



Early Intervention and Special Education in DC for Children Ages Birth to 5

When a young child is experiencing a developmental delay or disability, an early response is crucial. With coordinated developmental and educational interventions, children are more likely to acquire the skills they need to succeed in school and in life.

Introduction

One in three DC children lives in poverty, which is associated with increased risk of developmental delays or disabilities.¹ Early intervention makes a difference: a national study found that one in three infants and toddlers who received early intervention services did not present with a disability later or require special education in preschool.²

Young children with developmental delays and disabilities and their families have unique needs and sometimes encounter barriers to services and supports. Many advocates and policymakers may be unfamiliar with the challenges families face. This brief is intended as an introduction to the policy and service landscape for children ages 0–5 in DC with developmental delays and disabilities. It concludes with recommendations to help advocates and policymakers address identified challenges and increase the reach and effectiveness of services for children ages 0–5 with developmental delays and disabilities and their families.

Federal Regulations

Early intervention and special education services for young children with developmental delays and disabilities in DC are regulated at the federal level by the Individuals with Disabilities Education Act (IDEA) and overseen by the U.S. Department

of Education. IDEA, which allocates funding to states to carry out the law, has several parts. These parts specify programmatic requirements, reporting requirements and safeguards states must put in place, such as requiring informed consent from parents to perform any evaluations or provide all evaluations or provide or change services for a child.³

IDEA Part C focuses on early intervention for infants and toddlers, ages 0–3, while IDEA Part B focuses on special education for children ages 3–21. The central purpose of IDEA Part C is to provide financial assistance to states to maintain and implement a coordinated system of early intervention services for infants and toddlers with disabilities and their families.⁴ The central purpose of IDEA Part B is to ensure that all children with disabilities have available to them a free appropriate public education (FAPE) that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living.⁵ These summaries illustrate the most salient difference between Part C and Part B programs: Part C emphasizes services and supports for families to promote their child’s development and focuses on developmental interventions, while Part B focuses on the services and supports needed for their child to access their education.

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General Definitions

Developmental Delays: A condition in which a child experiences delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following developmental areas: cognitive, physical, communication, social/emotional or adaptive.⁶ A child with developmental delays is not automatically eligible for services under IDEA. He or she must be assessed and evaluated for IDEA eligibility under his or her state's Part B or Part C program.

Disabilities: For IDEA Part C, diagnosed physical or mental conditions that have a high probability of resulting in developmental delay.⁷ For IDEA Part B, evaluated as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, any other health impairment, a specific learning disability, deaf-blindness or multiple disabilities, and who, for that reason, needs special education and related services.⁸

IDEA: The Federal Individuals with Disabilities Education Act of 2004.⁹ IDEA regulates and funds education for children with delay and disabilities ages 0–21.

IDEA Part C, Early Intervention: Regulates and funds comprehensive, coordinated, multidisciplinary statewide systems that provide early intervention services for infants and toddlers with disabilities and developmental delays and their families.¹⁰ Early intervention services are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development.¹¹

IDEA Part B, Special Education: Regulates and funds free and appropriate public education for children with disabilities ages 3–21 that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living.¹²

Strong Start, DC Early Intervention

Program: DC's early intervention program. Strong Start provides early intervention therapeutic and other services for infants and toddlers with disabilities and developmental delays and their families, in

accordance with IDEA Part C and District of Columbia Public Law 1-2-119.¹³

OSSE: The Office of the State Superintendent of Education, DC's State Educational Agency (SEA).¹⁴

Early Education Definitions

Child Care: Any child care provider — excluding Head Start and public preschool for the purposes of this brief; can include formal or informal care arrangements in home or center-based settings.

DCPS: DC Public Schools.

Dependent Charter: A charter school that chooses to have DCPS function as its local educational agency (LEA) for IDEA Part B purposes.¹⁵ This means that DCPS is responsible for a District Charter School's legal compliance with IDEA Part B as well as local laws, and DCPS provides evaluations and technical assistance to the school as their LEA. Like a traditional public school, a District Charter is responsible for day-to-day provision of services and staffing.

Early Stages: Early Stages is a DC Public Schools diagnostic center for children between the ages of 2 years and 8 months old and 5 years and 10 months old.

