



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

JAN 21 2004

Honorable Joel S. Gilbertson
Commissioner
Department of Health and Social Services
P.O. Box 110601
Juneau, Alaska 99811-0601

Dear Commissioner Gilbertson:

The purpose of this letter is to inform you of the results of the Office of Special Education Programs' (OSEP's) recent verification visit to Alaska. As indicated in my letter to you of June 18, 2003, OSEP is conducting verification visits to a number of States as part of our Continuous Improvement and Focused Monitoring System (CIFMS) for ensuring compliance with, and improving performance under, Parts B and C of the Individuals with Disabilities Education Act (IDEA). OSEP staff conducted a verification visit to Alaska during the week of August 11, 2003.

The purpose of our verification reviews of States is to determine how they use their systems for general supervision, State-reported data collection, and statewide assessment to assess and improve State performance, and the protection of child and family rights. The purposes of the verification visits are to: (1) understand how these systems work at the State level; (2) determine how the State collects and uses data to make monitoring decisions; and (3) determine the extent to which the State's general supervision systems are designed to identify and correct noncompliance and improve performance.

As part of the verification visit to the Alaska Department of Health and Social Services (ADHSS), the State's Part C Lead Agency, OSEP staff met with Jane Atuk (the State's Part C Coordinator), and Karen Matinek (the program manager for Maternal Child and Family Health). OSEP also met with other members of ADHSS' early intervention staff who are responsible for the State's general supervision activities (including monitoring, mediation, complaint resolution, and impartial due process hearings), the comprehensive system for personnel development and the collection and analysis of State-reported data. In addition representatives from the Governor's Council for Special Education, responsible for assisting ADHSS in making recommendations regarding policy, and a local program director, responsible for assisting Alaska in the implementation of the statewide Part C system were in attendance. Prior to the visit, OSEP staff reviewed a number of documents, including the: (1) State's Part C Applications for Fiscal Years 1998-2003; (2) Self-Assessment (SA); (3) Annual Performance Reports (APR) for Fiscal Years 1999-2001; (4) Improvement Plan; (5) Interagency Agreements; (6) Integrated Quality Assurance (IQA) Monitoring Protocols; (6) Local Monitoring Reports; (7) Quarterly Status Reports; (8) Local Grant Applications (contracts); and (9) the submissions of data under Section 618 of the IDEA, as

well as other information and documents posted on the ADHSS website.¹ OSEP also conducted a conference call on July 11, 2003 with members of the Part C Steering Committee, to hear their perspectives on the strengths and weaknesses of the State's systems for general supervision and data collection and reporting. Jane Atuk and Karen Matinek also participated in the call and assisted us by inviting the participants.

The information that Ms. Atuk and her staff provided during the OSEP visit, together with all of the information that OSEP staff reviewed in preparation for the visit, greatly enhanced our understanding of ADHSS' general supervision systems and data collection and reporting systems it utilizes in carrying out its administrative and oversight responsibilities regarding the Alaska Early Intervention System (AEIS).

General Supervision

In looking at the State's general supervision system, OSEP collected information regarding a number of elements, including whether the State: (1) has identified any barriers (e.g., limitations on authority, insufficient staff or other resources, etc.) that impede the State's ability to identify and correct noncompliance; (2) has systemic, data-based, and reasonable approaches to identifying and correcting noncompliance; (3) utilizes guidance, technical assistance, follow-up, and—if necessary—sanctions, to ensure timely correction of noncompliance; (4) has dispute resolution systems that ensure the timely resolution of complaints and due process hearings; and (5) has mechanisms in place to compile and integrate data across systems (e.g., 618 State-reported data, due process hearings, complaints, mediation, large-scale assessments, previous monitoring results, etc.) to identify systemic issues and problems.

ADHSS is in the process of implementing the Improvement Plan that was submitted to OSEP on June 27, 2003 in conjunction with the States' Federal fiscal year (FFY) 2001 Annual Performance Report (APR). (OSEP is sending ADHSS a separate letter responding to the State's FFY 2001 APR and the Improvement Plan.) The State's Improvement Plan included strategies to address the areas of noncompliance identified by the State in its Self-Assessment and in OSEP's March 18, 2003 letter responding to the State's self-assessment. These areas of noncompliance included a lack of effective monitoring procedures to: (1) identify compliance with all Part C requirements; and (2) ensure timely correction of identified deficiencies. As noted in OSEP's letter responding to the State's FFY 2001 APR, the State must provide documentation to OSEP within a year of the date of the APR letter that it has corrected this area of noncompliance. Based on OSEP's review of the monitoring system and interviews with ADHSS administrative and monitoring staff during the verification visit, OSEP believes that the State continues to have an ineffective monitoring system for identifying and correcting noncompliance. OSEP cannot determine at this time whether ADHSS' improvement strategies will result in correction of this area of noncompliance and asks that ADHSS keep OSEP informed of the State's progress on this issue through its submission of the next APR and the progress reports required in the APR letter.

