

QUESTIONS FROM THOSE WHO TESTIFIED

Q1. Will you comment on the federal requirement that there be no waiting lists for Part C?

A1. Part C is a grant incentive program, a portion of the IDEA. States have the option of participating or not in this program. If they choose to become involved, they receive Part C funds and are then obligated to follow the Part C law and regulations. All states and territories have participated in Part C at full implementation since 1993. According to IDEA, the State lead agency shall ensure that an IFSP is developed and implemented for **all** eligible children. KSDE understands the importance of children and families receiving the early intervention services on their IFSPs in a timely manner and assures compliance with IDEA. There will be no waiting lists.

Q2. Can you provide us with any plans to maintain/improve hospital-to-home transitions?

A2. According to IDEA, the State lead agency must have in effect a comprehensive system of personnel development (CSPD) including the training of primary referral sources with respect to the basic components of early intervention services available in the State. Primary referral sources include prenatal and postnatal care hospitals. KSDE is aware of the work of the Hospital to Home Transition task force and would support reactivation of that task force if input from the field indicated a need. KSDE participated with KDHE and the medical field in initiatives such as Caring for Infants and Toddlers with Disabilities (CFIT) and the KITS packet titled, *Physicians, Health Care Providers and Early Intervention*, and will continue to support ongoing collaborative efforts to maintain/improve hospital-to-home transitions. KSDE has developed a CSPD plan for Part B with stakeholder input (CSPD is no longer required for Part B in IDEA 2004) and would support development and/or update of the CSPD plan for Part C.

Q3. Will transitions at age three years be any different?

A3. The transition between Part C to Part B has many established procedures and requirements set forth in IDEA. KSDE and KDHE currently have a plan in place to improve transitions from Part C to Part B in the State Performance Plan submitted to the Office of Special Education Programs (OSEP). In the Annual Performance Report (APR), due February 1, 2007, progress on and updates to that plan will be reported to OSEP. The plans are based on data submitted by *tiny-k* networks and LEAs. The plan includes the need for new materials and joint training of personnel for all professionals involved in early intervention and early childhood special education to understand transition requirements for both Part B and Part C of IDEA. Requests for information from personnel in the field and information collected from stakeholders during the 2006 KDEC Conference indicate that this is a need. The plan also includes improving the accuracy of data collection and reporting. For example, data collected in FFY 2006,

indicate that infants/toddlers reported to the State as Part B eligible by *tiny-k* networks were often reported as not eligible for Part B by LEAs. These data indicate that training and guidance must incorporate information about the importance of increased communication between *tiny-k* networks and LEAs about eligibility during the transition process. Families not eligible for Part B services must be informed of other community programs available for their child. If Part B and Part C were in one lead agency some of the obstacles with data sharing, storage, joint training and material development at a State level would be more efficient and cost effective and result in an improved transition process for children and their families.

Q4. *How will you maintain/improve data collection from local networks and families?*

A4. KSDE and KDHE currently have an interagency agreement for collaboration on sharing child data. Service responsibilities outlined include identification of shared data fields, data transmission, data use and restrictions, data storage, and confidentiality. KSDE and KDHE have worked together on data sharing for the State Performance Indicators (transition and early childhood outcomes) and for longitudinal studies that will help provide information about the efficacy of Kansas infant/toddler programs. During this process and through joint OSEP data trainings, KSDE has developed a better understanding of the current KDHE database and information collected from the *tiny-k* networks and families. KSDE supports the continuation of the Part C data collection process currently in place. Possibilities for improvement, if stakeholders identify this need, are annual workshops conducted at locations around the State to instruct local network staff on reporting standards, development of an expanded data dictionary to use in the trainings, and validity auditing on-site to individualize the technical support and training needed for local networks. KSDE is committed to support *tiny-k* networks to collect accurate data and to use the data to improve services for children and families. KSDE would also support the use of data clerks by the local Part C programs to facilitate the potential for improvements in data collection and analysis. Data clerks are reimbursable in the current categorical aid system.

Q5. *Where would you stand on a sliding scale fee for families?*

A5. KSDE is committed to providing services to all eligible children and families at no cost to the families.

Q6. *Under what conditions could you imagine making a proposal to make any changes in Part C eligibility criteria?*

A6. KSDE supports retention of the current eligibility criteria for Part C. By keeping these criteria lenient, more children will receive early intervention services and increase the potential of alleviating or ameliorating the effects of an identified delay or disability.

**Q7. How would additional funding for services be obtained?
For State infrastructure?**

- A7. KSDE has been a partner in obtaining additional funding for infant/toddler services for the past 20 years. Categorical aid funding to the *tiny-k* networks is currently over 7 million dollars a year. Anticipated increases in categorical aid for the next 3 years are \$1500 per teacher per year. Increases will result in categorical aid per teacher at \$23,000 for 06-07, \$24,500 for 07-08 and \$26,000 for 08-09. These yearly increases directly benefit *tiny-k* networks.

