



**UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES**

April 19, 2000

The Honorable Douglas D. Christensen
Commissioner of Education
Nebraska Department of Education
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P.O. Box 94987
Lincoln, Nebraska 68509-4987

The Honorable Ron Ross
Director
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Lincoln, Nebraska 68509-5026

Dear Mr. Christensen and Mr. Ross:

The U.S. Department of Education's Office of Special Education Programs (OSEP) conducted a review in Nebraska during the weeks of August 8, and October 5, 1998 for the purpose of assessing compliance in the implementation of the Individuals with Disabilities Education Act (IDEA) and assisting your State in developing strategies to improve results for children with disabilities. The IDEA Amendments of 1997 focus on "access to services" as well as "improving results" for infants, toddlers, children and youth with disabilities. In the same way, OSEP's Continuous Improvement Monitoring Process is designed to focus Federal, State and local resources on improved results for children with disabilities and their families through a working partnership among OSEP, the Nebraska Department of Education (NDE), the Nebraska Department of Human Services (NDHHS), and parents and advocates in Nebraska.

In conducting its review of Nebraska, OSEP applied the standards set forth in the IDEA 97 statute and in the Part C regulations (34 CFR Part 303) and Part B regulations (34 CFR Part 300), as they were in effect at the time of the OSEP review. The Part C regulations in effect in October, 1998 were those published by the Department on July 30, 1993, as revised by the Technical Amendments published on April 14, 1998. The Part B regulations in effect in October, 1998 were those published on September 29, 1992. All citations to 34 CFR Parts 303 and 300 in this report are to the regulations, as published on those dates. On March 12, 1999, the Department published new final Part B regulations and conforming changes to the Part C regulations that took effect on May 11, 1999. In planning and implementing improvement strategies to address the findings in this report, NDE should ensure that all improvement strategies are consistent with the new final regulations.

A critical aspect of the Continuous Improvement Monitoring Process is collaboration between Steering Committees of broad-based constituencies, including representatives from NDE, NDHHS and OSEP. The Steering Committees assessed the effectiveness of State systems in

ensuring improved results for children with disabilities and protection of individual rights. In addition, the Steering Committees will be designing and coordinating implementation of concrete steps for improvement. Please see the Introduction to the report for a more detailed description of this process in your State.

OSEP's review placed a strong emphasis on those areas that are most closely associated with positive results for children with disabilities. In this review, OSEP clustered the Part B (services for children aged 3 through 21) requirements into four major areas: Parent Involvement, Free Appropriate Public Education in the Least Restrictive Environment, Secondary Transition, and General Supervision. Part C (services for children aged birth through 2) requirements were clustered into five major areas: Child Find and Public Awareness, Family-Centered Systems of Services, Early Intervention Services in Natural Environments, Early Childhood Transition, and General Supervision. Components were identified by OSEP for each major area as a basis to review the State's performance through examination of State and local indicators.

The enclosed Report addresses strengths noted in the State, areas needing corrective action because they represent noncompliance with the requirements of IDEA, and areas for improved results. Enclosed you will find an Executive Summary of the Report, an Introduction including background information, and a description of issues and findings.

NDE and NDHHS have indicated that this Report will be shared with members of the Steering Committee. OSEP will work with the Steering Committee to develop corrective actions and improvement strategies to ensure improved results for children with disabilities.

Thank you for the assistance and cooperation provided by your staff during our review. An extraordinary effort was made by State staff to arrange the public input process during the Validation Planning week and, as a result of their efforts, OSEP obtained information from a large number of parents, advocates, service providers, school and agency personnel, school and agency administrators, and special education unit administrators.

Thank you for your continued efforts toward the goal of achieving better results for infants, toddlers, children and youth with disabilities in Nebraska. Since the enactment of the IDEA and its predecessor, the Education of All Handicapped Children Act, one of the basic goals of the law, ensuring that children with disabilities are not excluded from school, has largely been achieved. Today, families can have a positive vision for their child's future.

While schools and agencies have made great progress, significant challenges remain. Now that those children with disabilities are receiving services, the critical issue is to place greater emphasis on attaining better results. To that end, we look forward to working with you in partnership to continue to improve the lives of individuals with disabilities.

Sincerely,

Kenneth R. Warlick
Director
Office of Special Education Programs

Enclosures

cc: Mr. Gary Sherman
Ms. Barbara Schliesser
Ms. Mary Jo Iwan

EXECUTIVE SUMMARY

NEBRASKA MONITORING 1998

The attached report contains the results of the first two steps (Validation Planning and Validation Data Collection) in the Office of Special Education Program's Continuous Improvement Monitoring of the Individuals with Disabilities Education Act of 1997 (IDEA 97), Parts B and C, in the State of Nebraska during August, and October, 1998. The U.S. Department of Education Office of Special Education Programs (OSEP) is responsible for assessing the impact and effectiveness of state and local efforts to provide early intervention services to infants and toddlers with disabilities and to their families, and a free appropriate public education to children and youth with disabilities. Specifically, OSEP is charged to work with states to ensure compliance with IDEA 97. This report is based on the work of OSEP and the Nebraska Department of Education (NDE) and the Nebraska Department of Health and Human Services (NDHHS) during the validation planning visit and the validation data collection visit.

During the week of August 8, 1998 OSEP met with the Nebraska Steering Committee to begin implementation of the OSEP Continuous Monitoring Process. The Validation Data Collection phase of the monitoring process included the beginning of a self-study by the Steering Committee, a series of public input meetings with guided discussions around core areas of IDEA 97, and the organization of a Steering Committee to provide further comments on the process. During the week of October 5, 1998 OSEP conducted a Validation Data Collection review of the Nebraska Department of Education (NDE) and the Nebraska Department of Health and Human Services (NDHHS) (jointly referenced to as the "Co-Lead Agencies"). The OSEP team conducted the review at State offices and at five local school districts through record reviews and interviews with parents, teachers, agency administrators, service providers, service coordinators, students, and local and state program and school administrators. Information obtained by OSEP from these data sources was shared with State staff and members of the Steering Committee at an exit conference at the conclusion of the Validation Data Collection visit on October 9, 1998.

The report contains a description of the process utilized to collect data and to determine strengths, areas of noncompliance with IDEA 97, and suggestions for improved results in each of the IDEA core areas. The Introduction provides general information about the State's population of infants, toddlers, and children who receive services through IDEA 97. The Introduction also gives a brief overview of the OSEP Continuous Improvement Monitoring Process. Sections I through V identify areas of strengths, areas of noncompliance and suggestions for improved results: IDEA Part C. Each section addresses one of five core areas: general supervision by the Nebraska Department of Education and the Nebraska Department of Health and Human Services; Child Find – public awareness; early intervention services in natural environments; family-centered system of services; and early childhood transition.

Sections VI through IX address one of the Part B core areas: general supervision by the Nebraska Department of Education; free, appropriate public education in the least restrictive environment, parent involvement, and secondary transition. Within each section, areas of strength, noncompliance and suggestions for improved results are identified.

Early Intervention Services for Infants and Toddlers with Disabilities: Part C of IDEA**STRENGTHS**

OSEP observed the following strengths:

- The Co-Lead Agencies have established an administrative system to support coordinated inter-agency eligibility determinations and access to inter-agency services in natural environments.
- The Nebraska Interagency Coordinating Council plays a key role in contributing to the development of the coordinated early intervention system, such as developing a supporting parents network and participating in state early childhood initiatives.
- The State has developed and implemented noteworthy activities to enhance service delivery to diverse groups in Nebraska, to support families through use of technology, to provide access to medical specialists in rural communities, and to train personnel in family centered practices.
- Medicaid reimbursement for services in natural environments assists Part C eligible children and their families.
- Regional initiatives increased respite care services and training about disabilities in the child care community.
- Parent education seminars regarding transitions are being offered.

AREAS OF NONCOMPLIANCE

OSEP observed the following areas of noncompliance:

- The State, at the time of OSEP's visit, failed to define developmental delay as required under IDEA. Thus, the Co-Lead Agencies' referral procedures have not been effective in identifying and referring potentially eligible infants and toddlers with developmental delays.
- The Co-Lead Agencies have not ensured that multidisciplinary evaluations are completed in all areas of development and State regulations limited evaluations to those areas in the "suspected disability".
- The Co-Lead Agencies have not ensured the provision of continuous services based on the needs of eligible children and their families and Individualized Family Service Plans.

Education of Children and Youth With Disabilities: Part B of IDEA

STRENGTHS

OSEP observed the following strengths:

- The Parent Training and Information Center provides excellent resources and programs to inform families about IDEA 97.
- The Nebraska Transition Project, Transition Advisory Committee, Rehabilitation Counselors and Transition Interagency Collaboration are examples of initiatives that promote successful secondary transition to postsecondary education and employment.

