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

January 8, 1998

Honorable Norma Paulus
Superintendent of Public Instruction
Oregon Department of Education
255 Capital Street, N.E.
Salem, Oregon 97310-0203

Dear Superintendent Paulus:

During the week of April 28, 1997, the Office of Special Education Programs (OSEP), United States Department of Education, conducted an on-site review of the Oregon Department of Education's (ODE) implementation of the Individuals with Disabilities Education Act (IDEA), and the Education Department General Administrative Regulations (EDGAR). The purpose of the review was to determine whether ODE is meeting its responsibility to ensure that its educational programs for children with disabilities are administered in a manner consistent with the requirements of IDEA, and more specifically with the provisions of Part H (Early Intervention Program for Infant and Toddlers with Disabilities) and Part B (Assistance to States and Preschool Grants for Children with Disabilities). Enclosure A to this letter describes OSEP's monitoring methodology; Enclosure B lists several commendable initiatives; and our findings and corrective action procedures are in Enclosure C for Part H, and Enclosure D for Part B.

Because OSEP conducted the on-site review prior to the June 4, 1997 enactment of the IDEA Amendments of 1997, OSEP's compliance determinations and the findings in this report are based upon the requirements of IDEA as in effect prior to the enactment of those Amendments. OSEP will work with ODE to ensure that all corrective actions, in addition to correcting all deficiencies, are consistent with the requirements of IDEA as in effect at the time that the corrective actions are implemented.

As addressed in Enclosure B, we also found that ODE had taken a number of noteworthy initiatives to improve early intervention and educational services for infants, toddlers, children and youth with disabilities. For instance, ODE and the State Interagency Coordinating Council (SICC) is committed to a seamless system of early intervention and early childhood special education (EI/ECSE) services that supports families with children from birth through four with one service coordinator and one team of providers. ODE has a very strong, committed team of State EI/ECSE staff. The SICC is undertaking a number of strategies to elicit more parental participation in SICC and local interagency coordinating councils. ODE also has a comprehensive and well-

designed monitoring system that builds local agency capacity to ensure compliance. OSEP was also impressed with ODE s complaint management system: ODE s new procedures have resulted in all complaints being resolved within the 60-day time limit, except in those cases where exceptional circumstances exist with regard to a particular complaint.

As this is OSEP's initial effort to review programs and services under Part H of IDEA, this office was pleased to find parents report that Oregon s early intervention services are family-centered. Families told OSEP that service providers recognize the importance of the child s family and respect family decision-making. Family-centered services are one of the major cornerstones of the Infant and Toddler Program authorized through IDEA.

ODE implemented a number of corrective actions to address the findings in OSEP's November 15, 1993 monitoring report related to Part B. As part of the current review, OSEP found no systemic deficiencies in the following areas: general supervision; complaint management; local educational agency applications; protection in evaluation procedures; due process and procedural safeguards; and placement in the least restrictive environment.

OSEP's monitoring places a strong emphasis on those requirements most closely associated with positive results for children and youth with disabilities under Part B, and has extended its review procedures to include programs and services for all children with disabilities from birth through twenty one years of age. OSEP concentrated the efforts of this review on those provisions of IDEA relative to the effectiveness of ODE's systems for: identifying and ensuring the correction of deficiencies through monitoring; ensuring that all eligible students with disabilities receive a free appropriate public education, as determined through the development of an individualized education program (IEP); placement in the least restrictive environment; the provision of needed transition services from school to post-secondary activities; and ensuring that parents are appropriately included in decision-making regarding the education of their child with a disability.

Our monitoring revealed that ODE has not ensured compliance with all aspects of Part H and Part B of IDEA. Relative to Part H, OSEP found that ODE did not ensure that (1) agencies provided early intervention services that are designed to meet the developmental needs of each eligible child, and are consistent with the content of the child and family s IFSP, including frequency, intensity, location and method for delivering services; (2) agencies addressed the child s needs for health services necessary to participate in early intervention, and that service coordination to assist a child in receiving services authorized under the State s early intervention program was being implemented; (3) a systemic integration of other services, particularly health and medical services, which the child needs but are not required under Part H as reflected in IFSPs had been established; and (4) early intervention services were monitored to

ensure that early intervention services are provided in accordance with items 1-3 in this paragraph.

Relative to Part B, OSEP found that ODE did not ensure that: (1) special education programs in youth and adult county correctional facilities were monitored for compliance with IDEA requirements; (2) all students with disabilities received a free appropriate public education, including the provision of related services and extended school year services, as appropriate; (3) parent notice of an IEP meeting included, for students aged sixteen and older, that transition would be a purpose of the meeting, and that the child and, as appropriate, other agency representatives would be invited to attend the meeting; and (4) statements of needed transition services included all required components and were, as a part of students' IEPs, reviewed and revised, as appropriate, on no less than an annual basis.

Dr. Gregory R. Corr, the OSEP monitoring team leader, and Ms. Sheryl Parkhurst discussed the team's preliminary findings with Mr. Steve Johnson, staff members of the Oregon Office of Special Education, and other interested parties at an exit conference held at the conclusion of OSEP's on-site visit. At that time, Dr. Corr invited ODE to provide any additional information it wanted OSEP to consider during the development of OSEP's monitoring report. No additional information was submitted.

