



UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

Honorable Utoofili Aso Maga, MBA, MPH
Director of American Samoa
Department of Health
Government of American Samoa
Pago Pago, American Samoa 96799

OCT 27 2005

Dear Director Aso Maga:

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 American Samoa. As indicated in my letter to you of January 2005, 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). We conducted a verification visit to American Samoa during the week of February 28, 2005.

The purpose of our verification reviews of States is to determine how they use their general supervision, State-reported data collection, and statewide assessment systems to assess and improve State performance; and to protect child and family rights. The purposes of the verification visits are to: (1) understand how the 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 systems are designed to identify and correct noncompliance.

As part of the verification visit to American Samoa's Lyndon B. Johnson (LBJ) Tropical Medical Center, the State's Part C Lead Agency,¹ OSEP staff met with Dr. Jean Asuega (Part C Coordinator), and members of American Samoa's early intervention staff who are responsible for: (1) oversight of general supervision activities (including monitoring, mediation, complaint resolution, and impartial due process hearings); and (2) the collection and analysis of State-reported data. Prior to and during the visit, OSEP staff reviewed a number of documents², including the State's Part C Application, Self-Assessment, Improvement Plan, Annual Performance Reports (APRs) and submissions of data under section 618 of the IDEA, as well as other information and documents provided during the Improvement Planning Process.

¹ Prior to OSEP's visit, American Samoa's Department of Health through the LBJ Tropical Medical Center was the designated lead agency for Part C. OSEP learned during the visit, that the Department of Health was no longer serving as the lead agency and that, by default, American Samoan officials assumed that the LBJ Tropical Medical Center would resume its function for administering the Part C program as the lead agency; however, the Governor did not make the designation official. The Governor's June 1, 2005 letter designated the American Samoa Department of Health as the lead agency under Part C effective immediately.

² Documents reviewed as part of the verification process were not reviewed for legal sufficiency but rather to inform OSEP's understanding of the Territory's system.

The information that Dr. Asuega 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 American Samoa's systems for general supervision and data collection and reporting.

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.

Background

In its Federal Fiscal Year (FFY) 2002 APR submitted to OSEP on April 7, 2004, American Samoa acknowledged that it lacked a monitoring system to identify and correct noncompliance with Part C requirements. Dr. Jean Asuega, the Part C Coordinator for Helping Hands, American Samoa's early intervention program, was appointed to her position in October 2003. In meetings and through formal communications with Dr. Asuega, OSEP learned that American Samoa had not implemented policies and procedures consistent with Part C requirements prior to her arrival. Upon her appointment, Dr. Asuega was faced with significant barriers to developing and implementing a general supervision system due to a lack of programmatic infrastructure that resulted in significant fiscal and programmatic noncompliance.³

In consultation with OSEP, American Samoa established priorities for the program that included developing and implementing procedures for identifying, locating and evaluating infants and toddlers with disabilities and providing early intervention services to eligible infants, toddlers and their families consistent with Part C requirements. The Part C program has, since August 2004, undertaken substantial systemic changes including hiring administrative personnel, service coordinators and service providers⁴, developing staff training, reviewing policies and procedures, developing methods and instruments to implement them, and moving the Helping Hands office to a community-based location. The Part C program has sought guidance from OSEP and technical assistance from National Early Childhood Technical Assistance Center (NECTAC) and the Western Regional Resource Center (WRRC).

³ The Department of Education identified fiscal noncompliance and determined that American Samoa is a "high-risk" grantee because of problems in American Samoa's fiscal accountability as well as programmatic Part C compliance. OSEP's analysis of the 2003 Self-Assessment, FFY 2001 and 2002 APRs identified many noncompliance issues.

⁴ As of February 2005, there are five service coordinators who also provide direct services, one physical therapist, two social workers, a parent counselor, and child find specialist. Speech therapy, occupational therapy and additional physical therapy services are contracted on a quarterly basis.