Early Head Start: Federally funded community-based program for low-income families with infants, toddlers up to 28 months or pregnant women.¹⁶ All children enrolled in Early Head Start receive developmental screenings.

Head Start: Federally funded early care and education available to children from low-income families starting at 28 months.¹⁷ Includes family support services. All Pre-K classrooms in Title I DCPS schools are blended with Head Start.

IEP: Individualized Education Program. A written statement that specifies the needs of a child with a disability ages 3-21 and what special education and related services are necessary to meet those needs. Required by IDEA Part B.¹⁸

IFSP: Individualized Family Service Plan. A written plan for providing early intervention services to an eligible child age 0–2 and the child's family. Required by IDEA Part C.¹⁹

ISP: A written statement that specifies for a parentally placed private school child with a disability the equitable services for which the child qualifies, including the location of the equitable services.²⁰ DCPS uses the same definition for ISP that IDEA Part B provides for "service plan."²¹

LEA Charter: A charter school that functions as an independent local educational agency for IDEA Part B purposes. An LEA Charter must provide a free appropriate public education to all students with disabilities eligible under IDEA Part B. Under DC law, LEA charters may form cooperatives or pool resources with other charter schools to provide the necessary range of special education and related services.²²

Natural Environment: Home and community settings that would be natural for children regardless of disability status.²³ To the maximum extent appropriate, IDEA Part C early intervention services must be provided in a child's natural environment.

Preschool: Locally funded early education for children who have turned 3 on or before September 30 of the school year.²⁴

Pre-Kindergarten: Locally funded early education for children who have turned 4 on or before September 30 of the school year.²⁵

Health Care Definitions

DC Medicaid Eligibility: DC children who live in a household where income is less than 300% of the federal poverty level are eligible for Medicaid. DC Children's Health Insurance Plan (CHIP) funds are used to expand Medicaid eligibility.²⁶

HSCSN — Supplemental Health Insurance Through Supplemental Security Income

(SSI): Health Services for Children with Special Needs.²⁷ Federally funded supplementary insurance for DC children with disabilities in low-income households. Narrower eligibility than DC Medicaid, available from ages 0–25.

Medicaid MCO: Medicaid Managed Care Organizations, which coordinate medical care services for the majority of DC Medicaid recipients.²⁸

DC Programs

In DC, the Office of the State Superintendent of Education (OSSE) is the lead agency for IDEA. OSSE ensures that services for children with disabilities comply with federal and state regulations, sets rules governing many DC programs, provides resources and support to other agencies and organizations carrying out IDEA-related services and collects program data for reporting and accountability. The IDEA Part C program in DC is called **Strong Start**, and it is directly managed by OSSE.²⁹ OSSE is also the lead agency charged with oversight of IDEA Part B, however, direct management of special education for school-aged children is primarily provided by their school district, usually DC Public Schools (DCPS) or an independent charter school.³⁰ **Early Stages** is DCPS's program for children ages 3–5 with developmental delays and disabilities.³¹

Eligibility Criteria: IDEA gives states discretion to determine program eligibility. To qualify for Strong Start, a child must (a) be diagnosed with a condition known to result in developmental delays or (b) must have at least a 50 percent delay in one or more of the five areas of development.

For IDEA Part B Special Education in DC, the eligibility threshold is different. A

In 2011, 467 DC children ages 0–2 were enrolled in Strong Start, DC Early Intervention Program, and 1,431 DC children ages 3–5 received services under IDEA Part B.

child must (a) have a diagnosed disability resulting in a need for special education or (b) must be two years behind peers or two standard deviations behind peers in one or more area of development.

Proposed Rule Changes: In Summer 2012, OSSE proposed rule changes to expand eligibility for Strong Start services and give parents the option to delay their child's transition to Part B for an extra year. In May 2013, the DC Council approved a \$6.5 million budget increase for early intervention that would fund the program expansions in the proposed

regulations. The proposed changes (revised and reissued in early 2013), which had not yet been finalized as we went to press, are:³²

1. Beginning in July 2013, in addition to current eligibility thresholds, children will be considered eligible for early intervention services if they demonstrate a 25 percent delay in two or more areas of development.
2. Beginning in July 2014, parents will have the option to extend Strong Start early intervention services until the beginning of the school year following the child's fourth birthday, as long as he or she is not simultaneously receiving special education services under IDEA Part B.
3. Eliminate the sliding scale for payment for early intervention services not covered by IDEA or health insurance. OSSE will cover the cost of services not covered by insurance.
4. Update the reimbursement rates for service providers.
5. Parents may opt-out of having their child's information and service records automatically referred to DCPS when their child becomes eligible for Part B evaluation.
6. Due process complaints must be addressed within 45 days.