According to IDEA, the SICC shall advise and assist the lead agency in the performance of their responsibilities particularly the identification of the sources of fiscal and other support for services for early intervention programs, assignment of financial responsibility to the appropriate agency, and the promotion of interagency agreements. KSDE will work with the SICC to maximize funding for Part C services. For instance, KSDE and SRS currently have an interagency agreement concerning Medicaid reimbursable special education services. A KSDE staff member is assigned to facilitate collaboration between the two agencies. KSDE will continue to work with collaborative partners to secure funding for Part C services.

In terms of state infrastructure, KSDE anticipates there would be no request for additional funding at the present time. KSDE will concentrate on advocating for new funds for local service provision to children and families and not ask for additional money for KSDE to provide lead agency responsibilities. By combining and streamlining existing resources within one lead agency that already has the systems in place to meet the requirements of IDEA for 3-21, money will be available to support current lead agency activities for Part C as well as additional activities identified as priorities through the development of a five-year plan. KSDE will advocate for additional funds to support administration costs to strengthen the Part C program when needed. However, the priority for advocating for funds will always be for local service provision by the *tiny-k* networks to children and families.

Q8. What are your experiences and expectations around the State Performance Plan?

- A8. KSDE submitted a State Performance Plan (SPP) for Part B in December, 2006. As part of the SPP, KSDE, with stakeholder input, established measurable and rigorous targets for each of the indicators established under the priority areas. KSDE must report annually to the public on the performance of each district located in Kansas on the targets in the SPP. KSDE is currently working on the Annual Performance Report (APR) due February 2007. The APR provides data each year to the Secretary of Education and the public on the indicators in relation to the targets established by each state. The Kansas Part B State Performance Plan was accepted by the Office of Special Education Programs (OSEP) with no revisions required.

KDHE currently has an accepted SPP with OSEP. KSDE has worked with and continues to work with KDHE to address the Early Childhood Outcomes indicator and the transition from Part C to Part B indicator on the SPP/APR. KSDE staff attends OSEP trainings on the SPP and the APR and participate in the OSEP conference calls.

Q9. Describe your agency's interaction with the 36 local tiny-k networks now.

A9. KSDE has a long history of partnership with each of the 36 local tiny-k networks either directly or indirectly through collaboration with KDHE. Some *tiny-k* networks have LEAs that serve as lead or co-lead agencies. All networks access categorical aid through their local LEA or one of the Service Centers. *Tiny-k* networks access over \$7 million dollars in categorical aid. Vision Impaired Inservice in America (VIISA) training for local *tiny-k* networks is provided through the Deaf-Blind grant at KSDE. Parents As Teachers programs and other staff from LEAs are *tiny-k* partners on local interagency coordinating councils. KSDE collaborates/coordinates with KDHE on the State Performance Plan indicators, early childhood outcomes (ECO) and transition from Part C to Part B. KSDE provides staff for the ECO pilot with Part B and *tiny-k* networks and is providing the stipends for participation in the pilot. KSDE provides teacher licensure for personnel providing early intervention services. KSDE provides financial support for Part C training activities through the State Improvement Grant. These trainings will address service coordination. KSDE has participated in a system of Child Find for Part C through the development of public awareness print materials in collaboration with KDHE. Further, KSDE provides significant support for the Make-A-Difference Network, a component of public awareness and child find. KSDE participated on the task forces to develop regulations for hearing and vision screening. KSDE has partnered with KDHE in the development of shared trainings, materials, and data collection for the past 20 years.

Q10. How will you, the new lead agency introduce yourself to families, staff, and collaborative partners of tiny-k Networks? What information do you plan to disseminate with the announcement, starting with families of children eligible for Part C services?

A10. The announcement of a new lead agency will be made by Governor Sebelius. The Governor selects the lead agency for Part C in Kansas and, therefore, would inform the public of her decision. KSDE will develop a packet of information to support the local *tiny-k* networks in informing staff, families and LICC members of the change in lead agencies and how this change will affect each of them.

Q11. The Governor was told that upcoming federal changes should be factored into our recommendations. Help us to understand the origin of this concern. (The ICC is pursuing answers directly from the US Department of Education. We will invite you to join if and when a telephone call is arranged.)

A11. KSDE participated on the phone call to OSEP personnel on January 4, 2007 at 2:00 p.m.

Q12. Would there be any difference in how providers access any potential Medicaid waiver regardless of who is designated state lead agency? Do you anticipate waiting lists for these waiver services?

