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Study of the Fiscal and Operational Efficiency of Oregon's Regional and Early Intervention/Early Childhood Special Education Programs

Final Report

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Executive Summary

The Oregon Department of Education (ODE) contracted with the American Institutes for Research (AIR) to conduct an independent assessment and analysis of the fiscal and operational efficiency of the State of Oregon's Early Intervention and Early Childhood Special Education (EI/ECSE) and Regional Low Incidence Programs. To answer ODE's research questions, we conducted extant document review and data analysis, gathered stakeholder input, conducted three site visits to ESDs with both EI/ECSE and Regional programs, and conducted phone interviews with all non-visited EI/ECSE and Regional programs.

Through qualitative data analysis and triangulation of data sources, we identified overarching and program-specific findings. Overarching findings related to the following topical areas: funding and resources; administrative structure; extensive travel time; staff shortages; accountability and paperwork; technical assistance and communication; and issues surrounding parents such as support and resources. Findings specific to the EI/ECSE programs related to child find, child identification, and ease of finding services; services in the natural setting; space for service provision; and billing for Medicaid. Lastly, findings specific to Regional Program provision included updating the basic service model; reconsideration of regional service eligibility; and clarifying identification of core services.

Based on the findings, we developed a number of recommendations. The overall recommendations for both programs are:

1. Seek greater alignment with K-12 special education funding
2. Streamline regionalization
3. Ease the EI/ECSE and Regional service bid process while fostering competition in provision
4. Streamline the data collection requirements and standardize record keeping
5. Develop state benchmarks, goals, and objectives
6. Address the statewide therapist shortage
7. Re-think Medicaid billing

The report also included recommendations pertaining to the individual programs. For the EI/ECSE program, we recommended that the State take steps to stabilize space for EI/ECSE services; seek ways to increase services in natural settings; enhance public outreach by establishing a single point of entry; and bolster EI/ECSE parent support. With respect to the Regional Program, we recommended that the State re-conceptualize the state's regional system of program provision regarding the nature of services provided and the basis for funding.

Overall, a great deal of confidence and pride was expressed in the State's EI/ECSE and Regional programs. We were pleased to meet so many highly dedicated service providers and administrators who appeared quite passionate about providing quality special education services to children and families, and are highly appreciative of the high degree of cooperation and accommodation across all of the site visits for this study. The programs seem to have evolved on a regional basis and are currently transitioning toward a more unified statewide system of provision and support. The recommendations made in this report are intended to contribute to the move toward a single State vision and greater cohesion and service comparability across the State.

Introduction

In 2006, the Oregon Department of Education (ODE) released a request for proposals to conduct an independent assessment and analysis of the fiscal and operational efficiency of the State of Oregon’s Early Intervention and Early Childhood Special Education (EI/ECSE) and Regional Low Incidence Programs. In particular, the ODE posed six research questions to be answered for both programs:

1. How could EI/ECSE and Regional services providers work together to ensure that the “system” of EI/ECSE and Regional services is operating efficiently and effectively for children and the ODE?
2. How might the ODE maximize its use of the Early Childhood/Regional network to implement statewide initiatives?
3. Are EI/ECSE and Regional services providers efficient in how they provide services? What factors drive the efficiency of EI/ECSE and Regional operations and programs?
4. What might EI/ECSE and Regional services providers do differently to improve their program and fiscal efficiencies?
5. How could EI/ECSE and Regional services providers be held more accountable for their own efficiency?
6. Are the current methods that the ODE uses to collect data sufficient or are there better ways to collect data and determine performance measures?

In January 2007, the ODE contracted with the American Institutes for Research (AIR) to conduct this assessment and analysis with the ultimate goals of using this information to identify, prioritize, and address needed fiscal and operational efficiencies and report to the Oregon State Legislative Assembly. This

final report provides a brief context for the project, describes the study approach, reports overarching and program-specific findings, and concludes with recommendations to improve the fiscal and operational efficiency of these programs.

American Institutes for Research (AIR)

AIR (www.air.org) is a not-for-profit research organization engaged in independent research, development, evaluation, and analysis in the behavioral and social sciences. Since our founding in 1946, we have worked with government agencies as well as public and private organizations including state and local government agencies, state and local education agencies, foundations, corporations, courts, and schools, both in the United States and abroad. AIR has an extensive research portfolio of projects relevant to completing the current project for ODE and assembled a research team with the knowledge and experience needed for successful completion of a study of this nature.

Study Context

Individuals with Disabilities Education Act

As in all States, Oregon’s special education services are carried out under the nation’s federal law—the Individuals with Disabilities Education Act (IDEA)—to ensure the provision of services to all eligible children with disabilities birth through 21. First enacted in 1975 as the Education for All Handicapped Children Act, its main purpose is to ensure a free and appropriate

public education for children with disabilities. Since 1975, the Act has been updated nearly every five years, with the most recent reauthorization in December 2004. The purpose of IDEA¹ is to:

1. Ensure that all children with disabilities have access to a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living;
2. Ensure that the rights of children with disabilities and parents of such children are protected;
3. Assist States, localities, educational service agencies, and Federal agencies in providing for the education of all children with disabilities;
4. Assist States in the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families;
5. Ensure that educators and parents have the necessary tools to improve educational results for children with disabilities by supporting system improvement activities; coordinated research and personnel preparation; coordinated technical assistance, dissemination, and support; and technology development and media services; and
6. Assess and ensure the effectiveness of efforts to educate children with disabilities

IDEA includes four parts (A-D), two of which are of most relevance to the programs reviewed for this study. Part B provisions are for States to use in providing services to eligible children and youth ages three to 21. Part C provisions are designed primarily to meet purpose #4 listed above and to provide direct services to eligible infants and toddlers with disabilities ages birth through three and their families.

Oregon's Early Intervention/Early Childhood Special Education and Regional Programs

In addition to the State's primary K-12 special education system, Oregon provides services to eligible children with disabilities through two special education programs: Early Intervention/Early Childhood Special Education (EI/ECSE) services for children birth through five and their families, and supplemental services to special education children with "low incidence" disabilities through the State's Regional program. These services are provided under the auspice of the ODE through contracts with selected districts and Education Service Districts (ESDs) throughout the State. The ODE does not provide services directly, but provides technical assistance and channels State funding to these designated contractors. The contracts are awarded on a biennial basis, and currently only school districts and ESDs are eligible to bid.²

EI/ECSE programs

The State's network of EI/ECSE programs provides services to eligible children aged birth through two and their families (EI). In addition, the network serves eligible children ages three through formal entry into kindergarten (ECSE) in nine EI/ECSE Service Areas (explained in

¹ Downloaded June 18, 2007 from <http://www.ldonline.org/features/idea2004>.

² Contractors, however, may then establish sub-contracts with other entities.

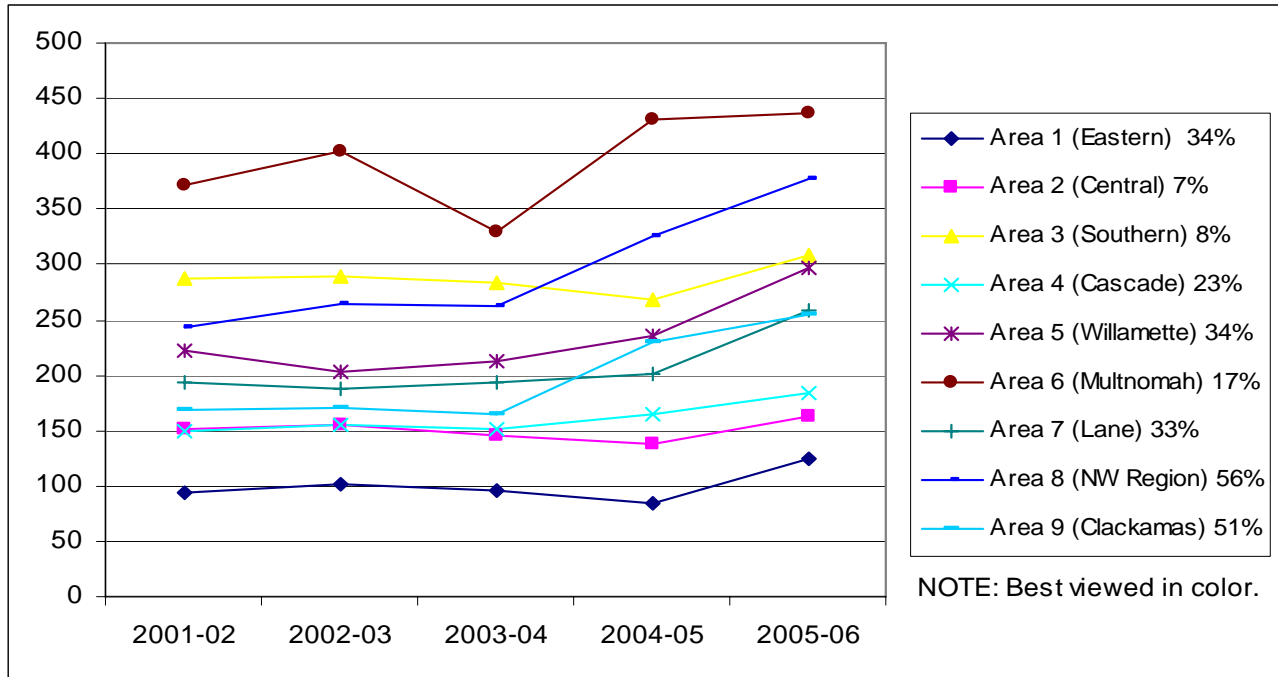
more detail later in this report). Children eligible for EI have a delay in one or more developmental areas (e.g., cognitive, physical, communication, self-help, and social-emotional); eligibility can be determined from a medical diagnosis of a condition that may be a precursor to a developmental delay. Children eligible for ECSE have a developmental delay or they have been evaluated with a school-age disability such as vision impairment, mental retardation, or autism.

All services within EI/ECSE are State-supported, are provided free of charge to eligible children and families through local programs, and are designed to meet each child's individual developmental needs through the development of, and adherence to, an Individualized Family Service Plan (IFSP). EI/ECSE services are provided in a variety of settings, but by federal law, they must be provided in the most natural setting appropriate to a child's needs and abilities (e.g., in the home or at a preschool setting with typical peers) with smooth transitions between programs and into the public school system. Each county assembles a Local Interagency Coordinating Council (LICC) made up of parents, community members, school district representatives, community partners, and EI/ECSE staff to identify service needs, to coordinate services, to set procedures for dispute resolution, and to develop local interagency agreements.

Statewide, a State Interagency Coordinating Council (SICC) supports the development of quality statewide services and coordinates EI/ECSE programs. Required members of the SICC include parents of children with disabilities receiving EI/ECSE services; public or private providers of EI/ECSE services; one member of the Legislative Assembly; a representative from personnel preparation; State agencies involved in the provision of services for preschool children with disabilities; and one representative from the State Advisory Council for Special Education.

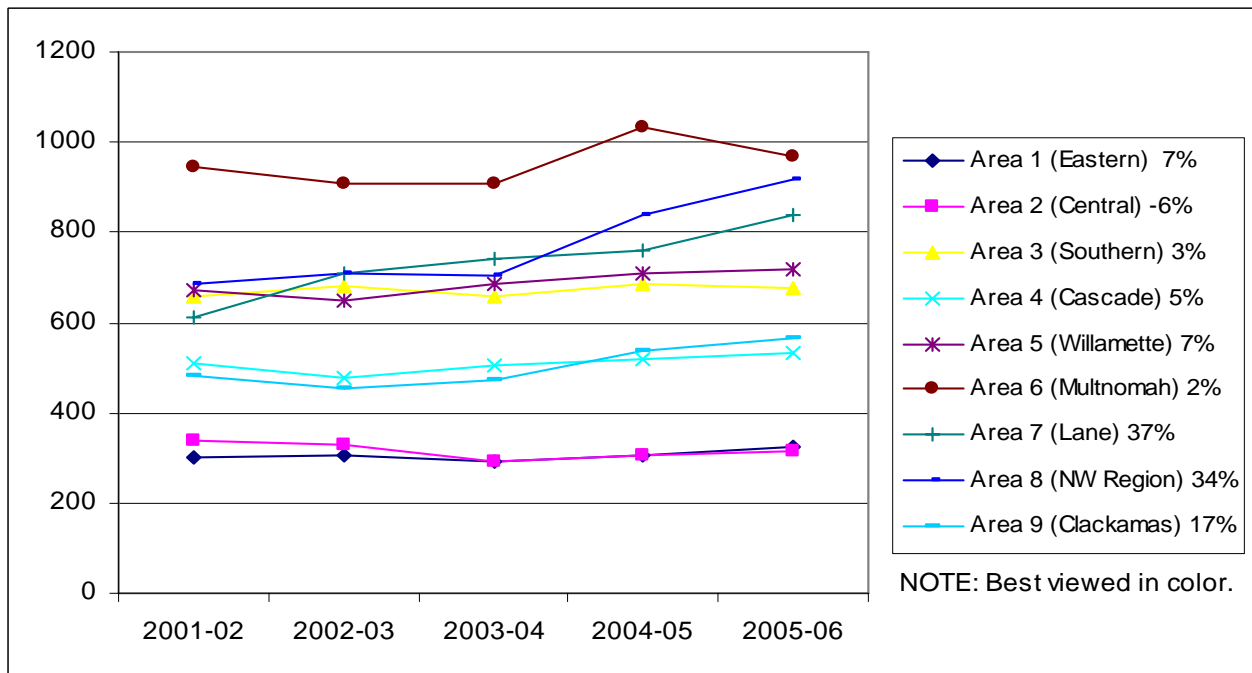
Exhibits 1 and 2 show the number of children served by the EI and ECSE programs for the years 2001-2002 through 2005-2006 by each of the Service Areas. As can be seen, each Service Area experienced growth in the number of EI students in their area, with the largest growth in Area 8. Similarly, all Service Areas experienced growth in the number of ECSE students within their jurisdiction, with the exception of Area 2 that witnessed a 6% decrease.

Exhibit 1: Number of EI children ages birth through 2, 2001-02 to 2005-06, by Service Area (% following Area represents % change in counts between 2001-02 and 2005-06)



SOURCE: Multi-Year Database, Oregon Special Education Census Data, 1996-2005. Version 8.1, Fall 2006, Oregon Department of Education, Office of Student Learning and Partnerships.

Exhibit 2: Number of ECSE children ages 3 through 4+, 2001-02 to 2005-06, by Service Area (% following Area represents % change in counts between 2001-02 and 2005-06)



SOURCE: Multi-Year Database, Oregon Special Education Census Data, 1996-2005. Version 8.1, Fall 2006, Oregon Department of Education, Office of Student Learning and Partnerships.

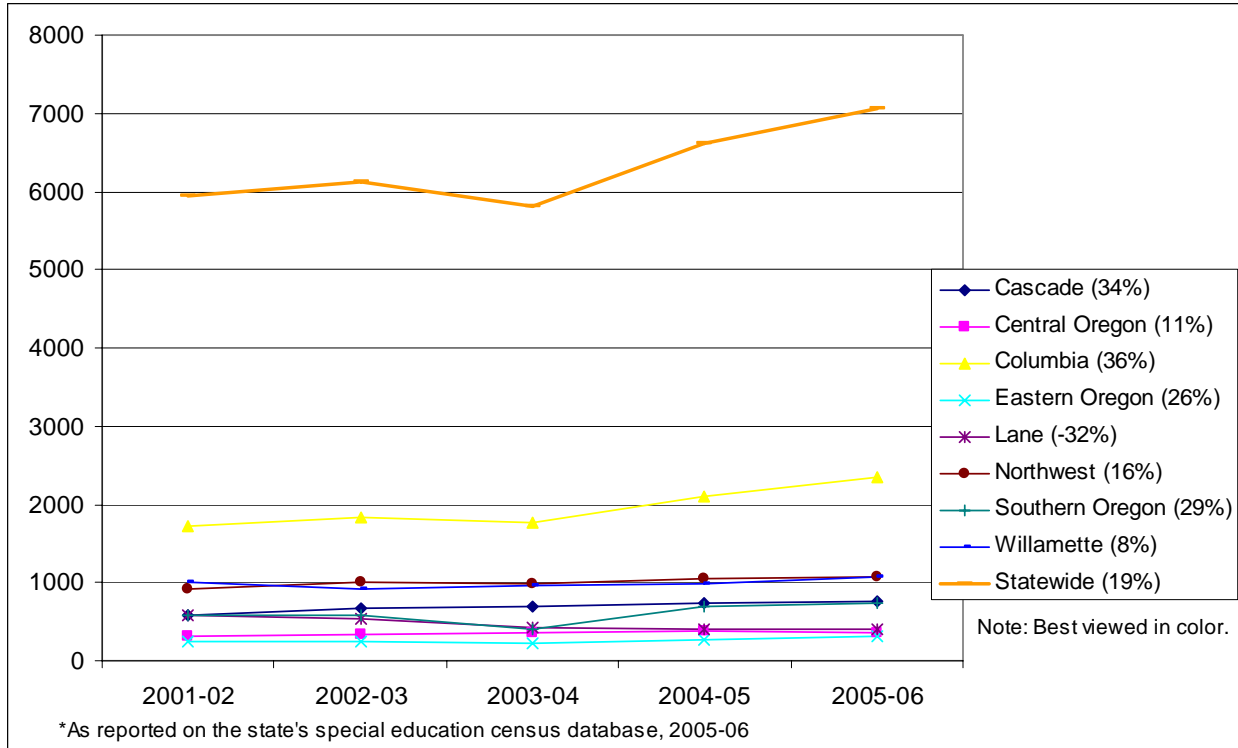
Regional programs

The Regional Low Incidence program provides specialized educational services in eight Regions (explained in more detail later in this report) to children ages birth through 21 who have a low-incidence disability, which has been defined to include hearing impairments, vision impairments, autism spectrum disorders (ASD), severe orthopedic impairments, deaf-blindness, and traumatic brain injuries. For children in pre-kindergarten or younger, eligibility is determined by referral to and subsequent evaluation by a designated agency. For children in kindergarten through age 21, the resident school district determines eligibility. All services are direct or consultative; are provided by State contractors in collaboration with local school districts and EI/ECSE programs, families, and community agencies; and are designed to meet the unique needs of children as identified in an IFSP (for children age-eligible for EI/ECSE) or an Individualized Education Program (IEP; for children ages kindergarten through 21).