Areas of Noncompliance

OSEP observed the following areas of noncompliance:

- Lack of training and shortages of trained staff prevent students with disabilities from receiving a
- free appropriate public education in the least restrictive environment.
- As a matter of practice, psychological services are not identified on IEPs as educators believe it is unnecessary to provide these services as a part of providing a free appropriate public education.
- School districts do not specifically invite students to IEP meetings at which transition will be discussed.

NEBRASKA MONITORING REPORT
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Introduction

The State of Nebraska is a State of contrasts. The State is comprised of vast rural areas in the western part of the State and two major urban areas, Lincoln and Omaha, are found in the eastern part of the State. One-half of the State's population resides in the eastern third of the State.

Administrative Structures and Children Served: Part C

The Nebraska Department of Education (NDE) and the Nebraska Department of Health and Human Services (NDHHS) are the Co-Lead Agencies for the implementation of Part C of the Individuals with Disabilities Education Act. Implementation of the State early intervention system is carried out through 29 Early Childhood Planning Region Teams (Teams). The Teams mirror the membership of the Nebraska Interagency Coordinating Council and are composed of parents, advocates, representatives from local education agencies, non-profit agencies, educational service units, Head Start, and child care.

The Teams are responsible for carrying out local coordination and planning to enhance the early intervention system. Their duties include public awareness, child find, data collection and system support. Dollars are distributed to the Teams based on the previous year's reported December 1 Child Count. Teams also receive dollars from the Co-Lead Agencies to develop innovative projects to address local needs.

Local school districts located within the Teams are responsible for providing the special education and related services to infants and toddlers. Because Nebraska has a State law guaranteeing a free appropriate public education to infants and toddlers, the State uses Part B funds to provide special education and related services to infants and toddlers. A separate contractor, selected by consensus of the Team, provides service coordination to the infants, toddlers and families located in the Team's geographic area. Local school districts are the primary service provider for families who decline service coordination.

At the State level, the Part C staff is comprised of 2.7 full-time equivalents (FTE) in the NDE and 3.5 full-time equivalents (FTE) in the NDHHS. Part C funds also support two full-time "Family Partners" through a contract with the Nebraska Parent Training Center. The family partners are responsible for providing advice on policy matters, working with the Nebraska Interagency Coordinating Council and the Regional Planning Teams, and for offering family support and training. The Nebraska Interagency Coordinating Council is an integral part of Nebraska's early intervention system in advising and assisting the co-lead agencies. The Nebraska Interagency Coordinating Council organizes its work through ad-hoc task forces and an Executive Committee.

The State has had a steady increase in the number of infants and toddlers served under Part C of IDEA. In 1992, Nebraska reported serving 665 children, while, in 1997, this number increased to 885 children (1.29 percent of the 0-3 census). During this time period, Nebraska had a relatively stable annual birth rate.

Administrative Structures and Children Served: Part B

The Nebraska Department of Education is charged with the responsibility to implement Part B of IDEA to ensure the provision of a free appropriate public education for children with disabilities, ages three years through twenty-one years, in the least restrictive environment. More than 43,400 children (ages three years through 21 years) were served through IDEA, Part B in the 1998-1999 school year. During the 1998-99 school year, 12.3% of the total students enrolled (ages 6 through 17 years) were students with disabilities. For students with disabilities, ages 6 years – 21 years, 2.60% are American Indian, 0.62% are Asian, 10.13% are Black, 5.46% are Hispanic and 81.18% are White. Nebraska has one of the fastest growing Hispanic populations in the United States.

During the 1997-1998 school year, 84 of the 86 special education teachers for ages 3-5 years were fully certified. In that same year, for teachers of students ages 6-21 years, there were 2,189 positions, of which 2,140 were filled by fully certified staff, 39 uncertified staff, and 10 positions were vacant. During the 1998-1999 school year there were ten complaints, twelve hearings, and 40 mediations under Part B. During the 1998-1999 school year, the drop out rate was 30% (national: 31%) and the rate of graduation with a diploma was 69% (national: 61.6%).

Overview of the OSEP Continuous Improvement Process

Validation Planning and Data Collection

The previous OSEP Part B monitoring visit was conducted in 1993. The State developed a corrective action plan in response to areas of deficiency cited by OSEP. OSEP issued a letter in October 1994 stating that NDE had met the requirements of the corrective action plan.

The OSEP Continuous Improvement Monitoring Process has six steps: self-assessment, validation planning, validation data collection, reporting to the public, improvement planning and implementation of improvement strategies.

The first stage of the OSEP Continuous Improvement Process, the self-assessment stage, began when the State of Nebraska established the Steering Committee, a committee composed of key stakeholders representing diverse perspectives for both Part B and C of IDEA. The Steering Committee conducted a self-assessment (self-study) to analyze how successful the State has been in achieving compliance with IDEA 97 and improving results for children with disabilities and their families.

During the validation planning stage, the Steering Committee worked with OSEP staff to plan strategies for validating the State self-study results. The validation planning stage included conducting focused public meetings, reviewing the self-study data, and developing a data collection plan, which included on-site and off-site strategies. Validation planning took place on-site in Nebraska on August 24, and 25, 1998.

The validation data collection stage took place during the week of October 5, 1998 when OSEP collected data, presented the data to the Steering Committee in a structured exit conference on October 9, 1998, and worked with the Steering Committee to plan the reporting process. OSEP collected data at both the State and local levels. For Part C, OSEP visited five planning region teams, spoke with groups of parents, service providers, and administrators and reviewed individual family service plans. For Part B, OSEP visited schools in five school districts to review student records and to interview teachers, administrators, service providers, and parents regarding the provision of appropriate services for students with disabilities. OSEP staff also attended two Individualized Education Program (IEP) meetings to observe how teams use information and make decisions relative to the need for and provision of appropriate educational supports and services for students with disabilities.

The fourth stage, reporting to the public, includes the publication of this report. The report reviews the State's performance in the implementation of IDEA 97, including strengths, suggestions for improved results, and areas of noncompliance. NDE and NDDHS will disseminate the report to the public and OSEP will post it on the Department's website.

The fifth stage, improvement planning, is based upon the self-assessment and validation results. The Steering Committee will develop an improvement plan that addresses improved results for children with disabilities, including timelines, benchmarks, and methods to verify improvement.

The Steering Committee has formed subgroups to address the issues identified in the exit conference. For example, NDE has continued to lead the efforts of the Nebraska Stakeholders Group. One of the subgroups addresses behavior, counseling and discipline issues. A second subgroup addresses parent involvement issues discussed at the exit conference with OSEP. Other subgroups include the continuous services for infants and toddlers subgroup, the transition subgroup, and the curriculum adaptations and modifications subgroup.

The sixth stage of the OSEP continuous improvement process is implementation of improvement strategies, which will occur as the State of Nebraska implements its improvement plan and evaluates the effectiveness of the plan.

I. PART C: GENERAL SUPERVISION

The State lead agencies, NDE and NDHHS, are responsible for developing and maintaining a statewide, comprehensive, coordinated, multidisciplinary, interagency early intervention system. Administration, supervision and monitoring of the early intervention system are essential to ensure that each eligible child and family receives the services needed to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay. Early intervention services are provided by a wide variety of public and private entities. Through supervision and monitoring, the Co-Lead Agencies ensure that all agencies and individuals providing early intervention services meet the requirements of IDEA, whether or not they receive funds under Part C.

While each State must meet its general supervision and administration responsibilities, the State may determine how that will be accomplished. Mechanisms such as interagency agreements and/or contracts with other State-level or private agencies can serve as the vehicle for the lead agency's implementation of its monitoring responsibilities. The State's role in supervision and monitoring includes: (1) identifying areas in which implementation does not comply with Federal requirements; (2) providing assistance in correcting identified problems; and (3) as needed, using enforcing mechanisms to ensure correction of identified problems.

If a State uses Part B funds that it receives under section 611 of the Act to provide services to infants and toddlers under the age of three, the State must comply with both Part C and Part B requirements in providing those services. In regard to those services, the State's lead agency (ies) for Part C must ensure compliance with the requirements of Part C, and the State educational agency must ensure compliance with the requirements of Part B.

Validation Planning and Data Collection

OSEP with the Steering Committee identified one recurring theme about early intervention services in Nebraska leading to the validation data collection phase: How do the Co-Lead Agencies ensure that Part C is implemented consistently and equitably across the State?

