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Testimony Before the District of Columbia Council
Committee on Education
February 17, 2016

Performance Oversight Hearing
Office of the State Superintendent of Education

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INTRODUCTION

Good morning Chairman Grosso and members of the Committee. My name is Judith Sandalow. I am the Executive Director of Children's Law Center¹ (CLC) and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 8 children in DC's poorest neighborhoods – more than 5,000 children and families each year. Nearly all the children we represent attend DC public schools – whether traditional public schools, charter schools, or nonpublic special education schools funded by DC.

I appreciate this opportunity to testify regarding the performance of the Office of the State Superintendent of Education (OSSE). OSSE has had a number of achievements this year. A few notable examples:

- The DC Early Intervention Program (DC EIP) expanded to serve hundreds more children than it did a few years ago.²
- The first annual report of the Community Schools Incentive Initiative shows the grantees brought in a wealth of comprehensive services. For example, Stanton Elementary developed several food support programs and a program for families of incarcerated parents that is designed to decrease related chronic stress experienced by families and children.³

- OSSE’s continued collaboration with the Department of Behavioral Health (DBH) to implement a number of programs to identify and provide services to students with behavioral and developmental health needs.

There remains much more work to be done, however, to create a high-quality public education system in DC that meets the needs of all children.

SPECIAL EDUCATION REFORMS

DC’s children with special needs continue to have dismal academic performance and graduation outcomes. The Partnership for Assessment of Readiness for College and Careers (PARCC) scores of students with disabilities are bleak. Less than one percent of high school special education students are college or career-ready in math and less than four percent are ready in English.⁴ The reading and math achievement of elementary and middle school students with disabilities is barely better, at 4.3% and 4.2% proficiency. Likewise, graduation rates of students with disabilities are rising more slowly than overall graduation increases, and 57% of DC’s special education students do not graduate on time.⁵

Implementation of Special Education Reform: Special Education Students Rights Act of 2014, the Enhanced Special Education Services Act of 2014, and the Special Education Quality Improvement Act of 2014

To improve these outcomes, it is essential that OSSE ensure the full implementation of the *Special Education Students Rights Act of 2014*, the *Enhanced Special Education Services Act of 2014*, and the *Special Education Quality Improvement Act of 2014*.

These reforms span the process from beginning to end – infants and toddlers with developmental delays will be able to get services needed to catch up to peers, parents will be able to participate more fully in their children’s education, students will receive assistance earlier, and schools will begin to plan for adulthood sooner.

Expansion of Early Intervention (Part C of the IDEA)

One of the key provisions of the special education reform laws is the expansion of DC’s Early Intervention Program (DC EIP). The DC EIP meets the needs of DC’s infants and toddlers with developmental delays by conducting evaluations and providing individualized plans for services in the child’s natural, inclusive environment to enhance caretakers’ abilities to improve the child’s development. It also provides much needed service coordination to ensure services from a variety of funding sources, including Medicaid, are delivered timely. Recognizing the critical importance of children’s development at this age, DC EIP’s timelines are short under Part C of the *Individuals with Disabilities Education Improvement Act (IDEA)*.⁶ Early intervention services help the majority of infants and toddlers with delayed development catch up to their peers before they start school.⁷ Research on early intervention programs shows they produce long-lasting and substantial gains in outcomes, such as reducing the need for special education placement, preventing grade retention, increasing high school graduation rates, improving labor market outcomes, reducing social welfare program

use, and reducing crime.⁸ Children who do not receive the specialized support they need as infants and toddlers have a much harder time making up lost ground later.⁹

Over the past three years, OSSE significantly expanded the pool of children served by DC's EIP. As of early December 2015, 917 children were receiving early intervention services.¹⁰ This is an increase of approximately 340 children receiving early intervention services compared to two years ago.¹¹

The DC EIP has expanded while also bringing best practices that will result in better outcomes for children and families into DC. Specifically, DC EIP has trained service providers and stakeholders to implement an evidence-based coaching model of service provision that should be more effective and efficient.¹² DC EIP has invested in pilot programs in natural environments to improve child outcomes, such as a group program for severely impaired children at Easter Seals and popular developmental play and language-enrichment groups.¹³ DC EIP has also ensured that children receive timely services through its own pool of service providers when breakdowns have occurred with Medicaid managed care organizations (MCOs).¹⁴ OSSE should support these successes and build on them to expand to more children in need of early intervention services.