Serving multiple districts, Regional programs are operated by either an ESD or a school district, but the primary responsibility for each child remains with the child's district of residence. Regional programs are designed to provide districts with services for disabilities that occur at such a low rate in the general population that it may be difficult for individual school districts, especially smaller school districts, to employ the staff necessary to provide services.

Regional services are also designed to ensure that children have equal access to services regardless of geographic location. Each Regional program is planned and coordinated by a Regional Advisory Committee (RAC) made up of a superintendent of an ESD or local school district; a special education supervisor or teacher of an ESD or local school district; an individual who supervises or provides EI/ECSE services; a director on the board of an ESD or a local school district; an individual with a disability or a parent of an eligible child; and a regular education teacher or building administrator. Statewide, Regional programs are coordinated by a Regional Management Team (RMT) made up of the Regional program director; the coordinator of each region; State specialists for each low-incidence disability served under the program; and directors of the State schools for the blind and the deaf. Exhibit 3 shows the number of children served by the Regional program for the years 2001-2002 through 2005-2006 by each of the Regions. As shown, the State as a whole experienced a 19% increase in the number of Regional program students, representing growth—some significantly large—in all Regions except for Lane, where the number of Regional program students within these years decreased rather substantially.

Exhibit 3: Number of children receiving regional services, by Region, 2001-02 to 2005-06
 (% following Region represents % change in total counts of children receiving regional services between 01-02 to 05-06)*



SOURCE: Multi-Year Database, Oregon Special Education Census Data, 1996-2005. Version 8.1, Fall 2006, Oregon Department of Education, Office of Student Learning and Partnerships.

Structure of the service delivery system

Currently, the service delivery system has multiple layers, involving eight Regions (for the low incidence programs), nine EI/ECSE Service Areas, 21 ESDs, and about 200 school districts. In terms of the ESDs, counties, and school districts served, the nine EI/ECSE Service Areas and eight low incidence Regions completely overlap. However, one of the low incidence Regions is divided into two EI/ECSE Service Areas. To better orient the reader to the overlap between the different layers, Exhibits 4, 5, and 6 provide the maps for the EI/ECSE Service Areas, the low incidence Regions, and the ESDs.

Exhibit 4: EI/ECSE Service Areas

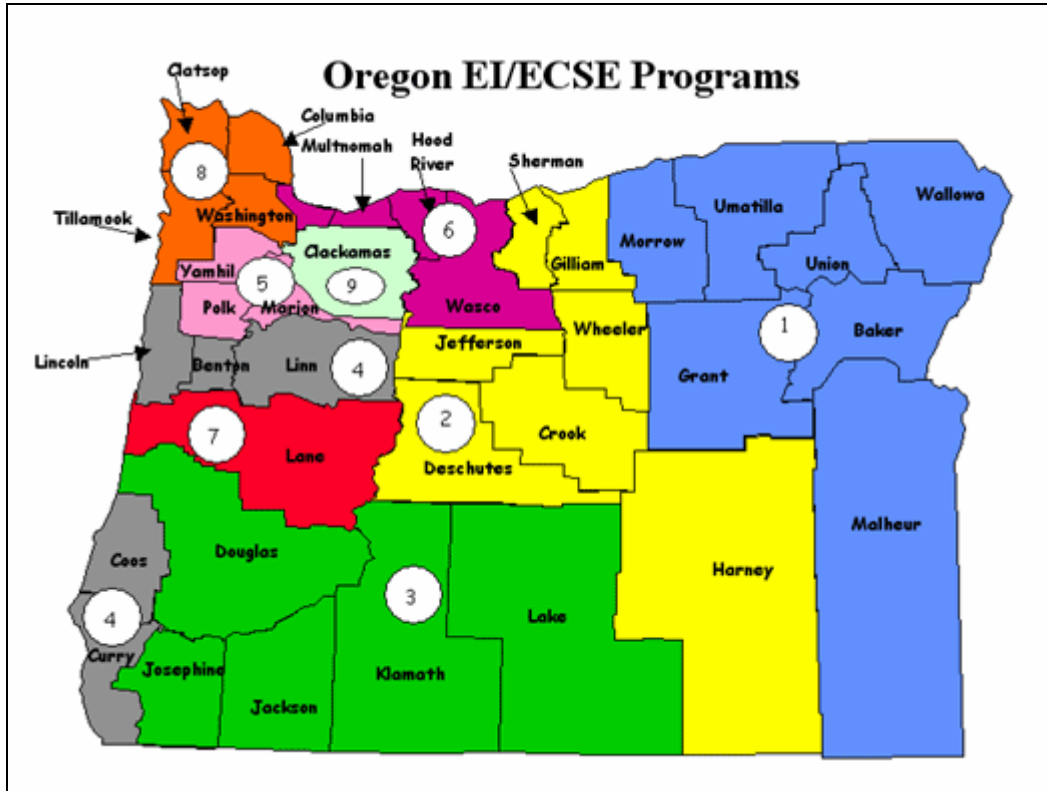


Exhibit 5: Low Incidence Regions

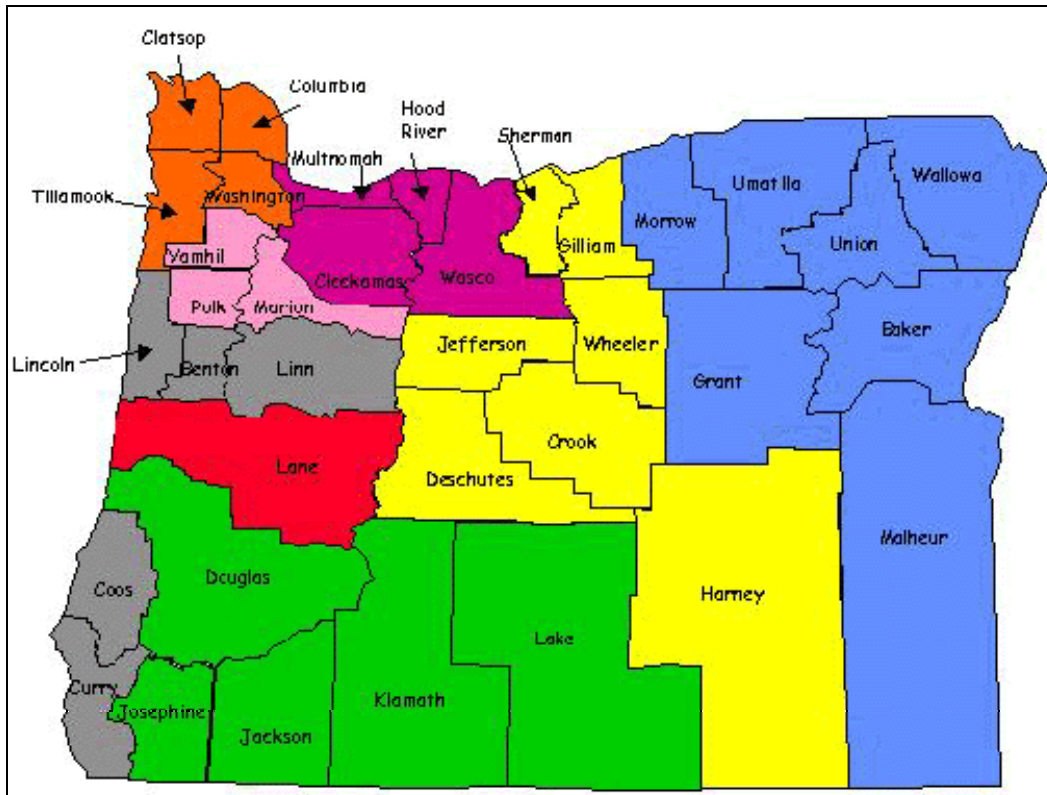
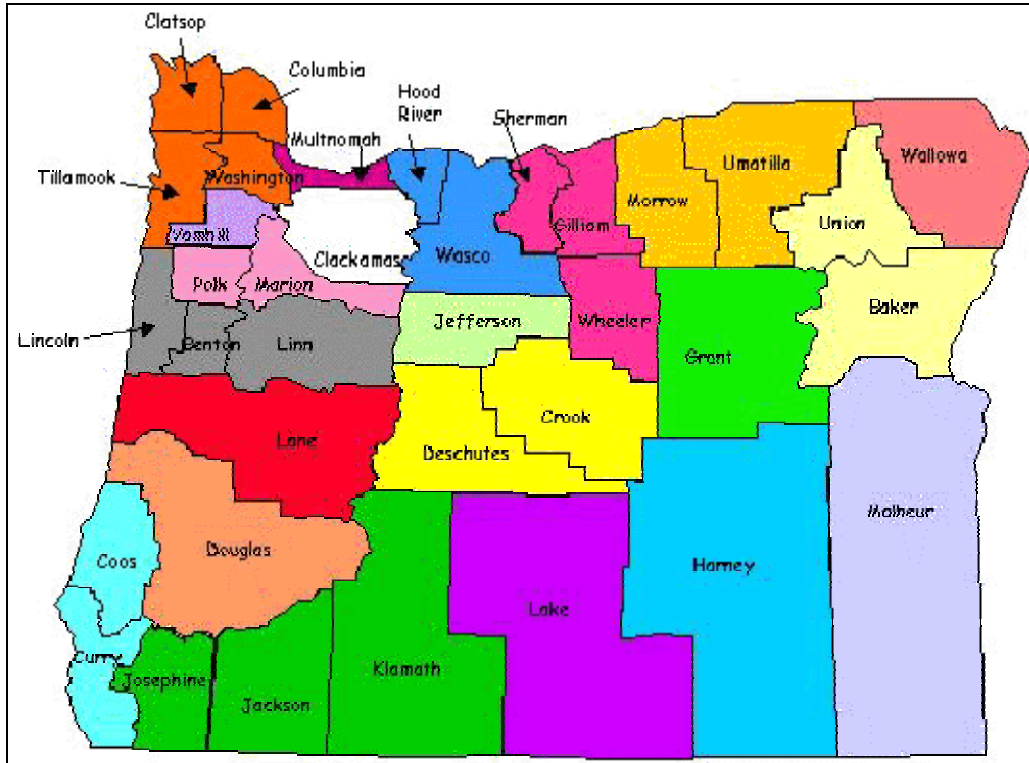


Exhibit 6: ESDs



Because the maps are interactive, they are best viewed online at: <http://www.ode.state.or.us/groups/supportstaff/specializedservices/oregonmap/>. The inter-relationship of the layers is also described below.

- Region 1 (Eastern Oregon Regional Program) and Service Area 1 (Eastern)
 - Five ESDs: Umatilla-Morrow, Region 18, Union-Baker, Malheur, Grant
 - Seven counties: Morrow, Umatilla, Wallowa, Union, Grant, Baker, Malheur
 - 40 school districts
- Region 2 (Central Oregon Regional Program) and Service Area 2 (Central)
 - Four ESDs: North Central, Jefferson, High Desert, Harney
 - Seven counties: Sherman, Gilliam, Wheeler, Jefferson, Deschutes, Crook, Harney
 - 25 school districts
- Region 3 (Southern Oregon Regional Program) and Service Area 3 (Southern)
 - Three ESDs: Douglas, Southern Oregon, Lake
 - Five counties: Douglas, Josephine, Jackson, Klamath, Lake
 - 32 school districts
- Region 4 (Cascade Regional Program) and Service Area 4 (Cascade)
 - Two ESDs: South Coast, Linn-Benton-Lincoln
 - Five counties: Linn, Benton, Lincoln, Coos, Curry
 - 22 school districts

- Region 5 (Willamette Regional Program) and Service Area 5 (Willamette)
 - Two ESDs: Yamill Center, Willamette
 - Three counties: Yamhill, Polk, Marion
 - 21 school districts
- Region 6 (Columbia Regional Program) and Service Areas 6 (Multnomah) and 9 (Clackamas)
 - Three ESDs: Multnomah, Clackamas, Region 9
 - Four counties: Multnomah, Hood River, Wasco, Clackamas
 - 23 school districts
- Region 7 (Lane Regional Program) and Service Area 7 (Lane)
 - One ESD: Lane
 - One county: Lane
 - 16 school districts
- Region 8 (Northwest Regional Program) and Service Area 8 (Northwest)
 - One ESD: Northwest Regional
 - Four counties: Clatsop, Tillamook, Columbia, Washington
 - 20 school districts

In terms of the organizational structure of each Region and Service Area, there are many similarities, but also many anomalies. Similarities include:

- Many Regions and Service Areas, especially those that are spread out geographically, subcontract with other ESDs to provide services;
- Many Regions and Service Areas use technology (such as video conferencing, email, and phone) to communicate regularly;
- Many Regions and Service Areas have program coordinators who also are service providers (e.g., managers, administrators, and teachers on special assignment); and
- All Regions and service providers participate in some sort of monthly contractor meeting, regardless of the ODE presence at those meetings.

In terms of anomalies:

- All Regions and Service Areas are disparate in terms of geographic spread (e.g., Regions 1, 2, and 3 provide services to over two-thirds of the State in terms of square miles);
- Many Regions and Service Areas are operated by ESDs, except for one Regional program (Region 6) which is operated by a school district and one EI/ECSE Service Area (Service Area 7) whose ESD flows through all EI/ECSE contract resources to EC Cares at the University of Oregon;
- Most Regions and Service Areas consist of multiple ESDs and counties with the exception of Region 7 and Service Area 9 each of which contain one ESD and one county and Region 8 that contains one ESD; and
- Most Regions and Service Areas flow together in terms of geography, with the exception of Region 4 that has two of its counties geographically separated from the other three counties.

In summary, Regions and Service Areas generally appear to operate in a rather decentralized system with the ODE allowing for local decision making and operations (i.e., recognition that no one model will fit every area). At the same time, a desired objective reiterated in a number of interviews and in statewide meetings conducted for this project is to strive for consistency of services both within and across Regions and Service Areas. This seeming disconnect between the reality of decentralization and flexibility and the desire for greater consistency in the quantity and quality of services provided throughout the State creates a natural tension that will provide a common theme throughout this report.

Study Approach

Any study of State operations whose outcomes have direct implications for statewide policy must incorporate a number of defining principles to ensure that the study is aligned with client needs and in sync with the statewide context. Specifically, we considered it important to:

1. Define constructs. The purpose of this study is to examine operational and fiscal efficiency. However, “efficiency” does not have a single definition. For some, efficiency is equated with financial resources (i.e., are contractors using the money in the most efficient manner?). For others, efficiency is equated with human resources (i.e., are providers being used most efficiently?). For this study, we define efficiency as referring to both financial and human resources. Education is a highly labor-intensive industry in which finances and human resources are virtually the same. For this study, efficiency is operationalized as the methods that lead to the provision of quality services as described in State and federal law and as specified in children’s IFSPs (ages birth through five) and IEPs (ages kindergarten through 21) at the lowest possible cost. If a given approach does not meet the goals specified for the program, it is not efficient regardless of its cost. If competing approaches both fully obtain specified program goals, then the lowest cost alternative among them is the most efficient.
2. Collect data from multiple sources using multiple methods. This allows for multiple views about the same questions and enables the researchers, through the triangulation of data, to synthesize and integrate information sources; to tease out discrepancies; to probe further on common issues; to refine respondent questions throughout the process; and to support qualitative themes with quantitative data. Using multiple data sources also increases the source pool of information, thereby increasing the external validity of the findings.
3. Conduct the study in context. As external evaluators, it is important that we place the over-arching concepts of fiscal and operational efficiency fully within the context of the State of Oregon. The only real way to enhance program efficiency in Oregon is to understand the local context and to form recommendations to the greatest extent possible that fit within this context.

To incorporate these principles, we engaged in a four-pronged approach including (1) performing extant document review and data analysis, (2) gathering stakeholder input, (3) conducting site visits, and (4) conducting phone interviews.

The timeline for these key activities was:

- February 2007: conducted stakeholder input meeting and first site visit
- March 2007: conducted first four phone interviews
- April 2007: conducted remaining two site visits and seven phone interviews
- Ongoing (February-May 2007): performed extant document review and data analysis

Extant document review and data analysis

Prior to meeting key stakeholders and interviewing program administrators, we conducted extensive document review and analysis of State and national data. Below is a list of the documents and data sets provided by the ODE and State program directors:

- Oregon Special Education Census Data, Multi-Year Database (MYDB), 1996-2005. Version 8.1, Fall 2006
- Contractor service plans (including county plans for EI/ECSE) for the visited sites
- Biennium funding allocations, 2003-05 and 2005-07
- EI/ECSE programs: Database of students receiving EI/ECSE services by month from December 2004 to December 2006, including referrals, number of students eligible, referral agency, and 45-day evaluation timeline information
- Regional programs: Regional service plan budgets and FTE staffing reports

Serving as a cornerstone for much of the quantitative analyses in this report, the special education MYDB contains a wealth of district-level information on the counts of special education students, their disabilities, services received, and educational placement categories. We examined these data to inform our understanding of variations across Regional programs and EI/ESCE areas. Although districts may vary in how they interpret and report this information, differences in students identified and served are suggestive of how the programs operate as a statewide network. In other words, do some areas of the State look relatively different in their service deliveries and the types of students served, and, if so, why? This analysis provided an important context for the subsequent site visits and interviews. We also examined the identification rates of EI/ECSE children in relation to county size and poverty rates - a commonly accepted proxy measure of need - by EI/ECSE area to see if there were relationships between these variables. For this report, we focused primarily on the 2005-06 school year, the latest year for which data were available.

