



ASHA
American
Speech-Language-Hearing
Association

May 15, 2019

Johnny Collett
Assistant Secretary
Office of Special Education and Rehabilitative Services
U.S. Department of Education
400 Maryland Avenue SW
Washington, DC 20202

RE: Proposed Priority and Requirements—Technical Assistance on State Data Collection on Early Childhood IDEA Data (Docket ID ED–2018–OSERS–0075)

Dear Assistant Secretary Collett:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the March 6, 2019, *Federal Register* notice of proposed rulemaking (NPRM) from the Office of Special Education and Rehabilitative Services (OSERS) that proposes priorities and requirements under the Technical Assistance on State Data Collection program for early childhood (IDEA Part C and B) data.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

Audiologists and speech-language pathologists (SLPs) who work in educational settings provide valuable services that help students access the general curriculum and collaboratively develop learning systems for students. ASHA members support students, families, and staff from early education through graduation in both general and special education.

Proposed Priority: National Technical Assistance Center to Improve State Capacity to Collect, Report, Analyze, and Use Accurate Early Childhood Data

Proposed Priority: Fund A Cooperative Agreement to Establish and Operate A National Technical Assistance Center to Improve State Capacity to Collect, Report, Analyze, and Use Accurate Early Childhood IDEA Data

Recommendations:

1. ASHA supports the establishment of a National Technical Assistance (TA) Center “to improve States’ capacity to collect, report, analyze, and use high-quality Part C early intervention data (including IDEA section collection 618 Part C data and section 616 Part C data) and IDEA Part B preschool special education data,” as such data are used for reporting in IDEA-required State Systemic Improvement Plans, as well as for overall program quality assurance and compliance monitoring.
2. ASHA supports building robust early childhood integrated data systems (ECIDS) to be interoperable with other early childhood, social service, and health data systems, such as Head Start, Child Welfare, Early Hearing Detection and Intervention (EHDI), as well as Part B systems.

- a. Before any data integration or sharing of data takes place, the U. S. Department of Education (ED) should refer to federal and state confidentiality and privacy laws to ensure compliance, including provisions in the IDEA Part B and Part C regulations, the Family Educational Rights and Privacy Act (FERPA), and the Health Insurance Portability and Accountability Act (HIPAA). Transparent privacy protection and security policies and practices need to be made available to families.
 - b. Assign each enrolled child a unique statewide identifier throughout statewide early care and educations, which would facilitate integration and coordination of data. The identifier would remain with the child over time and across programs or services and key databases.
3. ASHA recommends a comprehensive assessment of the current early childhood data that is available, how it is collected, what data are needed (e.g., demographic information, referrals, services received, outcomes for participants, compliance, personnel qualifications and professional development needs), and the states' current capacity to link child, family, program, and workforce-level data across early childhood programs. Convening stakeholders (e.g., parents, professionals, program administrators, policymakers) could help to identify issues, concerns, trends, policy questions, and data requirements.
4. ASHA recommends using existing data systems, planning tools, and TA centers to support establishment of the National TA Center and ECIDS. Engaging with existing federal technical assistance groups such as the DaSy Center and the Privacy Technical Assistance Center would be beneficial in gaining knowledge and resources and minimizing redundancies.
5. ASHA strongly affirms the ED's requirement that applicants demonstrate how the proposed National TA Center will use evidence-based practices (EBP), using the highest level of evidence available. This is consistent with ASHA's definition of EBP. ASHA defines EBP as the integration of current, high-quality evidence; clinical expertise; and client preferences and values.¹ Similar to the definition in 34 CFR 77.1, ASHA acknowledges the need for high-quality evidence, but offers the consideration that providers be subject to the highest level of available evidence. In this case, careful consideration of available evidence and monitoring of outcomes is required. ASHA considers EBP to be a dynamic process and requires ongoing evaluation.

Rationales:

National TA Center

- Every state must report on and make decisions about its early childhood system, but states have different structures for making those decisions and different levels of information that inform those decisions. Policymakers still lack comprehensive data needed to assess early childhood policies and outcomes, and many states still do not have a defined data governance body to support the coordination and use of early childhood data.
- Existing OSEP-funded TA centers are a cornerstone for several states and provide for improved outcomes for infants, toddlers, and students with special needs. A National TA Center would be instrumental in providing high-quality assistance and much needed infrastructure and services to early intervention agencies and state education agencies to comply with the IDEA data collection requirement of the law. States rely on the data collected to determine significant disproportionality under IDEA. In addition, data on the prevalence of students with hearing, speech, and language impairments provide national trends information that are used by various stakeholders, including professional associations such as ASHA. It is imperative for the Department to fund a National TA Center so states can provide equitable opportunities, services, and adequate resources to improve

interventions and outcomes for infants, toddlers, children, and youth with disabilities. Additionally, states will benefit from learning about the data system features that other states are using to collect and facilitate the reporting of the individualized family service plan (IFSP) and other data.

