

**PRESENTATION TO THE
SPECIAL LEGISLATIVE
COMMISSION TO STUDY
EDUCATIONAL OUTCOMES
FOR CHILDREN IN
STATE CARE**

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OCTOBER 14, 2025**

PERSPECTIVE PROVIDED TODAY

- My experience gained from a 37-year career in RI public and private special education programs as a special educator and administrator of special education represents my information for you today.
- Today's presentation represents years of collaboration with colleagues from:
 - RI Department of Education Office of Student, Community & Academic Support (OSCAS), Educator Certification and Office of Instruction & Assessment
 - Association of RI Administrators of Special Education (ARIASE)
 - RI Association of Private Special Education Schools (RIAPSES)
 - Bradley Hospital Network/Brown University Health
 - Community Service agencies: BHDDH, ORS, Family Court, Local Police
 - DCYF
 - Sherlock Center Program Educational Surrogate Program
 - RI Parent Information Network
 - And many more

BRADLEY SCHOOL PROGRAMS

- The mission of Bradley Schools is to provide innovative, comprehensive, and individualized educational services. Our goal is to support the academic and social-emotional development of students, in order for them to achieve their full potential.
- We provide special education services, clinical coordination, technical assistance, and support to public schools throughout RI, MA, and CT. Special education teachers, classroom behavior specialists, and occupational and speech/language therapists all have specialized training in supporting the special needs of diverse learners. Brown University Child Psychiatrists, Clinical psychologists and social workers, and Board-Certified Behavior Analysts support the classroom teams to ensure that the student's unique needs are met, and staff training and support are provided.
- Bradley Schools has five separate school sites in Providence, South County, Cumberland, Portsmouth, RI and Uncasville, CT, a satellite program in Windham County, CT and eight partnership classrooms embedded within three public school districts in RI and one in CT serving over four hundred students. We serve students from over seventy-five public school districts throughout Rhode Island, Connecticut, and Massachusetts.

STUDENT ENROLLMENT AND ELIGIBILITY DATA

- Currently, we serve students from 35 RI public school districts and charter school programs with the primary diagnoses of emotional disturbance, autism, other health impairment, developmental delay and severe intellectual disabilities.
- In the current enrollment of close to 300 RI students, 12% are in the care and custody of DCYF living primarily in congregate care group home settings.
- According to DCYF, in the 2024-25 school year (the last full academic year where data is complete), there were 1,425 students in public schools who were identified as being in foster care during that academic year. Of that 1,425, there were 689 (48.4%) students with IEPs and 736 (51.6%) who received regular education services.

SPECIAL EDUCATION REGULATIONS RELATED TO STUDENTS ATTENDING A RIDE APPROVED SPECIAL EDUCATION DAY SCHOOL PROGRAM

Specific procedures are required by federal and state law to identify a child as eligible for special education requiring a comprehensive team of the parent/guardian/educational surrogate and qualified professionals to evaluate and determine whether the child is a child with a disability and in need of special education and related services.

- *Statute and Regulations - Individuals with Disabilities Education Act*
- [Final 3-28-19 RegGuidanceDoc Merged-Doc.pdf](#)

ELIGIBILITY FOR SPECIAL EDUCATION SERVICES

Students must meet three criteria to be determined eligible for special education

1. Diagnosis of a disability that results in an
2. Adverse Educational Impact and a
3. Need for special education and related services

❖ *Special rule for eligibility determination.* A child must not be determined to be a child with a disability if the determinant factor for that determination is —

1. Lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in § 1208(3) of the ESEA);
2. Lack of appropriate instruction in math; or
3. Limited English proficiency

- Statute and Regulations - Individuals with Disabilities Education Act

- [Final 3-28-19 RegGuidanceDoc Merged-Doc.pdf](#)

LEAST RESTRICTIVE SETTING

When a child is determined eligible for special education an Individual Education Plan (IEP) is developed by the local education agency (LEA) with the parents/guardians/educational surrogate and the team of school professionals. By law, they must provide those services outlined in the document in the least restrictive environment.

LRE REQUIREMENTS.

EACH PUBLIC AGENCY MUST ENSURE THAT-

- (i) To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and
- (ii) Special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs **only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.**

CONTINUUM OF SPECIAL EDUCATION PROGRAMS

Each public agency shall make available to children with disabilities the following continuum of special education programs:

- (1) **general education class with special education consultation, supplementary aids and services or part-time services in a special class.**
- (2) **Placement in a special class integrated in a school district building.**
- (3) **Home or hospital instruction.**
- (4) **Special education day school placement in a separate public school or non-public facility**
- (5) **Special education residential school placement**

Bradley Schools are Special Education Day School Programs on the continuum of special education programs. Our Partnership programs embedded currently in Cranston, North Providence and Middletown Public Schools are less restrictive settings that allow capacity building among our programs while increasing successful transition for students to less restrictive settings or often preventing the need for a more restrictive day school program.