We were also provided access to the State's special education monitoring system, the Special Education Systems Performance Review and Improvement (SPR&I). As stated on the ODE website, "the SPR&I is a district/program driven system founded on data-informed decision-making. It supports improvement planning through the collection and interpretation of performance data, development and implementation of an improvement plan, and the evaluation of impact and effectiveness of improvement strategies." Given that the MYDB provides the data underlying this system, we opted to analyze the MYDB instead.

In addition to intrastate variations, we were also interested in differences between Oregon and other States. To supplement the State data with a national perspective, we drew upon the federal

IDEA special education data on children ages 0 through 2, and 3 through 5.³ We compared Oregon to its neighbors and to the average State in the areas of identification rates, services, and staffing. Key results of these analyses are used in this report to quantify some of the findings derived from the site visits and interviews, and to support the study recommendations.

Stakeholder input

The ODE assembled a statewide stakeholder group for this project, which met in February 2007 prior to the initiation of any data collection activities.⁴ This group was composed of key stakeholders from EI/ECSE and Regional programs throughout the State (e.g., ESD special education directors, EI/ECSE program directors, Regional program directors, finance directors, program supervisors, program coordinators, and community program representatives). See Appendix A for a list of the stakeholders.

The purpose of the meeting was to gather a range of perspectives about key fiscal and operational efficiency issues for the programs under review for this study. This study team provided an agenda, a list of research questions, a PowerPoint presentation, and asked each individual to identify his or her top needs with regard to efficiency of the programs. We also asked each stakeholder to define his or her goals and expectations for the study.

Site visits

In consultation with the ODE, the study team conducted site visits to Region 1/Service Area 1 (Umatilla-Morrow ESD), Region 4/Service Area 4 (Linn-Benton-Lincoln ESD), and Region 8/Service Area 8 (Northwest Regional ESD). The ODE selected these sites because they operated both EI/ECSE and Regional programs, and because they had variation in terms of urbanicity (e.g., urban versus rural), organizational structure (e.g., multiple ESDs versus a single ESD; subcontracts versus no subcontracts), and geographical cohesiveness (e.g., covering a large versus a comparatively small geographic area). Generally, the purpose of these site visits was to gain a better understanding of the local context in which services are provided and to seek local input in regard to perceived barriers and factors that facilitate efficient service provision. Additionally, we sought local perspectives regarding future policy options.

Prior to the site visits, we sent a description of the study purpose, the research questions, and the types of information that we needed to collect. If needed, we also convened a preparatory phone discussion. Each site visit lasted between one and a half to two days. At each site visit, we conducted interviews and focus groups with key individuals, and we also conducted some classroom observations to observe the special education programs in progress and to discuss observed practices and stated policies with local service providers.

Focus groups were conducted with administrative and fiscal staff, service providers, members of the LICC and the RAC, and parents. These groups were convened separately to allow for candid

³ The data were downloaded from www.IDEAdata.org. The IDEA does not collect specific information on students receiving services from regional programs.

⁴ For a concurrent study on Oregon's overall special education funding, Dr. Parrish also met with the State Special Education Directors Advisory Council, the Business Managers from LEAs and ESDs, and the State Special Education Finance Advisory Group. Where applicable, input from these three groups was also used to inform this study.

responses, with one set of groups convened for the EI/ECSE program and the other set for the Regional program. Generally, the questions were organized around a number of themes such as organizational structure, services, fiscal resources, accountability, and networks. See Appendix B for the site visit protocols, which include the specific questions asked at each focus group. We used the research questions posed by the ODE for this study as a guide for protocol development.

The agenda for each meeting was set in consultation with each visited program. However, we specified certain parameters for each visit (i.e., there were certain groups—such as program administrators and service providers—with whom a conversation was necessary to address the research questions). After the first site visit was conducted, we analyzed the data, generated themes, and used those themes to make further refinements to the focus group protocol prior to conducting the remaining site visits and the phone interviews.

Phone interviews

We conducted phone interviews with all non-visited EI/ECSE (N=6) and Regional (N=5) programs. Prior to the phone interviews, we sent a description of the study purpose, the research questions, and the types of questions we would ask. Generally, the purpose of these phone interviews was to broaden our knowledge of local perspectives and issues across all sites, as well as our knowledge of statewide perspectives.

Each phone interview lasted about one hour and generally included one or two key representatives from each program (e.g., program director, program coordinator, and director of special contracts). Like the site visit protocols, the phone interview protocols were organized around a number of themes such as organizational structure, services provided, State support in terms of fiscal and technical assistance, Child Find (EI/ECSE only), parent support (EI/ECSE only), and accountability measures. We also gave all respondents an opportunity to make specific recommendations about the fiscal and operational efficiency of the overall EI/ECSE and Regional systems. The phone interview protocols were developed following the first site visit (see Appendix C for the phone interview protocols).

Findings

At the conclusion of each site visit, we identified the main topics for each program (i.e., EI/ECSE program topics and Regional program topics). Once all site visits and phone interviews were complete, we identified cross-cutting topics through the synthesis and triangulation of data from the various data sources, including quantitative data sets and other documentation. In summarizing the findings, it is important to keep in mind the major purpose of the study, which was to identify recommendations that the ODE can use to improve the fiscal and operational efficiencies of the State's special education programs as well as to report to the Oregon State Legislative Assembly. This section attempts to address the research questions for the study and to provide the basis for the recommendations made later in the report.

We begin this section with a review of overall observed strengths of the EI/ECSE and Regional programs. We follow this review with a description of over-arching findings, followed by program-specific findings. Although the EI/ECSE and Regional programs differ in many ways and have a number of issues that are unique to the program, some of the findings are over-

arching and therefore more efficiently presented once for both programs. Where appropriate, findings are supported by specific examples from the site visits and phone interviews, as well as by results gleaned from our extant quantitative data analysis.

Overall strengths

Through our on-site and phone conversations, the study team observed many strengths that appeared to be exemplified by the EI/ECSE and Regional programs. A non-exhaustive list of these strengths includes:

- Programs employ a well-qualified and hard-working staff;
- Programs use supervisors that have disability-specific knowledge and skills;
- Programs are of high quality;
- Programs are proud of their work and the services they provide;
- Programs solicit feedback from families to be responsive to needs (even though resources are not always available to meet those needs); and
- Parents generally express satisfaction with services.

We also identified a number of strengths that appeared to be true of only some of the special education programs including:

- Some programs have very strong relationships with their school districts, and many districts trust the Regional program to provide needed services;
- Some programs who place children in community preschools provide training to the community preschool staff in an attempt to increase overall program quality; and
- Some programs actively pursue external funds through grants and foundations to secure additional training and staff development.

Over-arching findings

From our site visits and phone interviews with program providers, we identified seven general topics that appear to be at the forefront of program concerns about the fiscal and operational efficiency of their programs, including: (1) funding and resources (including the funding formulas); (2) administrative structure; (3) travel time; (4) staff shortages; (5) accountability and paperwork; (6) technical assistance from the ODE and communication with the ODE; and (7) parent support, information and resources, and involvement in services. Each of these general topics is explored in more detail below.

Funding and resources

EI/ECSE and Regional respondents expressed concerns in regard to program funding. Administrators and staff from both programs reported their sense of a disjuncture between yearly growth in need and the amount of biennial funding. These concerns are generally supported by data, as seen in Exhibits 7 and 8 which show the biennium funding amounts, the counts of children served, percentage change in counts of children served, allocations per child served, and percent change in allocation per child served by program.⁵ For EI/ECSE, the number of children

⁵ The counts here represent the counts of children served for the particular time period and are different than the child counts on which the biennial funding amount was based.

served in each Service Area increased over time, while the allocation amounts per child served decreased in 7 of the 9 areas (Exhibit 7). For Regional programs, the picture is similar, except in one case where there were decreases both in the number of children served and allocation amounts per child served (Exhibit 8).

Exhibit 7: Comparison of biennium funding amounts to child counts for EI/ECSE programs

Service Area	Contractor	2003-05 Biennium \$	2005-07 Biennium \$ (projected)	Avg annual child count 2003-05 <1>	2005-06 child count <1>	% change in counts	Allocations per child <2>		% change in allocation per child served
							2003-05	2005-07	
1	Union Baker ESD	\$4,433,746					<3>		
1	Umatilla Morrow	\$1,904,727	\$6,096,450	390	448	14.9%	\$16,252	\$13,608	-16.3%
2	High Desert	\$7,566,304	\$6,929,992	440	479	9.0%	\$17,196	\$14,468	-15.9%
3	Douglas	\$14,966,810	\$14,554,926	949	985	3.8%	\$15,771	\$14,777	-6.3%
4	Linn-Benton-Lincoln	\$10,507,718	\$10,798,058	670	715	6.7%	\$15,683	\$15,102	-3.7%
5	Willamette	\$14,165,667	\$14,672,886	921	1,017	10.5%	\$15,381	\$14,428	-6.2%
6	Multnomah	\$20,894,633	\$22,662,650	1,353	1,405	3.8%	\$15,443	\$16,130	4.4%
7	Lane	\$12,486,531	\$14,883,547	946	1,097	16.0%	\$13,199	\$13,567	2.8%
8	NW Regional	\$15,205,771	\$18,077,699	1,065	1,297	21.8%	\$14,278	\$13,938	-2.4%
9	Clackamas	\$10,172,005	\$11,874,259	702	820	16.8%	\$14,490	\$14,481	-0.1%
	Statewide	\$112,303,912	\$120,550,467	7,435	8,263	11.1%	\$15,105	\$14,589	-3.4%

<1> Based on MYDB. The MYDB version used for this report did not have 2006-07 data.

<2> These figures represent the counts of children served for the particular time period and are different than the child counts on which the biennial funding amount was based.

<3> Union Baker ESD allocation for 2003-05 rolled in with Umatilla Morrow.

Exhibit 8: Comparison of biennium funding amounts to child counts for Regional programs

	2003-05 Biennium \$	2005-07 Biennium \$ (projected)	Avg annual child count 2003 – 05 <1>	2005-06 child count <1>	% change in counts	Allocations per child served <2>		% change in allocation per child served
						2003-05	2005-07	
Cascade	\$5,050,101	\$5,424,265	713	769	7.9%	\$7,083	\$7,054	-0.4%
Central	\$2,921,010	\$3,178,689	364	358	-1.5%	\$8,025	\$8,879	10.6%
Columbia	\$16,162,920	\$17,062,018	1,942	2,337	20.3%	\$8,323	\$7,301	-12.3%
Eastern	\$2,609,435	\$2,419,990	250	309	23.8%	\$10,438	\$7,832	-25.0%
Lane	\$4,206,254	\$3,623,444	414	396	-4.3%	\$10,160	\$9,150	-9.9%
Northwest Regional	\$8,879,870	\$9,121,835	1,013	1,065	5.1%	\$8,766	\$8,565	-2.3%
Southern Oregon	\$5,322,729	\$5,829,777	553	740	33.9%	\$9,625	\$7,878	-18.2%
Willamette	\$7,672,519	\$8,262,848	972	1,083	11.4%	\$7,894	\$7,630	-3.3%
Statewide	\$52,824,838	\$54,922,866	6,219	7,057	13.5%	\$8,494	\$7,783	-8.4%

<1> Based on MYDB. The MYDB version used for this report did not have 2006-07 data.

<2> These figures reflect the counts of children served for the particular time period and are different than the child counts on which the biennial funding amount was based.

To the extent the perceived funding shortfall is real, it may result in cuts in services, staff cut-backs, and higher caseloads for staff, all of which deter from the basic tenets of early intervention (i.e., maximizing the window of opportunity created by extensive development that occurs in the early childhood years to maximize individual impact and to reduce future costs).

Highly related to the amount of funding and resources is the way in which the available funds are distributed to the programs. The funding formula for the EI/ECSE program is quite straightforward—the total amount of money from the State legislature and associated federal IDEA Part B and Part C funds is divided among the Service Areas for the biennium based on a flat amount per child identified for EI/ECSE services (i.e., the student census). There is no distinction between EI and ECSE children for the purpose of funding.

The funding formula for the Regional program is more complicated. Total statewide regional funds are distributed to individual Regional programs based on duplicated counts of students receiving services for vision impairments/hearing impairments (VI/HI), severe orthopedic impairments (OI), and ASD.⁶ The counts of students receiving each of these services are divided by the respective service ratio (10 for VI/HI, 15 for OI, and 30 for ASD), which at the time they were conceived were designed to provide an equitable allocation of resources reflective of the needs of the children served.⁷ Unlike EI/ECSE, in which funds are allocated on a flat amount with no distinction between types of children, the regional formula gives greater weight to students receiving VI/HI regional services and less weight to students receiving ASD services.

⁶ The counts used in the regional formula are duplicated; a student that receives VI/HI services and OI services would be counted in each service category.

⁷ Personal e-mail communication with State Regional Program Director Jay Gense, February 20, 2007.

The results for each service—referred to as the index ratio—are summed for a total index ratio for each program. The total index ratio for each program determines its proportion of the total State funds. Further complicating this picture, Regional programs also have minimum spending requirements for each low-incidence service category (i.e., 40% for sensory disabilities, 17% for ASD, 8% for severe orthopedic disabilities) to ensure that no Regional program uses all of these allocated resources for certain disabilities while eliminating services in other areas. Note that these minimum spending requirements leave 35% of regional funds that can be spent across these categories with local discretion.

On the surface, both of these funding approaches appear to apply equal treatment to all Regions of the State and to have some rational basis. Certainly the EI/ECSE formula is much simpler and easier to understand than the Regional program allocation system. Even the Regional program formula, however, can be fairly succinctly explained. The EI/ECSE formula has an advantage of being more closely conceptually tied to the State's K-12 special education formula, which generally provides a single supplemental allocation to all children in special education. Overall, the major concern with the regional formula is that while it may have made sense at the time it was conceived, it has become outdated in the current era, especially in light of the substantially rising number of students in the State with ASD.

There are several possible formula concerns that over-arch both programs. To start, there is no adjustment for geography (e.g., sparsity), or in the case of EI/ECSE the child's disability meaning that programs receive the same amount of money to serve a severely disabled child who is 250 miles from the closest provider as they do to serve a less severely disabled child who lives 10 minutes from the closest provider. For both programs, the census count that drives the amount of funding was until recently based on a single point in time, which was cited as sometimes problematic. However, ODE currently uses an average child count across a 12-month period as the base for biennial funding.

Respondents also mentioned concerns regarding their perceptions of inconsistency and fluctuations in funding (especially for EI/ECSE), as well as the inability to carry-over funds from one biennium to the next. The reported concern was not knowing the full amount of funds (including supplemental funding) they will receive for a year until other possible contingencies have passed for the State, such as the amount of money needed for forest fires. Although the State cautions that these supplemental funds are never guaranteed and should not be relied upon when budgeting for programs, local respondents reported that these funds sometimes come too late and with too little certainty to, in their opinion, always allow for the best possible use.

This is tied to their concerns about carry-over. Respondents expressed the opinion that when funds arrive fairly late in the allocation period, carry-over to the next fiscal period should be allowed. They argued that under these conditions, greater efficiency in the use of funds could be realized if they had sufficient time to apply them to their most productive use. This sentiment resonates with another statewide study that found that revenue information often arrives too late to be used effectively in planning (Brown University, Annenberg Institute for School Reform, 2006).

From a State perspective, it was pointed out that the State is tied to biennium allocations and that EI/ECSE programs have always been successful in securing “emergency” funds that are set aside and even more when EI/ECSE caseloads increase substantially beyond what was anticipated. As a case in point, it was cited that this past year the Legislature allocated another three million to EI/ECSE. It is easy to see how these concerns can rub both ways. When the Legislature makes an “emergency” allocation to help programs get through the current biennium, they may not want to see this money invested in the future through carry-over, which does not seem to fit an “emergency” classification. On the other hand, under more normal allocations of funds that come relatively late in the biennium, perhaps an appeal process regarding possible carry-over under certain circumstances should be considered.

For the Regional programs, the ratios that drive the funding formula do not seem to relate to current realities. For example, there are a number of questions regarding the State’s rapidly expanding population of children with ASD and the optimal role for the Regional programs to play in regard to them. As a result, it is unclear the extent to which the 1:30 ASD ratio – which was intended to fund more consultative, as opposed to direct, services – ever made sense or whether it makes sense now. In addition, the way children with ASD are funded through the regional formula appears to create a number of other problems for the system as a whole, which will be discussed in greater detail throughout the report.

Other questions about the regional formula are how to best incorporate a new category of disability they are now charged with serving: children with traumatic brain injury (TBI). The Regions have just begun providing services to this population, but some respondents described confusion as to exactly what these services will entail. Funding for regional TBI services is also unclear. It appears that some level of interim funding has been put in place, but how these services will or should tie into the larger formula seemingly have not been resolved. At the same time, it is important to recognize that the TBI category is hardly two years old. ODE indicates its intent to fully ensure that children with TBI receive needed services.

