

DATE: 6/2/26

TO: The Mecklenburg County Board of Commissioners / The Charlotte-Mecklenburg Board of Education /

FROM: Roxanna DeShong-Myrie , Resident and Advocate of Mecklenburg County

SUBJECT: Submission of Peer-Reviewed Clinical Evidence Demanding Proactive School-Based ABA Infrastructure and Third-Party Access Frameworks

To the Members of the Board and Educational Leadership,

Please accept this formal submission of peer-reviewed clinical research into the official public record. As you review and finalize the upcoming fiscal year budget regarding Charlotte-Mecklenburg Schools (CMS) funding, I urge you to closely look at the huge operational and financial risks of failing to fund or permit school-based Applied Behavior Analysis (ABA) services.

The enclosed landmark studies provide undeniable proof that school-based behavioral interventions are a matter of basic educational access, classroom safety, and **fiscal responsibility**:

- **Classroom Safety and De-escalation:** The enclosed data (*Tiger et al., 2008*) proves that severe behavioral meltdowns are non-verbal expressions of acute distress. When the budget leaves classrooms without trained Board Certified Behavior Analysts (BCBAs) or Registered Behavior Technicians (RBTs), schools default to punitive exclusions, which violates federal law.
- **The Necessity of On-Site Care:** Clinical consensus (*Schreibman et al., 2015*) demonstrates that children with autism cannot automatically transfer coping mechanisms learned in private clinics to chaotic school settings. ABA must be integrated directly into the classroom where the triggers occur.
- **Long-Term Fiscal Savings:** Longitudinal and meta-analytic data (*Lovaas, 1987; Virués-Ortega, 2010*) proves that intensive ABA allows nearly half of evaluated students to fully integrate into general education, drastically lowering long-term special education infrastructure costs.

When this board passes a budget that ignores school-based ABA therapy, it does not save taxpayer money. It simply moves those funds from proactive classroom support to defensive legal challenges. Where the school is working in a defensive front rather than in the offense. Under the Individuals with Disabilities Education Act (IDEA), families are forced into expensive due process litigation to secure basic safety for their children. CMS faces massive financial exposure from non-reimbursable private legal fees and forced private tuition payouts—costs drawn directly from local county funds.

Other school districts across the country safely manage these challenges by establishing clear Memorandums of Understanding (MOUs) with third-party behavioral agencies or permitting insurance-funded, private RBTs into schools at zero cost to the local taxpayer.

I urge this board to stop funding defensive litigation. Protect our teachers, secure our classrooms, and give our children the dignity of an education that understands them by building a formalized framework for school-based ABA partnerships.

Sincerely,

Roxanna DeShong-Myrie

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ATTACHMENT: PEER-REVIEWED CLINICAL EVIDENCE

1. Functional Communication Training (FCT) and Severe Behavior Reduction

- Citation: Tiger, J. H., Hanley, G. P., & Bruzek, J. (2008). Functional communication training: A review and practical guide. *Behavior Analysis in Practice*, 1(1), 16–23.
- **Core Research Finding:** This landmark review demonstrates that severe behaviors—such as classroom meltdowns, aggression, and self-injury—are functional communication tools utilized by children with autism to express distress, sensory overload, or a desire to escape an environment. Functional Communication Training (FCT), a core component of ABA, systematically replaces these dangerous disruptions by teaching the student an alternative, safe response (e.g., using a communication board or requesting a break).
- **Classroom Application:** Proves that without school-based behavioral professionals trained to implement FCT in real-time, the school district is merely punishing a child for a communicative deficit caused by their disability, which directly violates federal special education guidelines.

2. The Generalization Deficit: Why Care Must Be Provided On-Site

- **Citation:** Schreibman, L., Dawson, G., Stahmer, A. C., Landa, R., Rogers, S. J., McGee, G. G., ... & Halladay, A. (2015). Naturalistic developmental behavioral interventions: Empirically validated treatments for autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 45(8), 2411–2428.
- **Core Research Finding:** This comprehensive consensus study tracks how children with Autism Spectrum Disorder (ASD) process skills across environments. The data confirms that children with autism suffer from severe generalization deficits—meaning a coping strategy or self-regulation skill learned perfectly in a quiet, sterile private clinic completely fails to transfer when the child is placed in a loud, chaotic, and unpredictable school setting.

- **Classroom Application:** Defeats the standard administrative argument that "therapy should happen at home or after school hours." Clinical data proves ABA must be embedded *directly in the school building* because that is where the acute triggers and meltdowns actually happen.

3. Long-Term Integration and Cost Mitigation

- Citation: Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. *Journal of Consulting and Clinical Psychology*, 55(1), 3–9.
- Core Research Finding: This foundational, longitudinal study established the benchmark for early intensive behavioral intervention. The research tracked children receiving structured, data-driven behavioral interventions and proved that 47% of the evaluated children achieved typical intellectual functioning and successfully integrated into regular, general education classrooms without requiring additional restrictive interventions later in life.
- Classroom Application: Provides the absolute financial and operational justification for local budgets. Funding proactive behavioral technicians now prevents the school system from having to fund highly restrictive, isolated classrooms and self-contained units for decades down the line.