Program Map

Children may be referred for evaluations of delays or disabilities at any age. If a delay is suspected in an infant or a toddler, however, this is how the process of Strong Start referral, evaluation and services, and the possible transition to IDEA Part B services, normally proceeds:

Strong Start Referral

- If a parent, medical care provider, child care worker or other adult suspects an infant or toddler has a developmental delay or disability, they contact Strong Start through the Child Find Hotline.
- An Initial Service Coordinator contacts the family, explains early intervention, informs the family of their rights to privacy and approval over all services offered and schedules a free evaluation for the child and family at their home, an evaluation site or other convenient location.

Strong Start Evaluation

- If the child is found eligible for services under IDEA Part C and DC regulations, the family works with a Dedicated Service Coordinator and service team to assess the child's needs and the family's situation to develop an Individualized Family Service Program (IFSP).
- Every part of the IFSP must be approved by the family via written, informed consent before it is implemented. IFSPs are re-evaluated annually or anytime at the request of the family.

Strong Start Services

- Strong Start connects the family to service providers who will work with the child and family in their home or in a community-based setting according to the IFSP.
- Services are usually covered by medical insurance. Strong Start works with insurance providers to find appropriate services within its provider networks. Recommended services that are not provided directly by Strong Start or covered by insurance are paid for by the family on a sliding scale.
- Examples of Early Intervention services include occupational, speech and physical therapy.

Transition

- Families are told when they enroll in Strong Start to anticipate the transition out of the program when their child turns three.
- By the time the child is two and a half years old or so, the Dedicated Service Coordinator should have helped the family schedule an evaluation for IDEA Part B eligibility and a transition conference with a transition coordinator from the child's school district to plan a smooth transition, if the family wants to enroll in Part B.
- If the family decides not to enroll a child in preschool and keeps the child at home or enrolled in a child care facility, Early Stages will evaluate the child at the family's request and create an IEP or ISP, and the child may receive services as a "non-attending student" at the nearest public school where Part B services are available.
- If the family enrolls a child in private preschool, Early Stages will evaluate him or her for Part B eligibility, at the family's request. If the child is eligible, Early Stages will develop a plan that specifies services available to the child, usually in a DCPS school near the child's home or school, outside of school time.

Part B Evaluation and IEP

- If the family consents, the child is evaluated for IDEA Part B eligibility at an evaluation site before he or she turns three. Many children are evaluated at an Early Stages Center.
- If the child is eligible for special education through IDEA Part B, the family works with a team from the child's school district to develop an Individualized Education Program (IEP). A Family Service Coordinator guides them through the process.

Special Education/IDEA Part B

- Children enrolled in a DCPS or public charter preschool usually receive their services at a school, in the least restrictive environment appropriate. See "Early Education" for details.
- IEPs are re-evaluated and updated annually, or at the request of the family. The IEP carries over to a child's K-12 years, as long as the disability or delay persists.

	IDEA Part C	IDEA Part B
Target population	0–3	3–21
Program name	Strong Start	Early Stages
DC agency managing	OSSE	DCPS
Service focus	Development / health	Education
Service plan developed	Individualized family service plan (IFSP)	Individualized education plan (IEP)

Early Education

The transition from child care or home-based care to preschool and Pre-K can be confusing for any family with young children, but families of children with disabilities must also navigate the transition from IDEA Part C to Part B services. Children with disabilities are guaranteed a free and appropriate public education by federal law.