Under the *Enhanced Special Education Services Act of 2014*, children who are 25% delayed in one area of development will now become eligible for DC EIP in July 2017, if the expansion is funded, finally bringing DC's eligibility in line with most states.¹⁵

Currently, infants and toddlers are eligible for these services if they have a delay of 50% in one area or 25% in two or more areas.¹⁶ More than a thousand children will likely become eligible under the expanded eligibility, which will double the program and require more staff.¹⁷ The newly eligible children are more likely to catch up to peers if they receive early intervention services and many will have mild-to-moderate language delays.¹⁸ Early language delays are associated with later reading, social, emotional, and behavioral problems in and out of school; therefore, investments in improving language skills need to be made well before school in order to change the trajectory of language delays/disorders.¹⁹ In addition, the expansion should help all children with delays. Other states with broad 25% delay eligibility find and provide services to a larger percentage of children with severe developmental delays, and DC can expect similar results.²⁰

To serve more children will require additional funding. The Fiscal Impact Statement (FIS) for the Act projected it would cost \$3 to \$5 million local dollars in FY17 and at least \$11 million in FY18. There are some concerns that the FIS may be too high, because there are ways OSSE can increase federal funds for DC EIP. It is encouraging that recently DC EIP was enrolled to bill Medicaid for children on fee-for-service Medicaid for some of the services it provides.²¹ Although this is only for a small percentage of children, it is a good start.²² We urge OSSE and DHCF to work together to ensure that OSSE can bill or be reimbursed for services provided for the larger

number of children enrolled in Medicaid managed care programs.²³ OSSE and DHCF should also work to bring additional non-local dollars to the program. One way could be billing Medicaid for DC EIP service coordination, as Virginia and Maryland do, since service coordination is a significant local expense. Until the DC EIP starts receiving the increased federal Medicaid funds, however, DC EIP does need increased local funding to appropriately serve the currently-eligible children.

OSSE is not the only source of therapies included in individualized early intervention service plans. Some children receive those services through providers chosen by their Medicaid MCOs. Children on Medicaid are improving more slowly than children receiving services via OSSE's pool of providers. OSSE's State Systemic Improvement Plan (SSIP) process is examining the reasons why the outcomes are poorer and the second phase of planning to improve outcomes is underway.²⁴ The quality differential is likely related to difficulties in attracting and maintaining quality providers when providers are not paid fairly and timely.²⁵ For years, providers have told us about problems getting paid, including months of unpaid bills and lack of any payment when a family misses a session. I look forward to OSSE's second phase of planning to solve that issue and to working with OSSE to successfully achieve the DC EIP expansion over the next year.

Transition to Adulthood Services

Under federal special education law, schools are obligated to provide special education students between ages 16 and 22 with “transition services.”²⁶ These transition services include a wide range of activities aimed at preparing students for independent living, employment, and further education. Recognizing the importance of these transition activities, the *Enhanced Special Education Services Act of 2014* lowered the age at which transition planning must begin to age 14 starting in July 2016.²⁷ OSSE timely finalized regulations for this requirement in the last year. We commend OSSE for offering trainings in transition planning at some middle schools, as well as high schools, to prepare for this change.²⁸ OSSE should ensure all middle and high schools complete the training and ensure budget resources will meet school needs so schools are fully prepared for next school year.

Beginning transition planning younger will not help unless the quality and quantity of services offered to students is improved. OSSE has brought a focus to secondary transition by providing support, training, and focused monitoring of compliance with transition plan contents at four additional high schools in the last year, increasing from three schools in the initial pilot.²⁹ Partnerships with Project Search and Marriott Bridges to provide employment training to students with disabilities have been very successful.³⁰ However, the focus on transition plans has still only resulted in 68% compliance with IDEA secondary transition requirements,³¹ and the innovative

vocational programs only serve a very small percentage of the students who could benefit from such programs.

Our experience suggests offering more programs that engage students in learning job skills will lead to fewer students dropping out and to improved academic skills. We find many of the teenagers we work with are very motivated by learning vocational skills, even if they may have given up years ago on learning to read or do math. We also find many of our clients make more progress in academics when those academics are tied to practical skills.

We urge OSSE to assess and map the vocational and life skills training needs of DC special education students starting at age 14, as well as available vocational and transition programs used in schools. Based on the information from these assessments, OSSE should develop and implement a plan to expand the vocational and life skills training opportunities for special education students. This plan should be developed in coordination with the Rehabilitative Services Administration (RSA), the agency tasked with helping adults with disabilities obtain and maintain employment.

