

**Testimony before the District of Columbia Council
Committee on Education
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**FY14 Budget Hearing:
District of Columbia Public Schools**

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Good morning Chairman Catania and members of the Committee on Education. My name is Judith Sandalow. I am Executive Director of the Children's Law Center¹ (CLC) and a resident of the District. I am testifying today on behalf of CLC, the largest non-profit legal services organization in the District and the only such organization devoted to a full spectrum of children's legal services. Every year, we represent over 2,000 low-income children and families, focusing on children in foster care and children with disabilities. The majority of the children we represent attend District of Columbia Public Schools (DCPS).

In my testimony today, I will focus on how the budget impacts students with disabilities and students with socio-emotional needs. While many children are able to thrive in general education classes without extra supports, many other children require specialized instruction, counseling, and other services to keep up with their peers and stay engaged in school. If these children don't get the extra help they need, they are at risk of truancy, grade retention, and dropping out of school. As DCPS works to improve academic outcomes across the board, additional investments in special education and socio-emotional supports are necessary to ensure that *all* students graduate with the knowledge and skills they need to succeed as adults.

Special Education

Fewer than one in five of DCPS's special education students are able to meet basic academic standards. The budget performance metrics show that in FY 12 only 17% of special education students scored at the proficient or advanced level in reading and only 13% scored at the proficient or advanced level in math.² While the achievement rates for all students are low (averaging around 45%),³ the achievement rates for students in special education are abysmal.

DCPS does not separately report graduation rates for students in special education, but those rates are also likely much lower than those of their general education peers.⁴ CLC attorneys see the human cost of these numbers every day, as parents come to us seeking assistance for children who are years behind academically and who struggle to sit in their seats, get along with peers, and find motivation to keep trying when their only experience of school is of failing.

DCPS's budget does not come close to providing the level of funding needed to address this crisis situation. While the Mayor has stated that the budget includes increased funding for special education, we cannot locate that reinvestment. DC is reducing the budget for special education nonpublic tuition by \$30 million with the stated intention of returning hundreds of students from nonpublic schools to local DCPS and charter schools in the coming school year. Given that DCPS is already struggling to provide adequate services to its students with disabilities – as evidenced by those students' extremely low reading and math scores – returning hundreds more children with disabilities to DCPS can only succeed if there is a major financial investment in expanding and improving DCPS's existing special education services.

Rather than such a meaningful financial investment, what we see in the budget is simply a small increase to the foundation level for the Uniform Per Student Funding Formula. To my understanding, the increase to the foundation rate is no more than what is necessary to account for rising teacher salaries and the increased cost of doing business in the coming year. There is no change to the multipliers for special education, which means that the proportion of the total DCPS budget going to special education is unchanged. The bottom line is that this budget does not include any meaningful investment in special education in the local schools, yet the local

schools are expected to educate hundreds more children who have disabilities severe enough that they had been placed in nonpublic schools by a hearing officer or their IEP team.

I understand that despite the essentially flat funding DCPS is planning to expand its special education capacity in three areas. Two of these expansions are welcome and necessary, while the third is troubling. First, DCPS is investing \$1 million in evidence-based reading instruction. The programs that DCPS is investing in have strong records of success with struggling readers. While the funding for these programs does not fall strictly within special education, as the programs will also be available to struggling students who have not been identified as disabled, this focus on reading instruction is a wise choice that can be expected both to benefit students in special education and to allow some students who might have otherwise required special education to make up lost ground without leaving the general education environment. As DCPS moves forward in implementing these reading programs, I encourage the Committee to ask that DCPS report regularly on the number of children served, the fidelity to the program models, and the outcomes.

DCPS is also planning to hire 35 more social workers for the 2013-2014 school year. As with the reading instruction, the social workers will not be solely dedicated to special education: they will provide counseling as required by students' IEPs and also provide truancy interventions to students regardless of their disability status. Given the high incidence of risk factors for mental health disorders among DC school children – including exposure to trauma, maternal depression, and lead poisoning – and the correspondingly high proportion of students classified as Emotionally Disturbed, more social workers in the schools are certainly necessary.