Monitoring System

American Samoa is in the nascent stages of building a data-based monitoring system that appears to use reasonable approaches to identifying noncompliance with Part C requirements. However, based on the documents and information received from American Samoa, both prior to and during OSEP's verification visit, OSEP is unable to conclude at this time that American Samoa has a monitoring system that is reasonably designed to identify and correct all areas of Part C noncompliance. At the time of OSEP's verification visit, Helping Hands had implemented a child record review process that was able to identify child-specific issues but had yet to fully implement the data system and other tracking mechanisms that would identify systemic noncompliance. In addition, Helping Hands had yet to identify and develop appropriate corrective measures to ensure compliance once noncompliance was identified by the program.

Prior to OSEP's visit, American Samoa identified several areas of noncompliance including a lack of child find and public awareness activities, incomplete evaluations in all five developmental areas, incomplete and incorrect individualized family service plan (IFSP) content, overdue evaluations and IFSP reviews, absence of prior written notice and a mechanism for obtaining written parental consent, and lack of a systemic monitoring system. Based on documentation and confirmed in interviews, OSEP learned that Helping Hands had developed a plan and was taking steps to correct self-identified noncompliance such as scheduling overdue evaluations and IFSP meetings and implementing procedures to verify that they took place. Plans were being implemented to correct noncompliance related to child find, IFSP development, notice of procedural safeguards, prior written notice and monitoring procedures.

Based on a review of documents submitted to OSEP before the visit and confirmed in interviews with the Part C Coordinator and Helping Hands staff during the visit, OSEP learned that procedures were in place to develop a monitoring protocol beginning with the monthly collection and reporting to the Part C Coordinator of referral information (referral date, patient name, date of birth, referring agency, etc.), IFSP information, (name, diagnosis, 6-month review date), and exit information (exit date, name, date of birth, reason). Procedures were also in place for service coordinators and related service providers to document and report to the Part C Coordinator on a monthly basis: (1) parent and child participation in parent/child classes; (2) number of home visits conducted; and (3) IFSP goals addressed during the month. In addition, a monthly meeting was established to conduct a quality assurance review of services and goals in the IFSP for each child, service coordinator logs and notes, and physician progress notes.

Prior to OSEP's visit, Helping Hands completed the first phase of the chart review section of its internal monitoring/self-assessment plan, "Helping Hands On-going Self-Assessment,"⁵ that included the review of child records for documentation of compliance with evaluation and eligibility requirements and evaluation and IFSP timelines. During OSEP's visit, American Samoa was simultaneously completing activities in the first phase and implementing activities in the second phase of the initial chart review that included explaining parents' rights to families, reviewing IFSPs with families to facilitate understanding and participation, and as mentioned above, scheduling overdue evaluations and IFSP reviews and verifying that they were completed.

⁵ The Helping Hands On-going Self-Assessment Plan is divided into three sections: (1) Self-Assessment Plan Beginning January 24th-April 30th 2005; (2) Permanent Self-Assessment Plan: Beginning May 1, 2005; and (3) Future Self-Assessment Ideas.

OSEP confirmed these activities in document reviews and in interviews with Helping Hands staff and parents.

Activities scheduled for completion following OSEP's visit included a review of child records for: (1) completion of corrections based on the initial review; (2) current evaluations; (3) current IFSPs and required IFSP content. In addition, implementation of the "Permanent Self-Assessment Plan" was scheduled to begin in May 2005. This plan includes six components, as follows: (1) Service Coordinator Self-Review in which service providers are required to check files for required content using a file checklist and worksheet, and submit the information every quarter to a clinical supervisor; (2) Administrative Staff Intensive Chart Review in which administrative staff will conduct an intensive record review of selected charts from each service coordinator for completeness on a monthly basis, with a goal to ensure that all child records are complete and up to date by December 31, 2005; (3) Individual Clinical Supervision in which administrative staff will conduct monthly supervision of service providers through review of individual cases, and follow-up on results of the chart review process; (4) Supervised Home Visits in which administrative staff will accompany service providers on scheduled visits, at least once a month; (5) General Supervision that will include weekly staff development sessions with all service providers on Part C requirements, natural environments, family-centered service delivery models, and other topics; and (6) Weekly Calendars in which service providers will fill out weekly calendars documenting all home visits made during the week attached to progress notes provided and submitted to the Clinical Supervisor.