The findings in this Report are final, unless -- within 15 days from the date on which ODE receives this Report -- ODE concludes that evidence of noncompliance is significantly inaccurate and that one or more findings is incorrect and requests reconsideration of the finding(s). Any request for reconsideration must specify the finding(s) for which ODE requests reconsideration, and factual and/or legal basis for the request, and must include documentation to support the request. OSEP will review the request for reconsideration and, if appropriate, issue a letter of response informing ODE of any revision to the findings. Requests for reconsideration of a finding will not delay Corrective Action Plan development and implementation of time lines for findings not part of the reconsideration request.

I thank you for the assistance and cooperation provided during our review. Throughout the course of the monitoring process, Mr. Johnson and staff members were responsive to OSEP's requests for information, and provided access to necessary documentation that enabled OSEP staff to acquire an understanding of Oregon's various systems to implement Part B and Part H.

Ms. Linda Whitsett (Part B) and Dr. Sarah Willis (Part H), OSEP's State contacts for Oregon, are available to provide technical assistance during any phase of the development and implementation of ODE's corrective actions. Please let me know if we can be of assistance.

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 reaffirmed our belief that such services are in the best interests 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 Oregon.

Prior to the enactment of the Individuals with Disabilities Education Act (IDEA) and its predecessor the Education of All Handicapped Children Act, one million children with disabilities were excluded from school altogether, and another 3.5 million were not receiving appropriate programs within the public schools. The enactment of IDEA and the joint actions of schools, school districts, State educational agencies and the Department, enable more than 5.4 million children with disabilities to participate in our country's public educational programs. Thank you for your continued efforts toward the goal of improving education programs for children and youth with disabilities in Oregon.

Sincerely,

Thomas Hehir
Director
Office of Special Education
Programs

Enclosures

cc: Mr. Steve Johnson

ENCLOSURE A

OSEP's Monitoring Methodology

Pre-site Preparation: As in all States, OSEP used a multifaceted process to review compliance in Oregon. In addition to on-site visits, this process includes: review and approval of the State's Part B State plan and Part H application, which include the State's statutes and regulations, policies and procedures, and interagency agreements that impact the provision of services to children and youth with disabilities; and review of complaints, requests for secretarial review, other correspondence, and telephone calls that OSEP receives regarding the State's compliance. Prior to its visit to Oregon, OSEP also requested and reviewed additional documentation regarding the State's implementation of compliance with requirements regarding due process hearings, complaint resolution, and monitoring, as well as child count and placement data.

Involvement of Parents and Advocates: During the week of March 3, 1997, OSEP held four public meetings in Salem, Bend, Roseburg, and Portland. The meeting in Salem was expanded through Ed-Net connections with the following sites: La Grande, Pendleton, Eugene, Medford and Portland. OSEP also conducted outreach meetings with advocacy organizations, the State Interagency Coordinating Council, the State Advisory Council for Special Education, and Special Education Administrators, the Part H Self-Study Team, and Migrant Head Start Directors. The purpose of these meetings was to solicit comments from parents, advocacy groups, teachers, administrators and other interested citizens regarding their perceptions of ODE's compliance with Part B and Part H of IDEA.

During the on-site visit, OSEP's Part B monitoring staff held parent focus meetings in Portland and Salem to hear parents' impressions of special education services provided to their children. OSEP's Part H component conducted parent interviews with representative groups of families from each of the regional early intervention programs visited and a Migrant Head Start Program to hear parents' impressions of early intervention services provided to their children.

Selection of Monitoring Issues and Public Agencies to Visit: OSEP has identified core requirements that are most closely related to learner results, and focuses its compliance review under Part B in all States on those core requirements (e.g., transition from school to work and other post school activities, placement in least restrictive environment, parent participation in decision making, etc.). Similarly, OSEP has identified core components which help to focus its review of programs and services under Part H of IDEA (e.g., child find, coordination of early intervention services, development and implementation of Individualized Family Service Plans (IFSPs), transition from Part H to Part B and other services, family participation, interagency collaboration, monitoring procedures, etc.). OSEP also focusses its review in each State on requirements most relevant to that State's structure. The information that

OSEP obtained from its pre-site public meetings and outreach meetings, interviews with State officials, and review of State and local documentation, assisted OSEP in: (1) identifying the issues faced by consumers and others interested in special education and early intervention services in Oregon; (2) selecting monitoring issues (e.g., provision of related services) to be emphasized while on-site; and (3) selecting the sites to be monitored.

On-site Data Collection and Findings: The OSEP team included Dr. Gregory R. Corr, the OSEP Team Leader, Dr. Libby Doggett, Ms. Sheila Friedman, Ms. Judy Gregorian, Dr. Gerrie Hawkins, Ms. Sheryl Parkhurst, Dr. Helen Thornton and Ms. Linda Whitsett. Members of the OSEP team visited six school districts to review Part B programs. Sites chosen for the review included four high schools, two middle schools, and two elementary schools. This review included interviews with administrators, special education teachers, regular education teachers, and related service providers. Members of the OSEP team visited three Regional Early Intervention/Early Childhood Special Education Programs to review Part H. This review included interviews with State early intervention staff, four regional contract administrators, subcontract administrators in each region, service coordinators/service providers representing each of the areas of the state visited, two local education administrators, interagency representatives from two regions, and parents.