- Reducing duplication of services by maintaining a National TA Center will help to standardize ongoing data collection and analysis and identify gaps and barriers to the Part C system.
- Early childhood data can serve many purposes. By getting a bigger picture of the types of data that states are collecting and how states use the data they collect, the National TA Center can have a better understanding of what types of data are most useful to states. The Center could also:
 - support data system enhancements;
 - support and inform infrastructure development and improve the quality of states' overall systems;
 - improve the quality/accuracy of IDEA data, including data on child and family outcomes through stakeholder engagement, professional development, analysis, and trend monitoring;
 - begin to explore areas where data is insufficient to address key policy questions;
 - use national resources and other states' experiences/resources to improve data systems and systems of service, as well as implementation of evidence-based practices; and
 - provide program staff with evidence to evaluate and demonstrate the effectiveness of their program, identify areas for professional development, and better inform policy.

Early Childhood Integrated Data Systems (ECIDS)

- States should consider sharing or integrating data across programs to enhance collaboration and improve services to families with young children. Although states gather substantial data about all early childhood services, most states lack the ability to coordinate these data across programs. Several factors contribute to this issue. For example, programs are often siloed within different state agencies. However, many children participating in Part C or Part B Section 619 also participate in other early childhood (e.g., Head Start, state pre-K) and social service (e.g., child welfare, income assistance) programs, and all states collect at least some health data on children (e.g., newborn hearing screenings, vital records). Integrating data systems will allow states to track children's participation, and their outcomes as a result of participation, in different programs; improve coordination across programs; allow for the examination of developmental progress and outcomes following services in different types of settings; and assist states in responding to federal requirements. Having separate data collection TA centers for Part C and B is logical; however, there needs to be an intuitive and easily accessible system for those providers to access data on children to facilitate transition from system to system.
- Linking child, their family, and program-level data offers the ability to follow individual children, programs, and staff across programs and over a period of time. Implementing a system that assigns each child a unique identifier when the child enters a state early childhood system allows the state to track each child's progress/outcomes longitudinally; offers more complete data; and reduces redundant paperwork requirements for children who participate in multiple programs.
- One challenge for implementing the priorities and/or requirements is that states, agencies, and programs may collect and define demographic, disproportionality, at-risk, and success metrics differently. This could make it difficult to connect the same kind of child or family

information across systems. In addition to facing technical obstacles to pulling data together, many states lack clear policies for facilitating cross-agency data sharing.

- Another challenge is the need to more specifically identify the individual populations served under Part C. Improved identification would help inform us on the needs and outcomes of the various disability categories, and to identify gaps in their service provision (data being collected now are aggregated data).

Proposed Requirements

(b) Demonstrate, in the narrative section of the application under “Quality of project services,” how the proposed project will—

(1) Ensure equal access and treatment for members of groups that have traditionally been underrepresented based on race, color, national origin, gender, age, or disability. To meet this requirement, the applicant must describe how it will—

Recommendations: ASHA recommends modification to the categories listed in (b)(1) to include the following text in bold, so that it reads:

(b) Demonstrate, in the narrative section of the application under “Quality of project services,” how the proposed project will—

(1) Ensure equal access and treatment for members of groups that have traditionally been underrepresented based on race, color, national origin, gender (**including a gender-neutral category**), age, **language/communication system used and language of treatment**, or disability. To meet this requirement, the applicant must describe how it will—

Rationale: States have new gender-neutral enrollment options so the data collected needs to accurately include this information. Also, nearly 20% of all students speak a language other than English in their home. Disproportionality of over- and under-representation occurs across several racial/ethnic groups. Data collection would be critical to minimizing this disproportionality. Individuals who are born in the U.S. may not have English as their first language, and data collected on this is needed. In addition, inclusion of “language/communication system used” will ensure that data is collected for those who do not use a spoken language system (e.g., signed language) as well.

Comments: ASHA fully supports the assurance of equal access to services.