OSEP collected information through structured discussions with the Co-Lead Agencies' staff, the Chairperson of the Nebraska Interagency Coordinating Council, representatives from the Parent Training Center, a Maternal and Child Health Administrator, NDE Early Childhood staff and separate focus groups with parents, service providers, service coordinators, program administrators, and interagency collaborators.

Background on State Supervision

Subsequent to the full implementation of Part C on June 1, 1995, the Co-Lead Agencies developed a mechanism to evaluate the effectiveness of their system of early intervention, including compliance with Medicaid and IDEA requirements. A pilot evaluation was conducted in two regions of the State in 1996. The evaluation, refined by a stakeholder process involving the Nebraska Interagency Coordinating Council, the Co-Lead Agencies, and parents, resulted in

the development of a “Quality Improvement Process” to measure satisfaction with the early intervention program among families, planning region teams, school districts, the local lead agency, the services coordination contractor, service coordinators, service providers and health providers in each region. The process includes: (1) a file review to ensure compliance with State rules and Part C; (2) a continuous self-assessment for regional programs; (3) a mechanism to provide feedback to the Co-Lead Agencies about regional program needs for technical assistance; (4) “neutral” contractors to conduct interviews and assist with data syntheses; and (5) a procedure to identify “promising practices”. In cases of deficiencies, regional programs must submit corrective action plans 90 days after receipt of a final report, and the Co-Lead Agencies are available to provide technical assistance before and after the report is issued. Regional programs are also expected to address noncompliance issues as a part of their ongoing system support contracts with the State.

At the time of OSEP’s visit to the State in 1998, only one report from the pilot of the Quality Improvement Process was available for review. However, since OSEP’s visits, the Co-Lead Agencies have conducted eleven additional regional reviews, and submitted five of these reports to OSEP. By September 2000, the State will have conducted reviews for three-quarters of the regional programs, and by 2001, the entire State.

In addition to the “Quality Improvement Process”, the NDHHS provides ongoing review of initial IFSPs for approximately 50% of the children enrolled in the early intervention system. This review assists the State to ensure compliance with the early intervention Medicaid waiver and provides another opportunity to ensure the IFSP requirements of IDEA are being met.

After OSEP’s visits to the State, the Co-Lead Agencies initiated two annual Statewide conferences for chairpersons and a representative from all the regional programs. These conferences offer the State additional opportunities to provide technical assistance and to identify needs for additional guidance. These networking opportunities have been well received by regional programs.

Analysis of data resulted in the identification of the following strengths and suggestions for improved results for infants and toddlers and their families.

A. STRENGTHS

1. Co-Lead Agencies

Having an integrated, coordinated system of services is one of the major premises of Part C of IDEA. The State has established an administrative system with the Co-Lead Agencies that has many exceptional practices to support an integrated, coordinated system for children and families that streamlines eligibility determinations and provides access to inter-agency services provided by Part C and by other agencies.

The Co-Lead Agencies are responsible for administering programs funded through Federal Part B special education dollars, Federal Part C dollars, Medicaid, Medicaid waivers, Maternal and

Child Health programs, Children with Special Health Care Needs, Temporary Assistance to Needy Families, family support, and respite care. To assist families in accessing these programs, the State: (1) trains service coordinators to assist families in completing applications and gaining access for a variety of social service programs and monitors this process through the Internet supported listserv used by providers; (2) uses the same eligibility determination for Part C and for the “early intervention Medicaid waiver” program; (3) provides Federal Part B funds under Section 611 for special education and related services at no cost; (4) provides State appropriations for early intervention services; and (5) combines Part C Federal dollars and Maternal and Child Health dollars for innovative projects to benefit infants and toddlers and their families.

2. Nebraska’s State Interagency Coordinating Council

Nebraska’s early intervention system has benefited from the Nebraska Interagency Coordinating Council’s activities by training more than 100 parents as part of a “supporting parents network.” This network provides a forum for parents and a variety of professionals, providers, and agencies to work together. The Nebraska Interagency Coordinating Council assists in identifying additional State funding for the program and also plays a key role in promoting a statewide coordinated system, in such areas as developing the Nebraska’s Quality Improvement Process, building a communication mechanism with the 29 Planning Region Teams, and participating in other state early childhood task forces.

B. SUGGESTIONS FOR IMPROVED RESULTS FOR INFANTS, TODDLERS AND THEIR FAMILIES

1. Assessment of system issues

One strength of Nebraska’s Quality Improvement Process is that it provides a mechanism for the regional programs to provide feedback to the Co-Lead Agencies about problem areas. These data will be useful to the State as it addresses systemic issues of noncompliance and engages in ongoing improvement efforts. OSEP encourages the State to utilize these data for these purposes.

Another source for system analysis will be an automated data system that the State is developing. The State’s current data system does not provide the Co-Lead Agencies with all the necessary data needed to monitor the early intervention system because the State’s data system was built prior to the implementation of Part C. The new system, containing demographic data, information about IFSP services, and referral sources, has the potential to enhance the State’s ability to target public awareness and outreach, monitor referrals from primary referral sources, monitor the provision of continuous IFSP services and types of services being provided, and identify gaps in effective outreach to under-served groups. The automated billing capability will assist in tracking fiscal matters, as well. OSEP encourages the State to continue to refine the current data system to enhance the ability to monitor the early intervention system and to monitor progress in meeting the noncompliance issues.

2. State Supervision

As noted above, although the Co-Lead Agencies were required to fully implement the requirements of Part C, including the requirements regarding general supervision, beginning in 1995, at the time of the OSEP September 1998 visit, the Co-Lead Agencies could provide only one monitoring report. While they now have a projected date of September 30, 2001 by which all areas of the State will be monitored and have recently accelerated their monitoring schedule, OSEP remains very concerned about their failure to date to meet their general supervisory responsibility in a timely manner because the issues raised in this Report might have already been identified and corrected had the Co-Lead Agencies performed timely monitoring. OSEP encourages the Co-Lead Agencies to timely complete their self-monitoring. OSEP also encourages the State to follow up specifically in those districts where OSEP has identified areas of noncompliance and suggestions for improved results to assure that the identified problems are corrected.

II. PART C: CHILD FIND AND PUBLIC AWARENESS

The needs of infants and toddlers with disabilities and their families are generally met through a variety of agencies. However, prior to the enactment of Part C of IDEA, there was little coordination or collaboration for service provision, and many families had difficulty locating and obtaining needed services. Searching for resources placed a great strain on families.

With the passage of Part C in 1986, Congress sought to ensure that all children needing services would be identified, evaluated, and served, especially those children who are typically underrepresented, (e.g., minority, low-income, inner-city, American Indian and rural populations) through an interagency, coordinated, multidisciplinary system of early intervention services.

Each State's early intervention system must include child find and public awareness activities that are coordinated and collaborated with all other child find efforts in the State. Part C recognizes the need for early referral and short timelines for evaluation because development occurs at a more rapid rate during the first three years of life than at any other age. Research in early brain development has demonstrated what early interventionists have known for years: that children begin to learn and develop from the moment of birth. Therefore, the facilitation of early learning and the provision of timely early intervention services to infants and toddlers with disabilities are critical.

Validation Planning and Data Collection

OSEP with the Steering Committee identified five recurring themes about early intervention services in Nebraska leading to the validation data collection phase: (1) What activities are targeted for outreach to under-represented populations and what are the outcomes of these activities? (2) How does using the Part B categorical eligibility criteria for Part C affect the early identification of infants and toddlers? (3) What procedures are being followed for evaluation for eligibility by multidisciplinary teams? Are all areas of development addressed in the evaluation process? (4) How is informed clinical opinion being used? (5) What factors contribute to primary health providers referring or not referring?

OSEP reviewed and analyzed data and identified the following strength and areas of noncompliance.

A. STRENGTH

1. Outreach to diverse groups

There are several noteworthy activities the State is undertaking to address the needs of diverse groups in Nebraska that include urban-rural, city-town, town-farm, socioeconomic, experiential and generational issues, language, religious, ethnic and attitudinal diversity.

A Nebraska Interagency Coordinating Council-sponsored cultural diversity survey is being followed up by a Statewide "Outreach" project. The outreach project provides funds to leader-

representatives in Nebraska's culturally diverse population to conduct focus groups comprised of culturally diverse families with children with disabilities. These focus groups will explore how to improve outreach to their particular population, identify cultural barriers to service, and identify methods of outreach that are effective with their populations. This information will be used by the Co-Lead Agencies to plan for future child find activities and services.

One planning region team developed an assessment instrument to monitor the development of communication of infants and toddlers in bilingual families. Another planning region team, located in a populated area of State, provides information and videos about disabilities that can be rented at no charge from grocery stores.