Additionally, the minimum spending requirements identified above were also reported to sometimes cause difficulties for programs because they were perceived to constrain flexibility in meeting identified regional needs. This was especially the case with ASD where providers sometimes stated that ASD was generating more revenue than they were able to spend on these services. Interestingly, a closer examination of the data demonstrated that the minimum spending requirements actually do allow for a high level of flexibility. None of the Regional programs currently generates more money in ASD than they can spend on it. All programs can use up to 52% of their total funds for ASD while still meeting the minimum spending requirements for VI/HI and OI. Conversely, all programs can use up to 83% of their total funds for VI/HI/OI services while still meeting the minimum spending requirements for ASD.

Administrative structure

Although the overall goal of the State’s special education program is to meet the needs of children and their families to enhance children’s academic and developmental outcomes, the “structure” of these programs has emerged over time and as such, contractors appear to function somewhat independently rather than as part of a clearly defined statewide system of service. There are a number of levels in Oregon’s special education system including eight Regions, nine

Service Areas, 21 ESDs, and about 200 school districts each of which has its own administrative layer. Although many of these levels are historic, having been in existence for years, the main question that surfaced for us was the necessity of the number of layers from an efficiency or political standpoint.

In particular, our concern is how the number of layers may place the State's early intervention and special education system as a whole at a competitive disadvantage for support in the State Legislature when seemingly independent administrative layers from each level compete for limited resources to provide services that may appear to Legislators as somewhat redundant. As school districts have the ultimate responsibility for serving children in special education, the clearest approach for the Legislature may be simply to place available funds there. This creates may create problems for EI/ECSE services, which will be further discussed later, but also for Regional programs that have not seen funds expand in accord with the growing numbers of students they serve and overall responsibilities. Recent reports showing a considerable number of school districts in the State receiving special education revenues substantially exceeding expenditures likely contribute to this (Legislative Revenue Office, 2006; Parrish & Harr, 2007). Lobbying efforts for more resources among these supplemental layers of support (i.e., ESDs, Regional Programs, and EI/ECSEs) are likely made more difficult when a number of school districts appear to have surplus special education revenues.

Travel time

Service providers in both special education programs noted the amount of driving time required to provide services to children within their Region or Service Area's boundaries. Although this issue tended to be more prevalent in rural locations, providers all around the State mentioned this as an issue. In some parts of the State it is not unreasonable for a provider to travel a full afternoon to provide services to one child (i.e., one hour of service plus four hours of drive time) all the while running the risk that the child is not present or if present, is not able to participate for some other reason, e.g. illness. Providers comment that this sometimes results in diminished services for all of the students for which they are responsible.

On the other hand, service providers did not say that they should not be driving to serve the children and families in their caseload. They understand well that the State has its current form of regional provision for the specific purpose of ensuring that all children and families in the state, regardless of how remote, are able to receive services. At the same time, the driving time needed to accomplish this varies immensely in different areas of the State and these variations in cost do not appear to be specifically factored into the funding formula.

These issues are further exacerbated by the shortage of special education service providers. Although these shortages may be more evident in some areas of the State than others, it really is a statewide as well as a national phenomenon. Even if considerable new funds were made available, teachers and therapists trained and willing to work in early intervention and special education are hard to find.

This is not to say that this is a problem the State should necessarily have to solve on its own, but that it creates challenges for the State system as a whole. The more that the regions can share and learn from each other in regard to creative solutions for serving remote populations in the most

efficient manner possible, the more efficient the State system as a whole and the more the State’s children and families will benefit from available resources. Throughout the site visits and phone interviews, many creative solutions were described. Because of the similarities in the strategies for addressing travel time and staff shortages, we have grouped these solutions together in the following section.

Staff shortages

As mentioned above, staff shortages in key skill areas were identified as problematic by individuals in all of the Regional and EI/ECSE programs throughout the State. Local perceptions about why this is an issue include a number of opposing forces such as the lack of teacher preparation programs within the State; staff retirement outpacing staff development; competition for the same staff from other potential employees (e.g., clinical/medical settings, positions in neighboring States); instability in funding (e.g., providers hear about impending cuts in funding and leave); an annual wave in demand for EI/ECSE services (e.g., each year begins with a low number of children because a cohort transitioned to school but numbers of children grow throughout the year); and provider requirements that some cited as overly onerous (such as the Teachers Standard and Practices Commission, for which the ODE can provide authorization in lieu of this requirement). One major implication of staff shortages is high caseloads, which were mentioned consistently throughout the study.

The question of staff shortages is better understood within a national context. That is, in light of the national shortages in staff does Oregon’s staffing seem adequate in comparison to neighboring States? We conducted an analysis to examine the number of students identified under IDEA Part C aged birth through two per FTE special educators and speech pathologists (data for children aged three to five were not available). The results from these analyses are presented in Exhibit 9 below.

Exhibit 9: Number of IDEA Part C children (birth through 2) per FTE special educators and speech pathologists

Number of IDEA Part C students ages 0 through 2 per FTE special educator

	Average State*	Oregon	Idaho	California	Washington	Nevada
1998	51.7	25.2	34.0	.	18.2	28.1
1999	49.6	33.0	31.0	.	17.7	28.1
2000	61.8	25.3	35.6	.	22.5	26.8
2001	59.5	22.9	37.6	10.1	34.2	26.4
2002	63.5	27.1	40.8	10.8	36.3	24.3
2003	64.1	32.3	44.6	11.0	29.8	16.7
2004	65.5	33.5	55.0	10.9	30.9	18.3

* Excludes Colorado and Oklahoma, which are extreme outliers

Number of IDEA Part C students ages 0 through 2 per FTE speech pathologist

	Average State*	Oregon	Idaho	California	Washington	Nevada
2004	51.2	55.7	80.2	76.9	25.9	70.3

SOURCE for national and State ratios: Based on data derived from the www.IDEAdata.org

As can be seen from Exhibit 9, in three of the seven years shown for students per FTE special educators, Oregon has the second best ratio of the neighboring States, as well as for speech pathologists in 2004. These figures suggest that although service providers in Oregon may be feeling somewhat over-burdened, when compared to other states Oregon seems to fair rather well.

Some of the parents with whom we spoke noted the need for more services, which are unable to be provided if there is too few staff. High caseloads are compounded by program growth and may lead to reduced services to students and their families. Although therapist shortages do not have a simple solution, because the problem extends beyond geographical regions within Oregon to the State as a whole, as well as across the nation, several principles appear to apply:

- Simply recruiting harder and paying more will not overcome the basic unavailability of qualified personnel, at least in the short term.
- The training capacity of the State needs to be increased.
- Existing staff should be used to their full capacity, spending as much time providing direct services to children and their families as possible.
 - They should be diverted as little as possible through travel time.
 - Undue time should not be spent on paperwork.
 - Their skills should be leveraged through the use of differentiated staffing.
- In short, innovative ideas and potential solutions need to be fostered and disseminated to allow early intervention and special education specialists, who are highly skilled and in short supply, to spend as much of their work day as possible working at the highest possible level.
- Such solutions will:
 - Derive as much benefit as possible of a scarce commodity to children and families in need.
 - Allow education to compete more favorably with other industries reliant on these skills, e.g., health, to attract and retain professional therapy staff.

A number of the program staff we interviewed suggested or had implemented creative solutions to addressing the issues of excessive travel time and staff shortages and suggestions from these two areas are grouped below:

- Grow-your-own models, where individuals come up through the ranks —especially useful in hard-to-recruit areas of the State where hiring someone already settled in the area may lead to better longevity. For instance, one EI/ECSE program chose to pay for an instructional assistant of a speech-language pathologist to get certified in exchange for staying two years after receiving certification;
- Increased use of trained assistants (such as physical therapy assistants) who have more direct contact with families while working under the supervision of certified teachers and therapists to allow for optimal use of certified therapist time;
- Contracting with local providers to provide services in more sparsely populated areas;
- Providing training and consultation to local teachers in established community preschools essentially increasing the amount of services provided even though the provider is not on-site;

- Establishing integrated settings in areas with sufficient scale and having providers train staff to support children’s development;
- Training staff to perform multiple functions while on site (for instance, one Region had some staff who serve both the Regional program and other ESD resolution funded programs so they could function as the autism specialist and in a behavior consultant capacity);
- Use of technology such as videoconferencing for some services, recognizing that this does not work for all disabilities or for all interactions (e.g., communication to teachers, aides, and case managers);
- Develop clinics where a team is assembled and parents bring their children to the clinic to receive services; and
- Provide incentives to those who become dually certified.

Some of these solutions are not perceived as uniformly ideal by all programs due to factors such as certain tasks being required to be performed by a licensed specialist and that some contracted staff (for instance, hospital personnel) are less attuned to the educational component of therapy. But creative solutions of this type, if more broadly disseminated, might help to overcome staff shortages, to ensure that travel time is made as efficient as possible, to diminish the amount of time spent on paperwork (to be discussed later), and to develop a cadre of young assistants who with fiscal encouragement might complete a degree and become therapists themselves. Additionally, these “grow your own” local staff solutions through sponsored training would likely increase staff who are able to provide services to the increasing English learner (EL) population that is surfacing in some areas of the State by recruiting assistants from the EL population and providing career ladders for them with increasing compensation commensurate with added responsibilities.

Accountability and paperwork

Federal initiatives such as the *No Child Left Behind Act* have increased pressure on all education programs to show evidence of progress with the children they serve. The need for these accountability measures generally appears well understood and accepted by EI/ECSE and Regional program staff in Oregon. That is, no one seemed to deny the importance of demonstrating accountability for things such as program operations, use of fiscal resources, and program impact on student outcomes.

However, program administrators and staff did raise questions about the growing administrative burden overall. Concerns were expressed about the amount of time spent on paperwork, which is time that can not be spent directly serving clients. This seemed especially disconcerting given their concerns that caseloads are too high and as a result that client services have to be somewhat compromised. They expressed particular concern about accountability efforts that are duplicative, onerous, require multiple data collection systems, and are not useful to program planning or to continuous quality improvement. This is especially true when examined in connection with other variables such as flat or decreased funding and staff shortages, which suggest fewer resources available for accountability efforts and increased time spent by staff completing paperwork outside of regular business hours. Current accountability and data collection efforts cut across fiscal and program operations. A non-exhaustive list of these efforts (some of which are required by the ODE or federal law) is included in Exhibit 10.

Exhibit 10: Data collection and reporting activities

	EI/ECSE Program	Regional Program
IFSP/IEP	X	X
Service area plan	X	X
County plan	X	
Provider logs	X	X
Monthly Child count	X	X
December 1 st Special Education Child Count	X	X
Parent surveys	X	X
District surveys		X
Provider surveys	X	X
Medicaid billing	X	
Expenditure reports, invoices, budgets	X	X
Early Childhood Assessment	X	
Curriculum Based Assessment	X	
Child Find report	X	
SPR&I records	X	
Personnel census	X	X

This non-exhaustive list suggests that a lot of time and effort is spent by programs on data collection and other accountability efforts. A closer look at the intent of these efforts sheds light on their usefulness, contribution to program planning and quality improvement, and overlap with other activities. Examples of some of the issues with the current data collection and reporting activities include:

1. **Service Area plans:** These are developed on a biennial basis with yearly updates and appear to be largely historic (i.e., required by Oregon law). The plans are completed in hard copy and are thus not easily analyzable or comparable across Service Areas and Regions. Additionally, information provided in the Service Area plans seem largely redundant with that included in the Systems Performance Review and Improvement (SPR&I) system, the State's special education monitoring system focused on improving student outcomes. The plans appear to require a lot of administrative effort for relatively little usable information.
2. **Provider logs:** Many programs indicated that providers track their time in hard copy, which indicates that valuable information (such as time spent traveling, in direct service, and evaluation) is largely lost for analysis.
3. **Early Childhood Assessment:** This is an instrument designed to help meet the federal requirement of providing child outcome data (i.e., progress in comparison to typically developing children). However, programs indicated that it does not connect well to their existing Curriculum Based Assessments (CBA), and that it is not useful to program planning or service provision thereby taking additional time away from providing direct services to children.

Programs were unanimous in their desire for common and streamlined data collection that is stored on a shared student management record system. They requested that the ODE examine closely the current data collection efforts to determine which are most important and actually used. Implementing a statewide mandate for common data collection and shared record keeping would result in much efficiency for the State, such as:

- Decreased number of databases and data entry systems
- Decreased errors and redundancy in data entry
- Decreased duplicative reporting to different individuals
- Increased likelihood that the ODE can locate the information they need rather than making multiple requests to programs
- Decreased administrative time
- Increased ability to meet new requirements
- Increased likelihood of identifying common information for statewide initiatives
- Increased likelihood that data are recorded in an analyzable and useable manner
- Increased likelihood of connecting systems (i.e., between special education programs and districts) to assist with children's transition to school and decrease the need for data requests by districts

This may be an issue from a State perspective as well, where there appears to be an abundance of hard copy forms and reports, and a relative shortage of analyzable information that is of maximum use in overseeing and managing statewide systems. Overall, our findings resonate with one of the findings in another statewide study (Brown University, Annenberg Institute for School Reform, 2006) that found that contractors feel that data collection and reporting are not well coordinated and that data requests are redundant.

Technical assistance from the ODE and communication with the ODE

In our discussions with EI/ECSE and Regional program representatives around the State, a number of themes emerged with regard to technical assistance provided by the ODE and communication with the ODE. The foremost theme was in regard to the perception that the ODE functions as a compliance agency rather than a support agency. That is, the ODE was said to focus more on responding to federal requirements by passing along specific information and requests to programs and, as reported by programs, spends less effort offering support in how to interpret the law and what that interpretation means in regard to implementation. This finding is not new. In fact, the recently released report by the Annenberg Institute (Brown University, Annenberg Institute for School Reform, 2006) also stated that the ODE has migrated from being service oriented to being more oriented toward regulations.

At the same time, program staff recognized that the ODE has been barraged with federal requests and it is dealing with some internal issues (e.g., turnover of staff and added responsibilities). In addition, in all fairness to the ODE, staff were informed a few years ago about the need for a change of roles for the ODE.

The need for increased guidance and support from the ODE was most strongly expressed in the case of EI/ECSE. Unlike regional services, which are housed and provided in established

organized structures in the form of school districts, for EI/ECSE they said that the ODE essentially serves as the district/superintendent, and that Service Areas would benefit from additional guidance to ensure there is less variation in the interpretation of requirements and the provision of services.

Another theme, highly related to the issues discussed above, was that of communication of information and guidelines, which parallels a finding from the Annenberg study (2006) that also cited concerns about the ODE's coordination, communication, access, and timeliness. Although many programs indicated that they were able to get responses to questions asked of the ODE, we also heard concerns that information is not always easily accessible through the ODE (for example, programs are expected to follow the program operating guidelines, but are not always able to access the guidelines through regular channels such as the Internet).

A third theme related to the sentiments heard from the field for more frequent meetings between the ODE and the contractors included more regular visits by the ODE to the programs. Currently, there are monthly meetings with program contractors for such purposes as providing technical assistance and discussion guidelines. Additionally, there are quarterly meetings between the ODE and the superintendents to discuss higher-level policy about program structure. Despite the apparent regularity with which meetings are convened, many programs around the State professed the desire for more regular meetings that included not only the superintendents, but other administrative staff and program coordinators. Perhaps this desire could be met efficiently through the use of video-conferencing rather than the face-to-face format used at the regularly convened monthly and quarterly meetings described above.

A final theme that emerged from our discussions concerned the lack of opportunities for knowledge-sharing. Program staff clearly expressed the desire for more opportunities to get together with other Regions and Service Areas to share knowledge, provide information, and identify common needs (e.g., topics for training could be identified as part of a statewide plan for training and technical assistance). Although it is perhaps unfair to say that programs operate in isolation from each other, more formal opportunities for knowledge sharing might improve efficiency of program operations.

From the ODE staff, we learned that the quarterly meetings could include additional staff beyond the superintendents. Perhaps this has not been clearly conveyed to local participants who did not seem uniformly aware of this. Quarterly meetings of the ODE, superintendents, coordinators, and other program staff, and perhaps more frequent meetings of a subset of these types of positions, to discuss cross-cutting operational and fiscal policy issues would likely allow for additional guidance from the ODE, help the State create a more uniform system, and enable the State to be clearer in regard to statewide initiatives. However, ODE staff also report their sense of differing opinions from the field regarding who should attend these meetings. They note that they do not offer an opinion regarding who should attend, but simply respond to the superintendents' requests to meet with the ODE.

Parent support, information and resources, and involvement in services

The recent inclusion of "family involvement" as a key Part C indicator in the State's Performance Plan and the development of a family survey to obtain measures of this clearly

underscores the importance of this domain for EI/ECSE providers.⁸ During each site visit conducted for this study, we convened a focus group of parents to gain their insights into the EI/ECSE and Regional programs. We also asked questions of other focus group participants about parent support, information and resources for parents, and parent involvement. Participant responses consistently indicated that parent support groups and other resources are in relatively sparse supply and that the availability of parent information is variable.

With regard to parent support, parents and program staff alike appeared to agree that parent support is generally lacking, and that what exists seemed most often formed by the parents themselves. Parents reported that they wanted more formal and informal networking opportunities, with formal opportunities being facilitated by program staff by offering parents the option to waive their rights to confidentiality so that programs can provide parents with contact information of other parents.

Highly related to the need for parent support groups is the need for parent information. It is not clear that parent resource centers are readily available in Oregon and those that are available seem to be in rather centralized locations making it difficult for many parents to access them, which is unfortunate, as resource centers appear to be efficient vehicles for disseminating information and gaining support for parents. Many parents also expressed concern with not being able to identify consolidated information upon program entry so they may better understand the full array of options and program services, both within the special education program and across the community.

