



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

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Honorable Douglas D. Christensen  
Commissioner of Education  
Nebraska Department of Education  
301 Centennial Mall South  
P.O. Box 94987  
Lincoln, Nebraska 68509-4987

Honorable Nancy Montanez  
Director  
Nebraska Department of Health and Human Services  
301 Centennial Mall South  
P.O. Box 95044  
Lincoln, Nebraska 68509-5044

Dear Commissioner Christensen and Director Montanez:

The purpose of this letter is to inform you of the results of the Office of Special Education Programs' (OSEP's) recent verification visit to Nebraska. OSEP is conducting verification visits to States as part of our Continuous Improvement and Focused Monitoring System (CIFMS) for ensuring compliance with, and improving performance under Parts B and C of the Individuals with Disabilities Education Act (IDEA). OSEP staff conducted the Part C verification visit to Nebraska during the week of October 17, 2005.

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

As part of the verification visit to Nebraska, OSEP staff met with numerous staff members from both the Nebraska Department of Education (NDE) and Department of Health and Human Services (HHSS), the State's Part C co-lead agencies that are responsible for: (1) the oversight of general supervision activities (including monitoring, mediation, complaint resolution, and impartial due process hearings); and (2) the collection and analysis of State-reported data.

OSEP staff also met family partners who meet regularly with the co-lead agencies about the implementation of IDEA, participate on the Early Childhood Interagency Coordinating Committee (ECICC), coordinate mentoring and training for families and professionals, and serve as technical assistants. Nina Baker, who works with the Parent Training and Information Center (PTI) - Nebraska; Mark Smith, who works with the University of Nebraska Medical Center at the

Monroe Meyer Institute; Rose Dymacek, an NDE staff member responsible for coordinating the Parents Encouraging Parents (PEP) conferences, a parent-run conference for parents of children with disabilities and professionals who work with the children; and family members on staff with PEP who provide mentoring and training. The co-lead agencies provide funding for family partner salaries; materials designed to inform Nebraska families about child development, health, and available support systems; and PEP conferences.

Prior to and during the visit, OSEP staff reviewed a number of documents, including the State's: (1) Part C Application; (2) Federal Fiscal Year (FFY) 2001, 2002, and 2003 Part C Annual Performance Reports (APRs); (3) Rule 51, the NDE Regulations and Standards for Special Education Programs; and (4) submissions of data under Section 618 of the IDEA, as well as other information and documents.<sup>1</sup>

Nebraska began serving infants and toddlers with disabilities in 1979 when the State passed a law providing a free appropriate public education (FAPE) for children with disabilities starting at birth. The current Part C program, Early Development Network (EDN), is implemented through a co-lead agency structure. EDN is defined in the Early Intervention Act, a State statute (Neb. RRS 43-2501-2516), and regulations that govern administration and implementation of special education programs are in Rule 51. The State policies establish the authority for the State offices to identify and correct noncompliance and also provide guidance about the co-lead agency responsibilities. Nebraska created the co-lead agency structure for its infant and toddler system because service coordination was already provided through HHSS. Federal Part C funds are received by NDE, but the program is jointly administered by NDE and HHSS, who write the program budget together and co-fund personnel, program development, and quality assurance/monitoring activities. Administration of staff training, public awareness activities, and technical assistance are examples of activities that are implemented collaboratively across the two agencies. Throughout the visit, NDE and HHSS staff discussed with OSEP the value in the State of maximizing resources through their joint efforts and provided examples of initiatives to ensure services are not duplicated and that open communication occurs across stakeholders of different programs that affect the provision of services for infants, toddlers and children with disabilities and their families.

Nebraska has 477 school districts that the State has organized geographically and by population into 18 education service units (ESUs). Due to large geographical regions in the State that are sparsely populated and share service coordination responsibilities, the State created 29 Early Childhood Planning Regions Teams (PRTs) within the 18 ESU's for service coordination contracts, technical assistance, to ensure communication networks that can identify and address grass-roots priorities, and to provide outreach and dissemination services. The purpose of the PRT is to identify a local lead agency (i.e., school; community group; hospital) and build interagency collaboration at the local level.

