges Chancellor's Office. (2011). Disabled Student Programs & Services Fact Sheet.

xii California Community Colleges, Chancellor’s Office. (1997). *Implementing Guidelines for Title 5 Regulations*, Section 56032; Physical Disability; 56034 Communication Disability; 56036 Learning Disability; 56038 Acquired Brain Impairment; 56040 Developmentally Delayed Learner; 56042 Psychological Disability; & 56044 Other Disabilities

xiii In *economic theory*, a **zero-sum game** is a **mathematical representation** of a situation in which a participant’s gain (or loss) of **utility** is exactly balanced by the losses (or gains) of the utility of other participant(s).


xvi California Community Colleges, Chancellor’s Office. Weighted Student Count Categories: Physical Disability, Communication Disability, Learning Disability, Acquired Brain Impairment, & Developmentally Delayed Learner.


xix The Workload Task Force: Summary of Activities and Recommendations included in the Other Disabilities category Attention Deficit Disorder, Attention Deficit Hyperactive Disorder, Autism, Short Stature, "Health," Tourette’s Syndrome, and "Other."

xx Although COLA and Program Growth dollars were subsequently added to the statewide DSPS allocation, the Other Disabilities category was not the recipient of targeted dollars.


xxv California Community Colleges, Chancellor’s Office. (1997). Implementing Guidelines for Title 5 Sections 56032 Physical Disability; 56034 Communication Disability; 56036 Learning Disability; 56038 Acquired Brain Impairment; 56040 Developmentally Delay Learner; and 56042 Psychological Disability56032 Physical Disability; 56034 Communication Disability; 56036 Learning Disability; 56038 Acquired Brain Impairment; 56040 Developmentally Delay Learner; and 56042 Psychological Disability.

xxvi California Community Colleges, Chancellor’s Office. (1997). Implementing Guidelines for Title 5 Section 56026 Support Services: specialized services available to students with disabilities defined in Sections 56002 of this chapter, which are in addition to the regular services provided to all students and Section. 56028 Special Class Instruction: Special classes are instructional activities offered...
designed to address the educational limitations of students with disabilities who are admitted to the institution.

Underline emphasis added.


Does not fit into the reportable categories, is not a Physical Disability, Communication Disability, Learning Disability, Acquired Brain Impairment, Developmentally Delayed Learner, or Psychological Disability.

This assumes that the college can verify that the student has a disability that limits one or more major life activities and results in an educational limitation.

Underline emphasis added.

Underline emphasis added.

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Similar surveys were conducted in 2004 and 2008.


Emphasis added

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