Overall, parent involvement in their children's services was generally valued by all individuals with whom we spoke. Many parents believed the ESD and the service providers had worked with them to design appropriate services for their children (for instance, one parent told us that their decision to hold their child back a year to work on socialization skills was not met with any resistance by program staff). However, many parents expressed a desire for expertise and training to trickle down to the neighborhood schools and to parents to ensure that teachers and parents are full partners in the provision of service to better their targeted caregiving skills, essentially increasing the amount of service that children receive and increasing the human and fiscal efficiency of the system.

EI/ECSE program context and findings

The over-arching findings discussed above cross-cut both the EI/ECSE and Regional programs. In this section of the report, we discuss the findings specific to the EI/ECSE program. Qualitative analysis of the site visit and phone interview data yielded four EI/ECSE topics including (1) Child Find, child identification, and ease of finding services, (2) services in the natural setting, (3) space for service provision, and (4) billing for Medicaid. Each of these topics is discussed in more detail below. Some of these issues are addressed in Oregon's State Performance Plan, which is required by the IDEA. This plan contains 14 Part C indicators relating to such factors as

⁸ The 2005-06 baseline data for this indicator and the 2010 targets (noted in parentheses) are: 65% (86%) of respondent families participating in Part C who report that early intervention services have helped the family know their rights; 58% (85%) of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs; 71% (90%) of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn.

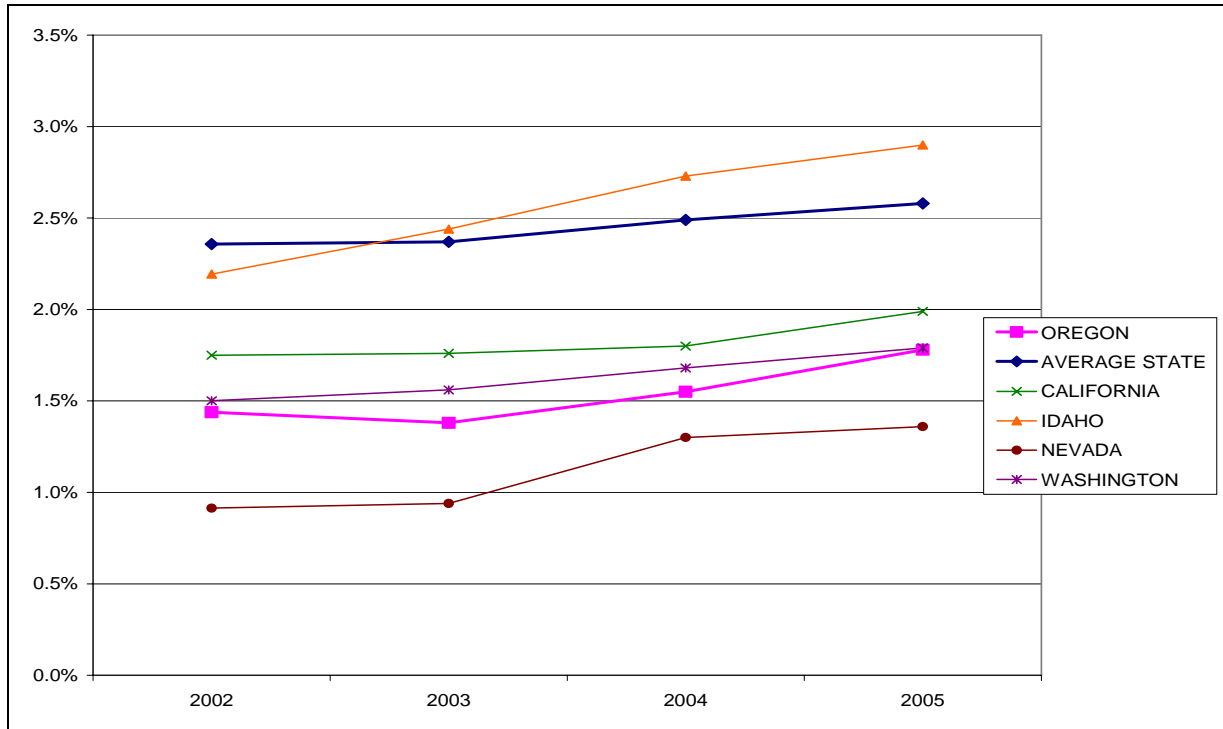
timely evaluations and services, natural environments, child outcomes, family involvement, the number of children identified, due process issues, and timely, accurate data reporting.⁹

Child Find, child identification, and ease of finding services

All special education programs are accountable for meeting certain targets of child identification levels through various Child Find activities on a yearly basis. The basic tenet behind Child Find is the cost effectiveness of identifying and providing services to children as early as possible, recognizing that while students may not avoid special education altogether, their overall gains will likely be greater, and they will subsequently require fewer services.

Prior to presenting interview and case study findings related to these topics, we wanted to provide some national context. Exhibit 11 provides the percentage of the residential population ages birth through two identified for IDEA Part C intervention services in Oregon and neighboring States, as well as the average State.¹⁰ As can be seen, in the latest year available Oregon hovers below two of its neighboring States, as well as the average State, in terms of the percentage of children ages birth through two identified for intervention services. However, we should note that Oregon’s identification rate of 1.78% exceeded its 2005-06 target of 1.55%, as outlined in its SPP. In addition, Oregon has narrower eligibility criteria as compared to other states, which would contribute to these somewhat lower rates of identification.

Exhibit 11: Percentage of the residential population ages birth through 2 identified for IDEA Part C early intervention services, 2002-05, Oregon, average State, and neighboring States



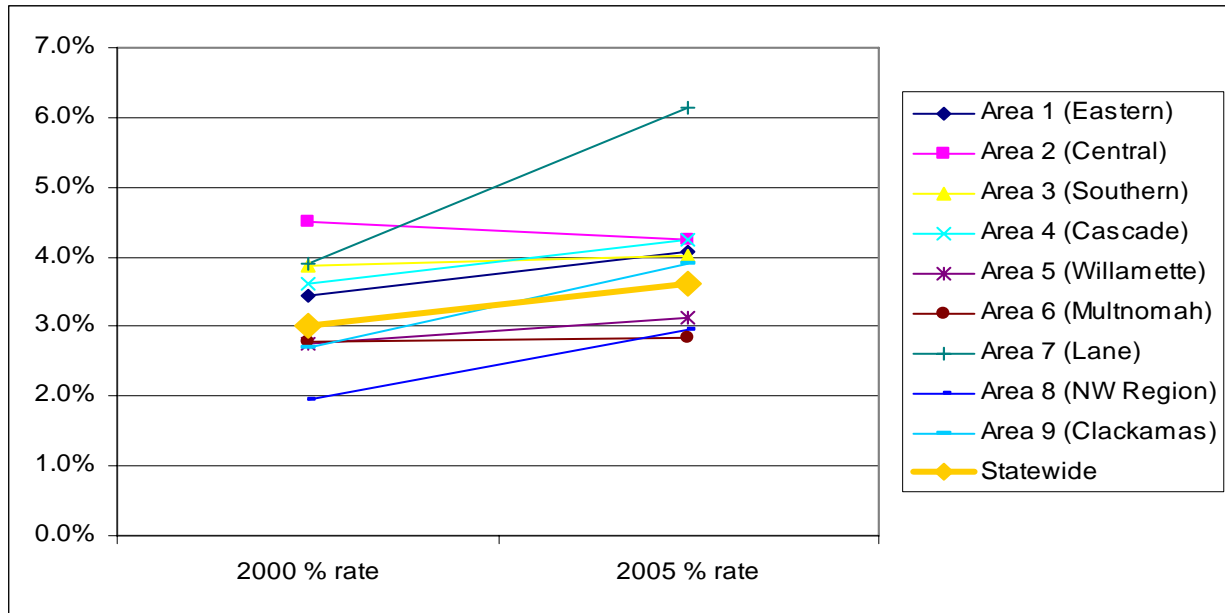
SOURCE for national and State identification rates: Based on data derived from the www.IDEAdata.org

⁹ As required by the IDEA, every state must develop, and submit for federal approval, a six-year State Performance Plan (SPP) outlining the actions the State will take in implementing the IDEA and how the State will evaluate its progress in these areas.

¹⁰ We do not have identification rates for ages 3-5 because we lack longitudinal population estimates for that age group.

Although the following analysis looks at the population ages birth through 4 (while federal data reports on children ages birth through 2), we observe considerable variation within the state, from just under 3% to just over 6% by Service Area in 2005 (Exhibit 12). Generally, Service Areas experienced growth in their identification rates; however, four Service Areas warrant further discussion. Area 2 experienced a decrease in the percentage of the population identified as EI/ECSE, while Area 7 had the largest change in terms of percentages of children identified plus the highest identification rate in 2005. Additionally, Area 8 experienced a large change in terms of percentages of children identified, but they still had one of the lowest identifying rates in 2005. Lastly, Area 6 had a low identification rate and showed no growth between 2000 and 2005. There are a number of possible explanations for this, including poverty and density.

Exhibit 12: EI/ECSE identification rates by Service Area, 2000 and 2005 (as a % of the population ages birth through 4)



SOURCES:
 EI/ECSE counts: Multi-Year Database, Oregon Special Education Census Data, 1996-2005. Version 8.1, Fall 2006, Oregon Department of Education, Office of Student Learning and Partnerships.
 Population counts: Oregon Office of Economic Analysis web page: "Forecasts of Oregon's County Populations by Age and Sex, 2000 – 2040" at http://www.oea.das.state.or.us/DAS/OEA/docs/demographic/pop_by_ageandsex.xls

One concern expressed by many parents was how to find services if they suspected their child had possible delays. For example, one parent with whom we spoke mentioned that while she knew that her child was lagging developmentally, she could not easily determine how to access public services and she could not find anything under "early intervention" in the phone book. Even in places where there is a directory, it is not always clear who should be contacted suggesting that a directory of services and a person connected to these services would be especially helpful. To further investigate this, our research team discovered that typing "Oregon early intervention" into Google yielded mostly non-helpful links.

Related to these points, parents and programs alike want to increase community awareness about EI/ECSE services, including educating medical professionals about signs indicating that a child may require special services because many staff and parents stated that valuable EI opportunities were missed because the doctor did not understand the symptoms.

Services in the natural setting

Another topic that emerged from our statewide interviews and focus groups was the provision of services to children in the natural setting (e.g., the home for EI children and the least restrictive typical setting for ECSE children). It is not surprising that this arose as a topic given that provision of services to children in the natural setting is part of both federal and state law, and since 2002 the ODE has identified the provision of EI services in natural environments as a key performance indicator in its SPR&I. According to ORS 343.475 (581-015-0995) “contractors or subcontractors shall ensure that, to the maximum extent appropriate to the needs of the child and family, EI services are provided in natural environments, including the home and community settings in which children without disabilities participate.” Additionally, for ECSE (ORS 343.465-343.534; 581-015-1000) “contractors or subcontractors shall ensure that ... to the maximum extent appropriate to the needs of the child, ECSE services are provided in the least restrictive environment, including home and community settings in which children without disabilities participate.”

These laws reflect a core value of EI and ECSE services: keep children in natural settings to the extent possible in accordance with their needs to expose children to typically developing children. When such integrated options are available in their local communities, children have a much greater opportunity to stay in touch with their local community, maybe more easily and naturally transitioned into their neighborhood school when ready, and the overall oversight and monitoring responsibility that remains with the home community becomes much easier and less costly to carry out.

To provide some national context for the mandate to provide services in the typical setting (i.e., settings with typically developing children), we examined the percentages of children identified under IDEA ages birth through two in programs for typically developing children and ages three through five served in early childhood programs with typically developing peers. For infants and toddlers, Oregon is below the average State in terms of providing services in typical settings, which is also the case when the natural setting (i.e., home) is included in the comparison. For preschool-age children, Oregon remains below the average State in the percentage of children served in early childhood programs with typically developing peers, but is slightly higher than some of its neighbors. It is important to note that due to the small population size, these placement trends vary considerably when considering individual States.

As a part of the SPP, the State sets targets for the provision of services in the natural setting. In 2005-06, the State targets for these indicators were 64% for EI children and 34% for ECSE children.¹¹ An examination of data from the MYDB for 2005-06 shows that the State as a whole met the State target of provision of EI services in the natural environment as well as all of the Service Areas. In 2005-06 for ECSE services in the typical setting, only three Service Areas

¹¹ The ODE set a long-term target of 82% of EI children receiving early intervention services in the home or in programs for typically developing children by 2010.

were above the statewide target, with the State as a whole falling below the target. However, we do not know conclusively the reason behind this, but it is most likely linked to data reporting issues.

Program staff and parents with whom we spoke generally agreed with the idea of serving children in the natural setting, which tends to be the home for very young children and families receiving early intervention services and an integrated pre-school for young children in early childhood special education. In regard to early intervention services, provision in the home is seen as being better for the child, enabling families to better access services, and having a greater potential to impact the family which builds their capacity to help their child directly.

However, some individuals mentioned that for infants and toddlers receiving early intervention there has been some resistance to moving from a center-based setting where the infant or toddler is brought for service to the more natural environment of the home because this is thought to be more costly, because serving infants and toddlers in their homes may exacerbate issues of staff travel time and shortages. Many providers believe that the natural setting is too isolating for parents of infants and toddlers thereby balancing services provided in this way with activities like toddler groups. We also learned from providers and parents alike that some parents do not want providers in their home because this limits their possibilities for networking.

For ECSE children, rather than services in the home the issue becomes more of the receipt of services in an integrated pre-school setting with typical peers as opposed to a center-based program enrolling only ECSE children. A major limitation in regard to the provision of services to ECSE children in a natural setting is the shortage of fully integrated pre-school options throughout the State. In short, there are not enough pre-schools in Oregon that are approved and willing to hold slots for ECSE children.

An important issue affecting this relates to the requirement that community preschools be ODE-approved to provide services to special education children if the slot is to be paid for out of State and federal early childhood funds. As described by providers and by the ODE staff, the qualification process in the past was quite onerous resulting in a handful of community programs that are qualified to provide slots for special education children. In April 2007, the qualification process was modified to be much less onerous and there is more flexibility surrounding the use of religious sites. These two factors should help to increase the motivation for community preschools to seek State certification to serve children with disabilities, particularly among those that do not have waiting lists for admission.

Head Start sites automatically meet the ODE requirements because of the quality of the program and performance guidelines under which all Head Start programs operate. However, although Head Start provides placement opportunities for young children with disabilities with typical peers, the number of these slots is limited and is largely delineated by income. That is, there are relatively few Head Start slots allotted to children with disabilities from families not qualifying for Head Start services. Concerns with this set of policies were clearly depicted in a site we visited in which approximately four classes were being held simultaneously during our visit. Two of these classes contained a mix of children with disabilities and typical peers, while the other two classes had no typical peers. Child placement into these two alternative settings were

not made based on the needs of the child in regard to their readiness and need for integrated interactions but rather on the basis of the income of the families. Those able to qualify for Head Start were in the integrated classes, while the children of families unable to qualify were not.

Solutions to these issues need to center around the development of methods to increase the number of slots in integrated community preschools and other settings. Partnership building with Head Starts and community preschools is part of the key to the solutions. Arrangements that some Service Areas have made is to “tuition in” typically developing peers into the program. For instance, at one high school there was a preschool program sponsored by the school district where parents pay tuition for typically developing children, but the district elected to save some slots for ECSE and the ESD provides assistants for the program. They reported that because they were a district preschool, the ODE requirements for the space used for this program were met and they did not have to go through a separate ODE approval process.

Another arrangement is collaborative interagency agreements. For instance, we learned of an agreement between a school district and an ESD where there is a program at a local high school for teenage parents. The teens can place their children in the program, it is open to typically developing children and there are slots delineated for ECSE children, and the ESD provides an assistant.

Space for service provision

A finding related to the provision of services in the natural setting is finding space for service provision. The State faces a dilemma to find more acceptable policies regarding the creation of suitable and stable service environments for its EI and ECSE students. As the federal law requires the least restrictive environment as appropriate to the needs of the child, the national trend appears to be to moving away from extensive construction of segregated special education schools and ECSE service centers. While there is little question that ECSE programs in Oregon will need greater stability of location for their programs to realize potential impact, building or securing more segregated settings may not be the answer.

One of the main issues mentioned by the programs was the instability in space, particularly that provided by school districts. Most programs mentioned that school districts will provide space for ESD services (either with or without rent) when they have it available, but that the space is quite tenuous. The instability of space for ECSE programs was cited as one of the major problems EI/ECSE Service Areas face. Intervening early and effectively is of high importance because of the substantial potential to make a lasting difference with young children. The ability to intervene early and effectively is lessened, however, when space for ECSE programs is limited and when these programs constantly have to be on the move. One of the things children with developmental delays need most is consistency and stability of service. Frequent moves, resulting in disruption and instability of service may substantially decrease a program’s likeliness of positively affecting children and their families.

In short, current policy in regard to the acquisition and retention of appropriate space for public education services in Oregon appears to place the lowest priority on EI and ECSE programming, whereas arguably it should be the highest priority from an efficiency perspective. Perhaps no component of this age spectrum has a greater potential for developmental gains that could save

the system substantial funds over time than successful early intervention. Stable and appropriate space for this population is arguably the best capital investment the State can make in terms of probable return. What seems to be needed is a considerable expansion in the number of stable integrated settings available to ECSE children through the State combined with greater stability in center space for those ECSE children for whom more restrictive settings may be most appropriate. A clear part of the solution seems to be to add provisions that will lead to more ECSE slots in community-based preschools, which ODE has made progress on by trying to open slots with a revised and less onerous certification process for community preschools. An additional part of the solution could be to build in greater district responsibility for the provision of space. This would likely greatly enhance suitable space in local communities, could foster the kinds of K-12 to early childhood service partnerships described above, would foster district ownership of children with special needs who will eventually enter their school system, and would also likely contribute to the seamlessness of services for children and their parents.