B. AREAS OF NONCOMPLIANCE

1. Lack of Eligibility Criteria for Effective Referral.

The Part C regulations at 34 CFR §303.321(d) require the Co-Lead Agencies to establish procedures for use by primary referral sources for referring a child to the appropriate public agency for evaluation and assessment, and as appropriate, for the provision of services. Procedures must provide an effective method of making referrals by primary referral sources that include hospitals, physicians, parents, day care programs, local education agencies, public health facilities, other social service agencies, and other health care providers. The State is also responsible for having an effective means to inform the public and primary referral sources about which children are potentially eligible for services. 34 CFR §303.320.

According to 34 CFR §303.10 and §303.16, the Co-Lead Agencies must serve at least two groups of infants and toddlers: (1) those experiencing developmental delays and (2) those with diagnosed conditions that have a high probability of resulting in developmental delay. Each State may, by developing a definition of developmental delay, determine the extent of the delay that a child must exhibit in order to be eligible for Part C services. However, a State may not require that a child with a developmental delay fit the eligibility criteria for any specific disabling condition or that the etiology of the delay be identified.

At the time of OSEP's visit, early intervention services were made available to infants and toddlers who had diagnosed conditions that matched one of twelve special education categories of disabling conditions, such as autism, deaf-blindness, and behavioral disorder. Because the State did not have a separate category for infants and toddlers with developmental delays, infants and toddlers who were experiencing developmental delays of unknown origin had to fit into one of the twelve disability conditions to have access to early intervention services.

OSEP finds that the Co-Lead Agencies failed to provide effective referral procedures to inform primary referral sources that infants and toddlers with suspected developmental delays of unknown etiologies should be referred to the early intervention system and that these children were potentially eligible for early intervention services. OSEP found that there was a continuing belief by referral sources that infants and toddlers who did not have a diagnosed condition and were only experiencing developmental delays of unknown cause were not eligible for early

intervention; therefore, public and private agencies were not referring these children to the early intervention system and potentially eligible children did not have access to the child find system.

Nebraska's Special Education Advisory Council formed an ad hoc committee in the spring of 1998 to make recommendations to the State regarding a developmental delay category for infants and toddlers. The committee reported that "Nebraska currently remains the only state in the nation that uses the Part B, IDEA categories exclusively for verifying infants and toddlers...without the option for Developmental Delay. This option is required by IDEA, Part C."

OSEP notified the State in its conditional award of Part C grants for fiscal years 1997 and 1998 that OSEP would be gathering data on the impact of the State's eligibility criteria during the 1998 site visits. The definition of developmental delay and its eligibility criteria were identified as the top priority issue during the public meetings and Steering Committee proceedings.

Members of one planning region team reported that hospitals are not referring children with significant developmental delays because, from past experiences, the hospitals believed that these children did not fit into a special education category and are therefore not determined eligible for early intervention services. A multidisciplinary team (MDT) and service coordinators in another region stated that it was hard to fit the infants and toddlers with developmental delays into special education categories and that eligibility determination depended on the cooperation of doctors to provide a diagnosis to fit these children into a category of disability. These groups also stated that the State is not serving some children "because there is no definition for infants and toddlers with developmental delays". An interagency collaborator told OSEP that it took four months to obtain a physician's diagnosis of "other health impaired" for a child with motor delays of unknown etiology to qualify for early intervention services.

Primary referral sources, including health providers and physicians, who "are confused about eligibility" criteria, perceive that the criteria have been narrowed, and believe that fewer children qualify for services; these sources were cited in the State Quality Improvement reviews in two areas of the State that serve approximately 50% of the birth to 3 population. One health provider in a large metropolitan area was reported to be frustrated that very young infants demonstrating delays are not getting services because doctors are hesitant to provide a medical diagnosis for infants below age 1, such as cerebral palsy. They stated that they believed that infants and toddlers demonstrating delays from unknown causes would not otherwise qualify for early intervention services.

Parents reported to the Parent Training and Information Center that while they did not like having their infant and toddler labeled with an established special education category, they understood that being placed in a category was necessary in order to qualify for and receive early intervention services.

In the spring of 1999, after OSEP's visit, the State legislature amended Nebraska's statute so that infants and toddlers with developmental delays are eligible for services under Part C. R.R.S. Neb. § 79-1118.01 (1999).

Although there is a new State law in place that defines “developmental delay,” outreach and education efforts will need to be aggressively pursued to inform referral sources, parents and other individuals involved in delivering services to Part C eligible children.

2. Failure to Complete a Multidisciplinary Evaluation in All Developmental Areas

34 CFR §303.322 requires the State to ensure that each referred child receive a comprehensive, multidisciplinary evaluation of the child’s level of functioning in each of the following developmental areas: cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.

As discussed below, OSEP found that the State has not effectively ensured that each child referred for early intervention services receives a multidisciplinary evaluation in all of the developmental areas.

Nebraska regulations governing early intervention iterate that evaluations shall be conducted in only those areas related to the “suspected disability.” OSEP commented on the limitation of this regulation during its review of the State’s application for Part C. When OSEP raised this issue during the application process, the State assured OSEP that multidisciplinary teams were assessing infants and toddlers in all areas of development. However, in three of the four regions visited, the multidisciplinary teams, service providers, and service coordinators stated that only the area or areas identified at the time of referral are evaluated. For example, if a child is referred due to a suspected speech delay, then this is the only area of development that is evaluated. This practice was also confirmed through record review in three of the four areas visited. Given the narrower eligibility definition, this limited evaluation practice may result in the State not finding Part C eligible children and even when identified, may result in needs not being identified.

III. PART C: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

In creating the Part C legislation, Congress recognized the urgent need to ensure that all infants and toddlers with disabilities and their families receive early intervention services according to their individual needs. Three of the principles on which Part C was enacted include: (1) enhancing the child's developmental potential, (2) enhancing the capacity of families to meet the needs of their infant or toddler with disabilities, and (3) improving and expanding existing early intervention services being provided to children with disabilities and their families.

To assist families in this process, Congress also requires that each family be provided with a service coordinator, to act as a single point of contact for the family. The service coordinator's responsibilities include assisting families in understanding and exercising their rights under Part C, arranging for assessments and IFSP meetings, and facilitating the provision of needed services. The service coordinator coordinates required early intervention services, as well as medical and other services the child and the child's family may need. With a single point of contact, families are relieved of the burden of searching for essential services, negotiating with multiple agencies and trying to coordinate their own service needs.

Part C requires the development and implementation of an IFSP for each eligible child. The evaluation, assessment, and IFSP process is designed to ensure that appropriate evaluation and assessments of the unique needs of the child and of the family, related to the enhancing the development of their child, are conducted in a timely manner. Parents are active members of the IFSP multidisciplinary team. The team must take into consideration all the information gleaned from the evaluation and child and family assessments, in determining the appropriate services to meet the child's needs.

The IFSP must also include a statement of the natural environments in which early intervention services will be provided for the child. Children with disabilities should receive services in community settings and places where normally-developing children would be found, so that they will not be denied opportunities that all children have - to be included in all aspects of our society. Since 1991, IDEA has required that infants and toddlers with disabilities receive early intervention services in natural environments. This requirement was further reinforced by the addition of a new requirement in 1997 that early intervention can occur in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. In the event that early intervention cannot be satisfactorily achieved in a natural environment, the IFSP must include a justification of the extent, if any, to which the services will not be provided in a natural environment.

Validation Planning and Data Collection

OSEP with the Steering Committee identified five recurring themes about early intervention services in Nebraska leading to the validation data collection phase:

(1) What is the State's understanding of natural environments and how are natural environments requirements being implemented by regional providers? (2) To what extent are infants and

toddlers and their families not receiving services based on their needs and on a continuous basis? (3) Why are families declining service coordination? (4) What procedures/projects are in place to encourage capacity building of services in community settings? (5) Do funding mechanisms impact the availability of services in natural environments?

OSEP reviewed and analyzed data and identified the following strengths, areas of noncompliance, and suggestions for improved results for infants and toddlers and their families.

A. STRENGTHS

1. Medicaid reimbursement for natural environment settings

Nebraska's State Medicaid Plan supports the provision of early intervention services in natural environments. Since 65 percent of the infants and toddlers are eligible for Medicaid funded services, this provision affects a large number of children. A respite care subsidy program for Medicaid eligible children allows respite services to be provided in a family's natural environment.