Where appropriate, OSEP has included in this letter data collected from those agencies to support or clarify OSEP's impressions regarding the sufficiency and effectiveness of ODE's systems for ensuring compliance with the requirements of Part B and Part H. The agency in which the supporting or clarifying data were collected is indicated by a designation such as "Agency A." The agencies that OSEP visited and the designation used to identify those agencies in Enclosures C and D of this letter are set forth below:

PUBLIC AGENCIES			
Part B Sites		Part H Sites	
Agency A	Bend-La Pine Administrative School District	Agency AA	Region 1 Early Intervention/Early Childhood Special Education Programs
Agency B	Cascade School District	Agency BB	Region 6 Early Intervention/Early Childhood Special Education Programs
Agency C	Lake Oswego School District	Agency CC	Region 8 Early Intervention/Early Childhood Special Education Programs
Agency D	Pendleton School District		
Agency E	Portland School District		
Agency F	Salem-Keizer School District		

General Corrective Action Procedures

In order to support the development of a mutually agreeable corrective action plan that will correct the findings in Enclosures C and D, and improve the results for infants, toddlers, preschoolers and school-aged students with disabilities, OSEP proposes that ODE representatives discuss with OSEP staff, either in a meeting or telephone conference, the findings and the most effective methods for ensuring compliance and improving programs for all children with disabilities in the State, and to agree upon specific corrective actions. We also invite a representative from Oregon's Special Education Advisory Council and the Interagency Coordinating Council to participate in that discussion. ODE's corrective action plan must be developed within 45 days of receipt of this letter. Should we fail to reach agreement within this 45 day period, OSEP will be obliged to develop the corrective action plan.

Page 6 of this letter outlines the general corrective actions that ODE must take to begin immediate correction of the findings in the Enclosures, as well as guidelines for the more specific actions that ODE must take to ensure the correction of each of the specific findings in Enclosures C and D.

ENCLOSURE B

COMMENDABLE INITIATIVES - PART H

The following are commendable ODE initiatives that OSEP identified during the on-site review.

1. Family centered early intervention services. All parents reported to OSEP that early intervention providers communicate respectfully, listen to families, and are tuned into parents and children. They are extremely creative. One parent said: When my son does something new, I immediately call my wife, my mom, and my early intervention specialists. (This was a parent whose family had recently become involved with Oregon s early intervention system.) Another parent stated, What early intervention does so well [is that it] makes life more manageable and focuses on parents.

2. State Leadership. ODE recently hired a State Superintendent for general supervision of EI/ECSE recently. ODE has a very strong, committed team of State EI/ECSE staff.

3. Evaluation of systems. In addition to the Part H Self Assessment, ODE is undertaking an evaluation and outcome planning process to be developed across agencies involved in the early intervention program.

4. Child Find. ODE is trying to find, identify, and develop IFSPs for all eligible children. The number of referrals is increasing each year. Oregon is currently serving 2.1% of all children birth through three.

5. Services to Families with Limited English Proficiency. In two areas of the state, OSEP identified a growing sensitivity to the needs of non-English-speaking families. Two interpreters were available for home visits, one of whom was a native speaker and demonstrated awareness of cultural issues as well. All of the child find materials were printed in Spanish and the families reported that they had copies of their children s IFSPs in Spanish.

COMMENDABLE INITIATIVES - PART B

1. SEA Monitoring: Despite the finding in this report regarding ODE's need to begin monitoring programs in youth and adult county correctional facilities, OSEP finds that ODE has a comprehensive and well-designed compliance monitoring system. ODE s monitoring system builds local agency capacity to ensure compliance. ODE monitors agencies and programs -- including early intervention/early childhood education, local school districts, educational service districts, private schools, long-term care facilities and State adult and juvenile correctional facilities -- on a six-year cycle. ODE s system requires that agencies participate in activities throughout the cycle, not just during the year of the on-site review. On years that ODE is not actually conducting an on-site review of the agency, those agencies participate in training, self-evaluations, census verification, and submission of comprehensive evaluations.

2. Special Education Programs in State Juvenile Correctional Facilities: OSEP noted impressive improvements in the provision of special education and related services in State juvenile correctional facilities. Two institutions and seven smaller programs serve approximately 860 youth, 85 percent of whom are eligible for special education and related services. Academic, vocational and special educators work together in a team structure, with each team serving about 40 students. The instructional program has been strengthened -- schools were accredited two years ago for the first time and college and armed services entrance examinations are now administered. Program staff also work closely with parents and local communities to prepare for the successful return of youth to public schools and their communities.

COMMENDABLE INITIATIVES - PART B

3. Services to Children and Youth with Deafblindness: This Oregon program promotes coordinated services which assist students with deafblindness to remain in their communities with families and friends and to be educated in local schools. The program services children birth through 21 years of age and provides technical support to multidisciplinary teams to effectively implement services needed by students with deafblindness. Using Federal and State funds, ODE supports a Deafblind Consulting teacher in each of the State's eight regions. Currently 70-80 students with deafblindness are served Statewide.

COMMENDABLE INITIATIVES - PARTS H AND B

1. Complaint Management: OSEP noted that ODE has dramatically improved its complaint management system since OSEP's last monitoring visit. Although there had previously been significant numbers of complaints that were not resolved within the 60 day time limit required by Part B, ODE has effectively implemented new procedures that have resulted in all complaints being resolved within the 60 day time limit, except in those cases when the time limit was extended where exceptional circumstances exist with respect to a particular complaint. OSEP found that ODE's complaint closure reports were clearly written, thoroughly addressed each allegation, and included decisions that were clearly linked to applicable law and regulation.