Billing for Medicaid

The final EI/ECSE finding that emerged from our discussions related to billing for Medicaid. Interviewed staff, especially therapeutic staff, expressed concern in regard to the amount of time they spend making these claims. Given the caseload numbers shown above as well as the concerns expressed in regard to deriving maximum benefit from scarce therapist time, methods and practices for EI/ECSE Medical billing seem in need of review.

Overall, as currently structured, Medicaid billing was viewed by staff in several Service Areas as not as productive as it might be. In its current form, it was sometimes seen as a serious diversion of valuable and scarce therapist time from the provision of direct services for children to the completion of paperwork. Medicaid likely is an important revenue source for EI/ECSE services in Oregon, but to heighten efficiency in implementation it should be designed to maximize resources and to minimize cost. It seems especially important not to divert professional resources that are already scarce in the State away from their most productive use. Over time, it seems imperative to design a much more streamlined and less onerous system for Medicaid billing that allows these funds to be claimed as efficiently as possible.

Regional program context and findings

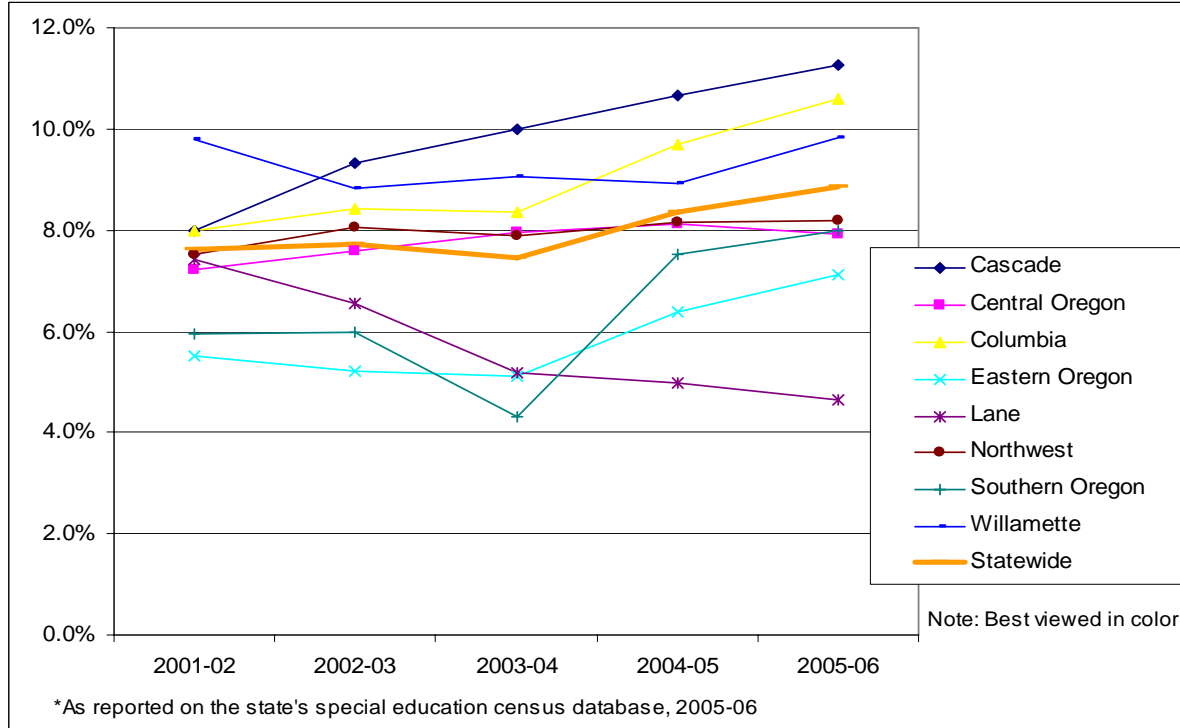
In this section of the report, we discuss the findings specific to the Regional program. Qualitative analysis of the site visit and phone interview data yielded three Regional program-specific topics including (1) updating the basic service model, (2) reconsideration of regional service eligibility, and (3) clarifying the identification of core services. Each of these topics is discussed in more detail below.

Context to findings

As described earlier in this report, Regional programs are designed to provide services to children ages birth to 21 with “low incidence,” disabilities, which are generally of a sufficiently low rate in the general population that it may be difficult for individual school districts to efficiently provide services. Currently, disabilities covered by the Regional program include hearing impairments, vision impairments, ASD, severe orthopedic impairments, deaf-blindness, and traumatic brain injuries. To provide the reader with an idea of the scope of Regional program

services, Exhibit 13 shows the percentage of the total special education population in Oregon who are receiving regional services.

Exhibit 13: Percentage of the special education population receiving regional services, statewide and by Region, 2001-02 to 2005-06



SOURCE: Multi-Year Database, Oregon Special Education Census Data, 1996-2005. Version 8.1, Fall 2006, Oregon Department of Education, Office of Student Learning and Partnerships.

As can be seen, nearly 9% of all special education students received regional services statewide in 2005-06, ranging from a low of 4.6% in the Lane Regional program to a high of 11.3% in the Cascade Regional program. Students receiving services through the Regional program can also be receiving services in EI/ECSE. As shown by Exhibit 14, statewide there are 14% of EI/ECSE students also receiving regional services, with a range of 6% in Service Area 7 to 20% in Service Area 6.

Exhibit 14: Percentage of EI/ECSE students receiving regional services, by age group, by EI/ECSE Service Area, 2005-06

	EI (0-2)	ECSE (3-4+)	Total
Area 1 (Eastern)	6%	11%	9%
Area 2 (Central)	14%	11%	12%
Area 3 (Southern)	10%	12%	11%
Area 4 (Cascade)	13%	16%	15%
Area 5 (Willamette)	23%	18%	19%
Area 6 (Multnomah)	17%	21%	20%
Area 7 (Lane)	5%	6%	6%
Area 8 (NW Region)	10%	17%	15%
Area 9 (Clackamas)	11%	15%	14%
Statewide	13%	15%	14%

SOURCE: Multi-Year Database, Oregon Special Education Census Data, 1996-2005. Version 8.1, Fall 2006, Oregon Department of Education, Office of Student Learning and Partnerships.

Overall, the concept behind the Regional program model is accepted and valued, especially by small school districts that are unable due to economies of scale to hire the staff needed to serve a small number of children with low-incidence disabilities. Regional programs also provide somewhat of an insurance policy that hard-to-staff services are provided as needed. However, as our discussions with Regional programs throughout the State progressed, a number of interrelated issues centered on the Regional program model arose.

Updating the basic service model

The current Regional program model may be somewhat outdated in terms of its focus on more traditional “low incidence” populations (such as deaf, blind, and orthopedic). This idea of an outdated program model also plays out in the area of ASD where the focus is on evaluation and consultation rather than direct service. In addition, the inclusion of this designation within an array of “low incidence” services is increasingly open to challenge with the considerable rise in numbers over the past several years. Many providers expressed frustration with the consultation model, which is clearly a different approach than that employed through regional service provision for other categories of disability and may have resulted from what can be done within available regional resources, rather than a well conceptualized statewide plan. Clearly, ASD is a category of disability that even though it is specialized has sufficient numbers of children statewide that some larger districts may not need assistance in providing a program, while smaller districts will likely need much more than evaluation and consultation services.

One major focus underlying this issue relates to ASD services, as described above. The majority of Regional program respondents asserted that ASD differs from the Regional program concept in important ways. For instance, all other regional services are direct while ASD services are consultative. This does not work well in many cases because there are often more children than the consultants can serve. Furthermore, many districts may need help with direct services for this population, while others may need little supplemental assistance depending on district size. In addition, full ASD evaluations sometimes take longer and cost more than the amount of service funded through the consultative model. Perhaps most striking is the dramatic change in this population in recent years. While autism does occur at lower rates in the population in relation to more common disabilities such as Specific Learning Disability, the population receiving regional

ASD is growing exponentially while the other areas are fairly constant. The counts of students receiving regional services other than ASD increased by less than 2 percent between 2004 and 2006, while students with autism receiving regional ASD services increased on average nearly 30 percent (Exhibit 15).

Exhibit 15: Percentage change in the number of students receiving ASD regional services and identification rates of students identified with autism from 2004 to 2006

<i>Region</i>	Number and % change in students receiving ASD regional services			% AUT identification rate (2005-06)*	AUT as a % of SE population (2005-06)**	% of AUT students receiving regional services (2005-06)**
	2004	2006	% Change			
1: Eastern	165	200	21.2%	0.7%	4.3%	97.3%
2: Central	202	227	12.4%	0.6%	4.2%	96.8%
3: Southern	407	491	20.6%	0.7%	4.9%	92.9%
4: Cascade	558	628	12.5%	1.2%	7.7%	96.6%
5: Willamette	627	820	30.8%	1.4%	9.5%	56.7%
6: Columbia	1,343	1,664	23.9%	1.1%	7.3%	87.7%
7: Lane	220	207	-5.9%	1.4%	7.7%	28.0%
8: Northwest	584	1,083	85.4%	1.1%	7.5%	61.8%
Statewide	4,106	5,320	29.6%	1.1%	7.1%	72.3%

Source: Regional Program Services Census (duplicated) data

* Students identified with autism as percentage of ADM

** Weighted; all ages; from MYDB

An examination of this table demonstrates a number of things: (1) all Regions except Lane have experienced significant growth in the number of students receiving ASD services (2) all Regions except Lane have a high percentage of students receiving ASD regional services; and, (3) many Regions have an identification rate at or above the statewide average. There are some interesting anomalies in this data. Lane, for instance, shows a decrease in students receiving ASD and a low percentage of ASD students receiving services, but it has a higher identification rate than the State. While Northwest showed an 85% change in the counts of students receiving ASD services, they are still below the State average in terms of students with autism receiving ASD services.

A final focus of the issue of services included under the Regional program umbrella relates to the newly added disability of traumatic brain injury (TBI). Regional programs consistently stated that the nature of regional TBI services is not clear. For instance, many understand that TBI will be a more centralized service with a liaison in each Region serving as the hub. However, most do not know what the exact role of the TBI liaison will be or how the liaison will be funded (i.e., TBI liaisons could perform one or many of a number of duties: assist districts with the identification of TBI students, communicate with medical facilities, coordinate services for children re-entering the school system, disseminate information, provide parent support, collaborate with and provide support to TBI teams and the districts they serve). This uncertainty about the role of the TBI liaison in conjunction with lack of clarity about how much additional funding will be available for TBI has many programs concerned about their ability to provide services.

Currently, services provided by the Regional programs vary somewhat because local districts determine if certain students will be provided services through the program or will be served fully by the district. This current mix of services is problematic because it may result in inequities in service provision across Oregon; it provides an inadequate charge for children in the large and fast growing population of students with autism; and it ignores other areas of possible need.

Reconsideration of regional service eligibility

Two main issues were identified by Regional programs. The first is that districts have the option to identify a child as regionally eligible or not. This means that districts could potentially identify the more high need children as “regional” children and opt to keep the children with more mild disabilities as district children. This can be problematic because Regional programs receive the same amount of money for children requiring intense services as for those requiring less intense services within the same category of service. However, it is important to recognize that the purpose of Regional programs is to serve those children that local school districts cannot, and this may mean that Regional programs end up serving the most high-need children. Additionally, a child’s identification as regionally eligible (or not) affects the funding for the Region because the designation determines who gets the local IDEA funds. That is, for any child that is not identified as regionally eligible by the district, the State funnels the local IDEA dollars for that student directly to the district. If the same district identifies that same child as regionally eligible, the local IDEA dollars for that student would go the Regional program via the State contract.

The second issue refers to the fact that districts currently can opt out of certain services which affects Regional funding. Each Region’s funding level is determined by the number of students receiving regional services—when a district opts out of services, that Region’s future share of the total funding available (in the next biennium allocation) decreases, while funding levels for other Regions may increase. If the district opts back in for services, the increase in students for that Region impacts funding available for other Regions even when those other Regions experienced growth (if overall funding has not increased accordingly). For instance, in one Region a large school district opted out of ASD services for several years. Because overall State Regional funds grew somewhat by the time of the next biennium allocations, this had the effect of moving the State Regional dollars away from this Region into other Regions. However, when this district opted back into the program, the State and federal dollars associated with these children came back to the Region during the following biennium allocation, but created some disruption to the State system as a whole by redirecting a bigger portion of the relatively fixed State pot of money back to the Region whose school district had previously opted out. As a result, some Regions lost money due to funds being redirected, despite the fact that their populations had increased as had the overall pot of Regional program funds.

The extent to which this occurs in Regions seems to largely depend on the fit between district needs and the services the Regions provide. Often, it is simply an issue of scale, with larger districts in less need of low incidence support than small ones. It also seems to depend on the relationship between the Regional program and the districts and the success programs have with demonstrating that opting out of regional services results in less money to the Region as a whole. Although federal money gets redirected to the district when they opt out of service, State Regional dollars are lost to the Region overall (in other words, the state Regional dollars

associated with the students in the district that opted out do not flow through to that district; rather those funds would be re-distributed among the Regions in the next biennium). One Regional program respondent indicated that they have kept their districts from opting out of ASD services by flowing the federal money directly through to them, keeping the State money for the Region overall and continuing to provide minimal ASD services.

Clarifying identification of core services

As mentioned above, there is quite a high level of variability in services provided by Regional programs because districts currently have the flexibility to identify children as regionally eligible or not, or decide to opt out of certain services completely. This creates somewhat of a tension between many districts and Regional programs, especially in the current context where the programs are faced with increased counts of low-incidence students with more complex needs as well as local district pressure to reduce the costs for services. To address this variability in services and help tender the current tensions between some Regional programs and their districts, the regional management team has been working to develop a set of core services that all Regional programs will offer. To date, core services have been drafted in eight main areas for deaf/hard of hearing, vision, severe OI, and ASD including: evaluation/eligibility and assessment, individual educational program development, supports for personnel, capacity building for districts, direct instruction to students, safety of students and staff, access, and information and referral.

Although a respondent from one Region expressed their reticence to identify core services because of the belief that Regional programs need to be responsive to the districts' needs, overall there was agreement among the Regional programs that identifying core services is needed. Defining core services should increase consistency across the Regional program, clarify ambiguity around what services are included in the existing regional package, as well as the Regional programs' charge within the overall State system. The study team agrees with the development of a clearer definition of core services and will make some recommendations beyond this initial step to somewhat re-think and further define the State's Regional program system in terms of services and funding.

Recommendations

The purpose of this study was two-fold. First, ODE requested a review and analysis of the fiscal and operational efficiencies of the State's EI/ECSE and Regional Low Incidence programs. Second, recommendations regarding the improvement of fiscal and operational efficiencies were to be made based on the findings from the review and analysis. The previous sections of the report have summarized the over-arching and program-specific findings for the EI/ECSE and Regional programs. The breadth and complexity of some of the issues explored through this study provide a number of areas for possible recommendations, some of which have been alluded to in the sections above. These recommendations are based on our knowledge of special education policies and practices in other States, an objective analysis of the data within an Oregon context, and information gathered through the various methods described above.

We believe a key concept underlying these recommendations is for the State to consider provisions and governance arrangements that would more clearly establish and reinforce local

district responsibility for all children in special education (ages birth to 21) with support from a statewide system of EI/ECSE and Regional Program services and expertise. As it stands, there seem to be considerable differences in how these programs are administered and configured, which may lead to inefficiencies in the programs at a number of levels.

Overall Recommendations

The follow recommendations pertain to the EI/ESCE and the Regional Programs in a more general way and to some extent to the overall system of special education provision in Oregon.

Recommendation #1: Seek greater alignment with K-12 special education funding. We believe that it is important for public education services in a state to be connected by some form of a master plan, and to maximize coordination and integration to the extent possible. Where it is important to have separation due to specialized expertise or the need for regionalization, these components should be as well articulated as possible, both in terms of funding and conceptualization. As in most States, there seems to be some lack of conceptual connectivity with respect to special education in Oregon. The design incorporating the increasingly broad scope of educational provision in the State may be guided more by history and the fact of incremental expansion than by a well integrated master design.

Oregon has a multi-layered K-12 education system. Levels of governance include local districts and their system of funding; Education Service Districts (ESDs) that provide another layer of service provision, oversight, administration and which feature a separate system of funding; contractors that provide EI/ECSE services for the State which largely operate apart from local districts and which have their own separate funding system; and an overlay of state-contracted regional provision of low incidence special education services that also features a separate, and quite different, funding design.

We believe that greater cohesion is needed across this multi-layered system and suggest finance as a good place to start. We believe that well-designed education funding can be instrumental in forging greater unity across the system. More specific recommendations in regard to funding the components of this system are listed below. In short, however, we think it is important that a single funding plan bind the components so that a set of coherent rationales and arguments can be made to the Legislature about the needs of the system as a whole. Decisions about the relative needs of early childhood special education, in relation to K-12 special education, and the needs of low incidence students would be resolved within the education community prior to approaching the Legislature so that a single, unified argument regarding the State's overall education needs can be presented.

Recommendation #2: Streamline regionalization. While we believe—and heard virtually no disagreement from the field—that some degree of regionalization in the provision of special education services is important and leads to efficiencies for the State, the multiple levels of regionalization and the many areas of separation of special education service can sometimes appear somewhat redundant and confusing.

For example, while districts are said to be responsible for early intervention evaluation and transportation, they are not responsible for the program as a whole, leaving gaps in such

important areas as the space needed to provide service and sometimes the ability to share scarce therapist time. In regard to provision of K-12 services for students with autism, a major debate and ongoing negotiation among districts and regional programs focuses on the respective responsibilities of districts and their regional providers. While an estimated 70 percent of ESD funds go to the provision of special education services, exactly what the EDSs should provide and what their role should be in relation to the overall statewide system seems open to ongoing review and speculation.