Supplementary Information Section

Directed Question: *For the proposed priority, the Department is also considering a specific requirement that would limit the reimbursement of indirect costs under this grant competition in order to maximize the funding available to provide TA to States to meet data collection and reporting requirements and improve data collection, coordination, quality, and use under Parts B and C of IDEA.*

Comments: The *Directed Question* indicates that the Department is considering limiting “the reimbursement of indirect costs under this grant competition [to a reasonable cap in an amount, for example, between 25 percent to 40 percent for those administrative costs that are indirect costs for grantees, including subrecipients, or potentially implementing an approach to allow programs to seek and justify deviations from negotiated rates] in order to maximize the funding

available to provide TA to States to meet data collection and reporting requirements and improve data collection, coordination, quality, and use under Parts B and C of IDEA.”

Since states are already charged to provide special education services without full funding, and resources covered with indirect costs (e.g., heat, light, accounting, personnel) are requisite to carrying out the tasks funded by the grant, limiting reimbursement of indirect funds could be stifling to states’ efforts to collect data under Part B.

Recommendations:

1. Provide clarification/examples of what will be covered under indirect vs. direct costs to offer more explanation to states about the items and services being funded in each category. For example, it would be helpful to identify whether the cost of materials or payment of interpreter/translator services would be considered indirect or direct costs. ASHA recommends that interpreters and translators be considered direct costs.
2. Consider developing an equation or method for determining an appropriate indirect cost rate based on each state’s unique needs and funding sources. This seems more appropriate than “limiting” indirect cost reimbursement with a standardized maximum/cap or percentage across all states.
3. Allow states the flexibility to determine and justify its allocation of indirect and direct funds based on their unique circumstances/needs.
4. Examine the current roles of the various OSEP-funded National TA Centers already in existence (e.g., IDEA Data Center [IDC], Center of IDEA Early Childhood Data Systems [DaSy], Early Childhood Technical Assistance Center [ECTA]) and determine where there might be duplication of services between them and the scope of the proposed National TA Center. Provide additional clarification on the future roles of currently existing TA Centers. Eliminating redundancies is one way to reduce potential costs and increase effective and efficient administration of these programs.

Rationales:


- Providing guidance on what constitutes indirect vs. direct costs will assist in providing some basic level of consistency among states, which should not prohibit states from going above this minimum depending on each state’s unique needs.
- Some states may require extra funding for services, such as the use of interpreters, based on language(s) spoken in the state. In order to adequately prepare for access to services, there may be variability in the funding required and flexibility should be given to states to do so.
- States are already charged to provide early intervention and preschool special education services without full funding. Resources covered with indirect costs (e.g., heat, light, accounting, and personnel) are requisite to carrying out the tasks funded by the grant. Therefore, limiting reimbursement of indirect funds could be stifling to states’ efforts to collect data under Part C, despite the funds being reallocated for specific use to collect data under Part C. Additionally, there needs to be a way for state Part C programs to seek and justify deviations from the determined indirect cost rate and/or appeal for additional funding. What is a “reasonable” cap for one state may not be considered reasonable for another. For example, some states may require extra funding for direct services, such as the use of interpreters, based on language(s) spoken in the state. Any cost limitations might discourage use of interpreters or other services. In order to adequately prepare for access to services, there may be variability in the funding required based on each state’s unique needs.

Comments:

1. ASHA agrees that special indirect cost rates may be required when a regular indirect cost rate for all activities of a grantee, or for each major function of an agency, may not be appropriate. Regular indirect cost rates may not take into account different factors, which substantially affect the indirect costs applicable to a particular program or group of programs within a state.
2. The Department's proposal to nationally to support states may overlap with resources currently being provided by similar OSEP-funded Part C TA Centers, and there may be confusion as to what the roles of these entities are or will be. It is important to clarify each entity's roles and reduce duplication of services to help states to make more efficient use of resources and cut costs. For example, IDC and DaSy have already announced new opportunities in 2019 to build state capacity around data collection for Part C IDEA (e.g., IDC Data Processes Toolkit Facilitation; IDC Data Manager Connection; DaSy's Part C and/or B 619 Program Data Governance Policy Facilitation and Data Linking Targeted Technical Assistance). Reducing costs associated with duplication could provide additional funds to allocate to the National TA Center.

Thank you for the opportunity to provide comments on the March 6, 2019, *Federal Register* notice on the proposed priorities and requirements on State Data Collections for Early Childhood IDEA Data. If you or your staff have any questions, please contact Catherine D. Clarke, ASHA's director of education policy, cclarke@asha.org.

Sincerely,



Shari B. Robertson, PhD, CCC-SLP
2019 ASHA President

¹ The American-Speech-Language-Hearing Association. (n.d.). *Evidence-Based Practice (EBP)*. Retrieved from <https://www.asha.org/Research/EBP/Evidence-Based-Practice/>