2. Regional Initiatives

Regional initiatives are a key component of the early intervention system in Nebraska and complement the State initiatives. The planning region teams have ongoing projects to enhance early intervention services in natural environments. One planning region team provided information and training to 1,200 licensed child care providers about developmental milestones and referrals to early intervention. Seven planning region teams collaborated to develop, implement, and evaluate respite care and child care services. Respite care networks have also been developed in four other planning regions.

3. Telemedicine

To address the needs of infants and toddlers in rural communities, the Co-Lead Agencies have recently initiated a Telemedicine service, connecting health and medical specialists, primary care physicians, and families through video conferencing to better meet the needs of infants and toddlers and their families. This service is crucial to Nebraska in that 50% of the children enrolled in early intervention services reside in areas outside of metropolitan locales and may not have easy access to specialized services they need.

B. AREA OF NONCOMPLIANCE

1. Continuous Services and Individualized Family Service Plans (IFSPs)

Federal regulations specify that early intervention services are services designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development. Early intervention providers may not interrupt, modify or otherwise change

early intervention services for reasons unrelated to the child's needs, such as service availability or changes in providers' schedules. 34 CFR §§303.12(a)(1) and 303.344(d) and (f).

The IFSP, a required component of the early intervention system, must include specific information about the frequency, intensity, projected initiation dates and projected duration of services. 34 CFR §§303.344(d) and (f).

OSEP finds that the State has not effectively ensured that public agencies provide early intervention services that are designed to meet the developmental needs of each eligible child consistent with 34 CFR §303.12(a)(1) and (2); and in accordance with the content of the child and family's IFSP consistent with 34 CFR §§303.344(d) and (f).

The Co-Lead Agencies had verified to OSEP, prior to OSEP's validation data collection visit, that direct services are not being provided or are decreased during the months of June, July and August due to operating procedures rather than individualized needs. State monitoring findings confirmed noncompliance with the provision of continuous services in four of the five Regions the State visited subsequent to OSEP's visits. The Nebraska Interagency Coordinating Council identified interruption of IFSP services as a major concern.

In all areas of the State, OSEP's review of IFSPs showed that services were interrupted, modified or decreased in frequency, and intensity consistently during the months of June, July and August. For example, IFSPs stated that services would be reduced in intensity and frequency during the summer months. IFSPs for three children referred in June stated that initiation of services would begin in September. These changes were made regardless of the needs of the child or parent, or services specified on the IFSP.

In all areas of the State OSEP visited, administrators, service coordinators, service providers, and parents reported that early intervention services during the summer months were either reduced or were nonexistent based on administrative configuration of the service delivery system and availability of staff. Service coordination, however, is available on a continuous basis.

Superintendents in several rural areas told OSEP that they believed provision of continuous services is problematic because they could not commit to spending funds for services that had not been approved by their local School Board for the regular school year, regardless of whether the State would later reimburse these costs. The local School Board approves budgets for special education and related services provided to Part C eligible children during the summer months.

C. SUGGESIONS FOR IMPROVED RESULTS FOR INFANTS, TODDLERS AND THEIR FAMILIES

OSEP made the following observations about improving services in natural environments.

1. Designation of natural environments on IFSPs.

Federal regulations require that public agencies include in each individualized family service plan (IFSP) a statement of the natural environments in which services are to be provided and a justification of the extent, if any, to which services will not be provided in a natural environment. 34 CFR §303.344(d)(1)(ii). Natural environments “means settings that are natural or normal for the child’s age peers who have no disabilities.”

In reviewing seven IFSPs developed after July 1, 1998 and other records, OSEP found that the Statewide IFSP form had not been modified to include the natural environment requirement, nor had the State Co-Lead Agencies provided training or written guidance to the IFSP teams about the need to justify the location of a service if it was not going to be provided in the child’s natural environment. All IFSP forms OSEP reviewed were based on the State model.

The Co-Lead Agencies acknowledged the need to provide training and information about the requirements for natural environments, to include issues of funding, liability, and broadening functional learning opportunities to infants and toddlers with disabilities.

Subsequent to OSEP’s visit to the State, the Co-Lead Agencies have initiated a number of training and technical assistance initiatives to ensure that the natural environments requirements are being met across the State. However, given the prevalence of the use of the State model form, OSEP recommends that the form be revised to reflect the natural environment requirement and training be conducted to assure understanding of the use of the form and its purpose.

2. Early intervention services in rural communities and under-represented populations

In the rural areas OSEP visited, OSEP saw many examples in which community and natural family support systems, such as extended families, religious and community organizations were being used to provide early intervention services in natural environments. However, according to administrators, service coordinators, and service providers in the rural areas, access to medical specialists, transportation, respite care, child care, speech, physical and occupational therapists, are challenges. According to the results of at least one Quality Improvement Review, “severe shortages of professionals, especially in occupational therapy, physical therapy, speech therapy, and medical specialties is a significant issue” in [that] area.

Rural communities may have other unique challenges as well. Data from the Statewide Special Education Data System (SESIS) indicate that nineteen rural counties report providing special education to fifteen to twenty two percent of their enrolled children and youth. The State personnel pointed out that these areas of the State may have economic and other variables that contribute to relatively high number of special education students as compared to other areas of the State. It is unknown whether a concomitant proportion of infants and toddlers require early intervention services as well.

The NDE has established an early childhood team within the Department to coordinate Head Start, early childhood special education programs, early intervention, and other State-initiated

early childhood programs, e.g., services to teen parents and traditionally under served groups in the State. At the time of OSEP's visits, the team was in the process of revising the State's interagency agreement to include Migrant, Indian, and Early Head Start Programs that also serve infants and toddlers with disabilities in natural environments. The results of one Quality Improvement Process indicated that "Native American and Hispanic children are not referred at an early age. These children are discovered in kindergarten." OSEP encourages the State to continue to work within this team, the State Interagency Coordinating Council and others to address the issue of services to rural and underrepresented populations.

3. Service Coordination

Service coordination is a key component to ensure that eligible infants and toddlers and their families receive prompt, appropriate, and coordinated services. Parents and administrators, who participated in the State's Self-Study reported positive results from the statewide service coordination system. Some examples of the effectiveness of the Nebraska system include: (1) low turnover of service coordinators and their contracting agencies; (2) each service coordinator and their supervisor has a professional development plan based on State competencies emphasizing family-centered practices; (3) the Co-Lead Agencies have ensured that each service coordinator has only 30 families at any point in time; and (4) the State has a strong funding base for service coordination. However modifications in procedures could make the system even stronger.

The Nebraska Self-Study cited a concern that when service coordination is declined by a parent, it results in families not having adequate information about all the services available in the early intervention system. Administrators in one densely populated area of the State told OSEP that half of the families enrolled in early intervention services declined service coordination. Participants of the public forums confirmed that in some areas of the State, service coordination is a fluid process in that families decide when they need service coordination. Administrators and parents in some areas of the State told OSEP that families who had an active service coordinator had a smoother transition to other services when the child reached age 3. Results from one regional "Quality Improvement Process" indicate that Native American families decline service coordination in large numbers.

Part C requires that each family be provided with a service coordinator, to act as a single point of contact for the family. The service coordinator's responsibilities include assisting families in understanding and exercising their rights, arranging for assessments and IFSP meetings, and facilitating the provision of needed services.

Nebraska procedures require a family to decide at the initial IFSP meeting whether to request or decline service coordination. A family can request service coordination in subsequent IFSP meetings, should they decline these services during the initial IFSP. While this procedure is not inconsistent with the requirement that families may accept or decline any early intervention service, OSEP encourages the Co-Lead Agencies to continue to provide training for parents, service providers and service coordinators on the importance and functions of service coordination. Families who must decide whether to accept or decline service coordination during

the initial IFSP may not fully understand the long term implications of declining service coordination. Anecdotal data in early intervention suggests that at an initial IFSP meeting, a family may not be ready to make all decisions that impact upon their child and their family.

IV. PART C: FAMILY-CENTERED SYSTEM OF SERVICES

Research has shown that improved outcomes for young children are most likely to occur when services are based on the premise that parents or primary caregivers are the most important factors influencing a child's development. Family-centered practices are those in which families are involved in all aspects of the decision-making, families' culture and values are respected, and families are provided with accurate and sufficient information to be able to make informed decisions. A family-centered approach keeps the focus on the developmental needs of the child, while including family concerns and needs in the decision-making process. Family-centered practices include establishing trust and rapport with families, and helping families develop skills to best meet their child's needs.

Parents and other family members are recognized as the linchpins of Part C. As such, States must include parents as an integral part of decision-making and service provision, from assessments through development of the IFSP, to transition activities before their child turns three. Parents bring a wealth of knowledge about their own child's and family's abilities and dreams for their future, as well as an understanding of the community in which they live.

