

**TESTIMONY OF SOUMYA BHAT, EDUCATION FINANCE AND POLICY ANALYST
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**At the Public Hearing on B20-723, Special Education Student Rights Act of 2014; B20-724,
Enhanced Special Education Services Act of 2014; and B20-725, Special Education Quality
Improvement Act of 2014
June 19, 2014**

Chairman Catania and members of the Committee on Education, thank you for the opportunity to speak today. My name is Soumya Bhat, and I am the Education Finance and Policy Analyst at the DC Fiscal Policy Institute. DCFPI engages in research and public education on the fiscal and economic health of the District of Columbia, with a particular emphasis on policies that affect low- and moderate-income residents.

I am here today to offer input on the special education bills currently under consideration by the Council Committee on Education. DCFPI applauds the work of the Committee to introduce these bills focused on strengthening the infrastructure, streamlining access, and improving the quality of DC's special education services. DCFPI sees the proposals as taking important steps in the right direction for the District to better serve students with special needs.

I would like to comment today on two provisions that I believe are especially important. The first would extend services to more young children with developmental delays, rather than waiting for delays to reach serious levels. The second would reduce the amount of time that DC Public Schools and DC public charter schools have to assess a child for special education eligibility, so that students needing help will get it faster.

The District recently expanded eligibility for early intervention services under IDEA Part C so infants and toddlers up to age three can get services if they have a 50 percent developmental delay in one area or 25 percent in two areas. The Enhanced Special Education Services Act of 2014 proposes a further expansion of these eligibility criteria to include children demonstrating a developmental delay of 25 percent in at least one area. DCFPI supports this policy change, already in practice in at least 19 other states, including Maryland and Virginia,¹ which would result in earlier identification and intervention for more DC children.

Currently, the Office of State Superintendent for Education reports about 500 children receive early intervention services.² Once an evaluation of a child's skills is completed, staff members develop an individual plan for services to meet the child's identified needs. Early intervention services may

¹ National Early Childhood Technical Assistance Center (NECTAC), "Summary of States' and Territories' Definitions of/Criteria for IDEA Part C Eligibility," June 1, 2012, http://www.nectac.org/~pdfs/topics/earlyid/partc_elig_table.pdf.

² E-mail from Office of the State Superintendent of Education (OSSE) staff on June 18, 2014. Figure is from December 2013.

include occupational, physical and speech/language therapy, special instruction, vision, or hearing services in the child's home or child care setting. In addition, families can receive counseling and training to help them support their child's development.

Research and logic tell us that early identification of disabilities in children can lead to better academic and behavioral outcomes and also lessen future costs to the city and society. The earlier that a child is evaluated and a disability or developmental delay is identified, the sooner they are able to receive the services they require. Low-income children may have the most to gain from early identification. Children living at or below the poverty line are more than twice as likely to be at high risk for developmental delays (19 percent) as their peers living at more than twice the poverty line (seven percent).³ High quality special education services at early age can also change a child's developmental trajectory, reducing educational costs in the future by minimizing the need for subsequent special education services.

If implemented, these policy changes will incur additional costs in the DC education budget, though some of the cost of services can be reimbursed by Medicaid, through a 70 percent federal match. However, there are also long-term economic gains to be seen from investing resources into programs that promote the early identification and intervention of developmental disabilities in children, and these gains outweigh the short-term costs. According to a RAND study on the benefits of early childhood interventions, the returns to society for each dollar invested are estimated anywhere from \$1.80 to \$17.07, with savings coming from grade retention, special education placement, high school graduation rates, and labor market outcomes.⁴

DCFPI also supports shortening the required timeline that a local educational agency must assess or evaluate a student from 120 days to 60 days from the student's referral date. Keeping a child and their family waiting for half a school year for this process is a waste of learning time for the student and an unwise use of public education resources. While children wait to be evaluated, they go without the services they need, often falling farther behind their peers. As with the early intervention expansion, any upfront costs associated with shortening the evaluation timeline should be more than offset by the benefits of students receiving services earlier.

We look forward to hearing more about how these changes will streamline the process of obtaining necessary services for children and their families. Thank you again for the opportunity to testify. I am happy to answer any questions.

³ Child Trends, "Screening and Risk of Developmental Delay," <http://www.childtrends.org/?indicators=screening-and-risk-for-developmental-delay>.

⁴ Lynn A. Karoly, M. Rebecca Kilburn, Jill Cannon, RAND, "Proven Benefits of Early Childhood Interventions," http://www.rand.org/pubs/research_briefs/RB9145.html.