A12. Medicaid in Kansas is under the jurisdiction of the SRS and reimbursement is processed directly through SRS. An interagency agreement with SRS ensures the maintenance of fiscal responsibility. Medicaid auditors annually review program records. KSDE has a staff member assigned to facilitate collaboration between the two agencies. There is no current Kansas Medicaid waiver for children with Autism in place. However other states have similar initiatives even when SRS is not the Part C lead agency. KSDE will continue to work with other agencies to access funding for all eligible children in Part C through interagency agreements.

QUESTIONS GENERATED FROM A REVIEW OF THE LEAD AGENCY REQUIREMENTS IN THE IDEA

Q1. *What is your agency's current support (both financial and other kinds of support) and future plans for supporting:*

Q1a. The Make-A-Difference Information Network?

A1a. KSDE contributes \$25,000 a year to support the Make-A-Difference Network. KSDE has supported this program since its inception. KSDE will continue its support of the program and will continue the financial support provided in the Part C budget to assure the continuation of this service to families and professionals.

Q1b. Public Awareness?

Q1c. Child Find activities?

A1b and 1c.

Part B and Part C have a statutory requirement for public awareness and child find. Birth through five screenings are often facilitated through local interagency coordinating councils (LICCs). In addition, an Interagency Agreement is in place between Region VII Dept. of Health and Human Services Head Start Branch, Kansas Head Start Association, KUMC Quality Improvement Center for Disabilities, KSDE, KDHE and SRS for the support of children birth through age 5 with disabilities and their families by clarifying how early childhood service providers can work together. This agreement is intended to provide guidance to communities for collaboration, elimination of duplication of efforts, and development of local agreements. Core areas of partnerships include the following service responsibilities; Child Find Screening and Referral; Evaluation, IFSP, IEP and Individualized Health Care Plans; Placement; Confidentiality; and Transition.

KSDE will support public awareness and child find activities in place and work with the *tiny-k* network Coordinators to strengthen these activities particularly in the areas outlined by reauthorization of IDEA in regard to children who are homeless, children exposed to prenatal substances and other sub-populations.

Q1d. The State ICC?

A1d. The State ICC is a birth through 5 council. KSDE is represented on the council and provides financial support of \$43,000 a year. KSDE will also honor the financial support currently provided by the Part C grant. There is an Interagency Agreement between KSDE, KDHE and SRS for the Kansas Coordinating Council on Early Childhood Developmental Services (CCECDS) for the operation of this council.

When KSDE becomes the lead agency for Part C services, then it will work with the Council to maximize its involvement in each of the responsibilities outlined in IDEA, Part C as follows:

(a) Each Council shall—

(1) Advise and assist the lead agency in the development and implementation of the policies that constitute the statewide system;

(2) Assist the lead agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the State;

(3) Assist the lead agency in the effective implementation of the statewide system, by establishing a process that includes—

(i) Seeking information from service providers, service coordinators, parents, and others about any Federal, State, or local policies that impede timely service delivery; and

(ii) Taking steps to ensure that any policy problems identified under paragraph (a)(3)(i) of this section are resolved; and

(4) To the extent appropriate, assist the lead agency in the resolution of disputes.

(b) Each Council may advise and assist the lead agency and the State educational agency regarding the provision of appropriate services for children aged birth to five, inclusive.

(c) Each Council may advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.

Sec. 303.651 Advising and assisting the lead agency in its administrative duties.

Each Council shall advise and assist the lead agency in the—

(a) Identification of sources of fiscal and other support for services for early intervention programs under this part;

(b) Assignment of financial responsibility to the appropriate agency; and

(c) Promotion of the interagency agreements under Sec. 303.523.

(Sec. 303.652) Applications.

Each Council shall advise and assist the lead agency in the preparation of applications under this part and amendments to those applications.

Sec. 303.653 Transitional services.

Each Council shall advise and assist the State educational agency regarding the transition of toddlers with disabilities to services provided under part B of the Act, to preschool and other appropriate services.

At KSDE we work as a team. The administrators for each team are located with the team's educational consultants. SICC staff would be part of the Student Support Services Team.

Q1e. A Comprehensive System of Personnel Development?

A1e. KSDE provides financial support for preservice involvement in personnel development through the Early Childhood Higher-Education Options (ECHO). Under ECHO specific financial support goes to many higher education institutions to address development and/or refinement of their preservice training programs. KSDE supports recruitment and retention of early intervention and early education professionals through the Kansas Educational Employment Board (KEEB) system. The Infant/Toddler program at KDHE has always followed standards established by KSDE for highly qualified staff as outlined in the Part C regulations. Inservice training is provided through the Kansas Inservice Training (KITS) Project. The KITS project is designed to provide results-based professional development and a resource system for early childhood special education programs on a comprehensive statewide basis. This comprehensive system is realized through four framework components: collaborative linkages, information services, training, and technical assistance. KSDE contracts with 25-30 consultants with expertise on a variety of topics. These consultants form the Kansas Statewide Technical Assistance System (K-STARS).