Increasing Parent Involvement in Special Education

OSSE should lead efforts to ensure all public schools in DC follow the requirements from the *Special Education Students Rights Act of 2014* that ensure meaningful parental involvement. The law requires all schools provide records to all parents in advance of Individualized Education Program (IEP) meetings, provide the

finalized IEP in a timely fashion, and translate IEPs for parents with limited English proficiency in a timely fashion. Unfortunately, even when my colleagues remind schools of these responsibilities, only a few parents in our cases have timely received the information they need to be engaged in their child's education. For our families where English is their second language, parents have needed to request formal mediation in order to get translated IEPs, and those translations have taken many weeks to secure after the mediation. OSSE should offer training, technical assistance, and incorporate the requirements with reminders or warnings into the Special Education Data System (SEDS) to ensure compliance. OSSE should also assist schools with automated transmissions to parents using SEDS as much as possible, to reduce administrative burdens for school staff.

Other reform legislation implementation issues

We look forward to continuing to work with the Office of Dispute Resolution on its implementation of changes to due process hearings, including the change in the burden of proof and opportunity for parents to recover costs of expert witnesses.³² We also look forward to OSSE's future establishment of the community review panel for new potential hearing officers, as required under the law. We commend OSSE for taking a thoughtful approach to the logistics of forming that group.³³

OSSE must also help schools prepare for the change in the evaluation timeline that will help students get services they need more quickly. Under the *Enhanced Special*

Education Services Act of 2014, a student with a suspected disability must be evaluated in 60 days as of July 2017, if that expansion is funded. Currently, schools have 120 days to complete the evaluation, the longest timeline in the nation. Over the next year, OSSE must assist schools to evaluate children for special education needs much more quickly than they do now and should monitor data in the Special Education Data System about how long schools are taking to complete evaluations. Since schools did not timely complete evaluations under the longer timeline for 12% of students in the 2014-2015 school year, OSSE should examine that data and offer targeted assistance.³⁴ Most school districts in the United States are able to evaluate children within the shorter timeline, so OSSE should provide schools with model processes gleaned from other states and districts as technical assistance before September so schools can pilot and modify them over the next school year.

SPECIAL EDUCATION CAPACITY

Capacity within our public schools to provide appropriate education is a long-standing and complex problem that needs OSSE's interagency leadership as the State Education Agency with ultimate responsibility for DC's compliance with the IDEA. The reduced number of children in nonpublic schools, which was the focus for so many years, has not solved the problem that many local schools cannot provide the specialized supports necessary to educate children with needs beyond those resulting from the mildest disabilities. The IDEA requires each Local Education Agency (LEA) to

offer an array of services and settings from fully-inclusive general education with necessary supports all the way to specialized separate schools. If DC is to succeed in significantly increasing the number of students with disabilities who can successfully attend their local schools and be prepared for future education, work, and independent living, OSSE must help develop specialized and well-resourced special education programs throughout DC's public school sector.

DC needs to spend money in ways that will strengthen special education programming options. OSSE should continue to examine the ways small districts around the country partner to create specialized classrooms and schools for students to appropriately meet children's needs, in order to establish such needed resources in DC. OSSE should also provide resources for schools to more easily purchase evidence-based programs to lift the fundamental reading and math skills of children with disabilities and train staff members to deliver them. One strategy OSSE should consider is building upon the Enhancement Fund, being created in FY16 pursuant to the *Special Education Quality Improvement Act of 2014*,³⁵ which will be used to support specific programs targeted at quickly and effectively improving special education in the public schools. These programs include partnerships between public and nonpublic schools to share expertise and between public charter schools to pool resources.

OSSE also needs to enhance its oversight and transparency of information about special education in DCPS and public charter schools. OSSE does regularly monitor

and evaluate LEA compliance with the indicators required as part of the State's IDEA Performance Plan.³⁶ That monitoring includes records, reviews, and interviews. In most circumstances, LEAs are informed of the date of the visit in advance and choose which parents and students OSSE staff will interview.³⁷

I recommend that OSSE work to catalog all of the information collected about special education, including which schools have specialized classrooms or programs, and make that information available to assist parent choice, working with all the education agencies. We also have several recommendations for actions OSSE should take to improve oversight of the LEAs with regard to special education:

- OSSE should revise its policy to allow the agency to conduct unannounced observations in more circumstances;
- The results of OSSE's observations and data reviews should be shared with the public in an accessible way that allows parents to use the information to inform their school choices; and
- OSSE should increase its use of the legally provided option to direct LEAs to spend their IDEA funding to remediate specific deficiencies identified by OSSE.