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<sup>1</sup> Documents reviewed as part of the verification process were not reviewed for legal sufficiency but rather to inform OSEP's understanding of Nebraska's State systems.

The information and materials that participants provided during the OSEP visit, together with the information that OSEP staff reviewed in preparation for the visit, greatly enhanced our understanding of the NDE and HHSS systems for general supervision and data collection and reporting for the early intervention program in Nebraska.

### *General Supervision*

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

The general supervision system is implemented by both NDE and HHSS. The lead agencies informed OSEP that the multi-faceted system includes the following major components: (1) State statute and regulation that sets forth specific expectations for each program for performance and compliance in providing early intervention services; (2) the Improving Learning for Children with Disabilities (ILCD), the primary method for determining compliance; (3) data from each agency's data systems; and (4) the State system for dispute resolution. State staff reported that the overall system focuses on both compliance and improved results for children with disabilities and utilizes multiple data sources. The State staff demonstrated the two agencies' data systems support the State's general supervision system. Both data systems are described below.

The State reported that prior to IDEA 1997, the general supervision system was not systemic and based on procedural regulations. After IDEA 1997, general and special education became more integrated through an alignment of State goals for all Nebraska children. When reviewing the monitoring process and procedures, Nebraska stakeholders requested that the lead agencies for Parts B and C revise the monitoring process to allow local education agencies and early intervention programs to work more collaboratively. Nebraska merged monitoring schedules and activities so the co-lead agencies monitor programs on the same schedule and in the same locations as Part B. Service coordination is also monitored through implementation of contracts between the HHSS and the PRT local lead agency.

Other general supervision strategies the State uses to ensure adequate oversight and information sharing include: linking all training to the monitoring process to ensure consistent understanding of requirements and unified performance improvement efforts; targeted training to address new issues (i.e. statutory changes for children in foster care); web-based tutorials for families, service

providers, and service coordinators; State and regional workshops and conferences; and frequently-asked-question sheets and brochures about on-going information needs.

**Improving Learning for Children with Disabilities (ILCD).** NDE and HHSS implemented ILCD, the State's new monitoring system in 2000. Within ILCD, the State collects and analyzes data related to service coordination, early intervention services in natural environments, child count, family rights, early childhood and family outcomes, and effective transition. As part of the ILCD process, noncompliance, program performance, correction of noncompliance, and longitudinal performance data are also tracked.

For the EDN, local monitoring is completed on a three-year cycle, with some monitoring components occurring on an on-going basis (i.e. data in the statewide data system). Monitoring methods and activities include: on-site reviews; file reviews; local self-assessments; and reports generated with the statewide data systems. File review forms are web-based and State staff enter the data on site; local staff members are available during the file review process to answer any questions or provide clarification about the files. The file review forms include cross-referenced citations to statute and regulations to ensure consistency with Federal and State policy compliance requirements.

NDE and HHSS staff are responsible for determining noncompliance. Exit interviews occur at the conclusion of site-visits and preliminary results are shared. Reports are written within two months of monitoring and if systemic noncompliance is identified, programs must submit corrective action plans (CAPs) that demonstrate noncompliance will be corrected within one year of notification. Staff from the co-lead agencies reviews the CAPs for reasonableness and for a demonstrated link between activities and identified noncompliance. The co-lead agencies oversee the process and provide technical assistance and training to assist the local program with development and implementation of CAPs. Examples of enforcement strategies available if programs do not correct noncompliance include notification to the State Board of Education that a penalty be assessed against the school district or approved cooperative and also the consideration of returning funds. The authority to enforce correction of identified noncompliance is in Rule 51; HHSS can enforce correction through a breach of contract. In the past, NDE has changed Rule 51 to include clarification of requirements for areas that were identified through monitoring as systemic noncompliance (i.e., not completing assessments in all developmental domains). NDE and HHSS staff reported that PRTs could provide local pressure to groups that are demonstrating noncompliance and that the pressure is typically effective in achieving and maintaining compliance. An area of program performance that NDE and HHSS addressed in the past was ensuring services were provided in natural environments; one of the strategies used by the State to improve performance was to adapt the teachers union contracts to ensure services could be provided in natural environments.