Q1f. Training and Technical Support?

A1f. KSDE has a State Improvement Grant (SIG) and a General Supervision Enhancement Grant (GSEG). Statewide training and technical support is funded through these sources (i.e. ECO training, ECHO, Kansas Inservice Training System, K-STARS, Family Service Coordination, etc.). In addition, KSDE is aware of the training initiatives in place in Part C and will work to support, expand and integrate these initiatives into the KSDE system.

KSDE understands that Part C has existing contracts with additional technical assistance providers and will continue to work with these existing partnerships. These include the Infant Toddler Occupational Therapy Technical Assistance and Project Assistive Technology for Kansas. KSDE is a partner in the pending

service coordination training funded by the SIG. KSDE will work with the Part C Coordinator and the local networks to identify any additional inservice and technical assistance needs. The training will continue to be interdisciplinary and be available to the wide variety of personnel needed to meet the requirements of Part C of IDEA, including public and private providers, primary referral sources, and paraprofessionals.

Q1g. Direct services to families under Part C of IDEA

A1g. Over 7 million dollars in funding is provided to local *tiny-k* networks to support direct services to children and families under Part C of IDEA. Refer to answer 9 above for additional information. **KSDE has plans to continue the existing funding formula to local networks. As in the past, any change in the funding formula would only be made with local network input.** KSDE plans to use any monies saved from streamlining services at the State level for enhancing technical assistance and supporting direct services to networks.

Q2. What is your agency's experience with data management systems? What about handling confidential information under HIPAA or FERPA?

A2. KSDE has extensive experience with data management systems for IDEA and No Child Left Behind. For MIS data, source data str entered at the local level. Data files are exported from local databases and submitted to KSDE during collection windows. These files are imported into the KSDE master data and processed. Kansas assigns a unique student ID number for all students in the state. This number is used to match the IDEA student data to the general education data in the SEA database. By using the state ID number KSDE is able to capture data elements that are required under IDEA and not submitted through the Special Education collection process. Data published by other departments in KSDE are used to assure consistency of information submitted through the 618 (618 is a section of IDEA) collection. The system has been designed with numerous security features, verification routines, applied logic and quality control processes. KSDE maintains an audit trail of 618 data submitted during the collection window. This included logs, checklists, and the progression of each LEA's data from original submission through validation to finalization. Reliability / verification checks are performed on the data during several stages of the collection process. Local users have access to applications that analyze data upon entry and detect discrepancies for correction. KSDE performs additional data analysis upon receipt of local data. Analysis is conducted at both a local level and on a state-wide basis. A data verification process is used to communicate with local agencies that identifies anomalies and requires feedback to resolve discrepancies.

KSDE has experience working with the Infant/Toddler Database. Initiatives already exist to share data for transition and both agencies have worked together in development of the outcome data system.

KSDE was the developer, with collaboration from KDHE Part C staff, of the Outcomes Web System (OWS). This system was developed in response to the reporting requirements of the Office of Special Education Programs (OSEP) of the U.S. Department of Education for the Early Childhood Outcomes (ECO) as part of the State Performance Plan. This system allows local data input from both Part B and Part C early childhood special education and early intervention programs allowing the State to track child progress on the three specified outcomes established by OSEP.

Working with FERPA requirements which are related to a child's educational needs is part of the day to day operations of KSDE staff. HIPAA is focused on personally identifiable medical information which is, for the most part, embedded in the FERPA requirements for children in educational settings. Our data collection methodology is based upon and meets both HIPAA and FERPA regulations. Part C follows the same Federal regulations as KSDE in regard to FERPA and HIPAA.

Q3. *What is the agency's experience with dispute resolution and/or mediation?*

- A3. KSDE houses a database with information on technical assistance, formal complaints, mediation, and due process. The database is used to store and retrieve information for Federal reporting purposes. Both Part B and Part C have a statutory requirement for formal complaints, mediation, and due process. Each of these will be addressed below.

Complaint Investigation

KSDE provides technical assistance through their legal staff to resolve complaints before a formal complaint is filed. If formal complaints are filed, complaint investigations are conducted by 2 independent contractors (and KSDE legal staff when needed). All corrective action plans include a timeline for completion. Most corrective action plans require that corrective action be completed within 10 school days.

Mediation

By state regulation, mediators must be on the Kansas Supreme Court's list of court approved mediators and have passed an examination prescribed by the state board concerning special education laws and regulations. Mediators receive initial training in special education law at a seminar conducted by the state board. Mediators must also complete a 40 hour course in Core Mediation and participate in at least two mediation sessions as a co-mediator. In addition, mediators are required to obtain annual continuing education of 6 hours in special education law and 6 hours in mediation techniques.