The research is clear that children's ability to learn is impaired when they are preoccupied with worries or unable to regulate their moods. As I will discuss further below, socioemotional supports for children who need them are essential for academic instruction to be effective.

While I believe DCPS is making the right choices in investing in reading instruction and social workers, I am concerned that DCPS may be making the wrong choice in the behavior classrooms it is expanding at the secondary school level. I understand that DCPS is planning to develop the capacity for 35 more self-contained classrooms in middle and high schools, most of which will serve students with emotional disabilities. The classrooms will be based on the model of the current RISE classrooms, which serve students with emotional disabilities at several high schools and middle schools. In the RISE classrooms, much of the instruction is provided through the PLATO online curriculum, as the classroom teachers are certified in special education but not content-area certified in the different academic subjects required at the high school and middle school level. As a result, our clients have found that their teachers are sometimes not equipped to help them understand the material presented by the computer program. In our clients' experience, the classrooms also often include students who vary widely in age and ability. I understand from Dr. Nathaniel Beers, Chief of the Office of Special Education, that DCPS is planning to provide additional professional development for the teachers and aides in these classrooms, but I am concerned that such professional development will not come close to approximating the level of academic instruction that would be provided by content-area certified teachers. I urge the Committee to question DCPS in detail about their plans for ensuring that children in the self-contained behavior classes have sufficient academic

support: What training and certification will their teachers have? Will the students be able to take the specific classes that they need in order to graduate or will all the students assigned to a classroom be required to take the same classes at the same time? Will 14-year-olds and 21-year-olds be assigned to the same classrooms? Do all of the students assigned to the classrooms have the reading ability to benefit from online instruction? Will any of the behavior classrooms be able to meet the needs of children who have both emotional disabilities and intellectual disabilities? The students who will be assigned to these behavior classrooms are at high risk of dropping out of school. We must prioritize providing them with all the support that they need. If the behavior classrooms aren't able to help them gain academic ground, the classrooms will not be an effective use of resources.

In order to allow for these expansions in literacy, social workers, and behavior classrooms, DCPS is reducing funding for several other aspects of special education, including related services (such as speech therapy and physical therapy) and special education for children between ages three and five. Neither of these areas can afford to lose funding. As detailed in my oversight testimony, our clients have on many occasions in the past year been told that their schools cannot provide the related services they need because of a lack of staff. This has serious consequences, as children are only eligible for related services if their IEP team has determined that the child *needs* the particular services in order to benefit from his or her education. Without speech therapy, for example, a child with a speech disorder will struggle to give oral responses in class. Without occupational therapy, a child with ADHD may be unable to sit still long enough to listen to a lesson. I understand from Dr. Beers that the reduction to the

Related Services line item reflects improved management of contracts and is not expected to result in a reduction in capacity to provide related services, but I urge the Committee to probe more deeply to understand what the impact of the funding cut will be and why during this past school year many schools have told parents they don't have the capacity to provide necessary related services. With hundreds of high needs students expected to return from nonpublic schools, it seems likely that the need for related services will only increase in the coming year.

The reduction to Early Stages is troubling. In its 2011 strategy plan, DCPS named increasing the identification of children between three and five with disabilities as one of the agency's top strategic goals.⁵ As DCPS rightly noted in that plan, interventions are most effective when children are young. A year of specialized therapy when a child is three may eliminate the need for many years of specialized therapy in later years. DCPS has historically struggled to identify and serve young children with disabilities, but in the past year the agency has made significant improvements. As I noted in my oversight testimony, the Early Stages identification rate this year met the standard set by the judge in *D.L. v. DC*. However, the identification rate has not yet met the rate that experts suggest for a city with DC's characteristics. Given that gap, it is difficult for me to understand why DCPS would reduce funding for Early Stages. I understand from Dr. Beers that the staff cuts represented by that reduction have already been made. I urge the Committee to question DCPS about the impact of those staff cuts on rates of timely evaluation, identification, and IEP development.

