



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

NOVEMBER 25, 1997

Honorable Mary O. Elder
Executive Director
Texas Interagency Council on Early Childhood Intervention
4900 North Lamar Boulevard
Austin, Texas 78751-2399

Dear Ms. Elder:

During the week of September 16, 1996, the Office of Special Education Programs (OSEP), United States Department of Education, conducted an on-site review of the Texas Interagency Council on Early Childhood Intervention's (ECI) implementation of Part H of the Individuals with Disabilities Education Act (IDEA). The purpose of the review was to determine whether ECI is meeting its responsibility to ensure that services for infants and toddlers with disabilities are administered in a manner consistent with the requirements of Part H. During that week, OSEP also reviewed the Texas Education Agency's (TEA) implementation of Part B of the IDEA, to determine the status of TEA's compliance with the Federal requirements related to the provision of special education and related services for children and youth with disabilities in Texas. OSEP's findings concerning Part B have been addressed in a separate letter to TEA, dated September 16, 1997. For Part H, OSEP found no violations of the law or regulations, and thus has not requested formal corrective actions. This letter presents findings regarding commendable State initiatives, as well as areas of concern related to systemwide implementation, with specific recommendations for improvement.

OSEP's MONITORING METHODOLOGY

Pre-site Document Review:

As in all States, OSEP used a multifaceted process to review the implementation of Part H in Texas. In addition to on-site visits, this process included: review and approval of the State's Part H application which sets out the State's statutes and regulations, policies and procedures, and interagency agreements that impact the provision of services to Infants and toddlers with disabilities and their families; review of the State's Part H self-assessment, other correspondence, and telephone calls that OSEP received regarding the State's implementation. Prior to its visit to Texas, OSEP also requested and reviewed additional documentation regarding the State's compliance with requirements regarding due process hearings, complaint resolution, and monitoring, as well as the child count.

Involvement of Parents and Advocates:

During the week of April 22, 1996, OSEP held six public meetings in Austin, Dallas, El Paso, Harlingen, Houston, and Lubbock. Also during that week, Dr. Stettner-Eaton (OSEP's Part H contact for Texas), Dr. Gregory Corr (OSEP's Team Leader) and Ms. Debra Sturdivant (OSEP's Part B contact for Texas), met with representatives from advocacy groups in two outreach meetings. Dr. Stettner-Eaton also interviewed a number of ECI staff, and reviewed ECI documents.

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The purpose of the public and outreach meetings was to solicit comments from parents, advocacy groups, service providers, administrators and other interested citizens regarding their perceptions of the implementation of the IDEA, both Parts H and B, in Texas. In the letters inviting interested parties to the public meetings, OSEP also invited them to provide written comments and telephone input regarding their perceptions.

During the on-site visit, OSEP conducted small group parent interviews in three of the public agencies it visited in order to hear parents' impressions of early intervention services provided to their children. These meetings provided OSEP staff with parents' views of the effectiveness of the early intervention services provided by ECI to infants, toddlers and their families, as well as the challenges faced. OSEP was also interested in determining the extent to which family-oriented and culturally competent services were being delivered. In addition, OSEP staff conducted a teleconference with representatives of the executive committee of the Advisory Committee (the State's Interagency Coordinating Council), and met with ECI directors attending the Directors' Forum to obtain perceptions from both groups as to the challenges facing Texas in the implementation of Part H.

Selection of Monitoring Issues and Agencies to Visit:

OSEP focuses its compliance review in all States on those core requirements that are closely related to child and family results: the State system for identifying and ensuring the correction of deficiencies in delivery of services through monitoring; ensuring that all eligible children with disabilities receive appropriate early intervention services as determined through the development and implementation of an individualized family service plan; the provision of transition planning; and ensuring that parents are appropriately included in all aspects of the decision-making process. The information that OSEP obtained from its pre-site public meetings and outreach meetings, interviews with State officials, results of the Part H self-assessment and other State documentation assisted OSEP in:

- (1.) identifying the issues faced by parents and others interested in the provision of early intervention services in Texas;
- (2.) selecting additional monitoring issues for review while on-site; and
- (3.) selecting the sites to be visited.

On-site Data Collection and Findings:

Dr. Stettner-Eaton interviewed State lead agency and executive staff, Self-assessment team, and interagency collaborators, including Ms. Jill Gray of the TEA, and reviewed relevant ECI documentation. Dr. Stettner-Eaton and Ms. Maryann McDermott (OSEP staff visited and collected implementation data from ECI programs operated by a variety of administrative entities (i.e., public school district, private non-profit agency, and State Mental Health/Mental Retardation agency). Where appropriate, OSEP has included in *Concerns and Recommended Action* data that it collected from those agencies and individuals that support or clarify our concerns regarding the effectiveness of ECI's system of early intervention services, consistent with the requirements of Part H.