KSDE is aware that requirements for mediators and timelines for Part C are somewhat different than for Part B of IDEA. Nevertheless, KSDE has experience with the process and the infrastructure in place to support this Part C Federal requirement.

Due Process

KSDE has 14 special education hearing officers. Ten of the hearing officers are attorneys in private practice. Three are university professors of special education. One is a 504 hearing officer. Although Federal statutes require a 45-day timeline for completion of hearings, a newly amended state statute, K.S.A. 72-973, requires hearings in 35 days and allows an additional 10 days for decision.

Q4. What is the agency's experience in implementing federal regulations?

- A4. The agency has multiple programs and projects that require working with and implementing federal regulations including IDEA and NCLB (e.g. Title I Part A, Title I, Part B Reading First, Title I, Part C Migrant Education, Title I, Part D Neglected and Delinquent, Title I, Part E Comprehensive School Reform, Title II, Part A Teacher Quality, Title II, Part B Mathematics and Science Partnerships, Title II, Part D Education Technology, Title III, English Language Acquisition, Title IVA Safe and Drug Free Schools and Communities, Title IVB 21st Century Community Learning Centers, Title V Innovative Programs, Title VI Rural Education Achievement Program including Small Rural Schools and Rural Low-Income Schools, McKinney Vento Homeless Education, etc.).

Part C and Part B are authorized by the same Federal law, IDEA. John Hager, Assistant Secretary for OSERS, stated that the Part C Notice of Proposed Rule Making will be presented in a manner similar to those of the Part B regulations published in August. That is, the new proposals will follow the "order and structure" of IDEA rather than the order and structure of existing Part C regulations. Additionally, Hager stated that the proposed Part C regulations will be aligned with the final Part B regulations.

Q5. What is your agency's experience in participating in the development of Individual Family Service Plans?

- A5. KSDE understands the federal requirements outlined in IDEA for the development of an IFSP. From the inception of Part C in Kansas, KSDE has allowed the use of an IFSP for children ages three through five. P.A.T., a program within KSDE, has participated in IFSP development at the local level and KITS has provided training on IFSP development statewide. KSDE recognizes that there are similarities and differences between IFSPs and IEPs. A critical difference, however, is the family component of the IFSP intended to "enhance the capacities of families to meet the special needs of their infants and toddlers with disabilities". Furthermore, KSDE understands that the services outlined in IDEA are **primary services versus related services**. KSDE appreciates the high level of expertise available in local Part C/*tiny-k* networks and will rely on *tiny-k* personnel to help Part B preschool personnel implement the IDEA 2004 requirement that the IEP Team MUST consider an IFSP including its provision for natural environments.

Q6. How would the agency ensure that children exposed to family violence and substance abuse be referred to Part C?

A6. It is clear in IDEA and CAPTA that all children involved in substantiated cases of abuse/neglect be referred to Part C. This system is in the beginning stages in Kansas. KSDE is aware that there is a task force working on the issue at this time in terms of development of referral protocol and materials to support referrals. KSDE will continue to support such efforts. KSDE will continue to partner with SRS to find new ways to strengthen the process.

The Individuals with Disabilities Act (IDEA) was reauthorized and signed into law on December 3, 2004 as the Individuals with Disabilities Education Improvement Act of 2004, Public Law 108-446. The new law includes several new requirements effective July 1, 2005, including that states establish “policies and procedures that require the referral for early intervention services of a child under the age of three who is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure”
[Section637(a)(6)(B)]

The Keeping Children and Families Safe Act of 2003 also added a number of new requirements under CAPTA including a requirement that States have policies and procedures in place requiring health care providers to notify Child Protective Services of “infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.”

KSDE is aware that a task force is working on materials to enhance referrals for children affected by substance abuse. KSDE will continue to support those efforts.

As far as family violence and exposure to substance abuse in general, the referral process in place already assures by law that any professional who has a developmental concern about a child under the age of three shall refer to Part C within 48 hours.

Q7. How would the agency inform parents of their rights, and then ensure that they understand them?

A7. KSDE, in partnership with Families Together, has developed materials available in multiple languages to inform parents of their rights and have offered training to parents for many years. This partnership will continue and be enhanced as Part C joins the agency. Part B and C currently distribute a parent survey and use the feedback to determine the efficacy of the materials and their efforts to inform families of their rights. Parent rights documents include a toll free “information” number at KSDE, which parents may use to contact KSDE personnel regarding questions related to special education compliance.

When KSDE personnel receive parent calls regarding compliance issues, they attempt to clarify legal requirements for the caller and, if permitted or requested by the caller, to intervene through telephone contact with the local director of special education.

Q8. How will the proposed change in lead agency designation impact the personnel and staff who deliver Part C services at the local level?