As external evaluators, we found the many layers of service and administration to be a bit confusing, and we question if some of this confusion (as well as the reality of multiple administrative layers) may place the State's early intervention, regional program, and special education system as a whole at a competitive disadvantage for support in the State Legislature. Seemingly independent levels of administration compete for resources to provide services that may appear to Legislators as somewhat overlapping.

Recommendation #3: Ease the EI/ECSE and Regional Service bid process while fostering competition in provision: Currently, only districts and ESDs are eligible to bid to provide special education services. On the one hand, this seems to increase the stability of contractors throughout the State. On the other, the lack of competition may lead to missed opportunities to improve efficiencies (i.e., new perspectives may help change parts of the system that are currently the way they are because "that is how they have always been done."). Regardless of the goals of the State, current provisions appear to result in considerable continuity in contractors. Given this, we recommend the State consider a different method for awarding contracts (i.e., the need to submit a full new bid every two years even when there is no competition seems an unnecessary diversion of resources from service provision). While it appears to create opportunities for increased competition, none seems to be resulting from this approach.

One possibility is to assume contract continuance with current contractors with an option that could be exercised by the State or an interested competitor to open up the competition every two years. The State may also wish to extend this opportunity to entities beyond those currently eligible. In addition, the State may wish to allow districts to negotiate on a "fee for service" basis with entities outside their local region if they consider them be the most cost-effective provider for certain services.

Recommendation #4: Streamline data collection requirements and standardize record keeping. A commonly heard concern was frustration with the amount of paperwork required and the number of seemingly repetitive data collection efforts that are not inherently useful to the program. We recommend a full assessment of the data currently required by the ODE with the goal of limiting data collection to those elements needed for federal reporting and for state and local decision making and governance.

In addition, current data collection procedures seem particularly inefficient in that they appear to provide limited return in the kinds of information needed to guide decisions at local or state levels of governance and policy making. As an example, we recommend reconsideration of the extent to which service plans in their current form are needed. From our perspective, they do not appear particularly useful or informative, they are not easily analyzed across contractors, they are

required each year, consume the time of otherwise pressed staff, and are somewhat redundant with the SPR&I system. Data elements worthy of collection should be reported in some form of automated format for ease of analysis. Data that are not intended for analysis likely have minimal utility and likely should be dropped.

It seems essential that there be a common data collection system statewide. Toward this end, we recommend that the State mandate the use of the EC Data system designed by EC Cares at the University of Oregon and currently used by the majority of the contractors across the State. Those not currently using this system will likely need assistance from the State in making the needed transition. This requirement will provide numerous benefits including consistent data, standardized internal controls, the ability to easily cross-check data, technical support, easier data analysis, simpler record sharing, and a decrease in duplicative data requests.

Such a move would also likely increase the ease with which ODE can fulfill special information needs that respondents reported as sometimes appearing as multiple and redundant data requests. Greater data uniformity across the State would also facilitate the ease with which students are able to transition from school to school and across regions. Currently, contractors provide the resources necessary to keep EC Data up and running. If ODE makes the use of this system a statewide mandate, consideration should be given to the State directly investing in base data collection.

In addition, we recommend that ODE make full use of the data collected from the various providers throughout the State to identify common issues and needs. For example benchmark and comparative information should be produced by the ODE from these data for statewide dissemination and as the basis for statewide discussions regarding overall strengths, weaknesses, gaps, and possible overlaps in the degree and mode of service within and across regions in relation for the State as a whole. Discussions could ensue from these graphic presentations of variations in current practice to determine over-arching goals, objectives, and service targets that would apply statewide. These kinds of data are essential for current systems to move from a more regional to a more statewide orientation.

Recommendation #5: Develop State benchmarks, goals, and objectives: Critical data elements that can be reported and compared across governing entities with confidence are critical to the State's continuing evolution from one featuring considerable local and regional variation in regard to what is provided and how it is delivered to more of a single unified system. While this concept has already been initiated through the SPR&I monitoring system and continual work on the State's IDEA Performance Plan, the State could broaden discussion about its goals and objectives for special education in the State and to report and publicize indicators of how various districts and regions are delivering services and producing student outcomes in relation to these goals and objectives.

State interviews indicated a desire for a more uniform statewide system of provision, and to a large extent we also heard support for more State leadership from the field. The State was asked to assert leadership at contractor meetings in discussing work that needs to be done to assist with channeling provider energy into how to meet mandates rather than fighting them. Interviews with providers confirmed the need for a more robust effort to engage the EI/ECSE field in program

planning, policy development, and system evaluation. Some of our interview respondents cited the need for service providers to become more of a professional learning community that regularly communicates regarding best practices. These goals and objectives were recommended to come from collaborative decision making, with ODE being the unifying voice and with the clear end goal of improved services and outcomes for children and their families statewide.

The recommended review of data and the resulting establishment of goals and setting of benchmarks can guide the ongoing tracking and implementation of this vision. This can also be tied to local self-evaluation, which is a very cost-effective way of encouraging local providers to self-regulate and self-monitor toward desired outcomes and goals for the State as a whole.

Recommendation #6: Address the statewide therapist shortage: Although these shortages are more evident in some areas of the State than others, it is a statewide as well as a national phenomenon. Even if considerable new funds were to be made available, trained teachers and therapists willing to work in early intervention and special education will continue to be hard to find. Thus, in addition to money it is a matter of enhancing supply, utilizing existing staff as efficiently as possible, and to leverage their skills through better and additional use of support staff.

In addition to longer term approaches to this problem such as ODE support/partnering with universities to increase teacher preparation programs, immediate steps should be taken to relieve current shortages in key areas of provision. First to the maximum extent possible, it is important to protect the time that the staff currently employs in these areas of expertise. As discussed below, particular attention should be directed to reducing paperwork overall and specifically to trimming the work associated with Medicaid billing. Direct service time also can be protected by carefully scrutinizing and considering alternatives to the amount of time therapists spend in transportation across the state. While sometimes necessary, driving three hours to provide an hour of service on a regular basis is costly and diminishes the pool of resource time available to others. Creative options should be fostered and disseminated where found to be effective.

Possible remedies include therapists training assistants to help in the direct provision of service which among other things might allow them to make some of the commutes to remote communities, as well as perhaps finding and training assistants who reside in these communities. To foster this and as a way of developing future therapists, local programs could also provide career ladders coupled with other incentives for advanced training for these assistants.

Recommendation #7: Rethink Medicaid billing: Although EI/ECSE therapists expressed the most concerns regarding the amount of time spent attempting to bill Medicaid, it is listed as a generic concern because it appears that what is needed is a statewide system that will facilitate Medicaid billing for education services at all levels of provision. It seems appropriate that the education system overall, early intervention and K-12 education, should attempt to recapture Medicaid funds for the delivery of eligible special education services, but it is equally important that all these claims be made as efficiently as possible. Medicaid billing procedures that maximize revenues and minimize costs including the diversion of such key program resources as professional time should be explored, developed, and implemented system-wide. This also may be another area in which some Regions have developed methods for Medicaid billing that are

much more efficient than others and which it would be important to discuss ways of doing this better from both local and state perspectives.

Recommendations Specific to EI/ECSE Services

Recommendation #1: Adjust EI/ECSE funding. In keeping with the overall recommendation of seeking greater alignment with K-12 funding we believe that a fundamental alteration in EI/ECSE funding at a minimum should be to tie the funding weight used for this population directly to that used for K-12 special education. Whereas the current approach simply takes the amount allocated statewide for EI/ECSE services and divides this amount by the number of children identified for service, ideally the weight derived from the K-12 special education funding formula would be based on an estimate of the average cost of providing appropriate, high quality EI/ECSE services in the state. We also recommend that this amount be directly tied to the current K-12 funding weight. For example, given the K-12 supplemental weight of 1.0, perhaps it would be determined that the same funding weight is appropriate for EI/ECSE services. If yes, the amount of revenues an EI/ECSE child would generate through this formula would be the same as the amount generated through the state's K-12 special education funding formula. If it is determined that the EI/ECSE funding amount should be more or less than the supplement generated by the average K-12 special education student, the EI/ECSE funding weight would be adjusted accordingly, e.g. to .8 or to 1.2.

The point is that the amount, rather than being determined in an arbitrary manner, would be clearly tied to K-12 funding and conceptually into the state's full system of special education provision. Careful consideration and acknowledgment would be given regarding an appropriate size of this education investment in children and their families in relation to other children within the system. Rather than compete with K-12 special education programming for funds, revenues for EI/ECSE services would be completely tied to K-12 funding. Support for one level of service would automatically lead to support for the other.

Recommendation #2: Address space issues: Current policy in regard to the acquisition and retention of appropriate space for pre-collegiate education in Oregon appears to place the lowest priority on EI and ECSE programs, whereas arguably it should be the highest priority from an efficiency perspective. Perhaps no other population within this age spectrum has a greater potential for developmental gains that could save the system substantial funds over time than successful early intervention. Stable and appropriate space for this population is arguably the best capital investment the state can make in terms of probable return. One possibility is for the state to consider ways to foster greater district responsibility for EI/ECSE services. This could help with space and continuity problems as well as creating stronger, more permanent ties to the local community (i.e., less busing to receive services in other communities).

Recommendation #3: Seek ways to increase services in natural settings: Solutions to these issues need to center around the development of methods to increase the number of slots in integrated community preschools and other settings. Partnership building with Head Start programs and community preschools is part of the solution. Another promising approach that some service areas have adopted is to "tuition in" typically developing peers into the program. For instance, at one high school there was a preschool program sponsored by the school district where parents pay tuition for typically developing children, but the district elected to save some

slots for ECSE and the ESD provides assistants for the program. They reported that because they were a district preschool, the ODE requirements for the space used for this program were met and they did not have to go through a separate ODE approval process.

What seems to be needed is a considerable expansion in the number of stable integrated settings available to ECSE children through the state combined with greater stability in center space for those ECSE children for whom more restrictive settings may be most appropriate. A clear part of the solution seems to be to add provisions that will lead to more ECSE slots in community-based preschools and this has clearly been recognized by the State given the more straightforward approval process for community-preschools adopted in April 2007.

Recommendation #4: Enhance public outreach – single point of entry. Early intervention services will often cross multiple agencies. Federal law, under IDEA Part C, calls for a single point of entry for parents such that one agency will serve as the lead agency for them and that this agency will serve as a single point of a contact for the system as a whole, i.e. cross agencies. The system should seem seamless to the children and families who must interact with it. Instead of personally having to deal with a mix of state agencies, the family would largely deal with one, which would then provide case management assistance regarding what may be needed from other agencies and assisting the family to gain access to these services. Although Oregon does have a single point of entry for services as mandated under IDEA Part C, the parents with whom we spoke did not seem aware of this. We recommend that programs assist parents to recognize this concept through community outreach and other activities.

Recommendation #5: Bolster EI/ECSE parent support. Virtually none of the parents we met across all regions in the state reported significant access to a local or state parent support network. Many of these parents expressed interest in being able to meet, share information with, and gain support from other EI/ECSE parents. Funding and support for parent support centers is a component of the federal Part C legislation that for some reason does not appear fully implemented in Oregon. In fact, rather than receiving meaningful parent support, many of the families we met said that, out of concerns for protecting privacy, they had been blocked from gaining information about and access to other families receiving EI/ECSE services in their community. While such legal protections are important for families, in certain instances they may wish to waive them to facilitate access and interaction with other families. A vital component of federal early intervention law—parental support—appears to need bolstering in Oregon and in fact Oregon appears to recognize this need with the recent addition of family involvement to the State Performance Plan.

Recommendations Specific to Regional Programs

Recommendation: Re-conceptualize the state’s regional system of program provision.

While the state’s Regional Program design may have made sense at the time it was conceived, it has become outdated in the current era, especially in light of the substantially rising number of students in the state with autism, and the emergence of other low incidence needs. Clearly, the way children with autism are funded has created a host of problems for the system as a whole.

A major problem for the state’s Regional Program funding model is the degree to which it is physically and conceptually detached from the rest of the state’s special education system. The

underlying premise for this system is to assist districts with the children they enroll and for whom they have responsibility who are of low incidence conditions. The state's regional program system was clearly designed to support local districts, not to take over full responsibility for the children they enroll. Yet, Regional Programs have their own funding base that is separate from the state's K-12 special education allocation and then these funds are divided among regional program providers in a way that is conceptually different than all the other special education funding formulas used by the state.

We believe that a system of regional support for low incidence special education conditions is vital for the state. However, exactly what the current system is responsible for has lost some of its initial clear design and definition. We recommend that a task force of district and regional providers for the state as a whole re-define the exact set of functions that regional programs across the state will be uniquely qualified to provide.

Funding for these core services should be tied to K-12 special education funding so that the amount allocated for regional provision is a cost-based extension of the state's overall K-12 special education allocation. Due to the bi-partisan composition of the task force described above to delineate core services and the need of the state to perpetuate and support a system of regional special education provision for certain low incidence services, districts would not have the option of opting out of this core service package. In short, district representatives from around the state should have a clear say of what is automatically rolled into and funded through a comprehensive statewide regional service system and then to protect the integrity of that system, it would seem that districts should no longer have the option to withdraw their support.

In addition, we believe that many regions will also be willing to provide other services requested by their member districts, which will best be determined by local demand and best paid for on a "fee for service" basis. Beyond core services, what is best done by regional providers in relation to what local districts provide themselves will likely vary considerably across the state in accord with local needs and the ability of local entities to provide them.

Conclusion

The purpose of this report is an independent assessment and analysis of the fiscal and operational efficiency of the State of Oregon's Early Intervention and Early Childhood Special Education (EI/ECSE) and Regional Low Incidence Programs. We conducted this assessment through a multi-methods approach that included interviews and meetings with state program administrative staff, several information gathering sessions held with a broad array of interested parties from across the state held in Salem, extant document review, state quantitative data gathering and analysis, intensive site visits to three regions of the state, and phone interviews with administration officials from all of the other regions. During this project we have had the opportunity to personally interact with a broad range of administrators, service providers, parents, and to observe children receiving instruction and related services.

Overall, we were quite impressed by what we heard and saw. Accordingly, we wish to commend the dedication of all program staff to service provision, the contributions of individuals statewide to the current evaluation, and the responsiveness of all individuals to our study requests.

Statewide, there is clearly a passion within programs to providing quality services to children and families. Programs clearly adhere to a number of primary values:

1. Strive to do what is best for children;
2. Strive to serve children as close to home and in the LRE suitable to their needs as possible;
3. Increase their overall accountability, including fiscal and program accountability;
4. Desire to be funded adequately, equitably, efficiently, and predictably
5. Strive to target prevention early;
6. Demonstrate the utmost respect for children and their families; and
7. Understand the importance of hiring and supporting well-trained staff to provide quality services.

Everyone we met in accord with this study were very forthcoming in regard to what they believed was working especially well in terms of early childhood and Regional Program provision in Oregon, as well as sharing areas in which they thought greater efficiencies could be realized. From the onset of this study, we gained an image of a system that had evolved on a regional basis that is now transitioning toward more of a more unified statewide system of provision and support. The current emphasis seems be on developing a single state vision and greater cohesion and service comparability across the state. We heard a desire for greater dialog between the provider and the state administrative community toward continuing to form this more unified state vision.

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Appendices

Appendix A: List of stakeholders

Name	Title	District/ESD
Nancy Ford	Director, EI/ECSE	NWRES D
Connie Miller	Director, SPED	R9ES D
Alan Garland	EI/ECSE	ODE
Joan Steiner	Director, Regional Programs	NWRES D
Laura Bekken	Director, Special Programs	Hillsboro SD
Ann O'Connell	Director, Special Programs	WES D
Sue Foster	Director, Finance	WES D
Janet Dougherty-Smith	Director, ECE Services	CES D
Mary Reid	Director, Regional Programs	WES D
Paul Andrews	Director, Special Education	HDES D
Nancy Anderson	Coordinator EI/ECSE	MES D
Pam Hawkins	Supervisor EI/ECSE	MES D
Mickey Odin	Deputy Superintendent	NWRES D
Debra Redpath	School Support Specialist	GAPS
Lynda Bersani	Coordinator of Programs	Greater Albany
Judy Newman	Co-Director of EC Cares	EC Cares/Lane ESD
Barbara Jorgensen	Director of Instruction	MES D
Deb Oliver	Director, Regional Programs	UMES D
Steven Smith	Director, Special Programs	Douglas ESD
Bob Burns	Consultant	GAES D
Michael Eichman	Head Start Director	OHSA
Sue Mathisen	Director, Special Education	Lane ESD
Carolyn Ortman	Board Chair	Hillsboro SD/OSBA
Susan Waddell	Superintendent	LBLES D

Appendix B: Site visit protocols

EI/ECSE ADMINISTRATORS, PROVIDERS, LICC

Organizational Structure
<ul style="list-style-type: none"> • [Administrators, LICC, Providers] Please describe the organizational structure for your area's EI/ECSE service providers • [Administrators, LICC, Providers] What parts of the EI/ECSE administrative structure are working well? <ul style="list-style-type: none"> • Of these, what is working best? • What parts of your structure are most efficient and effective? Why? • [Administrators, LICC, Providers] In your view, are there any issues with the EI/ECSE administrative structure? <ul style="list-style-type: none"> • What are these issues (e.g., communications, redundancy in oversight)? • How are they problematic? • [Administrators, LICC, Providers] Are there any administrative differences at the county level? • [Administrators, LICC, Providers] From your perspective, do EI/ECSE and Regional programs work together to provide a coherent administrative structure? <ul style="list-style-type: none"> • How do they work together to provide that structure? • What are areas for possible improvement? • How do they work together for students who qualify under both types of programs? • Are there any overlaps or gaps between the EI/ECSE and Regional Program administrations?
Services
<ul style="list-style-type: none"> • [Administrators, Providers] What services are provided by the EI/ECSE program? • [Administrators, LICC, Providers] What services are fully available and working well for children and families in the area? Are other services problematic in some way? Can you describe? • [Administrators, Providers] In your view, is there consistency... <ul style="list-style-type: none"> • In the types of EI/ECSE services provided within your area? • Do you feel service delivery is consistent for children and families throughout your area? If no, can you describe possible gaps? • Do you feel service delivery is consistent for children and families throughout the state? If no, can you describe possible gaps? • To what extent are children served in natural settings? What facilitates this? What are the barriers? Are there any advantages/disadvantages to providing services in a natural setting? • [Administrators, LICC, Providers] How do the EI/ECSE and regional programs work together to provide services? Does this coordination work well for your children and families? (Intent is to get at whether they work together to provide seamless services).
Fiscal Resources
<ul style="list-style-type: none"> • [Administrators, LICC] How are state EI/ECSE funds distributed to the areas? • [Administrators, LICC] How do you distribute these funds within your area? • [Administrators, LICC, Providers] Do you perceive the level of state support for EI/ECSE programs to be reasonable? Why/why not? • [Administrators, Providers] Do you perceive there to be any differences between the areas in fiscal resource allocation? (Intent is to get at actual and perceived differences, availability of slots, facilities) <ul style="list-style-type: none"> • What is the reason for these differences? • [Administrators] Are programs supported by resources other than state revenues designated for EI/ECSE programs (e.g., Medicaid, in-kind resources, donated time)? • [Administrators, LICC, Providers] How would you describe the state's technical assistance (communication/guidance) for your program? Do you think it is reasonable and equitable across the EI/ECSE areas? How might it be improved?