COMMENDABLE STATE INITIATIVES

We found that the Texas Interagency Council on Early Childhood Intervention has taken a number of noteworthy initiatives to improve services to infants and toddlers with disabilities and their families, including comprehensive program evaluation, data collection and analysis; rigorous monitoring that is closely tied to technical assistance; policies and procedures to ensure that services are provided in natural environments; effective State complaint procedures, and orientation for new ECI program directors. ECI has devoted considerable resources to these initiatives and, based on our visit, the result has been positive for eligible children and their families.

ECI's in-house ability to analyze significant demographic and programmatic data, and present them in a cogent, visually appealing manner, has enabled the program to provide objective, high-quality information about the service system, and provide specific information and data requested by the Governor, the State Legislature, and other policy-makers about the statewide system. Guided by a highly competent evaluation staff, the collection of broad-based data related to all aspects of service delivery for infants and toddler with disabilities, and their families, promotes informed decision-making and enhances ECI's planning and forecasting abilities.

ECI-funded programs receive an on-site monitoring visit by ECI annually for the first two years of funding and at least once every three years thereafter. Based on the results of the monitoring visit, a program may receive additional monitoring visits. Monitoring visits typically involve a three-person team to examine the entire scope of the program, including review of child records, compliance with relevant Federal and State statutes and regulations, fiscal accounting and audit reports, health standards, and personnel standards. At the exit conference of each visit, a program is notified of its status on ECI's three-point monitoring classification scale, a corrective action plan (CAP) is developed, and technical assistance designed to meet the needs identified in the CAP is provided. At the time of our on-site visit, we observed the process by which the ECI staff recommended that a program that had received a Level-3 monitoring rating (i.e., systemic and substantial violations of State and Federal requirements) be de-funded. This process was extremely time-consuming for both the ECI staff and members of the Advisory Committee, and was conducted in a highly professional manner.

The ECI staff has developed policies and procedures that promote the principles of providing services in natural environments. On March 21, 1996, ECI disseminated a revision to its ECI Policies and Procedures Manual, which reflected changes to the provision of services in the natural environment. The document integrated the description of service delivery in the natural environment throughout, rather than providing the information in a separate section. ECI contractors were informed that "as of September 1, 1996, all programs were to have an approved natural environment plan which described the steps and timelines that would be taken to ensure that all services were delivered in natural environments by September 1, 1998." ECI staff and contractors reported that significant training opportunities and technical assistance fostered a dramatic change in the location of early intervention services from separate, center-based models to services in natural environments over an 18-month period.

A review of the State complaint system over the past two years revealed that ECI routinely completed the process within the 60-day timeline. In each of the 10 cases that OSEP reviewed, ECI followed up the letter of findings with direct contact with the contractor and required staff training by the “State team,” subsequent follow-up monitoring, or dictated the need for convening a new individualized family service plan (IFSP) meeting to rectify incorrect procedures. It appears that the ECI staff takes seriously their responsibility for supervision and monitoring.

Finally, ECI has developed a comprehensive orientation program for new program directors that includes two to three days of intensive training on all aspects of administration of early intervention services in Texas. The training includes understanding of ECI philosophy, working effectively with parents, review of Federal and State regulations related to Part H, fiscal and budgeting responsibilities, monitoring and technical assistance, and performance expectations. ECI directors spoke very highly of this training.

AREAS OF CONCERN AND RECOMMENDED ACTION

OSEP's monitoring places a strong emphasis on those requirements most closely associated with positive results for children with disabilities and their families. Therefore, OSEP recommends attention to the following three issues to further improve early intervention services in Texas:

1. CHILD FIND:

Child find activities are at the heart of implementing this program. While Texas reported serving 10,078 children on the December 1, 1996, child count or approximately 1% of the birth-through-two-year-olds, the need to improve child find was identified in a pre-site public meeting, the Part H Self-Assessment, and in the interview with members of the Executive Committee of the Advisory Committee. The major areas of concern related to child find were the need to target specific activities to members of the child care community, medical professionals, and ethnically-diverse populations.

The need to increase public awareness and professional awareness of ECI was also identified through the self-assessment process. Members of the State self-assessment team recommended the need for “more direct contact and effort with teaching institutions, professional associations, and key staff in medical settings. Also, stronger links with child-care professionals at the local and State level are needed.”