OSEP learned in the review of ADHSS' documents and confirmed through interviews with ADHSS staff that the State's general supervision system consists of the IQA monitoring process, local Self-

¹ Documents reviewed a part of the verification process were not reviewed for legal sufficiency but rather to inform OSEP's understanding of your State's system.

Assessments, local grant applications, improvement plans, parent surveys, technical assistance and training and enforcement provisions. ADHSS identified in the Self-Assessment, and OSEP verified through interviews with staff, that the IQA monitoring process is contracted with Northern Community Resources. Northern Community Resources, in collaboration with community-based teams trained in the IQA process, monitors all 19 local early intervention programs on a four-year cycle. The IQA monitoring process consists of a checklist that reviews administrative and personnel standards, child well-being and health and safety issues. The IQA team conducts parent interviews to determine satisfaction with their child's progress, staff and program operations and individual file reviews. ADHSS informed OSEP that there is no method to ensure consistency in conducting individual file reviews in each of the 19 local early intervention programs and the results may not be reported in the narrative of the IQA report.

ADHSS told OSEP that each of the 19 local early intervention programs also develops a local Self-Assessment that allows each local community to determine the areas to be assessed, a local grant application that allows local communities to develop goals and objectives specific to their needs, and local parent surveys administered at the local level that vary across the State. OSEP learned from the review of the Self-Assessment (SA) and confirmed with ADHSS staff that this process does not provide consistent data across the 19 local early intervention programs in order for the State to determine compliance with Part C requirements.

The improvement plan the State requires local early intervention programs to submit targets issues identified in the IQA monitoring and may not align with the targeted areas in the local self-assessment or application. ADHSS staff told OSEP that although these methods provide invaluable information on the State's system, there is not an effective method to ensure compliance within each local program or across the State, or to determine improved outcomes for children and their families.

ADHSS confirmed through interviews with OSEP that a gap in the provision of general supervision was the lack of effective procedures to ensure that identified deficiencies are corrected in a timely manner. ADHSS staff told OSEP that in Federal Fiscal Year (FFY) 2002 only 76% of the identified deficiencies were corrected. ADHSS reported that corrective action provisions were established to ensure the timely correction of identified noncompliance. These corrective action strategies include: (1) issuing a corrective action report; (2) conducting follow-up on-site monitoring visits; and (3) providing targeted technical assistance. ADHSS staff told OSEP that although corrective action plans were issued, timelines to correct the noncompliant areas were not established and follow-up monitoring and technical assistance was not timely. Therefore, noncompliance persisted in some regions of the State. ADHSS told OSEP that in one region of the State, although extensive guidance and technical assistance was provided, noncompliance persisted for more than one year. OSEP reviewed the current monitoring reports and technical assistance plans for this region. The quarterly report data from this region suggests that the strategies being implemented appear to have an impact on correcting the identified deficiencies. OSEP reviewed Alaska's monitoring protocols and approved application and confirmed through interviews with ADHSS staff that provisions for sanctions and enforcement may include the termination of the application (contract), the withholding of funds or the repayment of funds.

ADHSS staff confirmed through interviews with OSEP that the divisions within the Department of Health were being reorganized, including the section of Maternal Child and Family Health that administers the Part C system. OSEP learned through interviews with ADHSS staff that the reorganization of ADHSS' early intervention system targets discontinuing the IQA process and revising Alaska's general supervision system. As noted in the APR letter, ADHSS is taking steps to revise its monitoring protocols to ensure Federal Part C requirements are addressed and standardizing its local self-assessments and family surveys.

ADHSS staff told OSEP that the modifications to the general supervision system were designed to: (1) address the gaps identified in the general supervision system; (2) shift to a data-driven accountability system; and (3) implement components necessary to correct identified non-compliance in a timely manner. OSEP recommends that, as ADHSS proceeds with the proposed modifications to its general supervision system, attention be given to the development of a general supervision system that ensures compliance with Part C requirements. In doing this ADHSS may want to assure that attention be given to: (1) prioritizing the issues relative to the State's monitoring system; (2) ensuring the coordination of the various components of the system to prevent redundancy; (3) ensuring that the components of the system are aligned with Federal and State Part C requirements; and (4) prioritizing strategies so that the data resulting from these activities once analyzed can better inform ADHSS staff regarding compliance with Federal and State Part C requirements.

OSEP also reviewed ADHSS' systems for the resolution of State complaints, due process hearings and mediation. Although the State has adopted State complaint, due process hearing and mediation procedures, to date there has been no Part C due process hearing or mediation requests or complaints filed. OSEP cannot determine whether the lack of administrative complaints and due process hearing requests is due to a high degree of family satisfaction with Part C services, as reported from the FY 2002 Family Satisfaction Survey, or whether parents have not been sufficiently informed regarding the State's Part C dispute resolution procedures. As part of its evaluation of the State's dispute resolution system, OSEP reviewed ADHSS' prior written notice documents, required pursuant to 34 CFR §303.403, and determined that they do include all of the required information regarding State complaint procedures, mediation and due process hearings.