Free Appropriate Public Education (FAPE):

Section 504 of the Federal Rehabilitation Act of 1973 requires a school district to provide a “free appropriate public education” (FAPE) to each qualified person with a disability who is in the school district’s jurisdiction, regardless of the nature or severity of the person’s disability.³³ Under IDEA, FAPE must include preschool, elementary and secondary education and must meet the standards specified by IDEA and the state education agency.³⁴

For children ages 3–5 with developmental delays and disabilities, the key steps towards FAPE include timely identification and evaluation of all eligible children, a smooth transition from Part C to Part B services (if applicable), a program IEP and free, publicly supervised and directed special education and related services provided in the “least restrictive environment.” The “least restrictive environment” rule specifies

that the school district should educate children with disabilities with children who are not disabled to the maximum extent appropriate and only remove children with disabilities from traditional classrooms when supplementary aids and services are not satisfactory.³⁵

The Strong Start Early Intervention (IDEA Part C) to Special Education (IDEA Part B) Transitionⁱ

A common scenario to illustrate the preschool service options for parents of children with disabilities in DC:ⁱⁱ

A child is almost two and a half years old and enrolled in Strong Start. From enrollment in Strong Start, the family is told to anticipate the transition to Part B services by age three. The family’s Dedicated Service Coordinator schedules a transition conference to discuss the child’s educational options. The coordinator will discuss options in the coming school year with the family. If the child is enrolled in a preschool, a transition coordinator from the school or school district will attend the transition conference. If the family consents, the child will be evaluated for Part B eligibility by Early Stages and his or her records will be shared with Early Stages. The family may opt-out of any services at any time, or request services later.

Families have a range of school choices, including:

- **DCPS Pre-School:** The child’s Part B eligibility evaluation will be conducted by Early Stages at an Early Stages Center located in Wards 6 and 7. If the child is eligible for Part B services, an Early Stages team will develop the child’s IEP, and a Family Service Coordinator will assist the family through the placement process at a neighborhood preschool that can carry out the IEP.ⁱⁱⁱ
- **Head Start:** Families eligible for Head Start may enroll their child in a Head Start program. If the family requests it, Early Stages will evaluate the child and work with the Head Start provider to develop an IEP. Services will be provided in the Head Start environment if possible, or at a DCPS school.
- **Charter Schools:** Most charter schools in DC are LEA charters, meaning they function as independent school districts and have all the same responsibilities under IDEA to provide special education and related services. According to DC law, however, otherwise independent charters may choose for DCPS to act as the LEA for their Part B eligible students.³⁶ These schools are District charters for IDEA purposes only, and at these schools the child’s IEP will go through Early Stages much like a DCPS student’s. LEA charters may also pool resources or form cooperatives with other LEA charters to share costs associated with special education.³⁷ According to 2012–2013 school year data from the DC Special Education Cooperative, out of 57 charter schools in DC, 15 are District charters for IDEA purposes, while 42 are LEA charters.

ⁱThis is how the transition between early intervention and special education usually proceeds now. Rule changes proposed to take effect in 2013 will give parents the option to receive early intervention services until their child is eligible for Pre-K at age four, a one-year extension.

ⁱⁱFor more information on transition processes and policies, see: OSSE. (2010). Early Childhood Transition Policy.

ⁱⁱⁱIn rare circumstances, a child may be placed in a non-public school if no public option can fulfill the terms of the IEP.

If the child enrolls at an LEA charter, the school is legally responsible for evaluating, developing and implementing his or her IEP according to all relevant regulations. If a child has already been evaluated by Early Stages, Early Stages can share that evaluative information with the school at the family's request and/or assist the charter school in developing the IEP.

Part C to B transition problems may arise with charter schools because the Part B transition must occur before a child's third birthday, which may not align with schools' enrollment lottery calendar. If a child's third birthday occurs before the lottery, families may not know where/if their child has won a seat, and they may choose to go forward with Early Stages provisionally. If a child wins a seat at multiple charter schools, and the child's birthday falls after the lottery, multiple charter representatives are technically required to attend the transition conference unless the family formally withdraws from all but one school. Transition delays and service gaps are not permitted by IDEA, but as of yet, no policies are in place to prevent these recurring problems beyond the requirement that LEA charters must turn to OSSE for technical assistance if they anticipate they will be unable to provide FAPE.³⁸

- **Home or other child care:** If the family decides not to enroll a child in preschool and keeps the child at home or enrolled in a child care facility, Early Stages will evaluate the child at the family's request and create an IEP or ISP. The child may access services as a "non-attending student" at the nearest DCPS school where services are available.
- **Private School:** If the family chooses to enroll a child in a private preschool,

Early Stages will evaluate him or her for Part B eligibility, upon the family's request. If the child is eligible for services, Early Stages will develop an ISP that specifies services available to the child, usually in a DCPS school near the child's home or school, outside of school time.³⁹

Family Engagement

Family engagement, in the context of early intervention, is an ongoing, reciprocal, strengths-based partnership between families and early childhood service providers.⁴⁰ As children transition to school, family engagement partnerships grow to include teachers, special education service coordinators and other school officials.