2. Alternative Dispute Resolution: Although IDEA was not amended until June 4, 1997 to require that States make mediation available, Oregon has offered mediation for a number of years. Mediators are trained and appointed by the State and made available to parents and local districts to resolve disputes. According to a recent survey commissioned by ODE, 33 of the State's 110 local educational agencies had used mediation over the past six years, accounting for a total of 93 mediations. In addition to mediation, ODE has promoted other forms of dispute resolution and conflict management that emphasize a systemic approach to preventive and negotiated methods of conflict resolution for preempting or resolving disputes.

3. Seamless early intervention/early childhood special education system (EI/ECSE). From the inception of Oregon s early intervention program under Part H, ODE was committed to establishing a seamless system of EI/ECSE. The system supports families with children ages birth through four, with the goal that one service coordinator and one team of EI/ECSE providers offer services to the child and family throughout this time period.

4. State Interagency Coordinating Council (SICC). SICC members are extremely committed to the seamless EI/ECSE family centered system and are undertaking a number of strategies to elicit more parental participation in SICC and local interagency coordinating councils. The SICC is developing a leadership identity that can support the Lead Agency and other State Agencies as the State early intervention system evolves into a collaborative, interagency system.

GENERAL CORRECTIVE ACTION PROCEDURES

In order to begin immediate correction of deficient practices ODE must undertake the following general corrective actions:

1. ODE must develop memoranda informing all public agencies of OSEP's findings and directing them to determine whether they have complied with the requirements of Part H and Part B, as clarified by OSEP's report. The memoranda must further direct these agencies to discontinue any noncompliant practices and implement procedures that are consistent with these Parts. ODE must submit these memoranda to OSEP within 30 days of the date of this letter. Within 15 days of OSEP's approval of the memoranda, ODE must disseminate them to all agencies throughout the State providing special education or related services to children and infants and toddlers with disabilities.

2. ODE must also disseminate memoranda to those agencies in which OSEP found deficient practices, as identified in Enclosures C and D of this letter, requiring those agencies to immediately discontinue the deficient practice(s) and submit documentation to ODE that the changes necessary to comply with the requirements of Part H and Part B have been implemented. The memoranda must be submitted to OSEP within 30 days of the issuance of the this letter. Within 15 days of OSEP's approval of the memoranda, they must be issued to those public agencies in which OSEP found deficient practices. ODE must send to OSEP verification that all corrective actions have been completed by these public agencies.

ENCLOSURE C: PART H FINDINGS

PART H FEDERAL REQUIREMENT/OSEP FINDING	EXPECTED RESULTS/ ACTION REQUIRED
PART I: CONTINUOUS SERVICES (YEAR ROUND) AND INDIVIDUALIZED FAMILY SERVICE PLANS, 303.12(a)(1), 303.342(b),(e), 303.344(d),(f). 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. 303.12(a)(1). The IFSP must be in effect for the duration of the infant s and toddler s eligibility for early intervention services in accordance with State and Federal requirements of the IDEA. 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. 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. 303.344(d), (f). **FINDINGS.** Based on OSEP s review of 30 IFSPs, interviews with State and regional administrators, service providers/service coordinators, and parents, OSEP finds that ODE has not effectively ensured that agencies provide early intervention services that are designed to meet the developmental needs of each eligible child, and in accordance with the content of the child and family s IFSP including frequency and intensity. In the three agencies visited, services were interrupted, modified, or changed in the frequency, intensity, and/or projected initiation dates and duration of early intervention services specified on the child s IFSP during the months of June, July, and August. These changes were made regardless of the needs of the child or parent, the duration of the IFSP, or services specified on the IFSP. Throughout the three agencies visited, early intervention services are based upon staffing patterns and available funds in the summer months, not the individualized needs of the child or family. OSEP s review of 30 IFSPs from Agencies AA, BB, and CC showed that services decreased in intensity and frequency during the months of June, July and August (5 IFSPs) even for infants with the most severe disabilities (3). Five IFSPs in Agency AA listed services throughout the year, but families reported that services were not delivered in June through August. Eleven IFSPs in Agencies BB and CC had the same end dates (on or around mid-June) for early intervention services provided by regional providers.	ODE must ensure that services on a child s IFSP are to be continuous (year-round) unless otherwise justified in the IFSP. ODE must ensure that services on a child s IFSP are designed to meet the developmental needs of each eligible child, and that IFSP services are provided in accordance with the frequency, intensity, and duration contained therein.