Finally, I have an overarching concern about the lack of strategic planning in DCPS's special education system. While DCPS did create a strategy plan in 2011, as referenced above,

that plan is very general and focuses on returning students from nonpublics without going into any detail on the needs of special education students or the capacity of DCPS to meet their needs in the local schools. A meaningful plan for special education would start with surveying the needs of current and prospective students and the existing programs to serve them. The plan would then prioritize areas to invest in. It is possible that DCPS has created such a plan, but if so it has not been shared with the public. I urge the Committee to work with DCPS to develop such a plan. One place to start would be to develop a transition plan for students returning from nonpublics and students who will leave Prospect and Ron Brown when those schools close at the end of this school year. Mr. Catania, in your role as Chair of the Health Committee you spearheaded successful transition planning for the closure of DC CSA. I believe that similar transition planning is needed in this case to ensure that each child's new school is able to meet his or her needs.

Socioemotional Supports

Children cannot learn if they are preoccupied with fear, anger, or sadness. Children cannot learn if they come to school exhausted after having spent the night sleeping in a car because of their family's homelessness. Children cannot learn if their parents keep them home from school because they don't have enough money for bus fare. For these and many other reasons, many DC children are unable to make academic progress even when they have the most dedicated and talented teachers. As DCPS works to raise the quality of instruction, it is essential that DCPS also prioritize providing the mental health and case management supports that children need outside of the classroom in order for them to learn inside the classroom.

The 35 new social workers is an important step in the right direction, but it is undercut by reductions to several other key areas of the budget: Youth Engagement loses \$733,000, Student Attendance loses \$514,000, Parent Resource Centers lose \$1.5 million, Student Support Services loses \$286,000, and School Social and Psychological Services loses \$92,000. The Committee should inquire into the reasons for the reductions in the several areas detailed above, asking specifically what services will be cut and what the impact will be. Additionally, the Committee should inquire as to whether the new cutoff figure for “small” school designation will lead to reductions in social worker and psychologist staffing at schools with between 300 and 400 students.

I am also concerned that the funding for DMH’s school-based mental health service providers is flat. Mr. Catania, you championed the groundbreaking *South Capitol Street Tragedy Memorial Amendment Act*. That legislation requires 50% of schools to have school-based mental health programs by the 2014-2015 school year. This school year, there are school-based mental health clinics in only 52 schools, a decline from last school year’s 58, and far from the 50% goal set for 2014-2015.⁶ I hope that this committee will work with the Committee on Health to move the additional \$2 million for school-based mental health services from the wish list into the budget. Otherwise, investments in instructional quality will be wasted on students who are not in a position to be able to learn.

Thank you for the opportunity to testify. I am happy to answer any questions.

¹ Children’s Law Center works to give every child in the District of Columbia a solid foundation of family, health and education. We are the largest provider of free legal services in the District and the only to focus on children. Our 80-person staff partners with local pro bono attorneys to serve more than 2,000 at-risk children each year. We use this expertise to advocate for changes in the District’s laws, policies and programs. Learn more at www.childrenslawcenter.org.

² DCPS FY 14 budget, D-17. This does represent a slight increase over the FY 11 rates of 11% proficient or advanced in reading and 9% proficient or advanced in math. (Note that there appears to be a typo in the indicators, as two lines both report rates for reading. We presume the second line is intended to refer to math.)

³ DCPS FY 14 budget, D-16.

⁴ DC reported that 39% of students with IEPs graduated within four years with a high school diploma, while overall 59% of DC students graduated within four years. However, the data is not broken down to distinguish between DCPS and the charter schools. <http://eddataexpress.ed.gov/state-report.cfm?state=DC&submit.x=50&submit.y=5>.

⁵ DCPS Office of Special Education Strategic Plan, School Years 2011-2015, <http://dc.gov/DCPS/Files/downloads/In-the-Classroom/Special-Education/OSE%20Strategic%20Plan%20SY11-15%20%282012%20July%29.pdf>.

⁶ DMH FY12 Oversight Question 53, Attachment.