In 1986, Part C of the IDEA was recognized as the first piece of Federal legislation to specifically focus attention on the needs of the family related to enhancing the development of children with disabilities. In enacting Part C, Congress acknowledged the need to support families and enhance their capacity to meet the needs of their infants and toddlers with disabilities. On the cutting edge of education legislation, Part C challenged systems of care to focus on the family as the unit of services, rather than the child. Viewing the child in the context of her/his family and the family in the context of their community, Congress created certain challenges for States as they designed and implemented a family-centered system of services.

Validation Planning and Data Collection

OSEP with the Steering Committee identified two recurring themes about early intervention services in Nebraska leading to the validation data collection phase: (1) How do agencies incorporate family concerns, priorities and resources in the evaluation and assessment process? How are staff prepared and trained to elicit this information? and, (2) What strategies do agencies use to ensure that families are an integral part of the early intervention system?

Analysis of data resulted in the identification of the following strengths and suggestions for improved results for infants and toddlers and their families.

A. STRENGTHS

1. Technology to Support Families

The State has provided considerable resources to support families enrolled in the State's early intervention system.

The Co-Lead Agencies have helped to sponsor two innovative family outreach projects using computers and the Internet. The Nebraska Network for Children and Families, initiated through a Maternal and Child Health Bureau grant and other funding, links early intervention families, service coordinators, peer supporters and agencies using the Internet. A web site provides a library, notices about workshops, public hearings, pending changes in regulations and policies. Examples of how this project has impacted on families' lives, as cited in "Accomplishments: Nebraska Early Intervention System," are:

One mother took her [computer] terminal with her as she went off to the hospital in an ambulance with her children with disabilities.

Before going to their child's appointment with a physician, one family went on-line and pulled in information from the...web site. This helped them to be more informed and to ask specific questions...

A rural family member found employment without having to leave home (which would have entailed finding respite care and transportation) by doing an on-line job search and application.

The IDEAS Network, a project funded by the U.S. Department of Commerce and co-sponsored by the Co-Lead Agencies, the University of Nebraska, and other state agencies, provides support to families of children with disabilities through an Internet web site. This web site provides peer support via e-mail, conducts electronic forums about special topical areas and provides "expert" information such as "Ask Rx" through which program the Nebraska Pharmacist Association answers questions about drugs and drug interactions.

2. Personnel Training

Personnel training in family-centered practices is also a priority in Nebraska. The Nebraska Interagency Coordinating Council is currently promoting methods to include parents and community colleges in designing and promoting pre-service education for early intervention personnel. In October 1998, the Nebraska Interagency Coordinating Council, with the Co-Lead Agencies, co-sponsored a SCRIPT (Supporting Change and Reform in Interprofessional Preservice Training) Conference of parents, higher education personnel, and Planning Region Teams. The SCRIPT conference was intended to promote family-centered personnel preparation and to develop regional plans to enhance family-centered practices in natural environments. (SCRIPT is an OSEP-funded project.) The Co-Lead Agencies will be monitoring the progress of the planning region teams' implementation of family-centered practices during their review of each region's annual reports to the State.

B. SUGGESTIONS FOR IMPROVED RESULTS FOR INFANTS, TODDLERS AND THEIR FAMILIES

Positive changes in the following areas could lead to improved results for infants and toddlers with disabilities and their families.

1. Procedures to identify family concerns, priorities and resources

Based on OSEP's interviews and review of records, the inclusion of information from the family-directed assessment and identification of family concerns, priorities and resources were addressed in many different ways across the State. In some areas OSEP visited, however, it was noted that family concerns and results of family assessments were not included on any IFSPs. Often, family needs would be incorporated in the goal statements for the child, seemingly without an assessment of family needs, concerns and priorities.

The Co-Lead Agencies held one Statewide conference to address this concern during the time of OSEP's visits. Representatives from each Planning Region teams, including families, attended this training. The Planning Region teams were instructed to develop a plan for including family concerns, priorities, resources, services and supports into the IFSP process and send reports of their plans to the Co-Lead Agencies. OSEP encourages the State to continue to provide training and guidance on this matter.

2. Parental input on Planning Region Teams

The Parent Training and Information Center and a number of parents suggested that planning region teams need more parental involvement. The State Interagency Coordinating Council and early intervention staff at the Parent Training Center intend to provide training for parents serving on the planning region teams so that parents are equal partners with the service providers and others on the teams. OSEP encourages the State to pursue this endeavor.

V: EARLY CHILDHOOD TRANSITION

Congress included provisions to ensure that preschool or other appropriate services would be provided to eligible children leaving early intervention at age three. Transition is a multifaceted process to prepare the child and the child's family to leave early intervention services. Congress recognized the importance of coordination and cooperation between the educational agency and the early intervention system by requiring that a specific set of activities occur as part of a transition plan. Transition activities typically include: (1) identification of steps to be taken to prepare the child for changes in service delivery and to help the child adjust to a new setting, (2) preparation of the family (i.e., discussions, training, visitations), and (3) determination of other programs and services for which a child might be eligible. Transition planning for children who may be eligible for Part B preschool services must include scheduling a meeting (with approval of the family) among the lead agency, the educational agency and the family at least 90 days (with parental permission up to six months) prior to the child's third birthday. Transition of children who are not eligible for special education also includes making reasonable efforts to convene a meeting to assist families in obtaining other appropriate community-based services. For all Part C children, States must review the child's program options for the period from the child's third birthday through the remainder of the school year and must establish a transition plan.

Validation Planning and Data Collection

OSEP with the Steering Committee identified three recurring themes about early intervention services in Nebraska leading to the validation data collection phase: (1) What sources of funding are available to support service coordination beyond age 3 and how many families want service coordination after age 3? (2) What training has been provided for parents about transition? (3) What are the obstacles in transition? Is the transition page on the IFSP used effectively to identify the supports children and families require in as they transition from Part C to Part B?

Two areas of inquiry (numbers 2 & 3 above) were incorporated into the next phase of OSEP'S visit to the State. The issue of service coordination beyond age three is an area the Steering Committee plans to study. A major concern heard from many providers and parents throughout the State related to the loss of service coordination at age 3.

Across the State, early intervention providers and administrators informed OSEP that the vast majority of toddlers served in early intervention transition into preschool special education services. Anecdotal reports indicate that 90-100% of the children transition into special education, with a few children enrolled in Head Start, as space is available.

Analysis of data resulted in the identification of the following strength and suggestion for improved results for infants and toddlers and their families.

A. STRENGTH**1. Parent Education Seminars**

The State offers many opportunities for parent training about transitions that families with young children experience. The Part C staff at the Nebraska Parent Training and Information Center conduct early intervention transition seminars six times a year for parents. These seminars focus on the multiple transitions experienced by children and their families -- from hospital to home, to another service coordinator, at age three, etc. Parents take advantage of these seminars and reported that they were helpful. As noted below, improvements in the system could make transition even stronger.

B. SUGGESTION FOR IMPROVED RESULTS FOR INFANTS AND TODDLERS AND THEIR FAMILIES**1. Limited transition options for children not eligible for preschool special education**

While transition planning conferences are conducted for children who are not eligible for preschool special education services, administrators and service coordinators told OSEP that there are often few, if any, options available for those toddlers not eligible for Part B preschool services at age three particularly in rural communities. OSEP encourages the State to continue to pursue avenues to support children and families at this crucial transition, particularly toddlers who do not qualify for preschool special education services.

VI. PART B: PARENT INVOLVEMENT

A purpose of IDEA 97 is to expand and promote opportunities for parents and school personnel to work in new partnerships at the State and local levels. Parents must now have an opportunity to participate in meetings with respect to the identification, evaluation, and educational placement of their child, and the provision of a free appropriate public education for their child. Parental involvement has long been recognized as an important indicator of a school's success and parent involvement has positive effects on children's attitudes and social behavior. Partnerships positively impact achievement, improve parents' attitudes toward the school, and benefit school personnel as well.

Validation Planning and Data Collection

Data was gathered at public input sessions and at Steering Committee meetings. As part of the public input sessions, OSEP asked the following questions: "Is the provision of a free appropriate public education facilitated through parent partnerships?" and "Do parents have an equal decision-making authority in the program planning process?" Responses by parents included that parents are invited to participate in the decision-making process, parents felt the State had adequate procedural safeguards, and that parents in more urban areas had better access to the parent involvement programs sponsored by the Parent Training and Information Center.