PART H FEDERAL REQUIREMENT/OSEP FINDING	EXPECTED RESULTS/ ACTION REQUIRED
Service providers/service coordinators, in all three agencies visited, told OSEP that they call for a meeting/ discussion on all children at the same time each year for the sole purpose of determining families' needs for summer services. These discussions always occur in the spring regardless of the date the child's IFSP was initiated. The service providers/service coordinators in Agency BB told OSEP that "sometimes service providers are not available during the summer. [We] try to have oversight during the summer. We are not able to provide a full range [of services] with all home visits. [We] provide some basic five week services over the summer." Four service providers/service coordinators in Agency CC stated that "goals [on IFSPs] are written as twelve months, but we contact families in the spring to see what families want to do during the summer months." Ten service providers/service coordinators interviewed by OSEP in Agency AA said that they do not provide services to infants and toddlers as frequently in the summer even though the five IFSPs reviewed from this Region indicated that services were to be continued for 12 months. Migrant Head Start Directors from across the State told OSEP that with the exception of one county in Oregon, early intervention services for infants and toddlers with disabilities enrolled in Migrant Head Start programs are not available during the months of June, July and August. Three subcontractors in Agency BB stated that their subcontracts are not funded to provide early intervention services throughout the year. OSEP s review of documents from the regional contractors revealed that in Agency BB, the Early Intervention Program Year is September 9 - June 12, when staff are available Monday through Friday. However, during the six week summer session, early intervention staff are available only Tuesday through Thursday. Another Agency BB provider s program year for early intervention is September through June with six week summer session beginning in early July. Initial IFSP meetings and evaluations for transition are the only services offered throughout the year. An IFSP meeting for one child in Agency AA was held in July, but services did not commence until September. Families in Agencies 1 and 2 were told that change during the summer was due to limited staff or limited budgets while families in Agency CC were told that they might want to make a change in their child s early intervention services because summer is a time when other children are home from school and that families normally take vacations over the summer. In Agency AA, parents told OSEP that they are given the staff s home number in case they needed to call or were given a home program for them to carry out over the summer. The ODE implements its State Operated Early Intervention services through annual contracts from July 1 through June 30, with regional public and private organizations which, in turn, subcontract with other organizations to provide direct early intervention services. The contractors in Agencies AA, BB, and CC told OSEP that they offered early intervention services throughout the year. One contractor stated that their program is called a year round program but services may be different in the summer. There is the struggle, from January on [of each year about] who will be available over the summer; therefore, the contractors asked their service providers to seek information from families in order to determine how families summer plans would affect the provision of early intervention services. Fifteen parents from the three Agencies reported to OSEP that it is the practice for early intervention providers to ask families what services the family wants to participate in during the summer months. No family told OSEP that they had requested a change in their child's IFSP or an interruption of	

services specifically for the summer months. Parents told OSEP that they needed early intervention services for their children over the summer months.	
PART H FEDERAL REQUIREMENT/OSEP FINDINGS	EXPECTED RESULTS/ ACTION REQUIRED
PART II: INDIVIDUALIZED FAMILY SERVICE PLANS (IFSPs): Health services and service coordination. 303.12(d)(4), 303.13, 303.22(a),(b), 303.344(d),(e). The IFSP provides a comprehensive picture of the child s total unique needs. Federal regulations require that IFSPs include health services when these services are necessary for the child to benefit from other early intervention services, during the time that the child is receiving the other early intervention services. 303.12(d)(4), 303.13, 303.344(d). The service coordination system must include activities to enable an eligible child to receive services that are authorized to be provided under the State s early intervention program. Service coordinators are responsible for coordinating all services across agencies, serving as a single point of contact in helping parents obtain services, and coordinating the delivery of early intervention services, including health and medical services where appropriate. 303.22(a),(b), 303.344(e). **FINDINGS.** OSEP finds that ODE has not effectively ensured that agencies address the child s need for health services necessary to participate in early intervention, and that service coordination to assist a child in receiving services authorized under the State s early intervention program is being implemented. In all IFSPs reviewed (30) across the three Agencies visited by OSEP, health and medical services were notably missing. Participation by medical and other health related providers in the IFSP process is sporadic across the Agencies visited. Even when health personnel participate in development of the IFSP, health and medical services are not listed as services to be addressed or secured. A review of five IFSPs in Agency AA revealed there were no health services listed, no indication of primary health care involvement in IFSPs, no indication that the staff are coordinating with health care professionals, and no evidence that the overall health and medical needs, such as the need for immunizations, or a consult with the doctor or nurse regarding the child s condition, were being addressed. Given the nature of these children s disabilities, OSEP would have expected to find an indication that health related needs either as an early intervention service or as other services the child may need, but not require, were being addressed. A review of four IFSPs of children with severe medical conditions in Agency CC indicated that none of the children had any IFSP outcomes related to their health condition, although in two instances, a nurse attended the IFSP meeting. In Agency BB, seven IFSPs of children with significant health needs had no health services listed, no indication of primary health care involvement in the IFSP, no indication that the staff are coordinating	ODE must demonstrate that it has taken steps to include in the IFSP those health services necessary to enable a child to benefit from other early intervention services. ODE must demonstrate that service coordinators are coordinating all services across agencies, serving as a single point of contact in helping parents obtain services, and coordinating the delivery of early intervention services, including health and medical services where appropriate.