Recommended action:

Through the self-assessment process, ECI identified child find as one of the five areas to target for improvement over the next year. We recommend that ECI plan activities specifically designed statewide to address the issues related to child find, particularly in the areas identified by the State's self-assessment.

2. SERVICES TO AUDITORIALLY AND/OR VISUALLY-IMPAIRED CHILDREN:

At the time of OSEP's visit, the Memorandum of Agreement between TEA and ECI relating to the provision of services to children with auditory and/or visual impairments had just been implemented. This Memorandum of Agreement provided a collaborative framework by which early intervention services would be provided to these eligible infants and toddlers. Prior to the implementation of Part H, infants and toddlers in need of auditory and/or visual services received them as a part of a free appropriate public education through TEA. This practice continued until the Memorandum of Agreement was implemented in November of 1995, which delineated the responsibilities of each agency: TEA was to provide the specifically trained qualified personnel and ECI was to develop and implement the remainder of the IFSP. Collaboration between ECI and TEA personnel was critical.

The need for improved coordination of auditory and/or visual services for infants and toddlers first surfaced during the pre-site public meetings where one individual questioned which agency

(ECI or TEA) was responsible for transition from Part H to Part B services, given that both agencies were equally involved in service provision.

Based on information provided during interviews with the Advisory Committee, TEA, and Directors Forum, the provision of services to children who are auditorily and/or visually-impaired is uneven across the State. Several ECI directors reported that the autonomy of the local education agencies in their areas made it difficult for them to relinquish responsibility for those services, and that the current implementation was inconsistent and sometimes not well coordinated. It was also reported that staffs from both agencies have voiced frustration with the “shared responsibility” arrangement, particularly as it relates to supervision and accountability.

Recommended action:

OSEP recommends that ECI and TEA jointly survey the auditory/visual services to assess the level of existing coordination in the implementation of services to those children, with particular attention to the administrative aspects. This activity could be incorporated into ECI's regularly scheduled monitoring activities, and perhaps including interviews with parents as well as TEA and ECI service providers.

3. PROVISION OF RESPITE CARE:

OSEP found evidence that the provision and availability of respite care may not be uniform across the State. While respite care is not specifically identified or defined in 303.12(d) - Early intervention services, it may be identified on the IFSP as an early intervention service for a particular child, depending on the needs of the child and their family.

This issue was initially identified during the pre-site meeting with the Disability Policy Council. One of the advocates stated that respite care was not offered as an early intervention service to families, nor could ECI dollars, whether Federal or State, be used to pay for it. Another individual commented that some local ECI providers use local fund-raising to support this service.

OSEP was told by members of the Executive Committee of the Advisory Committee, that the provision of respite care was identified as an area that needed further development by ECI statewide. Several individuals at the Directors' Forum confirmed the policy that ECI funds could not be used to pay for respite care, adding that this hampered their ability to pay for and provide respite care to families in need. In addition, two of the agencies visited reported the need for additional resources for respite care. One also stated that they listed respite care under “other services” on the IFSP, and therefore ECI was not financially responsible. In discussion with the Deputy Executive Director of ECI, she confirmed for OSEP that respite care was brokered under “other services.”

Recommended action:

ECI issue guidance to clarify that respite care may be an early intervention service for a particular child and their family, based on their needs and results of evaluations and assessments. ECI should develop a plan to enhance ECI providers' ability to make respite care available, when appropriate.

Dr. Stettner-Eaton discussed OSEP's preliminary findings with you and Dr. Donna Samuelson at an exit conference held at the conclusion of OSEP's on-site visit. At that time, Dr. Stettner-Eaton invited ECI to provide any additional information for consideration by OSEP in the development of this letter. No further information was provided.

I want to thank you, your Austin-based staff, and ECI contractors across the State for the assistance and cooperation provided during our review. Throughout the monitoring process, staff was very responsive in providing information that enabled OSEP staff to acquire a better understanding of the implementation of Part H in Texas.

Section 631 of the recently reauthorized IDEA Amendments of 1997, Pub. L. 105-17, recognized the importance of early intervention services for infants and toddlers with disabilities and reconfirmed our belief that such services are in the best interest of these children, their families, schools, and society in general. We thank you for your continuing efforts to improve early intervention services and results for the youngest of children with disabilities in Texas.

Sincerely,

Thomas Hehir

Director

Office of Special Education Programs

cc: Dr. Donna Samuelson