A8. It will increase Federal and State funding for their programs. It will provide them with additional resources and technical assistance at no additional cost. It will provide a 5 year plan with input from stakeholders and accountability through the SICC (refer to Power Point notes on the SICC website). It will provide a State infrastructure with staff and legal offices familiar with IDEA, regulations, policies, procedures, and Education Department General Administrative Regulations (EDGAR) requirements. It will provide enhanced communication links with State personnel. It will provide the team support and infrastructure necessary to attract and keep a qualified Part C Coordinator.

It will not change the structure of the Part C services at the local level. Local networks will continue to function as they exist. Local lead and fiscal agencies will continue to be decided at the local level. KSDE will contract with the local networks to provide the services just as KDHE did, with the same contractual expectations.

Q9. Do you anticipate the need for any additional resources to administer this program? If so, where will you obtain these?

A9. KSDE does not anticipate the need for any additional resources to administer the Part C program at the present time. Refer to question 7 about infrastructure above for additional information. **With limited financial resources in the State and many programs vying for increases, it will be advantageous not to advocate for funds for administering the program at the present time.**

Q10. Do you expect any changes in the current monitoring process?

A10. The current monitoring process will change if the Office of Special Education Programs requires it or if in the 5 year plan feedback from the *tiny-k* networks outlines the need for enhancements/changes to make the system work more efficiently for the networks. Otherwise it will stay the same. Further, KSDE has extensive experience with monitoring and supervision of programs at the local level. Through the Focused Assistance and Monitoring (FAM) system, KSDE has provided significant training for local programs in the delivery of IDEA services for children with disabilities.

Q11. Describe your knowledge and experience with Early Childhood Outcomes.

A11. KSDE was awarded a General Supervision Enhancement Grant (GSEG). The GSEG was used to address indicators needed to support the Annual Performance Report data requirements such as the Early Childhood Outcomes (ECO) indicator. KSDE funded all training; development of the data collection application, the Outcomes Web System (OWS); and the *OWS Users Guide Including Instructions and Data Dictionary* for Part B and Part C. KSDE will maintain the web application and database and has generated the percentages needed to report on this indicator for the Annual Performance Report for Part B and Part C. In conjunction with Early Childhood Outcomes Center, Part B and Part C are conducting pilot studies throughout the State.

Q12. What is your experience with EDGAR language and reports?

A12. EDGAR (Education Department and General Administration Regulations) refers to the rules regarding grants, compliance procedures and other record-keeping practices that are required by the federal government. KSDE understands and complies with all grant regulations for the multiple grants that the agency receives. Changes in federal laws and statutes and regulations (for example NCLB changes in teacher qualifications, the reauthorization of Part C, IDEA) are dealt with as needed to meet federal timelines and requirements.

QUESTIONS ADDRESSED ON 12/15, BUT MIGHT NEED RE-VISITING

Q1. What are your plans for the current Part C staff?

A1. They will be offered positions at KSDE and become members on the Student Support Services Team.

Q2. What changes (if any) do you see in current revenue streams? Medicaid? Cat aid? Federal funds? State Appropriations? Private Insurance payments?

A2. The lead agency for Part C is responsible for the identification and coordination of all available resources within the State from Federal, State, local, and private resources. Furthermore, the lead agency is responsible for the assignment of financial responsibility in accordance with section 637(a)(2) to the appropriate agencies. In the opinion of KSDE, nothing changes in terms of working across the State as partners to secure funding for Part C. This has always been the task and will remain so regardless of who serves as lead agency. KSDE has long supported the SICC in its advocacy efforts in terms of securing additional funding through State Appropriations. KSDE will continue to support these efforts as they have over the course of the past 20 years. In addition, KSDE foresees no change in local funding streams. Again, by IDEA, all available resources are to be accessed to include local and private resources.

Q3. Discuss the other early childhood and disability related programs in your agency?

A3. Early Childhood and disability related programs in KSDE include the following:

- **Student Support Services team: Part B, Section 619 (preschool)**
KSDE is the lead agency for Part B, Section 619 (619 is the preschool section of IDEA) programs. These programs provide special education and related services to children with disabilities aged 3 through 5 and to 2-year-old children with disabilities who will turn 3 during the school year.
- **Teacher Education and Licensure (TEAL) Team: Early Childhood Unified Teacher License (Birth-Grade 3); Early Childhood Unified (Birth – kindergarten)**
The Teacher Education and Licensure (TEAL) team is responsible for issuing educator licenses, facilitating the review of educator training programs at all Kansas institutions and coordinating a process for those institutions that leads to accreditation by the Kansas State Board of Education. The Early Childhood Unified license is the only license that is unified (either Birth to grade 3 or Birth through Kindergarten). Many other licenses include early childhood (birth to age five) years.
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- **Parents as Teachers Program**

Parents as Teachers (P.A.T.) is a non-targeted home-based program funded by the state legislature. It uses a research-based curriculum to support families who have children ages birth to three years. This program is funded through school districts and is for any family that has a child within the age limits. P.A.T. has four goals:

Increase parent knowledge of early childhood development and improve parenting practices

Provide early detection of developmental delays and health issues

Prevent child abuse and neglect

Increase children's school readiness and school success.