with health care professionals, and no evidence that the overall health and medical needs of the child are addressed.	
PART H REQUIREMENT/OSEP FINDINGS	EXPECTED RESULTS/ ACTION REQUIRED
The Annual Report to Congress on the Implementation of IDEA for 1994-1995" indicated that, across all States reporting, 12.3% of eligible children receive health services, 13.1% medical services, and 11.9% nursing services in accordance with their IFSPs. Data reported by ODE in the same Report showed that 3.82% of all eligible children received health services. ODE did not provide any data for medical or nursing services. State Lead Agency administrators confirmed that service providers do not include health and medical related services on the IFSPs, even when early intervention personnel are involved with the family to secure these services. When asked why this occurred, the response was that providers/service coordinators are extremely reluctant to put health and medically related services on IFSPs because of the fear of due process proceedings and because providers do not understand and have knowledge of health and medical services. A State health Interagency representative concurred that early intervention staff are hesitant to put health on the IFSPs and community nurses are not being invited to IFSP meetings. Eighteen local administrators and direct service providers/service coordinators stated that service coordination with the health and medical communities on the local level was uneven across the State. Agency CC providers (6) stated that they receive a lot of referrals from the public health nurses and they do outreach to medical personnel and hospitals. They also invite the referring nurse to the child s IFSP meetings. Conversely, Agency BB program administrators (3) stated that links to the medical community [for early intervention] are not easy to do and not worked out. However, in both Agencies 2 and 3, health and medically related services are absent from the IFSPs. Service providers (9) in Agency AA verified this, stating that health is usually not listed as a service, nor are referrals to medical services listed, although they believed that children are receiving health and medical services. In OSEP s interviews with parents, three families from Agencies BB and CC reported having to negotiate with and appeal to health insurance agencies for medically necessary early intervention services on their own, outside the development and implementation of the IFSP. Seven parents in Agency BB, whose children had established medical conditions identified at birth or shortly thereafter, were referred to the early intervention system by either medical or health personnel. However, the provision of health services and coordination with the health and medical community on these children s IFSPs were missing.	
PART H FEDERAL REQUIREMENT/OSEP FINDING	EXPECTED RESULTS/ ACTION REQUIRED
PART III: INTEGRATION OF OTHER SERVICES INTO INDIVIDUALIZED FAMILY SERVICE PLANS (IFSPs).	

303.344(e), 303.344 Note 3, 303.501, 303.523, 303.527. Federal requirements provide that each statewide system of early intervention services must have a lead agency responsible for the administration of the system. 303.501. However, the lead agency is not responsible for paying or providing for all the services an infant and toddler may need when another agency or organization is under obligation to do so. 303.527. To facilitate the coordination of resources, the lead agency is responsible for establishing interagency agreements with State agencies providing early intervention services to specify the financial responsibility of each agency. 303.523. IFSPs must include, to the extent appropriate, medical and other services that the child needs, but are not required under Part H, and the steps to secure these services from private and public providers. 303.344(e). While listing the non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the child s family and the service coordinator. 303.344 Note 3. It is important for a State s procedures to provide for ensuring that other needs of the child, such as medical and health needs are considered and addressed, including determining (1) who will provide each service, and when, where, and how it will be provided, and (2) how the service will be financed. 303.344 Note 3. **FINDINGS.** OSEP finds that ODE has not effectively established a systemic integration of other services, particularly health and medical services, which the child needs but are not required under Part H as reflected in IFSPs. In all IFSPs reviewed (30), health and medical services were notably missing across the three Agencies visited by OSEP. Participation by medical and other health related providers in the IFSP process is sporadic across the Agencies visited. Even when health personnel participate in development of the IFSP, health and medical services are not listed as services to be addressed or secured. See additional IFSP data under Part 2 of this report.	ODE must demonstrate that it is taking steps to implement interagency agreements or other procedures with other State-level agencies involved in the State s early intervention program to ensure that other needs of the child, such as medical and health needs, are considered and addressed, including determining (1) who will provide each service, when, where, and how it will be provided, and (2) how the service will be financed. ODE must ensure that IFSPs include, to the extent appropriate, medical and other services that the child needs, but are not required under Part H, and the steps to secure these services from private and public providers.
PART H FEDERAL REQUIREMENT/OSEP FINDING	EXPECTED RESULTS/ ACTION REQUIRED
State Lead Agency administrators confirmed that service providers do not include health and medical related services on the IFSPs, even when early intervention personnel are involved with the family to secure these services. When asked why this occurred, the response was that providers/service coordinators are extremely reluctant to put health and medically related services on IFSPs because of the fear of due process proceedings and because providers do not understand and have knowledge of health and medical services. ODE also cited the necessity for the integration of health services with other early intervention services at the State and local levels, such as the feasibility of using joint funds to provide nursing support for early intervention due to the phase out of Regional nursing services, and ensuring that all the appropriate personnel are at the table when health related matters relating to early intervention are discussed. They told OSEP that they had formed a Committee to study the effectiveness of ODE s current interagency agreement with the	

State Agency responsible for Maternal and Child Health Services and Children with Special Health Care Needs (CDRC) which is represented on the SICC. While this interagency agreement had been in effect for some time, the ODE personnel did not believe it was being implemented. A number of State interagency representatives told OSEP they are concerned about the working relationships between the State and local providers of health and other early intervention services. Two SICC members told OSEP that they believed that the local providers do a better job with coordination of services than agencies did at the State level. Another State interagency representative did not agree that services are being coordinated locally, stating that the key is education - educating local early intervention staff on the benefit of involving health and educating [health staff] about referrals and the [IDEA] regulations. The SICC reported to OSEP that referrals to early intervention from the medical community have dropped recently. One person suggested that this may be due to Oregon s system of managed care that may discourage medical personnel from referring children to the early intervention system. [NOTE: The majority of young insured children in Oregon are enrolled in either a public or private managed health care system.] One SICC member pointed out that 17 health insurance companies in Oregon have an Exceptional Needs Care Coordinator to advocate for children s therapy needs, but that these Coordinators do not talk with early intervention providers and few consumers know about this service. Pediatricians responding to ODE s Part H Self-Assessment indicated that while they share medical information with the early intervention programs (55%), they rarely receive any information from the early intervention system (21%). OSEP conducted parent interviews. One parent state that her physician gave her a brochure about early intervention services when her child was 2 . When this child s IFSP was developed, this parent stated that health [was] left out of the IFSP. [It was] not even considered for my [child]. An administrator in Agency BB told OSEP that regional contractors do not bill Medicaid for medically necessary services for infants and toddlers with disabilities even though the contractors are certified Medicaid providers. When asked by OSEP why early intervention providers do not bill Medicaid, the response was that the ODE has an informal agreement with the State Medicaid office not to bill Medicaid for these services.	
PART H FEDERAL REQUIREMENT/OSEP FINDING	EXPECTED RESULTS/ ACTION REQUIRED
PART IV: SUPERVISION AND MONITORING. 303.501. Each lead agency under Part H is responsible for the general administration, supervision and monitoring of programs and activities used by the State to carry out Part H, whether or not these programs and activities are receiving assistance under Part H. In carrying out this requirement, the lead agency must adopt and use proper methods of administering each program, including monitoring agencies, enforcing obligations, correcting deficiencies and providing technical assistance. 303.501.	ODE s system for monitoring and ensuring the correction of deficiencies must be modified to include procedures for monitoring services for infants and toddlers for the duration in which the child is eligible for early