SPECIAL EDUCATION TRANSPORTATION

Since OSSE took on responsibility for DC's special education transportation from DCPS, we have seen significant improvements. We look forward to continuing to work

with Ms. Gretchen Brumley, Deputy Director of the Division of Student Transportation, and her skilled team, to bring innovative and effective ideas to DC's special education transportation. Our clients' experiences confirm the transportation system is substantially better. This school year, we have had only a handful of problems with hours-late busses or missed weeks of school because of routing issues. The data confirms OSSE has maintained its improved rate of on-time arrivals.³⁸ In addition, hiring a behavior specialist to support transportation staff and students has been an asset.³⁹

Despite this, responsiveness to most parents remains a challenge. Our clients report long waits to speak to anyone when the bus is late or another issue has arisen, and OSSE's data confirms an average 108 minute wait time.⁴⁰ Waiting over an hour and a half for a call to be answered is unacceptable when a parent is worried about how to get a child to school or worried about where his/her child is at the end of a school day.

In addition, we must repeat the same concerns about OSSE transportation policies we raised last year. We urge OSSE DOT to make the following changes to their policies:

- Allow parents to designate different pick-up and drop-off addresses. OSSE's transportation policy limits students to one address for pick-up and drop-off.⁴¹ That address must be their address of District residency.⁴² The policy

indicates OSSE will make exceptions to the requirement that the address used for transportation be the address of District residency on a case-by-case basis for children in foster care or living in group homes.⁴³ However, children with divorced parents, children who need to be dropped off at after-school therapy appointments, and children who need to attend before or after care nonetheless bear the burden of this policy.

- Provide transportation for partial-day inclusion programs. This would allow a student to attend a nonpublic school for part of the day and then be bused to his local public school for the remainder of the day. For many students, this is the best and most realistic way to prepare them to return to a public school. We anticipate this proposed policy change would pay for itself in reduced nonpublic tuition costs by allowing more students to successfully transition back to the public schools.
- Provide transportation home after extracurricular activities. OSSE's current policy is not to provide transportation from extracurricular activities unless the activity is identified as necessary by the students' IEP team. This prevents many students with disabilities from participating in extracurricular activities. Students placed at schools far from home because their local schools don't have the services they need and students who have disabilities that prevent them from using public transportation cannot participate in

extracurricular activities unless the school system provides transportation. DC's failure to do so is arguably a violation of Section 504, the federal law that requires schools to provide students with disabilities equal access to school activities.⁴⁴ We urge OSSE to develop a plan to provide this transportation by the start of the next school year.

- Limit ride times to 60 minutes for students who live and attend school in DC, with a waiver for extenuating circumstances. While the *Petties* order was in effect, ride times for students who lived and attended school in DC were limited to 60 minutes each way. After *Petties* closed, OSSE extended the ride time limit to 75 minutes each way for students traveling to programs in the District of Columbia.⁴⁵ We have heard from some parents that their children are on the bus for over an hour each way, even though they only live a few miles from school. In each month during the 2014–2015 school year, approximately 15% to 20% of students receiving transportation services had a ride time of over 60 minutes.⁴⁶ We understand in a few cases children's homes and schools may be so far apart there is no way for them to have a shorter ride time, but we are concerned children who live near their schools may also have long ride times. These long rides are harmful to students – they keep them from homework, sports, and time with their families. Accordingly, we recommend OSSE return to the previous limit. In the few cases where

distance and traffic make it truly impossible to cross town in 60 minutes, OSSE should be allowed to waive the limit with appropriate documentation provided to the IEP team.

We recognize implementing these recommendations would require additional funding. We urge OSSE and the Committee to ensure OSSE's Division of Student Transportation is provided the necessary funds in the FY17 budget to maintain its current level of services and make these expansions.