During the visit, OSEP staff reviewed copies of: the ILCD workbook with instructions for the self-assessment process; surveys; file review forms; an ILCD report; and a CAP. State staff from both lead agencies and across Part B and Part C within NDE frequently discussed the use of general supervision activities to: link data with program improvement; strengthen cooperation and collaboration to increase efficiency and provide appropriate services for eligible children and

families; and work toward the State goal to ensure all children in Nebraska have learning opportunities that will lead to meaningful participation in society.

OSEP believes that the NDE and HHSS' general supervision system represent a reasonable approach to the identification and correction of noncompliance. However, without collecting data at the district level, OSEP cannot determine whether the State is fully effective in identifying and correcting noncompliance.

### *Dispute Resolution*

Part C and Part B use the same dispute resolution process. NDE and HHSS provided descriptions and materials detailing the complaint, mediation, and due process procedures. During FFY 2003, no complaints were filed, and two mediations were completed. Data show that Part C has not had a due process hearing request as far back as 1998. The co-lead agencies provided a calendar of events that indicated two conferences and multiple workshops were held to assist parents and educators to understand the complaint process. Staff reported that they have procedures in place to ensure that families understand their rights and they believe multiple factors contribute to the lack of formal complaints.

**Mediation.** The Nebraska Dispute Resolution Act of 1994 established a system of five regional centers and required standards for mediators. During FFY 2003, 2 requests for mediation were received and 1 full and 1 partial agreements were reached. NDE informed OSEP that it disseminated information about the benefits of and procedures for mediation to parents, special education administrators and teachers, parent advocacy groups, and parent training centers. The Parent Training and Information Center staff and staff at one of the State's medical centers confirmed that the State's mediation system was helpful in meeting the needs of parents of children with disabilities.

**Due process and State complaints.** NDE reported no due process hearing requests or State complaints during FFY 2003. OSEP learned that when a complaint was filed, the State's procedures require that, within seven days after it is received, the complaint investigator send a letter to the district and the parent explaining the State's mediation process. The parent and the district have seven days to inform the complaint investigator as to whether they wish to participate in mediation. NDE described its process to ensure corrective actions upon resolution of a complaint that requires corrective action.

Although no due process hearing requests or complaints were filed, NDE and HHSS staff described the efforts by both agencies to ensure that families are aware of their rights. NDE provided data indicating a relatively low number of complaints even under its Part B system. The use of mediation by families under Part C further indicated the availability of information about dispute resolution mechanisms in addressing Part C disputes. OSEP's interviews with NDE and HHSS staff as well as families confirmed that the co-lead agencies have implemented efforts to promote parent involvement, strategies to enhance parents' advocacy skills, and methods to improve communication and conflict resolution skills between all stakeholders. Examples of collaboration between the co-lead agencies and families that were presented by the

family partners included: funding for family staff positions; requirement for 20% parent membership on PRTs (local interagency coordinating councils); a Gaps and Barriers committee on the State ECICC to identify, address, and disseminate information about best practices; resources, training, organizational, and other supports from the co-leads and the Arc of Omaha to conduct family outreach and support to newly identified families; space in the newsletter for informational updates for families; and co-training and co-teaching for professionals who identify and work with children with disabilities and their families.

### *Data Collection System*

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

OSEP staff met with NDE and HHSS staff responsible for the collection of data including the Special Education Data Manager and analysts from the NDE Data Center. The EDN staff reported that it uses the Coordinating Options in Nebraska's Network through Effective Communications and Technology (CONNECT) to track children who are referred for early intervention services. CONNECT was developed by HHSS for service coordination tracking, billing, and reporting for the State population (birth to death) who receive individual or family services. NDE and HHSS collect data well beyond IDEA Part C requirements (e.g. approximately 60 types of services/resources are tracked that may not be related to compliance with Part C or child development, but relate generally to quality of life of the eligible child and family). Staff members demonstrated the ease of creating reports that support general supervision reporting requirements and planning, evaluating, and improving program performance. OSEP learned that CONNECT contains one child record for each child referred for early intervention services, but contains a separate case record for each time the child was referred or if other changes were made to the services the child was receiving through HHSS. CONNECT is also used to track service coordination activities, including early intervention services, for which children are referred and services that they refused, were currently receiving, or had received. Service coordinators in each Planning Region enter data into the system.