In addition to the "Permanent Self-Assessment," future plans included a family component to the monitoring system in which families would receive training on monitoring and best practices in early intervention services. The Part C coordinator also discussed with OSEP plans to develop an external monitoring process that would provide an objective, systemic evaluation of program compliance with Part C requirements. Options being considered about who would conduct the external review included hiring an outside consultant, building capacity on the Island with individuals from the Interagency Coordinating Council and/or local interagency group which might include members from the Departments of Health, Education, Maternal and Child Health or Head Start. Another option for conducting reviews was to give the responsibility to the Federal grants manager in the lead agency.

Based on documents reviewed and interviews with Helping Hands staff, OSEP learned that American Samoa has not established a list of corrective measures that may be imposed if the program fails to take the requisite corrective actions. OSEP asks that American Samoa keep OSEP informed concerning its progress in ensuring correction. American Samoa must develop and utilize corrective measures, when appropriate, to achieve timely compliance.

As indicated above, the Part C program has worked closely with the WRRC and NECTAC to develop training for Part C personnel. Some examples of trainings that occurred in December 2004 included: (1) Part C 101: Purpose, Focus and Effectiveness of Early Intervention; (2) State Interagency Coordinating Council development; and (3) Child development, evaluation, play, literacy, service coordination, IFSP, natural environment and transition. OSEP encourages American Samoa to continue to seek technical assistance from NECTAC and the WRRC to

develop training for Part C personnel, and guidance from OSEP to ensure that all documents developed for training and dissemination meet Part C requirements.

OSEP's September 30, 2005 Part C FFY 2005 grant award letter to American Samoa attached programmatic Special Conditions regarding three areas of previously identified noncompliance: (1) comprehensive, timely evaluation and 45-day timeline; (2) IFSP content regarding present levels of developmental functioning; and (3) timely provision of early intervention services and required the State to submit Progress Reports by November 21, 2005 and April 14, 2006. Under these Reports, OSEP will receive and respond to additional information about the American Samoa Part C program's ability to correct identified noncompliance.

As noted in OSEP's response to American Samoa's FFY 2003 APR (issued under separate cover), OSEP accepts American Samoa's plan to ensure the identification of noncompliance and requests American Samoa submit two Progress Reports: (1) an interim Progress Report due in the State Performance Plan (SPP) due December 2, 2005; and (2) the final Report due thirty days following one year from the date of OSEP's FFY 2003 APR letter. On the issue of timely correction of identified noncompliance and appropriate corrective action measures, American Samoa must submit in the SPP, its plan (including strategies that may include an external review or other process, timelines, targets and evidence of change) to ensure correction within a year of OSEP's acceptance of the plan.

Complaints/Mediation and Due Process:

According to American Samoa's FFY 2002 APR, "no complaint investigations, mediations, or due process hearings were received." However, American Samoa acknowledged in its FFY 2002 and FFY 2001 APRs that its prior written notice required under 34 CFR §303.403(b) was not fully developed and was not translated into Samoan, the primary native language in American Samoa. In its letter of June 8, 2004, OSEP required American Samoa to submit its prior written notice required under 34 CFR §303.403(b) and State complaint procedures under 34 CFR §§303.510 through 303.512, in English, Samoan and any other written languages of families in American Samoa, by August 2004. In a letter dated January 5, 2005, OSEP provided its analysis of American Samoa's notice and complaint procedures along with two examples of State prior written notices. OSEP requested that in its next APR due March 31, 2005, American Samoa provide an assurance that it has adopted a prior written notice that meets all Part C requirements and a date by which the notice will be translated into Samoan and available for distribution.⁶

During OSEP's visit, Helping Hands staff informed OSEP that although no complaints were received, parents were receiving training on their rights with each home visit. Helping Hands staff also informed OSEP that parents were beginning to understand their rights, and that translation of forms and the parents' rights handbook into Samoan would increase understanding. In interviews with OSEP, six parents (from the seven child records reviewed prior to the visit) confirmed that they were aware of their rights and knew whom to contact if they had a question or concern. To increase staff and parent awareness and understanding of parent rights under Part C, Helping Hands is training staff and working with the Community Parent Resource Center to

⁶ OSEP will respond in a separate letter with its analysis of the prior written notice and procedural safeguards documents.

provide parent training. Helping Hands is also developing a system for complaint resolution at the service coordinator level and has plans to work with the lead agency in developing a formal complaint process consistent with Part C requirements.