SCHOOL ATTENDANCE AND CULTURE

OSSE, the state education agency, should be taking a leading role in keeping students in school. Attendance is critical to students' academic success. OSSE should monitor and collect data on the use of out-of-school suspensions and truancy rates. OSSE should also provide guidance and adequate funding to ensure alternatives to suspension and expulsion, and truancy prevention programs, are available to all public and public charter schools. Finally, OSSE should push schools to create a positive school climate and incorporate trauma-informed practices that will improve outcomes for all youth.

Reducing Suspension and Expulsion

Reducing the utilization of suspension and expulsion is an important part of keeping all kids in school so they can learn and succeed. The *Pre-K Student Discipline*

Amendment Act of 2015 was a good first step, stopping suspensions of pre-k students.⁴⁷

We need to do more to keep kids on track.

In school year 2014-2015, 6,486 students were suspended for 0 to 5 days, 1,786 students were suspended for 6 to 10 days, and 1,264 students were suspended for over 10 days.⁴⁸ There were 9,536 students of all ages suspended during the 2014-2015 school year, a minimal decrease from OSSE's last school discipline report revealing 10,000 students of all ages were suspended during the 2012-2013 school year.⁴⁹ The oversight data continues to show students classified as at-risk were more likely to be disciplined than their peers.⁵⁰ One of the most troubling data points shows African-American students in the District substantially more likely to be suspended or expelled than white students. Of the 9,536 students that received a suspension in school year 2014-2015, 8,759 were given to African American students.⁵¹ School push-out is not just a school discipline issue; it is very much an issue of racial justice.

Out-of-school suspensions and expulsions have an extremely negative impact on the student being disciplined, as well as on the school community as a whole. Research shows a suspension does not produce the desired effect. A student doesn't learn from his or her behavior and come back to school ready to behave and learn. In fact, just the opposite is true. Suspension and expulsion correlates with decreased academic performance, dropping out, substance abuse and criminal activity.⁵² A study of nearly one million students in Texas found 31% of students who were suspended or expelled

repeated a grade at least one time.⁵³ This same study showed students who have been suspended or expelled were almost three times as likely to be referred to the juvenile justice system the following year.⁵⁴

We strongly encourage all DC public schools to stop using suspension and expulsion as a form of discipline. OSSE should ensure schools have the training, support and funding to implement alternative disciplinary programs and procedures that promote a positive school climate and appropriate disciplinary approaches.

Truancy Prevention

Truancy is a serious problem in our schools. The District of Columbia Public Schools (DCPS) reported an 18.2% truancy rate during the 2013-2014 school year⁵⁵ and the Public Charter School Board (PCSB) reported a 14.2% truancy rate during the 2014-2015 school year.⁵⁶ The District has taken many steps to address truancy, including creating the Truancy Taskforce and passing the *Attendance Accountability Amendment Act of 2013*.

Schools are the best place to address individual student's barriers to attendance. The student, parents, teachers and other staff who work with the child on a regular basis should be the heart of any truancy reduction effort. The *Attendance Accountability Amendment Act* recognizes this by requiring schools to conduct Student Support Team (SST) meetings when a student reaches 5 unexcused school absences. However, schools are not fully complying with this law or its underlying regulations.⁵⁷ DCPS completed

only 63.7% of their required SST meetings that were referred for attendance in school year 2014-2015.⁵⁸ Neither OSSE nor the Public Charter School Board oversight responses included data on the SST completion rates in charter schools. Thus, OSSE should collect data on and monitor whether all public and public charter schools are completing required SST meetings, and should intervene well before children become chronically truant or drop out of school.

The *Attendance Accountability Amendment Act* also lowered the threshold for court referral from 25 absences to 15 absences for students aged 14 and older.⁵⁹ Also, the Act now requires students aged 5 to 13 to be referred to the Child and Family Services Agency (CFSA) upon ten days of unexcused absences, instead of fifteen. While some believe referrals are required to keep certain children from falling through the cracks, I believe referrals to the courts and CFSA for unexcused absences may be ineffective and might even be counterproductive.

After reviewing the education related oversight responses and other publicly available data, it is clear we do not have adequate data to determine if these referrals are having any effect. To address this issue, OSSE should begin to track whether a student, who has been referred to CFSA or the courts, accumulates additional unexcused absences after the referral, the number of unexcused absences, and whether a re-referral was made during that school year or any subsequent school years. Finally, OSSE should ensure schools have adequate supports and funding to implement, or

scale up, truancy prevention programs that are evidence-based and decreasing truancy in DC schools.