- **Four Year Old At-Risk Program**

The Four Year Old At-Risk program is funded by the state legislature. The purpose of this program is to provide an early childhood education program for four-year old at-risk children. The objectives for the program are as follows:

Help at-risk preschool children acquire the skills, knowledge, and behaviors that they need to transition successfully to kindergarten.

Reduce the number of at-risk children who are retained in grade during their primary school years.

Reduce the number of at-risk children who are referred for special education evaluations during their primary school years.

Reduce the achievement gap between at-risk and non at-risk primary age children.

Increase the level of parent participation in the education of their at-risk children.

Provide information to policy makers to assist in planning programs and services for at-risk preschoolers.

Grants are awarded through a competitive process based upon best practices as described by the Quality Standards.

- **Migrant/ Even Start Program**

Even Start /Migrant Even Start is funded through federal funds with programs matching funds at a specified percentage. It is a family focused program providing participating families with an integrated program of early childhood education, adult literacy and basic skills instruction and parenting education. The program must be implemented through cooperative projects that build on existing services to create a new range of services for families. Families served must be the most in need in the community and meet the following requirements: an adult who qualifies for Adult Education and a child between the ages of 0-7 years of age.

The primary purpose of the programs is to provide educational services to low-income families who have low literacy skills, limited educational experiences, and/or limited English language proficiency.

- **Reading First Program**

Reading First is funded through the federal No Child Left Behind legislation. Kansas Reading First is implemented in two important ways:

Districts and individual schools across the state received grants to improve their K-3 reading programs.

State-wide professional development in five core reading areas will be provided to K-3, Title I, ESL, and Special Education teachers.

The overall goal of the grant is that all Kansas students will be proficient readers by the end of third grade.

Kansas's Reading First Goals: Using scientifically based reading research to guide all state and local activities, Kansas Reading First will:

Goal 1: Provide results-based professional development necessary for K-3 classroom teachers to teach reading effectively.

Goal 2: Prepare classroom teachers to screen, identify, and diagnose reading barriers facing their students.

Goal 3: Implement research-based reading programs for students in kindergarten through third grade classrooms.

Goal 4: Teach every child to read at grade level or above by third grade.

- **Nutrition Services Team: Child and Adult Care Food Program**

The Child and Adult Care Food Program is a part of the Kansas State Department of Education. Many early childhood sites participate in this program: child care centers, after school sites, family day care home providers (either registered or licensed). Three kinds of meals are served: breakfast, lunch and dinner, and a snack. Food reimbursement rates vary depending on the number of low-income children being served, or proximity to a school with a percentage of families on free or reduced meals. Specific infant food charts with requirements for breakfast, snack, and lunch/supper are also available.

- **Family and Consumer Sciences – Tech Education**

The Kansas Family and Consumer Sciences program has as its motto, Strong Families: Productive Workforce. Its vision is to 'empower individuals and families across the life span to manage the challenges of living and working in a diverse, global society. Our unique focus is on families, work, and their interrelationships.' One of the areas of coursework is early childhood education. Courses are at the secondary level and include leadership skills, academic skills, process skills, and 21st century skills (including career information).

- **School Readiness Project**

The purpose of the School Readiness Project is to collect data on entering Kindergarteners, including information about Kindergarten classroom practices and parent and home supports. This information will be used to improve school readiness and school success for Kansas children. Adults

will better know what is needed to support early learning and later school success. Data is collected on all children, including those with disabilities. Reports on results are shared with the early childhood community across the state as well as to legislators, community members, and other interested parties.

- **Early Learning Guidelines and Standards**

The Kansas Early Learning document will be available in mid-January, 2007. This document includes Early Learning Guidelines and Standards as well as resources. Future plans include implementation information for parents, teachers, and students in college-preparation coursework. This document has been developed through the support and collaboration of KSDE and SRS as well as KDHE, the Kansas Head Start Association, and the Kansas Children's Cabinet and Trust Fund. This resource will be used to enhance professional knowledge and support child learning and school success.