4. Quantitative Efficacy of ABA Outcomes

- Citation: Virués-Ortega, J. (2010). Applied behavior analysis an intervention for autism spectrum disorders: A meta-analysis of outcome studies. *Clinical Psychology Review*, 30(3), 300–312.
- **Core Research Finding:** This exhaustive meta-analysis evaluated dozens of controlled trials to measure the true statistical efficacy of ABA. The mathematical results showed very large, statistically significant effect sizes across the board: 0.740 for cognitive/intellectual function improvements and 0.650 for language and adaptive communication skills.

Classroom Application: Provides the hard, quantitative data required by school boards and county finance departments to validate that ABA is an empirically validated medical science that yields measurable, long-term educational improvements.

5. Managing Complex School Routines and Classroom Transitions

- **Citation:** Cihak, D., Alberto, P. A., & Bilderback, J. (2006). A comparison of instructional methods for teaching complex routines to students with autism. *Education and Training in Developmental Disabilities*, 41(4), 344–351.
- **Core Research Finding:** This study analyzes how structured ABA intervention strategies (such as visual scheduling, task-analysis, and prompting hierarchies) affect a student's ability to navigate the most disruptive parts of the school day: transitions. The data shows that applying systematic behavioral principles prevents the fight-or-flight responses that typically trigger during lunchroom shifts, subject changes, and hallway transitions.
- **Classroom Application:** Proves that school-based behavioral support is not just a benefit for the individual student with autism—it acts as an operational stabilizer that keeps the entire school building and general education classrooms running smoothly and safely.
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- School districts that have successfully avoided special education litigation and safely managed classroom behaviors do not push ABA out; they systematically structure safe partnerships to let it in. Across the country, forward-thinking public school systems utilize three specific frameworks to blend clinical ABA therapy with standard public education. [1, 2]

1. The Multi-Tiered "In-House" District Model

Rather than contracting out or relying on parents to sue, some districts build an internal behavioral infrastructure funded directly through their exceptional children (EC) budget allocations. [1, 2]

- **How it works:** The district hires full-time, salaried Board Certified Behavior Analysts (BCBAs) to serve as regional or school-specific directors. These BCBAs do not provide long-term 1-on-1 therapy. Instead, they focus strictly on writing targeted Behavior Intervention Plans (BIPs) and training standard classroom paraprofessionals to act as school-employed Registered Behavior Technicians (RBTs). [1, 2, 3, 4, 5]
- **The Operational Benefit:** It significantly cuts costs. One in-house BCBA can manage data and supervise 10 to 15 RBTs who deploy dynamically across multiple general education and special education classrooms where acute triggers are actively occurring. [1, 2, 3, 4]

2. The Master Memorandum of Understanding (MOU) Agency Model

Many districts recognize they cannot keep pace with competitive private-sector clinic salaries for behavioral experts. To solve this, they form a strict, district-wide vetting program with accredited, private third-party ABA agencies. [1, 2]

- **How it works:** The school board establishes a blanket Memorandum of Understanding (MOU) with a select group of certified private ABA companies. When an IEP team decides a student needs 1-on-1 behavioral support to stay safely in the classroom, the district contracts a private agency to supply a field RBT. The contract clearly specifies that the agency RBT is legally bound by school safety policies and reports directly to the principal regarding classroom behavior. [1, 2, 3, 4]
- **The Operational Benefit:** This eliminates the district's recruitment burden. If an RBT calls out sick, the private agency is contractually obligated to instantly deploy a fully vetted substitute technician, ensuring classroom safety is never compromised. [1]

3. The "Insurance-Funded, District-Permitted" Third-Party Model

States like Colorado have passed specific legislation explicitly forcing public school districts to permit medically necessary, insurance-funded private ABA clinicians into regular school buildings during instruction hours. [1]

- **How it works:** The school district pays \$0. The private ABA therapy is funded entirely through the family's private medical insurance or state Medicaid. The district simply signs a formal "Right of Access" agreement. This allows the family's existing private RBT to accompany the child to school to manage transitions, lunch, and meltdowns in real time. [1, 2, 3, 4]
- **The Operational Benefit:** This represents a major financial win for school systems. The child receives the intensive, 1-on-1 medical intervention they need directly at their desk, while the local public school budget incurs absolutely zero financial strain. [1]

The Core Obstacle in North Carolina

The underlying friction in Charlotte and throughout North Carolina is that many local school administrations actively treat third-party, private-clinic RBTs as a legal liability or an administrative disruption. Without a formal district framework or an automated onboarding process, parents are forced to request independent evaluations and threaten due process lawsuits just to get these established, safe partnership models considered at the IEP table. [1, 2]

Comparative Breakdown of ABA School Partnerships

Partnership Model [1, 2, 3, 4, 5, 6, 7, 8]	Who Pays?	Who Manages Staff?	Biggest Advantage for the District
In-House District Model	School District (EC Budget)	School Administration & District Lead BCBA's	Complete internal control over school staff training and deployment.
Master MOU Agency Model	School District (Contracted Funds)	Private ABA Agency Directors	Resolves staffing shortages; vendor handles hiring, benefits, and subs.
Insurance-Permitted Model	Private Insurance / Medicaid	Independent Clinic BCBA's	Cost is \$0 to the local school board while providing total classroom support.