Trauma-Informed Schools

One important way to help improve outcomes for students is to address trauma in schools. We know, through research and our own experiences, DC children, and especially the children we serve, bring traumatic experiences with them into the classroom every day impacting their behavior and ability to learn.

Children in DC have a high rate of experiencing trauma. Trauma is a severe emotional response to a frightening or threatening event or to a series of experiences that leaves a person overwhelmed and unable to cope. While experiencing any one discrete negative event, such as physical abuse or witnessing a murder, can cause trauma, children can also experience trauma through the cumulative effect of multiple, ongoing events, like experiencing homelessness, being removed repeatedly from one's parents or moved from one foster family to another. Importantly, with respect to our discussion today, there is now agreement trauma significantly impacts a child's ability to progress at school.

There has been important work to bring trauma-informed practices into the DC schools. For instance, the District has expanded the community school model to "integrate academics, health and social services, youth and community development, and community engagement, in order to improve student outcomes."⁶⁰ OSSE's recently

released annual report for the *Community Schools Incentive Initiative* highlights promising practices, such as providing increased access to mental health services in schools and linking families to healthy food options.⁶¹

Unfortunately, in the past, efforts to implement the program have not been well coordinated as part of a larger plan, and many of the efforts are unknown to other agencies and the community. That is why I am excited by the news the Department of Health (DOH) will take the lead in coordinating a comprehensive plan for school-based mental health. The Department of Behavioral Health (DBH) reports that through a collaboration between DBH, DOH, and schools, there will be a School Health Needs Assessment that will include the “resource mapping and mapping of current mental health and substance use screening portals in the District.”⁶² This effort, hopefully, will show a full picture of the successes and needs of our current system. I hope OSSE will make this effort a priority, move quickly from plan to action, and include information about current initiatives in DC schools that address childhood trauma and its impact on learning in this mapping process.

Conclusion

Thank you again for the opportunity to testify. I welcome any questions.

1 Children’s Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to be the voice for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 8 children in DC’s poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

² Over the course of FY15, DC EIP worked with 1400 children with suspected or confirmed disabilities and delays, at any one point in time serving about 900 children with individualized services. Data discussed at Early Intervention Interagency Coordinating Council meeting on February 9, 2016, notes on file with Children’s Law Center.

³ Raising the Expectations for Education Outcomes Omnibus Act of 2012, Community Schools Incentive Initiative, Annual Report, School Year 2014-2015. Retrieved from <http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Community%20Schools%20Annual%20Report.pdf>

⁴ PARCC data tables accessed at <http://osse.dc.gov/parcc/2015results>

⁵ DC State Equity Report, 2015. <http://www.learndc.org/schoolprofiles/view?s=dc#reportcard>

⁶ Federal requirement is that evaluation, eligibility determination, and development of the individualize plan occur within 45 days of referral and services begin within 30 days of plan development. 34 CFR § 303.310. National Research Council and Institute of Medicine, Shonkoff, J. & Phillips, D. A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

⁷ Early Childhood Technical Assistance Center. (July 2015). *Child Outcomes Highlights for FFY 2013: Outcomes for Children Served through IDEA’s Early Childhood Programs*.

⁸ Karoly, L. A., Kilburn, R. M., & Cannon, J. S. (2005). *Proven benefits of early childhood interventions*. Santa Monica, CA: RAND Corporation. http://www.rand.org/pubs/research_briefs/RB9145.html. See also, Law, J., Todd, L., Clark, J., Mroz, M. & Carr, J. (2013). High quality early intervention services to young children who have or are at risk for developmental delays have been shown to positively impact outcomes across developmental domains, including health, language and communication, cognitive development, and social/emotional development. See, Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. <http://developingchild.harvard.edu/resources/the-foundations-of-lifelong-health-are-built-in-early-childhood/>; American Speech-Language-Hearing Association. (2008). *Role and responsibilities of speech-language pathologists in early intervention: Technical report*. <http://www.asha.org/policy/TR2008-00290.htm>; and Landa, R. J., Holman, K. C., O’Neill, A. H., & Stuart, E. A. (2010). Intervention targeting development of socially synchronous engagement in toddlers with autism spectrum disorder: A randomized controlled trial. *Journal of Child Psychology and Psychiatry*, 52(1), 13-21.