FINDINGS. ODE does not have an effective method of general supervision and monitoring to ensure (1) early intervention services related to the unique, developmental needs of the child are implemented; (2) IFSPs contain all required content, including the frequency, intensity, location and method for delivering services provided; (3) health services necessary to benefit from other early intervention services are provided; (4) IFSPs include the integration of other services, particularly health and medical services; and (5) the service coordination system is addressing health needs and facilitating the acquisition of health and other services on IFSPs. OSEP interviewed State Part H Administrators (5) and reviewed State policies and procedures for IFSP development, State monitoring and supervision, and regional plans and contracts. The State Lead Agency told OSEP that the early intervention contractors use a year round calendar but there is no method to monitor whether early intervention services are provided throughout the year in accordance with a child s IFSP. In a review of ODE s monitoring reports from two of the three regional early intervention programs visited, OSEP found that ODE did not identify any of the deficiencies OSEP found in the IFSPs reviewed, particularly related to duration of services, service coordination, and identification of health and medical services.	intervention services, for health services required by the child, and for other services, to the extent appropriate, that the child needs.

ENCLOSURE D: PART B FINDINGS

PART B FEDERAL REQUIREMENT/OSEP FINDING	EXPECTED RESULTS/ ACTION REQUIRED
I. STATE EDUCATIONAL AGENCY MONITORING **FINDINGS:** OSEP finds that ODE s monitoring of local education agencies does not include a review of special education programs provided in juvenile and adult county correctional facilities. 20 U.S.C. 1232d(b)(3)(A). In 1996, the Oregon General Assembly passed a law that made local educational agencies responsible for providing special education and related services to eligible youth incarcerated in juvenile and adult county correctional facilities. In an interview with ODE staff responsible for monitoring, OSEP was told that ODE had not yet begun monitoring those facilities to ensure that applicable Federal special education requirements were properly implemented.	ODE's system for identifying and ensuring the correction of deficiencies will include a process for monitoring special education programs provided to youth in juvenile and adult county correctional facilities.
II.A. FREE APPROPRIATE PUBLIC EDUCATION: EXTENDED SCHOOL YEAR SERVICES 300.300. ODE must ensure that all children with disabilities are provided a free appropriate public education, including ensuring that public agencies consider and make available extended school year services as a component of a free appropriate public education, to students with disabilities, if necessary to meet their unique needs. OSEP determined during its 1992 compliance review that not all children with disabilities were considered for and provided with extended year services, if deemed necessary. Corrective actions, including training to inform administrators and teachers, had been completed at the time of this review. **FINDINGS:** Through review of IEPs and interviews with teachers, and building and agency administrators, OSEP has determined that ODE has not fully ensured that public agencies consider and make available extended year services, as a component of a free appropriate public education, to all students with disabilities. Agency B: In an interview with OSEP, the special education director of agency B said that extended year services had not been offered in this district, although there were children with disabilities who she believed would be eligible for this services. She added the agency intended to offer these services in the future. Agency D: In interviews with OSEP, building and district level staff told OSEP that no extended school year services have been provided, although there were students who were suspected of needing these services. Agency F: Although the agency had developed and implement procedures to determine eligibility for extended school year services, no students had been determined eligible for these services. Administrators said that it was likely that there were students with disabilities who needed extended school year services in order to receive a free appropriate public education and that agency staff need additional training to properly implement	ODE ensures that extended school year services are made available to students with disabilities, when such students required this service to receive a free appropriate public education.