POSITIVE INITIATIVES IN RI EDUCATION

A strong focus by the state, RIDE and local school districts on improved outcomes for ALL students:

- The focus of improving education must remain on ALL students to impact educational outcomes to our children.
- There has been a clear and strong state focus and commitment on improving education in RI
- The Council for Elementary and Secondary Education endorsed [RI SEL Standards: Competencies for School and Life Success \(English and Spanish\)](#).
- Multi-tiered System of Supports (MTSS) - a framework to increase student achievement and social and emotional competencies through prevention and intervention in general education. [Multi-tiered System of Supports \(MTSS\) | RI Department of Education](#)
- Legislation such as The RI Right to Read Act .
- Rhode Island Department of Education's commitment to supporting educators through investments in professional learning and high-quality instructional materials. ([Investing in Growth: A Roadmap for Advancing Teacher Professional Learning in Rhode Island](#))
- RIDE's requirement for districts to adopt high-quality curriculum materials

- Initiatives such as the *Instructional Coaching Corps* and the [Comprehensive Literacy State Development Grant](#), RIDE has made strategic investments funding dozens of coaching positions and provided statewide training to strengthen instructional practice.
- Districts have built-in common planning time, enabling teachers to collaborate, analyze student data, and refine instructional strategies with support from coaches and school leaders.
- Districts continue to expand coaching models and ensure professional learning time for educators is aligned to support student academic success
- RIDE has fostered cross-district collaboration through the *Professional Learning Network*, allowing educators to share best practices and strengthen curriculum-based professional learning.
- Continuous efforts between DCYF and RI Administrators of Special Education for coordination and collaboration of systems for youth in DCYF care.
- Successful collaboration with RIDE, school districts, BHDDH and ORS to address the complex transition needs of students with disabilities.
- Attendance Matters initiatives statewide [Attendance Matters](#)
- [Press Releases | RI Department of Education](#)

THE IMPORTANCE OF STUDENT VOICE

- We can never forget the importance of student voice in our educational system.
- Often youth in foster care report they feel they had no say or choice in their educational plan.
- We need to assure that:
 - When an ESSA call is required to determine the educational stability of a student being placed in foster care, there is consideration of student preference. When appropriate, the youth should be included so they have an opportunity to have their opinion heard. If the student cannot attend, the case worker must address this in advance with the student to adequately represent the student's preference. All perspectives must be considered during ESSA determination meetings.
 - When an education decision for school placement needs to be made, the team should be sure the student's thoughts and concerns are heard and reasoning behind the decision explained to the student fully.
 - In the special education IEP and transition planning process, student voice is a key component that is essential and can always be improved upon.

<https://givingcompass.org/article/analysis-rhode-island-essa-case-could-mean-an-end-to-repeated-school-transfers-for-youth-in-foster-care>

COORDINATION OF CARE WITH EDUCATION

- The Bradley Schools educational teams (special education teachers, classroom behavior specialists, occupational, physical and speech therapists, adaptive physical education teachers, along with the child's clinician; clinical psychologist, social worker, or board-certified behavior analyst) meet weekly to review academic and social emotional learning progress of each students.
- We have clinical care teams comprised of clinical psychologists, social workers, and board certified behavior analysts (BCBA's) that have continuous contact with families/guardians, educational surrogates, the local school district/charter school and outside community-based providers (doctors, clinicians, and agency programs such as ORS, BHDDH, etc.) to coordinate care and students' educational programs. This is a crucial piece to the student's program.
- Our clinical care team coordinates with our nurses and child psychiatrist to address medical/psychiatric needs of our students.
- At a minimum, the Individual Education Planning teams meet to develop the student's annual plan.
- The student's IEP team receive written reports (at least quarterly) on the progress of each goal outlined in their IEP with a continuous focus on targets that lead to students transitioning to a less restrictive setting.