⁹ See, Zero to Three Policy Center, “Improving Part C Early Intervention: Using What We Know about Infants and Toddlers with Disabilities to Reauthorize Part C of IDEA,” available at: <http://main.zerotothree.org/site/DocServer/PartC.pdf?docID=567>; “Early Childhood Experiences: Laying the Foundation for Health Across a Lifetime,” available at: <https://folio.iupui.edu/bitstream/handle/10244/613/commissionearlychildhood062008.pdf?sequence=2>.

⁹ 34 C.F.R. § 303.321(c).

¹⁰ OSSE FY15 Performance Oversight Responses, Q32(i).

¹¹ OSSE was serving 836 children as of January 23, 2015, and served 580 children as of January 14, 2014. OSSE FY14 Performance Oversight Responses, Q23; OSSE FY13 Performance Oversight Responses, Q53.

¹² Partners in Progress: Improving Outcomes for Families with Infants and Toddlers with Disabilities, September 17-19, 2015, Conference by Georgetown University Center for Child and Human Development. DC EIP began training in coaching and a primary service provider model in fall 2013, see <http://learningei.org/cspd.html> For more information of the efficacy of parent-coaching in early intervention, see Rush, D. D., Shelden, M. L., & Hanft, B. E. (2003). Coaching families and colleagues: a process for collaboration in natural settings. *Infants & Young Children*, 16(1), 33-47; Wallace, K. S., & Rogers, S. J. (2010). Intervening in Infancy: Implications for Autism Spectrum Disorders. *Journal of Child Psychology and Psychiatry*, 51(12), 1300-1320. A single or primary provider model of parent coaching is also more efficacious. Shonkoff, J. P., Hauser-Cram, P., Krauss, M. W., & Upshur, C. C. (1992). Development of infants with disabilities and their families: Implications for theory and service delivery. *Monographs of the Society for Research in Child Development*, 57 (6, Serial No. 230).

¹³ Id.

¹⁴ Challenges with Medicaid MCOs and DC EIP’s direct payment for services discussed at DC EIP Interagency Coordinating Council, February 9, 2016, notes on file with Children’s Law Center.

¹⁵ At least 32 other states extend eligibility to children with a delay of less than 50% in one area of development. Of those states, 17 – including Maryland and Virginia – extend Part C eligibility to children with a 25% delay in one area of development. Additionally, six states extend eligibility to children who are “at risk” of developmental delay, as permitted by the Individuals with Disabilities Education Act (IDEA). These children may be at risk of developmental delay because of biological and environmental factors including low birth weight, nutritional deprivation, or a history of abuse or neglect.

¹⁶ 5 DCMR A §3108.3

¹⁷ Revised Fiscal Impact Statement – *Enhanced Special Education Services Act of 2014* (October 6, 2014.)