procedures for determining eligibility for extended school year services.	
PART B FEDERAL REQUIREMENT/OSEP FINDING	EXPECTED RESULTS/ ACTION REQUIRED
II.B. FREE APPROPRIATE PUBLIC EDUCATION: Psychological Counseling As a Related Service 300.300 and 300.16. ODE must ensure that each student with a disability receives the kind and amount of related services that are required to assist the student to benefit from special education, including psychological counseling. These services must be provided at no cost to the parent. Counseling services means services provided by qualified social workers, psychologists, guidance counselors, or other personnel. ODE has not effectively ensured that public agencies provide related services based on the student's unique needs (as specified by an IEP), and at no cost to the parent. OSEP determined during its 1992 compliance review that ODE did not ensure that each student with a disability receives the kind of related services required to assist the child to benefit from special education. Corrective actions, including training to inform administrators and teachers, had been completed at the time of the 1997 review. **FINDINGS:** Through review of records and interviews OSEP determined that ODE has not ensured that public agencies provide related services based on the student's unique needs as specified by an IEP, and at no cost to the parent. Agency C: When questioned by OSEP about the needs of students in this district for psychological counseling, the special education director reported that students with disabilities needing this service to benefit from special education are provided psychological counseling by private therapists at the expense of the students' parents. Psychological counseling is not included in the IEP as a needed related service, even where it is necessary for a student to benefit from special education. Agency E: In Agency E, psychological counseling services are not being considered as a related service that is available to students who need it to benefit from their educational program. OSEP was told by school administrators that none of the students with serious emotional disturbance, in the middle or high school, were receiving psychological counseling as a related service. Both special education teachers of these students reported that if there was a need for this service, families are referred to an outside agency. Psychologists at both the middle and high school reported that they provided counseling on a short term basis when there is a crisis as a means of intervention, and with special topic groups on a short term basis, but neither activity is considered a related service. They reported that if a student was in need of a more intensive service the family would be referred to an outside agency. Both the teachers and the psychologists were in agreement that psychological counseling would not be included on the IEP as a needed service. It was the understanding of	ODE ensures that students with disabilities receive psychological counseling services as a component of a free appropriate public education, if such services are required for them to benefit from special education.

both the teachers and the psychologists that the parents, or the parents' insurance provider, would pay for the psychological counseling if the service was one that was not provided free of charge through the outside agency.	
PART B FEDERAL REQUIREMENT/OSEP FINDING	EXPECTED RESULTS/ ACTION REQUIRED
III. TRANSITION SERVICES **A. MEETING NOTICE 300.345(b)(2); and PARTICIPANTS IN MEETINGS 300.344(c)** ODE has not fully ensured that when a purpose of an IEP meeting is the consideration of transition services: (1) the notice to parents of IEP meetings contains the required components; and (2) a representative of any other agency that is likely to be responsible for providing or paying for transition services is invited; and (3) that the public agency takes steps to obtain the participation of the other agency in the planning of transition services when the agency representative is invited but does not attend the meeting. **FINDINGS. Incomplete Meeting Notice and Lack of Required Participants.** OSEP learned from reviewing the records of ten students 16 years or older attending comprehensive high schools in agencies A and E that the IEP meeting notices for four students did not include that a purpose of the meeting was the consideration of transition services; or identification of other agencies that would be invited to send representatives. Of five student records reviewed in agency A, none of the notices included that the students were invited to participate in their IEP meetings. OSEP reviewed seven student records in agency C and six in agency F that contained no indication that representatives of any other agency likely to be responsible for providing or paying for transition services for any of these students had been invited to the IEP meeting, although teachers and administrators in both agencies told OSEP that IEP teams had determined that other agency services were needed to develop linkages for postsecondary school activities for most of these students. According to sources in these agencies, no other steps were taken to obtain the participation of these other agencies in planning transition services. In agency E, OSEP learned through interviews with teachers and administrators that other agencies were invited only if they had been previously involved with the students in other than a school context. No other steps were taken to obtain participation of these other agencies in planning transition services. **B. TRANSITION STATEMENT 300.346(b)(2); ANNUAL REVIEW 300.343(d) and 300.346(b)(2) Note 2** ODE has not fully ensured that each public agency initiates and conducts meetings that include the review of each student s statement of needed transition services at least once a year. Since a student's statement of needed transition services is a part of the IEP, the IEP team must reconsider service determinations based on each student's individual needs at least annually. **FINDINGS. Incomplete Transition Statements and Lack of Required Annual Review.** OSEP learned from reviewing the records for 18 students 16 years or older in agencies C, E and F that the IEP teams did not always review and, if appropriate, revise transition statements on at least an annual basis. At the time of	ODE ensures notice to parents of an IEP meeting in which transition services will be considered informs the parents of this purpose, and that the agency identifies any other agency that will be invited to send a representative. ODE also ensures that the transition services needs are reviewed at least annually by the IEP team. In addition, agencies must be able to demonstrate that a representative of any other agency that is likely to be responsible for providing or paying for transition services is invited and if an agency invited to send a representative to a meeting does not do so, the public agency must take other steps to obtain the participation of the other agency in the planning of any transition services.

OSEP's visit, none of the six IEPs that OSEP reviewed for students aged 16 and older in agency F included statements of needed transition services that had been reviewed and revised at least annually. Only one of seven students' records in agency C included a statement of needed transition services that addressed the	
PART B FEDERAL REQUIREMENT/OSEP FINDING	EXPECTED RESULTS/ ACTION REQUIRED
required components and documented the IEP team's annual review. In agency C administrators told OSEP that implementation of the transition services requirements was a weak area for that public agency. While only one of five student records lacked IEP team decisions from the annual review in agency E, OSEP learned through record review and interviews that the only changes in transition services for other students with disabilities whose files OSEP did not review were the dates on the forms. Although OSEP was told that agency F teachers and administrators were revising transition service linkages and activities on an "as needed basis, for most students age 16 and older, administrators confirmed the reports to OSEP that building level staff were unaware of the annual review IEP requirement as it pertains to statements of needed transition services.	