MEASURING EDUCATIONAL AND DEVELOPMENTAL SUCCESS FOR OUR STUDENTS

- On October 24, 2017, the Council for Elementary and Secondary Education endorsed [RI SEL Standards: Competencies for School and Life Success \(English and Spanish\)](#). RIDE encourages districts to follow these standards and implement them in classrooms at all levels, for all students.
- At Bradley we use these SEL standards in our program and within our IEP goal development. Goals are then measured and built upon for critical skill acquisition for our students.
- Like RI public school districts, we use high quality instructional materials aligned to the Common Core State Standards while providing specialized instruction outlined in each child's individual education plan.
- Each student follows the RI Diploma System of their district of residence to diligently work on successfully meeting their graduation requirements.
- Through our educational materials, we continuously progress monitor student growth in reading, math and social emotional learning.
- Through a comprehensive transition planning program, student's individual interests are determined and person-centered planning is developed for each student to successfully accomplish their college and career planning goals. This is done in collaboration with state and local adult service agencies.

EDUCATIONAL CHALLENGES FOR THOSE CHILDREN IN STATE CARE WITH SPECIAL EDUCATION NEEDS

- Bradley School students are referred to us from public and charter schools because of the student's current need for significant clinical care exhibited through behaviors that are impacting their ability to access their education successfully. Those challenges are complex and complicated and often go well beyond what the public-school settings can clinically provide to ensure the health and safety of all students.
- It is our goal to provide intensive clinical and educational intervention to support the student's successful transition back to their local school with their same age peers as soon as possible.

- Additional educational challenges across the state are:
 - Staff recruitment, retention and training – It is crucial that education systems, state agencies and community-based programs provide evidence based, clinically informed training in the complex needs of our youth. A child’s educational and therapeutic profile can significantly affect their success in their school and community setting.
 - Attendance and educational stability.
 - Highest drop out rate in our state is for students in state care at 26%.
 - Multiple transitions for students from school to schools. One third of children in state care experienced five or more school changes by the time they turned 18.
 - Safety of youth with at risk behaviors requiring more secure protective settings.
 - Graduation rates. 2024 graduation data showed RI students in state care at 43% compared to their peers at 84%. The rate decreased from 51% in 2023 for students in state care.

- Lack of coordination and training between community-based providers and schools. Understanding of 504 and special education regulations is essential to have successful collaboration for families and children. At Bradley Schools we developed two training modules; “Navigating the eligibility process for Section 504 and Special Education” and “Speaking their language: How clinicians can communicate effectively with schools” that has been disseminated to pediatric doctors and clinicians in the Brown University Health system to help address this issue.
- Community based services for children: There are limited resources in the community for children. For those in state care who move frequently it is even more challenging. Children and families who access these outside services in addition to what is available through school-based services make more progress in school.
- Funding: Many students require a coordinated team of multidisciplinary experts to address their educational and therapeutic needs.

<https://rhodeislandcurrent.com/2025/08/14/rhode-islands-foster-kids-struggle-to-graduate-high-school-17-people-hope-to-fix-that/>

RIKCFactbook2025

- Youth in Foster Care Negatively Affected by ESSA Policies - Giving Compass

RECOMMENDATIONS FOR YOUR CONSIDERATION

- Continued focus on training for all staff working with youth on the effects of trauma to increase the incorporation of educational best practice.
- Collaboration between state and local agencies that support youth in RI with Education stakeholders to develop a more comprehensive collaborative coordination of systems.
- Stronger supports and education for parents to support their children presenting with significant psychiatric issues.
- Expanded options for children in state care requiring higher level of clinical care in their residential placement.

- Currently DCYF has one Educational Coordinator. Increasing the number of DCYF providers who understand the school system and special education laws and regulations by region is recommended to bridge the gap between child welfare services/providers and educational outcomes and coordination for youth in foster care. This would help streamline points of contact and allow for immediate support for our youth.
- Expansion of clinical supports within the school and community for both intervention, treatment and placement options.
- Additional funding and supports are needed to address truancy related to outside counseling providers, as well as home supports. There is limited availability of community-based providers trained to work in the home with students to address the many complex challenges that result in student absenteeism.

STRATEGIES THAT WORK WELL TO INTEGRATE EDUCATIONAL SERVICES WITH BEHAVIORAL HEALTH SUPPORTS

- Coordinated and consistent collaboration between school, community and state agencies. Everyone involved on the child's team is working toward the same positive result.
- Social Emotional Learning is embedded within the culture of the school program. When school communities are using the same language and consistent positive behavioral supports, the integration of educational and behavioral health can be seamless.
- It is not a one size fits all solution. We can never lose the "I" in Individual Planning.
- Use data to drive decision making. Progress monitoring of each child's needs and analysis of that information is a key strategy!
- Ultimately it is the team approach that results in the greatest outcome. Bringing together the expertise of stakeholders who respectfully work together for the common goal of each child is always the most effective strategy!

THANK YOU

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