At the end of the Validation Planning process, the Steering Committee and OSEP discussed the results of the public input sessions and agreed to examine how local districts promote parent participation at IEP meetings and how local districts and the Parent Training and Information Center provide parent training, including parent training in rural areas. During the Validation Data Collection phase, OSEP collected information from the review of children's records and State and Local policies and procedures, and interviews with State personnel, local program administrators, teachers, related services providers, and parents. OSEP analyzed the data and identified the following strength and suggestion for improved results.

A. STRENGTH

General Training

Parents and educators informed OSEP that the Nebraska Parent Training and Information Center provides timely and accurate information to parents throughout the State. Additionally, the Parents Encouraging Parents Conference provides training and resource information to more than 300 families, including foster parents of children with disabilities. Participants at public input meetings, at parent focus groups and at State Steering Committee meetings identified parent involvement as a priority.

B. SUGGESTION FOR IMPROVED RESULTS**Specific Training Areas**

Although the Parent Training and Information Center provides timely and accurate information throughout the State, the Steering Committee identified a concern about the availability of training for parents in rural areas. As noted above, in general training for parents is available. OSEP recommends the State continue to focus on training to expand the awareness of parents in rural areas about their due process rights, State and Federal legislation that impacts on special education, and effective methods for meaningful participation in the individualized education program (IEP) process. Parents stated that parents of children with disabilities who live in rural areas of the State would benefit from expanded opportunities to share ideas and information on parenting and educating a child with a disability.

VII. PART B: FREE APPROPRIATE PUBLIC EDUCATION IN LEAST RESTRICTIVE ENVIRONMENT

The provision of a free appropriate public education in the least restrictive environment is the foundation of IDEA 97. Both the IDEA 97 statute and the regulations (evaluation, IEP, parent and student involvement, transition, participation in large-scale assessment, eligibility and placement decisions, service provision, etc.) exist to achieve this single purpose. It means that children with disabilities receive educational services at no cost to their parents, and that the services provided meet their unique learning needs. These services are provided, to the maximum extent appropriate, with children who do not have disabilities and, unless their IEP requires some other arrangement, in the school they would attend if they did not have a disability. Any removal of children with disabilities from the regular educational environment occurs only when 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.

The IDEA 97 Committee Reports of the Senate Committee on Labor and Human Resources and the House of Representatives Committee on Education and the Workforce emphasized that too many students with disabilities are failing courses and dropping out of school. Those Reports noted that almost twice as many children with disabilities drop out as compared to children without disabilities. They expressed a further concern about the continued inappropriate placement of children from minority backgrounds and children with limited English proficiency in special education. The Committees stated their intention that “once a child has been identified as being eligible for special education, the connection between special education and related services and the child’s opportunity to experience and benefit from the general education curriculum should be strengthened. The majority of children identified as eligible for special education and related services are capable of participating in the general education curriculum to varying degrees with some adaptations and modifications. This provision is intended to ensure that children’s special education and related services are in addition to and are affected by the general education curriculum, not separate from it.”

Validation Planning and Data Collection

During the Validation Planning phase OSEP and the Steering Committee collected information through public input meetings to formalize the Nebraska self-study. The self-study focused on two questions: “Are adaptations being implemented in the regular education classroom?” and “Is there a disparity between urban and rural areas regarding service provision for students with disabilities?” One of the questions posed at the public input sessions was: “Do students with disabilities receive a free appropriate public education in the least restrictive environment that promotes a high quality education?”

During the Validation Data Collection phase OSEP collected information from the review of student records, State and local policies, procedures and placement data, and interviews with State and local personnel, local program and building administrators, teachers, parents, and related service providers. Analysis of data by OSEP resulted in the identification of the following areas of noncompliance and suggestions for improved results.

A. AREAS OF NONCOMPLIANCE

1. Placement in the Least Restrictive Environment

34 CFR §300.550 requires each public agency to ensure that, to the maximum extent appropriate, children with disabilities are educated with children who are not disabled. Placement in special classes, separate schooling or other removal of children with disabilities from the regular educational environment may occur 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. The services and placement needed by each child with a disability to receive a free appropriate public education must be based on the child's unique needs and not on the category of the child's disability.

OSEP learned in interviews with special education and general education staff in all five districts that the extent to which students with disabilities are educated with nondisabled students in the regular education classroom depended upon available educational aides. Special and regular education teachers reported insufficient number of paraprofessionals to enable students with disabilities to receive instruction, when appropriate, in the regular classroom. This resulted in children with disabilities occasionally not being placed in the least restrictive environment. For example, it was reported by regular and special education teachers and administrators that when paraprofessionals or educational assistants are not available to support the student with a disability in the regular education classroom as required by their IEP, the student remains in the special education class for that instructional period. Thus, the inability of schools to recruit and retain these staff has affected inclusion of students with disabilities in general education classrooms.

2. Related Services-Psychological Services

Under 34 CFR §300.300, public agencies must make a free appropriate public education, including special education services and any related services that the child needs to benefit from special education, to all children with disabilities. The definition of related services specifically includes the provision of psychological counseling if a child needs that service to benefit from special education.

Administrators and teachers in two districts informed OSEP that psychological counseling is not included in students' IEPs and provided as a component of a free appropriate public education, even if a student with a disability needs that service to benefit from special education. They explained that although there are students who require such counseling to benefit from special education, the necessary counseling is not the responsibility of the school and would not be provided as a component of a free appropriate public education regardless of student need.

B. SUGGESTIONS FOR IMPROVED RESULTS

The OSEP Validation Collection Phase took place in October 1998. Although many of the provisions of IDEA 97 were effective on June 4, 1997, some of the new requirements became effective for IEPs developed on or after July 1, 1998. OSEP did not review any IEPs that were developed, reviewed, or revised after July 1, 1998. The following observations by OSEP staff are presented to the NDE to work with districts throughout the state to ensure that monitoring and technical assistance activities conducted by the State address the following two new requirements of IDEA 97, namely participation in state and district-wide assessments and free appropriate public education for students whose behavior impedes learning. OSEP did not, therefore, make any findings of noncompliance regarding the new IEP requirements, but makes the following suggestions to assist NDE in ensuring future compliance.

1. State and District-wide Assessments

§612(a)(17)(A)); 614(d)(1)(A)(v)(I) and (II) of the Act

The State must demonstrate that children with disabilities are included in general State and district-wide assessment programs, with appropriate accommodations and modifications in the administration of the assessment, if necessary. As appropriate, the State or local education agency must develop guidelines for the participation of children with disabilities who cannot participate in State and district-wide assessment programs. The IEP must include a statement of any individual modifications in the administration of State or district-wide assessments of student achievement, if needed, for a child with a disability to participate in the assessment. If the IEP team determines that the child will not participate in a State or district-wide assessment (or part of an assessment), the IEP must contain a statement of why that assessment is not appropriate for the child and how the child will be assessed.

The State does not have a statewide assessment program and does not require local districts to conduct district-wide assessments. As noted above, the IEPs reviewed by OSEP were developed after June 4, 1997 and before July 1, 1998. Throughout all five districts, OSEP found inconsistent practice and rationale for the inclusion of students with moderate mental retardation in district-wide assessment programs. Although IEPs indicated that students would not be included in district-wide assessments, the students' IEPs did not specify why the assessment was not appropriate. Nor did the IEPs specify an alternate assessment.

2. Free Appropriate Public Education for Students Whose Behavior Impedes Learning

§614(d)(3)(B) of the Act

Provision of appropriate behavioral supports may contribute to a student's ability to remain in and succeed in the regular education classroom. If the IEP team determines that a student with a disability needs a particular device or service (including an intervention, accommodation, or other program modification), the IEP team includes a statement to that effect in the child's IEP.

In the case of a child whose behavior impedes his or her learning or that of others, school systems must consider, if appropriate, strategies, including positive behavioral interventions and

supports to address that behavior. OSEP learned through interviews with teachers in two districts the needs of students with more intensive behavioral needs are not being addressed.

In one district the lack of school-based expertise and the limited availability of technical assistance providers resulted in students not being able to access the regular education classroom programs. For example, one of the students in this district was required to wait several months for a behavioral intervention plan to be developed.

OSEP suggests that NDE develop strategies and training to ensure that expertise is readily available to each school district to develop behavior intervention plans in a timely manner so that students will receive free appropriate public education.

VIII. PART B: SECONDARY TRANSITION

The National Longitudinal Transition Study of Special Education Students reports that the rate of competitive employment for youth with disabilities out of school three to five years was 57 percent, compared to an employment rate of 69 percent for youth in the general population. The Study identified several factors that were associated with post-school success in obtaining competitive employment and earning higher wages for youth with disabilities. These included completing high school, spending more time in regular education, and taking occupationally oriented vocational education courses in secondary school. The Study has shown that post-school success is associated with youth who had a transition plan in high school that specified an outcome, such as employment, as a goal.