Data Collection under Section 618 of the IDEA

In looking at the State's system for data collection and reporting, OSEP collected information regarding a number of elements, including whether the State: (1) provides clear guidance and ongoing training to local programs/public agencies regarding requirements and procedures for reporting data under section 618 of the IDEA; (2) implements procedures to determine whether the individuals who enter and report data at the local level do so accurately and in a manner that is consistent with the State's procedures, OSEP guidance, and section 618; (3) implements procedures for identifying anomalies in data that are reported, and correcting any inaccuracies; and (4) has identified any barriers, (e.g., limitations on authority, sufficient staff or other resources, etc.) that impede the State's ability to accurately, reliably and validly collect and report data under Section 618.

OSEP believes that ADHSS' system has for collecting and reporting data is a reasonable approach to ensure the accuracy of the data that ADHSS reports to OSEP under section 618.

ADHSS staff informed OSEP that participation in the Continuous Improvement Monitoring Process (CIMP) including the development of the Self-Assessment provided ADHSS staff and stakeholders with guidance and insight for assessing Alaska's system for data collection and analysis. OSEP learned from its review of Alaska's General Supervision Enhancement Grant (GSEG) and confirmed through interviews with ADHSS staff that the GSEG resources assisted the State in accessing the technical assistance and expertise needed to compile, review, analyze and revise the data system.

OSEP learned from reviewing ADHSS' data manual and verified through interviews with ADHSS staff that the guidelines for submitting 618 data are included in each local application (contract) packet. ADHSS specifies in the local application packet that the local provider agency must submit the required data to ADHSS electronically on a quarterly basis. ADHSS staff told OSEP that the database was developed by the Lead Agency to ensure consistency in reporting the data and is distributed electronically to the 19 local provider agencies. ADHSS staff told OSEP that ADHSS' comprehensive data base system is designed to capture and track information on each eligible child and family from the time of referral through transition. ADHSS' data system allows for the State to use disaggregated data specific to the needs of local programs, and data and information to respond to the needs of the State legislature and State staff.

A local provider informed OSEP and ADHSS staff confirmed that the frequency of data entry at the program level and the qualifications of data entry personnel vary across the 19 local programs. ADHSS informed OSEP that training for local staff is provided to ensure validity and consistency. Each local program administrator is required to submit a data verification form quarterly to ADHSS, attesting to the accuracy of the data. ADHSS provides training on an annual basis, at statewide conferences, periodically through monthly phone calls, and through on-site technical assistance as warranted. ADHSS told OSEP that the data base system has features such as pop-up screens and drop-down menus to minimize data entry errors. ADHSS staff told OSEP that the data managers conduct data queries. Data managers review the results of the data queries in conjunction with the monitoring and technical assistance staff. The data summaries for the current year are compared with the results from the previous year to identify "strange data" or duplications and corrections are made if necessary.


ADHSS staff told OSEP that the summary reports generated from the quarterly status reports are verified by randomly selecting individual hard file records to check the accuracy and validity of the data. These files may include the record of an eligible child and family from the various race/ethnicity categories, on Medicaid, exiting the Part C program, etc. ADHSS told OSEP, as a result of these and other data verification methods, ADHSS has determined that some of the discrepancies identified appear to be the result of faulty data entry and not noncompliance resulting from implementation issues. ADHSS staff expressed overall confidence in the 618 data that they report to OSEP.

ADHSS is in the process of revising its data base system to continue to ensure the accuracy of the 618 data and to develop programs to better inform ADHSS staff in determining compliance. ADHSS staff identified some of the data indicators that may be added to better inform them

regarding compliance, which include children on waiting list, eligible children without an IFSP, timely evaluations and eligible children and families whose whereabouts are unknown (“lost to follow-up”). A long term goal of the ADHSS early intervention system is to link ADHSS’ data system with Alaska’s State Education Department data system in order to conduct outcome studies for those Part C children who transition into the Part B special education system. OSEP suggests that, as ADHSS continues to refine its data collection system, ADHSS consider ways to better capture compliance data to inform its monitoring decision-making.

We appreciate the cooperation and assistance provided by your staff during our visit. As noted above, we request that ADHSS keep us informed of your progress in the implementation of a monitoring system that identifies compliance with the requirements of Part C of IDEA and ensures timely correction of identified deficiencies through submission of the next APR and the progress reports required in the APR letter. We look forward to collaborating with Alaska as you continue to work to improve results for children with disabilities and their families.

Sincerely,



Stephanie Smith Lee
Director
Office of Special Education Programs

cc: Jane Atuk