



## School districts and county DD boards: Meaningful options from cost-effective collaboration

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Since 1975, federal and state legislation has provided for the education of children with disabilities, including children with developmental disabilities ("DD"). In Ohio, such children, ages 3 to 22, have a right to a free appropriate public education, which to the maximum extent appropriate, must be provided with nondisabled children and in the least restrictive environment.

In 2009 Ohio county boards of mental retardation and developmental disabilities became simply county boards of developmental disabilities ("DD Boards"). Then in 2012, the Governor's Executive Order 2012-05K, expressed a distinct preference that those with DD take part in community workforce options, and participate meaningfully in Ohio business and industry. As a result, DD Boards picked up the pace toward continuing inclusion with the nondisabled (as have schools) and away from the traditional "sheltered workshop" approach with the DD Board as a direct service provider. DD Boards now are evolving to a contract-for-service model, much like county alcohol, drug and mental health boards. Some have even closed their facilities or changed their names accordingly.

While DD Boards have a cradle to grave constituency, from ages 3 to 22 their population overlaps with the population the school district must also serve as noted above. Typically, as with schools, the state provides a base level of funding for DD Boards, but there is no general duty for the state to pay for DD programs when the county can no longer afford them. And the precise funding level counties must offer DD Boards is a question of fact. So, as with schools, DD Boards are heavily reliant on local property tax levies for funding and face similar issues, e.g. rollbacks, reimbursements, etc. A significant difference from the school district model, however, is that the levies of DD Boards are levies of their respective counties and a board of county

commissioners may decline to place such a levy on the ballot or change the amount of millage requested. Counties may conclude that DD Boards should have reduced budgets due to the stronger interface with schools and move more toward a contract-for-service model with theoretically less costly non-profit rather than governmental providers.

Notably, the interface between schools and DD Boards has become more collaborative in recent years for those with DD ages 3 to 22. First, in counties where DD Boards have them, school districts will look to DD run classrooms or schools as a placement option for DD students they are required to serve. Second, with respect to programming for a child's transition to adulthood (provided that parents provide consent for the exchange of information), many school districts work collaboratively with DD Boards to provide meaningful and inclusive transition and vocational options, taking advantage of DD funded programs such as "Bridges to Transitions." Third, many school districts have become Medicaid service providers so that they are able to qualify for direct Medicaid reimbursement for certain services (occupational and physical therapy, as well as speech services), thereby reducing the demand for these direct services from DD Boards for children age 3-22.

# Authors

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**Melissa Martinez Bondy**

*Partner*

Columbus  
614.227.8875  
mbondy@bricker.com



**Rebecca C. Princehorn**

*Partner*

Columbus  
614.227.2302  
rprincehorn@bricker.com