The 1998 results of a research study conducted by DeStefano, Hasazi and Furney on the implementation of the transition requirements of IDEA at the State and local levels from 1991 through 1999 concluded that in order to encourage the development and implementation of effective practices and policies related to transition, State and local districts might consider the following: link transition initiatives to related structuring initiatives; expand participation of parents and students in policy development, governance, transition planning and evaluation; support the development of substantive approaches to interagency collaboration; include research and evaluation activities at all levels of implementation in order to inform planning, policy and program improvement; expand secondary/transition options for specific populations of students, particularly those labeled with emotional and behavioral disabilities; and expand postsecondary options for students with disabilities. Results of not meeting IDEA 97 requirements for transition may include: students are not actively involved in transition planning; students do not receive appropriate transition services; parents are uninformed about their student's individual transition needs and postsecondary outcomes; and transition plans do not reflect a coordinated set of activities within an outcome-oriented process which promote movement from school to post-school activities.

Validation Planning and Data Collection

Based on NDE's self study and public input during validation planning, the Steering Committee requested that OSEP investigate the following issues related to the inconsistencies in transition planning: (1) Lack of training for parents and professionals; (2) Disparity of transition services between rural and urban settings; and (3) Transition programs and opportunities impacted or limited by available resources.

A focus question asked during the public input meetings was: "Do students with disabilities ages 14 and older, receive instruction and coordinated services that facilitate successful transition from school to work and from school to postsecondary activities?" Responses included that transition services were not always available to students ages 14 and older. During the Validation Data Collection phase, OSEP reviewed student records and interviewed building administrators, teachers, parents, rehabilitation counselors, transition coordinators, and district directors of special education. Public input during the Validation Planning phase and

results of OSEP data collection and analysis identified the following strengths and areas of noncompliance.

A. AREAS OF STRENGTH

Transition Project

The NDE Transition Project conducted a 1998 Transition Survey of students and parents to assess the status of students with disabilities following high school exit and to determine their perceptions of high school experiences, including the provision of transition services, employment, postsecondary education, access to adult service agencies and government benefits. Nebraska will use the results of the survey to ensure an on-going assessment of, and response to, the transition experiences and adult living status of individuals.

Transition Advisory Committee

The State of Nebraska established a State transition advisory committee. The committee is comprised of parents, teachers, administrators, employers and representatives from other agencies including the Department of Labor, Department of Health, Social Security and the Department of Social Services. The committee coordinates the efforts of these organizations in providing transition services to students with disabilities, gathers materials, sets priorities and assists public agencies in developing linkages and cooperative agreements in communities.

Rehabilitation Counselors

The OSEP-funded Transition Systems Change Grant provided funds to employ rehabilitation counselors at 18 sites throughout the State for the purpose of providing direct consultative services to individual students, and training and consultation with teachers and other service providers in public agencies. Part B funds are used to continue these positions after the grant terminated.

Interagency Collaboration

Interagency agreements have been developed to promote quality transition programs for youth with disabilities. NDE and the Office of Vocational Rehabilitation jointly fund the position of Vocational Rehabilitation Transition Coordinator. Juvenile justice transition services are provided to incarcerated youth through a jointly funded initiative of the Office of Vocational Rehabilitation and Office of Juvenile Justice. Approximately 100 students in an Omaha juvenile justice facility are provided job coaching, mentoring and GED programs. The State of Nebraska also funds the Job Coordinator Training Program for school-based job coaches.

B. AREAS OF NONCOMPLIANCE**Lack of Notice of Transition to Students**

34 CFR §300.345(b)(2) requires that if a purpose of an IEP meeting is the consideration of transition services for a student, the notice must indicate this purpose, indicate that the agency will invite the student, and identify any other agency that will be invited to send a representative.

34 CFR §300.344(c) requires that, if a purpose of the meeting is the consideration of transition services for a student, the public agency shall invite: the student; and a representative of any other agency that is likely to be responsible for providing or paying for transition services. If the student does not attend, the public agency shall take other steps to ensure that the student's preferences and interests are considered; and if an agency invited to send a representative to a meeting does not do so, the public agency shall take other steps to obtain the participation of the other agency in the planning of any transition services.

In two of the five school districts visited, even though transition planning was discussed in the meeting, meeting notices failed to indicate that one of the purposes of the meeting was for the consideration of transition services for the individual student.

IX. PART B: GENERAL SUPERVISION

IDEA assigns responsibility to State education agencies for ensuring that its requirements are met and that all educational programs for children with disabilities, including all such programs administered by any other State or local agency, are under the general supervision of the individuals in the State who are responsible for educational programs for children with disabilities and that these programs meet the educational standards of the State educational agency. State support and involvement at the local level are critical to the successful implementation of the provisions of IDEA. To carry out their responsibilities, States provide dispute resolution mechanisms (mediation, complaint resolution and due process), monitor the implementation of State and Federal statutes and regulations, establish standards for personnel development and certification as well as educational programs, and provide technical assistance and training across the State. Effective general supervision promotes positive student outcomes by promoting appropriate educational services to children with disabilities, ensuring the successful and timely correction of identified deficiencies, and providing personnel who work with children with disabilities the knowledge, skills and abilities necessary to carry out their assigned responsibilities.

If a State uses Part B funds that it receives under section 611 of the Act to provide early intervention services to infants and toddlers under the age of three, the State must comply with both Part C and Part B requirements in providing those services. In regard to those services, the State's lead agency(ies) for Part C must ensure compliance with the requirements of Part C, and the State educational agency must ensure compliance with the requirements of Part B.

Validation Planning and Data Collection

During the Validation Planning process, public input sessions were held. Participants at the sessions were asked: "Does the State exercise effective general supervision of the implementation of IDEA?" Respondents identified lack of training for professional and paraprofessional staff in certain areas of the State, and availability of related services personnel.

During the Validation Data Collection process, OSEP collected information from the review of State and local policies and procedures, including monitoring, State complaint and due process information, personnel certification data, and conducted interviews with State and local special education personnel, teachers, parents, and related services personnel. OSEP identified the following suggestion for improved results.

SUGGESTION FOR IMPROVED RESULTS

1. Comprehensive System of Personnel Development (CSPD) Training for Paraprofessionals and Professionals

A. Training for Paraprofessionals

Each State is required by IDEA 97 to develop and implement a comprehensive system of personnel development, including the analysis of State and local needs for professional development, and a description of the strategies the State will use to address identified needs. School systems across Nebraska utilize paraprofessionals and educational assistants as a resource to support students and teachers in regular and special education classrooms. Administrators and teachers stated school systems have not recruited and retained an adequate number of paraprofessionals who are prepared to meet challenges of students with disabilities in the regular and special education classroom.

Across the five districts visited by OSEP, special and general education staff identified the following barriers to meeting requirements for an adequate supply of qualified personnel: (1) limited formal training opportunities for paraprofessionals to gain the necessary skills to meet the challenging and complex needs of students with disabilities; and (2) a highly competitive job market with low salary levels for paraprofessionals. Although the NDE sponsors one annual training program for paraprofessionals, administrators and educators in each of the five school districts recognized the need for more extensive and more frequent training for paraprofessional educators.

B. Training for Professionals

The State's comprehensive system of personnel development must include a description of how the state prepares general education personnel with the content knowledge and collaborative skills needed to meet the needs of children with disabilities (34CFR§300.381). Because IDEA 97 requirements underscore the importance of students with disabilities access to the general curriculum and their placement in the regular education classroom, it is critical that regular education teachers participate in the IEP process to ensure accommodations and modifications are delivered under §614(d)(3)(c) of the Act.

Special education staff in four districts reported that training for regular education staff concerning the special education process is provided informally when the regular education teachers attend IEP meetings. Interviews in these four districts revealed teachers are aware of the concept of inclusion, but do not understand how to implement the specific learning strategies or provide required accommodations in the regular education classroom for students with disabilities. They further reported that the regular education teacher has not been adequately trained to maximize the skills of the special education paraprofessionals in the regular classroom. Additionally, special education staff reported little or no training for regular education teachers to allow them to effectively understand their role and participation in the IEP process.

The staff suggested that training should be offered to provide a general orientation about students with disabilities and to heighten awareness of specific individual student needs. Although OSEP did not find evidence of noncompliance in the public agencies visited, OSEP agrees that it is critical that the State continue to collect comprehensive data regarding personnel needs with respect to paraprofessionals and regular education teachers to develop a formalized training program to ensure an adequate supply of knowledgeable, appropriately trained personnel to support students with disabilities in regular education classrooms.