- **The Kansas Project for Children and Young Adults who are Deaf-Blind**

This project provides services to children birth through 21 years of age. The project provides technical assistance to those infants and children who are certified deaf-blind on the Kansas Deaf-Blind Census, to their family members, and to agencies and service providers. The intensive child find strategies or "sweeps" which consist of record reviews and the establishment of a system for identifying children who are deaf-blind are conducted on a per request basis. As of May 1, 2006, the number of children between the ages of birth through five who have been certified deaf-blind has increased by 200 percent. Once the infant or toddler is certified deaf-blind, he or she can access the Kansas Deaf-Blind fund. Infant and toddlers receive funds for assistive technology (hard and light technology), consultation, or evaluation. A child may receive up to \$3,000.00 per fiscal year as monies are available by the legislature.

Parents of children certified deaf-blind immediately receive information about the various organizations and agencies in the state and nationally that has information pertaining to the sensory, developmental, and educational needs of their children. They are contacted by the Parent Consultant who provides them with additional information, answers questions, or provides resources. Parents are encouraged to participate in Project SPARKLE which is geared for parents to learn about how both primary sensory losses impact learning, social development, and growth of their child. They learn about brain development, socialization, communication, and stimulation through a series of DVD's and feedback forms from the project administrators. Parents are free to access the Kansas Deaf-Blind Loan Library and will receive a bimonthly newsletter, *Anything and Everything*, which contains information about activities throughout the state. Family members are included in all training activities, and are welcomed to request technical assistance for their child's agency providers, educators, or home care assistants. Additionally, Family Scholarships are available up to

\$300.00 for family members to attend any type of meeting, conference, or course providing that funds are available.

- **Vision Impaired Inservice in America (VIISA) Training**

This training was developed at the SKI HI Institute at the Utah State University, for the purpose of providing hands on activities and improving skills of service providers for infants, toddlers, and preschoolers who have visual impairments, blindness, deaf-blindness, and those with multiple disabilities. Kansas currently has 11 certified VIISA trainers. The infant toddler classes are sponsored in collaboration with the Kansas Deaf-Blind Project and Student Support Services. Classes are kept small (approximately 10-12 per training session). Participants have included related service providers, family members (e.g., moms, grandmothers, and aunts), paraeducators, early intervention service providers, nurses, field based consultants, vision teachers, hearing teachers, severe cognitive disabilities teachers, university professors, and early childhood special education providers. All participants are required to complete the two on-site training sessions, homework activities, and practica experiences. They can receive up to three hours of graded credit through the University of Kansas, three hours of pass/fail credit from the Utah State University, or CEUs that are arranged by the participants through their individual licensing agencies. The VIISA Model in Kansas is one of the nationally recognized training programs that SKI HI has sponsored and supported for the last five years. It is estimated that over 168 family members and service providers have received training over a seven year period.

The project, in collaboration with the Association of College for Health Educators (ACHE) and the Kansas State School for the Blind, provides six vision and Usher screening trainings throughout the state on an annual basis. Participants are instructed through knowledge/skill awareness (paper test) and knowledge/skill implementation (practical check offs) to be certified as a vision screener. There are approximately 20 participants for a one day session. They include early intervention providers, nurses, child care providers, paraeducators, vision teachers, special education teachers, and early childhood teachers. Participants receive a certificate of completion for passing the training activities.

Q4. Do you anticipate any changes in the relationship between the state lead agency and the 36 local tiny-k networks? Will local communities still have the right and responsibility to determine their boundaries, select a local lead agency, and determine the method of providing services (all within the parameters of the law)?

A4. The local lead agency and/or fiscal agent is to continue to be locally determined and administered. As in the past, because the lead agency would be KSDE does not mean that the local education agency has to be the lead agency. Services will not change at the local level. For instance, occupational therapy, physical therapy, and speech and language will continue as primary services

and family support services will continue to be provided just as they are now. Each community has developed a system for administering the Part C services. These systems are working and infant and toddlers and their families served through *tiny-k* networks are receiving quality services. This will not change with KSDE as lead agency.

KSDE will comply with KSA 75-56-48 (e) "Local Council" means an interagency coordinating council established in a local community for the purpose of coordinating early intervention services for infants and toddlers with disabilities and their families who reside within that local community and KSA 75-56-49 (b) the entry into contracts with agencies in a local community which have been designated by a local council as the providers of service within their community. K.A.R. 28-4-565 outlines community responsibilities. Each community in collaboration with its local ICC, shall develop a plan describing the system for coordinating early intervention services. The plan shall include the identification of a local lead agency, identification of a local fiscal agency. The local lead agency and local fiscal agency may be the same agency, if the local lead agency is a legal entity.

Q5. *How will you work to engage the other state-level partners in a meaningful collaboration?*

A5. KSDE has always collaborated with other state level partners and will continue to do so through interagency agreements, through the assistance of the State Interagency Coordinating Council (see SICC responsibilities above), through person to person contact, through stakeholder meetings, through shared projects, through open and honest communication, but mainly through our shared commitment to maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families.