Family engagement is central to the success of early intervention for infants and toddlers because service providers are with young children for comparatively small amounts of time. Expert service providers can help families implement appropriate developmental practices for their child all day, every day.

Family engagement is also an important part of a successful Part C to Part B transition, because the transition proceeds more smoothly when parents are informed of all their options and empowered to make the best choices for their child's education. Once a child transitions into special education in school, strong family engagement systems keep families informed and active as partners in their child's educational progress.

Referrals to Strong Start: Family engagement begins even before the referral to Strong Start. The most common sources of referrals are medical care providers, such as primary-care pediatricians who see young children

on a regular basis for well-child visits, or child care providers. Families trust their medical care and child care providers to know what is deemed "normal" in child development and to alert parents and/or primary caregivers to identified areas of concern.

Strong Start's public awareness campaign targets Medicaid providers, neo-natal care nurses, community health programs, home visitation programs and Early Head Start locations. The intent of the Strong Start public awareness campaign is to educate potential referrers on early intervention so they can pass the information on to families and begin the engagement process. Strong Start provides promotional print and web materials in English and Spanish for partners to display in their offices and to share with their patients and clients. Strong Start also teaches referrers how to administer the Ages and Stages Questionnaire (ASQ), an informal assessment designed to identify children for further evaluation.

Coordinating Services: Service Coordinators are the primary source of information for families of children with disabilities. As children age and transition from Strong Start to Part B, families are transferred between IDEA Part B and C coordinators. In DC, many families also interact frequently with Medicaid Case Workers. This is not the norm in many other states, where the IDEA Part C lead agency directly connects families to services and then bills Medicaid for reimbursement.

- **Strong Start:**

Initial Service Coordinators:
Explain early intervention to newly referred families, inform them of their rights and schedule an evaluation.

Dedicated Service Coordinators:
Work with families through the

evaluation and IFSP development process, and are the main point of contact for coordinating early intervention services and the transition to Part B.

- **Part B Special Education**

Family Care Coordinators: Work with families of children ages 3–5 transitioning into special education at DCPS Early Stages Centers to set up evaluations, develop IEPs and guide families through the placement process.

IEP Case Manager: At a DCPS school, IEP Case Managers are assigned to each child with an IEP as the point of contact for families. Charter schools will have similar case managers, though they may have different titles.

- **Medicaid**

Case Workers: Half of children in DC are covered by Medicaid, and most of them receive services via a managed care organization (MCO). Most MCOs require that early intervention services be provided through their organizational channels, and they may assign a case worker as the point of contact for families of young children with disabilities.

Paying for Early Intervention: While care coordination, plan creation and service referrals through Strong Start are provided and paid for directly by OSSE (as IDEA specifies), developmental interventions such as speech, physical or occupational therapy recommended by the IFSP are not covered. Medicaid or private insurance providers typically cover these services. They often require that service providers come exclusively from their network. Currently, families pay for services not covered by OSSE or health insurance on an income-based

sliding scale. If proposed changes take effect, however, the sliding scale will be eliminated and OSSE will cover all costs specified by the IFSP not covered by insurance. For more information on coverage for medical services, see “Health Care,” in the next section.

Family Engagement at Home through Strong Start:

Strong Start evaluations are usually performed at home or in a community-based setting, but they may take place at an evaluation site such as a medical office when Strong Start deems this the most appropriate option. Early intervention services under the IFSP, however, must be delivered in a child’s “natural environment” — usually at home or in a community-based setting.^{iv} This is often a more convenient experience for families and children, and it gives care coordinators and service providers a more nuanced and complete picture of the child and the family. The child’s natural environment is an ideal setting for therapists and other service providers to engage with families, including teaching practices they can use to enhance their child’s development day-to-day. In FFY2010^v, Strong Start served over 90 percent of enrolled children at home or in a community-based setting.⁴¹