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 and/or regional level do so accurately and in a manner that is consistent with the State's procedures, OSEP guidance, and section 618; and (3) implements procedures for identifying anomalies in data that are reported, and corrects any inaccuracies.

American Samoa identified in its FFY 2002 APR that it did not have mechanisms in place to verify the accuracy of section 618 State-reported data. In addition, American Samoa confirmed in its FFY 2002 APR that it did not have a data-based system to collect and report monitoring data. OSEP directed American Samoa to submit by August 2004, a plan to ensure the accuracy of section 618 data, that child attendance and service provision records would be maintained and a data system would be developed that tracked all children from the point of referral to exiting from the program. OSEP approved the plan in a letter dated January 5, 2005 and required American Samoa to provide in the FFY 2003 APR an update on its progress in ensuring compliance with data collection and a final Progress Report by February 6, 2006 that includes: (1) policies and procedures that data entered are reliable and accurate; (2) a list of the data elements that are collected in its newly developed computerized data tracking system; and (3) two data reports for the period preceding the reporting deadline.

In June 2004, American Samoa conducted a preliminary systems analysis of the Part C system to determine the feasibility of an automated data system and the development of an information system. Based on an analysis of data needs it explored the possibility of purchasing an appropriate off-the-shelf software program. After conferring with data managers in other Part C programs and attending a vendor system demonstration in August 2004 in Washington, D.C., American Samoa decided to begin with an Access Database Version 1.0, as an interim measure until data collection forms and work flow were stable.

At the time of OSEP's visit, American Samoa was in the beginning stages of developing mechanisms to compile and integrate data across systems, incorporating monitoring results and section 618 State-reported data. The Helping Hands data manager, with assistance from the administrative staff, was in the process of aligning the electronic data base with data collected by service coordinators and service providers, including data to track timelines for the six-month IFSP review, transition planning meetings, and data from progress notes to track child progress, identify training issues, and monitor workload. Plans were in place to track child find and personnel schedules.

In interviews with the data manager and from documents reviewed, OSEP learned that the Interim Access Database Version 1.0 is a stand-alone (single user) version that has been installed

on one staff workstation with a copy of the database on the Part C Coordinator's workstation for review and feedback. The data manager uses the system to complete data entry of specific data required to report on children with active IFSPs for the Child Count, Table 1 report. The database reports verify child count, management reports, and accuracy of data. Database Version 2.0 is in development, but does not have a target date for implementation. Version 2.0 will allow for multi-users, child and family information forms and other priority fields and form changes that may be needed. American Samoa reported that the Version 2.0 is a very basic database with minimal features but will allow for multiple data fields for tracking purposes. The data manager explained that shortcomings of the system include not allowing the program to capture data entry dates, control edit and delete capabilities, maintain an audit trail or provide users with system security/access rights. However, due to the continuing refinement of data collection forms and work flow processes, it is not feasible to move to a more formal data system at this time.

At the time of OSEP's visit, the data manager and one other person were trained on the forms and how to enter data in what the data manger described as a "very controlled data entry system." In an interview with OSEP, the data manager explained that once the data collection process is stable and the flow and forms are in place, training will be needed to ensure that staff collect the right data, that it is entered in the right place in the system, and checks are performed to ensure its accuracy. Plans are in place to hire and train a data entry clerk.

OSEP looks forward to the American Samoa's SPP, due on December 2, 2005, and its final Progress Report on data accuracy due by February 6, 2006.

We appreciate the cooperation and assistance provided by your staff during our visit. We look forward to collaborating with American Samoa as you continue to work to ensure the provision of early intervention services and improve results for infants and toddlers with disabilities and their families.

Sincerely,



Troy R. Justesen

Director

Office of Special Education Programs

cc: Dr. Jean Asuega