Training is provided to all service coordinators on CONNECT and a user manual is available. NDE and HHSS staffs have flexibility to run reports on any of the data entry components. Reports are regularly run and distributed to local PRTs. One example of training provided was to service coordinators on the use of the report system to remind service coordinators of upcoming transitions. Security mechanisms have been put in place to ensure that CONNECT meets confidentiality standards and other related requirements.

In addition, OSEP learned that NDE also has an electronic, web-based data collection system, Special Education Student Information System (SEGIS). SEGIS allows early intervention service providers in school districts to enter child data continuously and on-line. SEGIS is used to collect child count, settings, exiting, and services data, as required by IDEA Section 618. Personnel data are collected through annual reports submitted by school districts. School districts either submit data directly to SEGIS or upload student data from their data systems to SEGIS. Approximately 87% of school districts use the Student Record System (SRS) to collect the data that is uploaded to SEGIS. SRS is an electronic database that includes IFSP and IEP forms. SEGIS compiles individual student data for all children and students with disabilities, birth to age 21 including child count, settings data, exit data and services for Part C. Data from the databases is used in the ILCD process to populate tables for reviews and for the ILCD website. Monitoring and trend data is also used for the State Performance Plan (SPP) and for the State's Annual Performance Reports (APRs) to OSEP.

NDE and HHSS staff reported that the agencies have confidentiality agreements in place pursuant to State and Federal laws for sharing data, when appropriate, between the co-lead agencies. Numerous examples were provided for the security measures in place to maintain confidentiality. Training is provided to State and local staff on securities and maintaining a secure system. Audit tracking is provided by NDE and HHSS to track access to the databases and database access is limited within NDE and in LEAs. Reports created from the databases are also masked to protect student confidentiality. Specific training is provided to staff on data confidentiality.

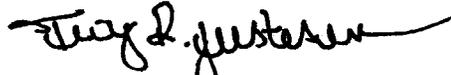
NDE and HHSS reported that they provided comprehensive training to school districts, regions, parents and other groups on all databases. OSEP reviewed Focused Technical Assistance Training logs. NDE and HHSS provided training in computer labs, as all entries are online to provide hands-on experience to data enterers at all levels. NDE also staffs a help desk that is available to local personnel to call in and receive assistance with all of the NDE databases including SEGIS.

NDE and HHSS reported that several mechanisms were put in place to ensure that data entered into the various databases are accurate. SEGIS contains automatic checks to ensure that all required data are entered and that data entered are appropriate for the fields into which they are entered. NDE reported that the implementation of such data checks have increased compliance. NDE adopted WESTAT's flagging criteria to ensure the reliability and validity of data and reviewed data according to those criteria before submitting it to OSEP. All databases included data definition edits and cross-field edits. When discrepancies were found, NDE contacted local data-entry staff to correct the data. If NDE found that data from a local agency was not corrected or if there were repeated instances of inaccurate or untimely data, the local agency would be required to submit a CAP and possibly be subject to enforcement procedures and sanctions pursuant to NDE Rule 51. In addition, NDE required a signed certification of data accuracy by an authorized official submitting the data.

NDE and HHSS reported they took steps in the past to ensure the accuracy of Part C data by redefining exiting definitions and were also attempting to integrate the new data requirements of section 618 and the State Performance Plan (SPP) into their databases to continue to ensure accuracy. OSEP believes that NDE and HHSS' data collection systems are reasonably calculated to ensure the accuracy of the data that the State submits to OSEP under Section 618.

We appreciate the cooperation and assistance provided by your staff during our visit and look forward to our continued collaboration with Nebraska to support your work to improve results for children with disabilities and their families.

Sincerely,



Troy R. Justesen  
Acting Director  
Office of Special Education Programs

cc: Barbara Schliesser, NDE  
Micaela Swigle, HHSS