EI/ECSE ADMINISTRATORS, PROVIDERS, LICC (CONTINUED)

Accountability
<ul style="list-style-type: none"> • [Administrators] How is Child Find conducted in your area? <ul style="list-style-type: none"> • Do you consider yourself fully successful in identifying children? • Are there gaps/challenges overall and unique to your area? • [Administrators, LICC, Providers] How does your area account for the services provided and resources spent? • [Administrators, LICC, Providers] Does your area engage in self-evaluation in regard to EI/ECSE services? <ul style="list-style-type: none"> • How do you engage in self-evaluation? • What fiscal and service information do you collect? • Are provider logs maintained and reported in your area? If yes, are the logs paper or electronic? • How does your area use these data to guide resource decisions? • In your opinion, are the data reliable? [e.g., service information in the state's multi-year database] • [Administrators] Do you feel the data that you collect are useful for program planning? • [Administrators] Do you use the data to guide the state's revenue decisions or performance monitoring? How? • [Administrators, LICC, Providers] Do you believe there are necessary changes in state policies (including those pertaining to revenues) to promote local accountability? <ul style="list-style-type: none"> • To promote self evaluation? Continuous improvement? More efficient service provision?
Networks
<ul style="list-style-type: none"> • [Administrators, LICC, Providers] How are the EC networks used? • [Administrators, LICC, Providers] Is there any overlap between the EC and regional networks? • [Administrators, LICC, Providers] In your view, is there a need for greater emphasis and development of a statewide system of EI/ECSE programs and services as opposed to area by area initiatives? • [Administrators, LICC, Providers] What types of parent support are available in your area? How involved are parents in their children's services?
Other
<ul style="list-style-type: none"> • [LICC] Does the LICC have a role in service coordination and efficiency? What is this role? Does it need to be changed to improve service coordination and efficiency? • [Administrators, LICC, Providers] Are there other things you think we should know about in regard to the effectiveness and efficiency of the EI/ECSE program? What can the state do to help EI/ECSE programs be more efficient or effective? • [Administrators, LICC, Providers] Do you have any recommendations regarding efficiency of the overall system?

EI/ECSE PARENTS

- Introductions: from what county, what disability their child has, age/grade of child, how are they involved with the regional program.
- What services are provided to you and your children by the EI/ECSE program?
 - What specific services do you and your child receive?
 - Why do you not utilize the other available services?
- Are all services easily accessible for you and your children?
 - How and why was your child referred to the EI/ECSE program for services?
- How does your child's school, your school district, and the EI/ECSE program/ESD work together to provide services to your child?
 - Who do you go to if you have concerns or questions about your child's services? Is this structure clear? Do you have concerns about communication between the various entities?
- Are there any challenges in getting services for your children and your family?
 - What are those challenges?
- What services work best for your children and your family?
- What services need improvement?
- What types of parent support are available in your area?
- In your view, is there consistency in the types, access to, and quality of EI/ECSE services provided within the area to different children with the same disability? For example, do you think that children in one county have access to different types and quality of services than children in another county in this area?
 - If not consistent, can you describe?
 - Probe: Do you understand the area's organization (e.g., do you know that multiple counties are included in the area?)
- For those children who participate in both Regional and EI/ECSE programs, do you think that the programs work well together to provide services? Can you describe this?
- Have any of you moved within the area or moved from a different area?
 - In your view, is the transition between services (e.g., EI to ECSE and ECSE to school-age programs) done well?
 - What works well?
 - What needs improvement?
- Are there other things you think we should know about in regard to the effectiveness and efficiency of the EI/ECSE program?
- Do you have any recommendations on how the EI/ECSE program could be made more effective for you and your child?

REGIONAL ADMINISTRATORS, PROVIDERS, RAC

Organizational Structure
<ul style="list-style-type: none"> • [Administrators, RAC, Providers] Please describe the organizational structure for your region's service providers • [Administrators, RAC, Providers] What parts of the regional administrative structure are working well? <ul style="list-style-type: none"> • Of these, what is working best? • What parts of your structure are most efficient and effective? Why? • [Administrators, RAC, Providers] In your view, are there any issues with the regional administrative structure? <ul style="list-style-type: none"> • What are these issues (e.g., communications, redundancy in oversight)? • How are they problematic? • [Administrators, RAC, Providers] Are there any administrative differences at the county level? • [Administrators, RAC, Providers] From your perspective, do EI/ECSE and Regional programs work together to provide a coherent administrative structure? <ul style="list-style-type: none"> • How do they work together to provide that structure? • What are areas for possible improvement? • How do they work together for students who qualify under both types of programs? • Are there any overlaps or gaps between the EI/ECSE and Regional Program administrations?
Services
<ul style="list-style-type: none"> • [Administrators, Providers] What services are provided by the regional program? • [Administrators, RAC, Providers] What services are fully available and working well for children and families in the region? Are other services problematic in some way? Can you describe? • [Administrators, Providers] In your view, is there consistency... <ul style="list-style-type: none"> • In the types of regional services provided within your region? • Do you feel service delivery is consistent for children and families throughout your region? If no, can you describe possible gaps? • Do you feel service delivery is consistent for children and families throughout the state? If no, can you describe possible gaps? • [Administrators, RAC, Providers] What are your views about the Regional program model in terms of the types of students served and the nature of the services provided? Are there student and/or district needs that are not fully met by the regional model? Probe on autism if not raised earlier: does the consultative model work particularly well for students and districts in the region? Why/why not? • [Administrators, RAC, Providers] How do the EI/ECSE and regional programs work together to provide services? Does this coordination work well for your children and families? (Intent is to get at whether they work together to provide seamless services).
Fiscal Resources
<ul style="list-style-type: none"> • [Administrators, RAC] How are state regional funds distributed to the regions? • [Administrators] How do you distribute these funds within your region? • [Administrators, RAC, Providers] Do you perceive the level of state support for regional programs to be reasonable? Why/why not? • [Administrators, Providers] Do you perceive there to be any regional differences in fiscal resource allocation? (Intent is to get at actual and perceived differences) <ul style="list-style-type: none"> • What is the reason for these differences? • [Administrators, RAC] What concerns do you have about the funding formula used for allocating resources to regions? What works well regarding the funding formula? What doesn't work well? • [Administrators] Are programs supported by resources other than state revenues designated for regional programs (e.g., Medicaid, in-kind resources, donated time)? • [Administrators, RAC, Providers] How would you describe the state's technical assistance (communication/guidance) for your program? Do you think it is reasonable and equitable across the regions? How might it be improved?

REGIONAL ADMINISTRATORS, PROVIDERS, RAC (CONTINUED)

Accountability
<ul style="list-style-type: none"> • [Administrators, RAC, Providers] How does your region account for the services provided and resources spent? • [Administrators, RAC, Providers] Does your region engage in self-evaluation in regard to regional services? <ul style="list-style-type: none"> • How do you engage in self-evaluation? • What fiscal and service information does your region collect? • Are provider logs maintained and reported in your region? If yes, are the logs paper or electronic? • How does your region use these data to guide resource decisions? • In your opinion, are the data reliable? [e.g., service information in the state's multi-year database] • [Administrators] Do you feel the data that you collect are useful for program planning? • [Administrators] Do you use the data to guide the state's revenue decisions or performance monitoring? How? • [Administrators, RAC, Providers] Do you believe there are necessary changes in state policies (including those pertaining to revenues) to promote local accountability? <ul style="list-style-type: none"> • To promote self evaluation? Continuous improvement? More efficient service provision?
Networks
<ul style="list-style-type: none"> • [Administrators, RAC, Providers] How are the regional networks used? • [Administrators, RAC, Providers] Is there any overlap between the EC and regional networks? • [Administrators, RAC, Providers] In your view, is there a need for greater emphasis and development of a statewide system of regional programs and services as opposed to region by region initiatives? • [Administrators, RAC, Providers] What types of parent support are available in your region? How involved are parents in their children's services?
Other
<ul style="list-style-type: none"> • [RAC] Does the RAC have a role in service coordination and efficiency? What is this role? Does it need to be changed to improve service coordination and efficiency? • [Administrators, RAC, Providers] Are there other things you think we should know about in regard to the effectiveness and efficiency of the regional program? What can the state do to help regional programs be more efficient or effective? • [Administrators, RAC, Providers] Do you have any recommendations regarding efficiency of the overall system?

REGIONAL PARENTS

- Introductions: from what county, what disability their child has, age/grade of child, how are they involved with the regional program.
- What services are provided to you and your children by the regional program?
 - What specific services do you and your child receive?
- Are all services easily accessible for you and your children?
 - How and why was your child referred to the regional program for services?
- How does your child's school, your school district, and the regional program/ESD work together to provide services to your child?
 - Who do you go to if you have concerns or questions about your child's services? Is this structure clear? Do you have concerns about communication between the various entities?
- Are there any challenges in getting services for your children and your family?
 - What are those challenges?
- What services work best for your children and your family?
- What services need improvement?
- What types of parent support are available in your region?
- In your view, is there consistency in the types, access to, and quality of regional services provided within the region to different children with the same disability? For example, do you think that children in one county have access to different types and quality of services than children in another county in this region?
 - If not consistent, can you describe?
 - Probe: Do you understand the region's organization (e.g., do you know that multiple counties are included in the region?)
- For those children who participate in both Regional and EI/ECSE programs, do you think that the programs work well together to provide services? Can you describe this?
- Have any of you moved within the region or moved from a different region?
 - In your view, is the transition between services (e.g., ECSE to school-age) done well?
 - What works well?
 - What needs improvement?
- Are there other things you think we should know about in regard to the effectiveness and efficiency of the regional program?
- Do you have any recommendations on how the regional program could be made more effective for you and your child?

Appendix C: Phone interview protocols

EI/ECSE PROGRAM

INTRODUCTION

Hi, my name is Fiona Helsel and I am a senior research analyst at the American Institutes for Research. I'm based in Portland. With me on the phone is Maria Segarra who is a research assistant at AIR's office in Palo Alto. I'd like to start off by telling you a little bit about who we are, review the purpose of the study, and then conduct an hour-long interview to learn your views about various aspects of the EI/ECSE program. Before I do this, could you please let us know who is on the phone on your end (names, titles)?

AIR is an independent, non-profit research organization engaged in research, development, evaluation, and analysis in the behavioral and social sciences. The ODE contracted with AIR to conduct a statewide study to examine the fiscal and operational efficiency of Oregon's EI/ECSE and Regional programs. The ODE asked us to answer six research questions in this study (**confirm they received research questions via fax**). To address these questions, we are collecting information from all EI/ECSE areas and Regional programs by conducting visits to three sites, conducting phone interviews with non-visited sites, and conducting extant document and data review for all sites. We also met with a project advisory panel, which you may have attended in February.

During this interview we will be discussing the EI/ECSE program. Before we begin, I'd like to let you know that the information you provide is confidential. We will take notes during the interview, but will not share these notes with anyone outside of our research team. Your participation in this interview is completely voluntary. You can refuse to participate, pass on any question that is asked, or withdraw from the study at any time without penalty or loss of benefits to your program. Do you have any questions?

INTERVIEW QUESTIONS

There are six broad topics that we'd like to cover during this interview. These topics include the organizational structure, the services provided, state support in terms of fiscal and technical assistance, Child Find, parent support, and accountability measures.

1. Please describe the organizational structure for your EI/ECSE program. What is working well? What could be improved? Probes: communication, redundancy in oversight, efficiency
2. From a service perspective, what EI/ECSE services are working well? Are any services problematic? Is there consistency in service delivery throughout the area? Do you feel there is consistent service delivery throughout the state? To what extent are children served in natural settings? What facilitates this? What are the

- barriers? Are there any advantages/disadvantages to providing services in a natural setting?
3. Do you perceive state fiscal support for EI/ECSE programs to be reasonable? Why/why not? Do you perceive any inequities between areas in terms of fiscal resource allocation? Probes: try to get at availability of slots, facilities
 - a. How would you describe the state's technical assistance (communication/guidance) for your program? Do you think it is reasonable and equitable across the EI/ECSE areas? How might it be improved?
 4. How is Child Find conducted in your area? Does it work well or are there challenges?
 5. What types of parent support are available in your area? How involved are parents in their children's services?
 6. Please describe your accountability practices (e.g., services provided and resources spent, **self-evaluation, provider logs**, other data collections)? Do you feel the data that you collect are useful for program planning? What about data collected by the state?
 7. What can the state do to help EI/ECSE programs be more effective or efficient? Do you have any specific recommendations regarding efficiency of the overall system?
 8. Are there any other things we should know about in regard to the effectiveness and efficiency of the EI/ECSE program?

Thank you very much for taking time out of your day to speak with us. If you have any comments or questions, please feel free to contact any of our research team using the contact information listed on the research questions that were provided via fax prior to this interview.

REGIONAL PROGRAM

INTRODUCTION

Hi, my name is Fiona Helsel and I am a senior research analyst at the American Institutes for Research. I'm based in Portland. With me on the phone is Maria Segarra who is a research assistant at AIR's office in Palo Alto. I'd like to start off by telling you a little bit about who we are, review the purpose of the study, and then conduct an hour-long interview to learn your views about various aspects of the Regional program. Before I do this, could you please let us know who is on the phone on your end (names, titles)?

AIR is an independent, non-profit research organization engaged in research, development, evaluation, and analysis in the behavioral and social sciences. THE ODE

contracted with AIR to conduct a statewide study to examine the fiscal and operational efficiency of Oregon's EI/ECSE and Regional programs. THE ODE asked us to answer six research questions in this study (**confirm they received research questions via fax**). To address these questions, we are collecting information from all EI/ECSE areas and Regional programs by conducting visits to three sites, conducting phone interviews with non-visited sites, and conducting extant document and data review for all sites. We also met with a project advisory panel, which you may have attended in February.

During this interview we will be discussing the Regional program. Before we begin, I'd like to let you know that the information you provide is confidential. We will take notes during the interview, but will not share these notes with anyone outside of our research team. Your participation in this interview is completely voluntary. You can refuse to participate, pass on any question that is asked, or withdraw from the study at any time without penalty or loss of benefits to your program. Do you have any questions?

INTERVIEW QUESTIONS

There are four broad topics that we'd like to cover during this interview. These topics include the organizational structure, the services provided, state support in terms of fiscal and technical assistance, and accountability measures.

9. Please describe the organizational structure for your Regional program. What is working well? What could be improved? Probes: communication, redundancy in oversight, efficiency.
10. From a service perspective, what regional services are working well? Are any services problematic? Is there consistency in service delivery throughout the area? Do you feel there is consistent service delivery throughout the state? Probes: try to get at issue of "windshield time"
11. What are your views about the Regional program model in terms of the types of students served and the nature of the services provided? Are there student and/or district needs that are not being fully met by the regional model? Probe on autism if not raised earlier: We understand that regional autism services are consultative. Does this model work particularly well for students and districts in the region? Why/why not?
12. Do you perceive state fiscal support for Regional programs to be reasonable? Why/why not? Do you perceive any inequities between regions in terms of fiscal resource allocation? What concerns do you have about the funding formula used for allocating resources to regions? What works well regarding the funding formula? What doesn't work well?
 - a. How would you describe the state's technical assistance (communication/guidance) for your program? Do you think it is reasonable and equitable across the regions? How might it be improved?

13. Please describe your accountability practices (e.g., services provided and resources spent, **self-evaluation, provider logs**, other data collections)? Do you feel the data that you collect are useful for program planning? What about data collected by the state?
14. What can the state do to help Regional programs be more effective or efficient? Do you have any specific recommendations regarding efficiency of the overall system?
15. Are there any other things we should know about in regard to the effectiveness and efficiency of the Regional program?

Thank you very much for taking time out of your day to speak with us. If you have any comments or questions, please feel free to contact any of our research team using the contact information listed on the research questions that were provided via fax prior to this interview.