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Legislative and Policy Platform Legislative Session 2022

MOCASE Legislative Priorities

1. Equitable accountability for all schools receiving public funds
2. Keep public funds in public schools
3. Explicit and Systematic Reading Instruction
4. Mental Health Supports

Legislative Priorities

Accountability for Charter Schools and Private Schools

MO-CASE supports appropriate accountability for all schools and students. We support the requirement of implementation and accountability for all aspects of the IDEA, including the implementation of child find, and the implementation of both the eligibility and IEP process to ensure the implementation of a free appropriate public education for all eligible students with disabilities. This includes the delivery of special education services and related services in compliance with the IDEA and the State Plan. Accountability should be equitable across all schools that receive any form of federal funds. Therefore, all schools that receive federal funds, even if they are in the form of a school voucher or scholarship program, should be accountable to the same standards or measurement system as public schools.

Keep Public Funds in Public Schools

MO-CASE opposes the use of public funds or vouchers designed to support students with disabilities attending parentally-placed private programs, including home schools unless such private programs are required to comply with the provisions of IDEA and provide appropriate specially designed instruction and any necessary related services per an Individual Education Program (IEP). Not only can private schools refuse to enroll students based on their disability, but they also do not have a requirement to hire appropriately certified special education teachers. Currently, if students with disabilities are enrolled in a private school, they lose their legal protection to quality special education instruction and related services even if they are utilizing a publicly supported voucher to pay for an education program.

Reading Instruction

MO-CASE supports the adoption of a policy to ensure systematic and explicit reading instruction incorporating the essential elements identified in the National Reading Panel Report (2000), including phonemic awareness, phonics, fluency, vocabulary, spelling, and comprehension in Missouri public schools. The science of reading practices should be in place and directed toward these skills to ensure students have the foundational reading skills necessary to fully access the

curriculum and are not targeted for remediation or being suspected of having a disability due to a lack of basic reading instruction. In addition, given the COVID 19 pandemic, Missouri students may not have received explicit reading instruction during this time. Therefore, targeted and systematic research-based reading instruction, such as noted above, is necessary to provide our students the opportunity to build foundational skills, and allow them to make progress appropriate in light of their unique circumstances.

Mental Health

MO-CASE supports access to quality and comprehensive mental health services needed to support student success in school. There is a growing unmet need for school mental health services to address the social, emotional, and behavioral needs of students. Early intervention and ongoing supports, as part of the general education program, are critical to positive learning outcomes and a safe school environment. MO-CASE supports innovative and collaborative initiatives designed to increase access to school mental health services from qualified providers, including but not limited to, certified school psychologists and master's level school social workers.

Additional Priority Issues

Early Childhood Education

MO-CASE supports state policy initiatives for universally accessible preschool for all children. Substantial research data indicate quality, aligned, and universally accessible preschool services benefit all children and communities. In this environment, early childhood special education services (ECSE) would be integrated to create an inclusive and efficient early learning system. ECSE improves the developmental trajectory for many children, reduces the impact of disabilities, and reduces the long-term cost of special education. MO-CASE is committed to working collaboratively with all stakeholders to review current policies, procedures, and practices to ensure ECSE programs are cost-effective.

Disproportionality

MO-CASE supports holding states and school districts to high standards regarding the proper identification, placement, and discipline of students with disabilities including ensuring racial and ethnic equity in all of these areas. However, the current IDEA requirement for school districts and other Local Education Agencies (LEAs) who are determined to have disproportionate representation to reallocate 15% of their IDEA funds, which are already grossly insufficient, to support Coordinated Early Intervening Services (CEIS) can negatively impact services for students with disabilities and not address the root cause of the disproportionality. We suggest a better approach would be to require a comprehensive district or agency-funded plan in which all aspects of the educational program, including early childhood education, are considered.

Funding and Resources

MO-CASE strongly supports increasing federal and state funding to adequately support the significant special education requirements imposed on schools. The current level of federal funding to Missouri school districts for special education is generally less than 14% of the cost, well below the up to 40% funding level indicated at the time P.L. 94-142 was enacted in 1975.

Similarly, Missouri should fully fund specialized resources (e.g. High Need Fund) to support



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districts providing special education and related services for students with disabilities.

Special Education Procedures

MO-CASE opposes laws or policies that expand or conflict with IDEA provisions. Over the last 40 years, IDEA has been reauthorized and amended multiple times and has been litigated extensively. All of the legal decisions and legislative changes have created a special education system that carefully balances the rights of parents and schools and keeps the education of students with disabilities as its core focus. Any statute or rule creating new special education rights or procedures beyond those of the IDEA is unnecessary, will increase the process and paperwork in a system that already has burdensome document requirements, and will divert resources away from services to students with disabilities and toward regulatory compliance. MO-CASE opposes legislation singling out discrete disabilities for differentiated treatment within the educational system. As is noted here, the IDEA already provides for the identification and services of students who are eligible for special education. MO-CASE supports legislation and policies which promote understanding of all disabilities and provide a framework for delivery of quality and targeted educational services to all students through a multi-tiered system of supports.

Mandatory Retention (part of accountability)

MO-CASE opposes legislation mandating student retention, especially when based on arbitrary factors such as standardized test scores. Meta-analysis of the research reported by John Hattie and others indicates retention does not result in positive achievement or adjustment outcomes, and some research demonstrates negative outcomes such as increased drop-out rate for students who have been retained.

District Transfers/Open Enrollment

MO-CASE opposes transfers and open enrollment especially when the complex issues related to the delivery of special education services are not addressed. Special education procedural safeguards must clearly be the responsibility of ONE school district. Missouri districts vary greatly in size, resources, and the degree to which they provide specialized programs for students with complex disabilities. Transfers/open enrollment will likely result in some districts being overwhelmed with enrollment requests from students with high need disabilities who want to access specialized services with no additional funding resources provided to deliver those services.

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