Family Engagement at School through Part B:

According to IDEA, each school district is responsible for raising public knowledge about special education services through a public awareness campaign.⁴² Early Stages has a Child Find team responsible for locating and identifying eligible children for evaluation through public outreach, referrals from Strong Start or other referrals. DCPS evaluation services for children ages 3–5 are centralized at Early Stages Centers located in Wards 6 and 7, and services are provided at locations throughout the city. At Early Stages, Family Care Coordinators assigned to each family guide them through the

evaluation, IEP and placement process. Once they are placed in a school, children are assigned an IEP Case Manager at the school, who acts as the point person for family engagement. For children whose IEP recommends one-on-one services or other intensive interventions, services may not be available at their neighborhood school.

Health Care

Many developmental delays and disabilities also require specialized medical care. While the medical system often refers families to early intervention and vice versa, the systems are not as integrated as they should be to facilitate access to care. Strong Start has worked to improve and formalize communication systems among pediatricians, Medicaid MCOs and direct service providers. Once a child transfers into IDEA Part B services, however, communication between educational professionals and medical providers is not tracked.

Medical Insurance: DC has a high rate of medical insurance coverage among children — 93 percent of DC children had health insurance in 2009.⁴³ While this reduces the number of families that have to pay for early intervention services, insurance (whether public or private) does not always cover the full breadth of early intervention services that children need. For low-income families, in some cases, supplemental insurance through the federal Supplemental Security Income (SSI) program is a vital source of expanded coverage.

HSCSN Supplemental Insurance through SSI:

In DC, children with disabilities may be eligible for Health Services for Children with Special Needs (HSCSN), a supplementary

^{iv} IDEA 303.12(4)(b)(2) defines natural environments as “settings that are natural or normal for the child’s same age peers who have no disabilities.” In practice, this means the child’s primary residence, neighborhood public spaces or an early education center — anywhere the child normally spends time.

^v Department of Education Federal Fiscal Year, in this case from July 1, 2010, to June 30, 2011.

insurance program for SSI-eligible children.⁴⁴ Families on Medicaid with HSCSN receive individualized care management, outreach services, respite care and coverage for home modifications to accommodate disabilities, as well as expanded coverage for mental, developmental and behavioral health care services. The income determinations for SSI eligibility are narrower than Medicaid eligibility, especially in DC, where Medicaid coverage is much broader than in most of the rest of the country. If families do not know whether they are eligible for HSCSN, early intervention and special education Care Coordinators often act as sources of information and referrals.

Strong Start Communication Systems:

Most families on Medicaid in DC receive care through an MCO. In the past, MCOs were too often the source of delays in Strong Start services. For example, some MCOs do not have adequate numbers of specialized therapists in their networks to fulfill IFSPs in a timely manner. A new Memorandum of Agreement between Strong Start, the Department of Health Care Finance (DHCF) and the MCOs, however, encourages MCOs to use early intervention approved providers, participate in the IFSP process and train employees on IDEA regulations. Representatives from DHCF and Strong Start meet frequently to make sure the partnership runs smoothly. From FFY2008 to FFY2010, the number of early intervention service delays attributed to Medicaid decreased from 29 to one.⁴⁵

Strong Start has also sought to sustain relationships with medical personnel who refer children. Medical referrers often want to know if a diagnosis of a delay or disability has been made, what services a child receives and how they are progressing, so they can effectively answer questions from parents. During the initial evaluation process, early intervention staff ask parents for permission to send evaluative information and progress reports to the

child's referrer, pediatrician or other primary care provider.⁴⁶ If parents give consent to release that information, the child's medical care providers will be better informed and able to participate in the intervention process.