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- ¹⁸ See Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., & Singer, M. (2007). *Early intervention for infants & toddlers with disabilities and their families: Participants, services, and outcomes. Final report of the National Early Intervention Longitudinal Study (NEILS)*, at page 2-9
- ¹⁹ Law, J., Todd, L., Clark, J., Mroz, M. & Carr, J. (2013). *Early Language Delays in the UK*. London, UK: Save the Children. (Citing studies from around the world about early language delay's connections with emotional or mental health concerns and later behavioral and criminal issues at pages 10-11.); National Academies of Sciences, Engineering, and Medicine. (2016). *Speech and Language Disorders in Children: Implications for the Social Security Administration's Supplemental Security Income Program*, p 88.
- ²⁰ McManus, B., Magnusson, D., & Rosenberg, S. (2013). Restricting State Part C Eligibility Policy is Associated with Lower Early Intervention Utilization, *Maternal & Child Health Journal*, 18, 1031-1037.
- ²¹ Department of Health Care Finance FY15 Performance Oversight Responses, Q48.
- ²² DC EIP was enrolled to bill Medicaid Fee for Service, in which only 71 DC EIP children were enrolled on December 6, 2015. OSSE FY15 Performance Oversight Responses, Q32(i).
- ²³ See 34 C.F.R. § 300.320(b)(2), regarding the federal requirement states have reimbursement mechanisms from state Medicaid programs to early intervention programs who pay for services in order to meet federal deadlines.
- ²⁴ DC Part C Annual Performance Report for FFY13, Indicator 11, State Systemic Improvement Plan Phase 1. <https://osep.grads360.org/services/PDCService.svc/GetPDCDocumentFile?fileId=11457>
- ²⁵ Provider payment issues and their relationship to issues attracting and retaining quality providers were discussed at the DC EIP Interagency Coordinating Council meeting on February 9, 2016, notes on file with Children's Law Center. See 34 C.F.R. § 300.320(b)(2).
- ²⁷ See *Enhanced Special Education Services Act of 2014– DC Act 20-487*.
- ²⁸ OSSE FY15 Performance Oversight Responses, Q60.
- ²⁹ OSSE FY 2015 Performance Accountability Report, p. 43.
- ³⁰ DCPS FY15 Performance Oversight Responses, Q72 (Vocational).
- ³¹ OSSE FY 2015 Performance Accountability Report, p. 45.
- ³² See *Special Education Student Rights Act of 2014 – DC Act 20-486*.
- ³³ Personal communication with Office of Dispute Resolution Director, Tracey Langley, February 11, 2016, notes on file with Children's Law Center.
- ³⁴ OSSE FY 2015 Performance Accountability Report, p. 45.
- ³⁵ See *Special Education Quality Improvement Act of 2014*, DC Act 20-0488.
- ³⁶ OSSE Special Education Monitoring & Compliance Manual (IDEA Part B), available at: http://seo.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2014-15%20Monitoring%20and%20Compliance%20Manual%20with%20Appendix%5B1%5D_0.pdf
- ³⁷ *Id.*
- ³⁸ OSSE FY15 Performance Oversight Responses, Q61(e).
- ³⁹ OSSE FY 2015 Performance Accountability Report, p. 2.
- ⁴⁰ OSSE FY 2015 Performance Accountability Report, p. 7.
- ⁴¹ OSSE FY15 Performance Oversight Responses, Q61 Attachment – Special Education Transportation Policy.
- ⁴² *Id.*
- ⁴³ *Id.*
- ⁴⁴ 29 U.S.C. § 794.
- ⁴⁵ OSSE FY15 Performance Oversight Responses, Q61(f).
- ⁴⁶ *Id.*
- ⁴⁷ *Pre-K Student Discipline Amendment Act of 2015 – DC Act 21-0050*.
- ⁴⁸ OSSE FY15 Performance Oversight Responses, Q9 Attachment.
- ⁴⁹ OSSE FY15 Performance Oversight Responses, Q9 Attachment; *Reducing Out-of-School Suspensions and Expulsions in District of Columbia Public and Public Charter Schools*, available at: http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/OSSE_REPORT_DISCIPLINARY_G_PAGES.pdf.
- ⁵⁰ OSSE FY15 Performance Oversight Responses, Q9 Attachment.
- ⁵¹ OSSE FY15 Performance Oversight Responses, Q9 Attachment.
- ⁵² “Out-of-school suspensions and expulsions can affect a student’s future emotional and educational well-being, as research suggests that school exclusion actually increases the likelihood that students will misbehave in the future, become truant, fail to graduate, develop substance abuse issues, or encounter the juvenile justice system.” Office of the State Superintendent of Education, *Reducing Out-of-School Suspensions and Expulsions in District of Columbia Public and Public Charter Schools*, 9 (June 2014).
- ⁵³ Justice Center, Council of State Governments and Public Policy Research Institutes, *Breaking Schools’ Rules: A Statewide Study of How School Discipline Relates to Students’ Success and Juvenile Justice Involvement*, 13 (July 2011).
- ⁵⁴ Justice Center, Council of State Governments and Public Policy Research Institutes, *Breaking Schools’ Rules: A Statewide Study of How School Discipline Relates to Students’ Success and Juvenile Justice Involvement*, 14 (July 2011).
- ⁵⁵ District of Columbia Public Schools, *DCPS at a Glance: Attendance* (2015), <http://dcps.dc.gov/page/dcps-glance-attendance>.
- ⁵⁶ DC Public Charter School Board, *Attendance, Discipline and Truancy Report* (2015), <http://www.dcpsb.org/report/attendance-discipline-and-truancy-report>.

⁵⁷ 5 D.C.M.R A-2100 et seq.

⁵⁸ DCPS FY15 Performance Oversight Responses, Q51.

⁵⁹ See *Attendance Accountability Emergency Amendment Act of 2013*, DC Act 20-0072.

⁶⁰ <http://osse.dc.gov/service/community-schools-incentive-initiative>

⁶¹ <http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Community%20Schools%20Annual%20Report.pdf>.

⁶² DBH FY15 Performance Oversight Responses, Q62.