Communication Not Tracked in

Part B: When children transition from Strong Start to IDEA Part B, their service program becomes focused on educational goals. If a child has ongoing medical needs that directly affect his or her ability to learn, those needs are addressed by the IEP. If medical needs related to a disability do not directly affect school performance, they are not tracked, and communication between medical and education professionals is not tracked or formally structured. Some recent developments in DC suggest communication systems between health care providers and education officials may be improving: Early Stages and Strong Start, in partnership with the DC Chapter of the American Academy of Pediatrics, as well as DC Action for Children, received a grant through the U.S. Department of Health and Human Services "Healthy People 2020 Initiative" to highlight the importance of developmental screenings and train health care professionals on how to provide referrals to Early Stages and Strong Start.⁴⁷

Recommendations

The early intervention and special education system for young children in DC has made important improvements in recent years, particularly around public awareness, identification rates and service accessibility. Recommended areas for further improvement include:

- **Sustain and grow recent local funding investments.**

Strong Start received no local funds until this year. The City Council should sustain and grow these local funds for the early intervention program. This would be a

cost-saving investment in our children's future, given the evidence that early intervention can decrease the need for more intensive special education interventions later in children's lives.⁴⁸

- **Continue to expand eligibility for early intervention.**

The \$6.5 million local investment in early intervention approved by the DC Council for the FY14 budget has the potential to transform the program, but not if it is a one-time occurrence. While proposed expanded Part C eligibility is a step in the right direction,⁴⁹ DC eligibility criteria still remain narrower than eligibility criteria in 32 other states.⁵⁰ According to federal law, children do not necessarily need to display delays to be eligible: IDEA gives states discretion to provide services to children "at risk of having substantial developmental delays," due to factors such as low birth weight or a history of abuse. Research demonstrates that effective early intervention is more effective than treatment later in childhood, so expanding early intervention eligibility could improve school success and economic productivity in the long term, and reduce the cost of special education.⁵¹

- **Improve inter-agency coordination and communication.**

The transition from Part C to Part B services is necessitated by the structure of IDEA. In DC, however, the service coordination and transition process is complicated by case workers from other agencies, such as MCOs, who may not be as well-informed on IDEA requirements and how best to fulfill them for children and families. For families to receive continuous and consistent quality of care, OSSE should be empowered as the lead agency under IDEA to screen Strong Start service providers and connect MCO-enrolled families to Strong Start services directly, leaving the MCOs mostly to reimburse OSSE for IFSP related services.

As proposed Part C rules take effect, OSSE should also prioritize communication with Early Stages, other DCPS special education officials and LEA charter schools, so all stakeholders understand the extended IFSP option, and the changes this might cause for transitions into Part B services.

- **Create a centralized, inter-agency resource for families.**

DC has no centralized resource for families with young children experiencing developmental delays or disabilities. Information on the practical applications of the 0–5 system is fractured, especially the role of charter schools in Part B and Medicaid in Part C.

Early Stages serves as a good resource for families of 3–5 year olds, but, as a DCPS program, the extent of its availability to non-enrolled children

is potentially confusing. As the lead agency, OSSE should explore the possibility of collaborating with DHCF, DCPS and other stakeholders on a comprehensive online/offline information center for parents of infants, toddlers and young children with delays or disabilities.

Ideally, such a center would explain service eligibility, potential costs, service delivery options and the transition to school-based programs from an extended IFSP — in plain language. It could house Strong Start, the ASQ and resources for service providers. Online resources should be complemented by in-person outreach at libraries, community centers, medical centers and community events, such as health fairs and other high-traffic neighborhood organizations and institutions.

Appendix: Resources for Families

Early Intervention:

- Central Directory of Early Intervention Services: <http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/DC%20EIP%20Central%20Directory%2006%202012.pdf>
- Strong Start Child Find Referrals: <http://www.strongstartdc.com> or (202) 727-3665
- The Ages and Stages Questionnaire (ASQ-3): <http://osse.dc.gov/node/346>

Special Education:

- DC Public Charter School Board: <http://www.dcpubliccharter.com/default.aspx>
- DCPS Special Education: <http://dcps.dc.gov/DCPS/In+the+Classroom/Special+Education>
- Early Stages: <http://www.earlystagesdc.org> or (202)-698-8037. Early Stages Centers Located at 1125 New Jersey Avenue NW (near Union Station and Mt. Vernon Square Metros) and 4058 Minnesota Avenue NW (near Minnesota Avenue Metro).

Local Resources:

- Children’s Law Center: <http://www.childrenslawcenter.org/>
- Advocates for Justice and Education: <http://www.aje-dc.org/>
- The Arc of DC: <http://www.arc-dc.net/>
- Mary’s Center: <http://www.maryscenter.org/support.html>
- American Academy of Pediatrics, DC Chapter: www.aapdc.org

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