

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

DEC 1 5 1999

Honorable E. F. Thompson, Jr. State Health Officer Department Of Health P.O. Box 1700 2423 North State Street. Jackson, Mississippi 39215-1700

Dear Dr. Thompson:

This is in response to your letter of March 9, 1999 in reply to the Office of Special Education Programs' (OSEP) January 22, 1999 Mississippi Part C Monitoring Report. In that letter, the Mississippi State Department of Health (MSDH) concurred that the areas of non-compliance identified in the OSEP report existed at the time of OSEP's January 1998 visit, and provided additional information to illustrate some of the actions taken by MSDH since the OSEP visit to correct the noncompliance and improve results for infants and toddlers with disabilities in the State. In the letter, MSDH also expressed a number of concerns, including: (1) the lack of timeliness in the issuance of OSEP's report, which minimized its usefulness; (2) language in the report that "describes findings in one or a few Districts as if prevalent throughout the State"; and (3) the need for data that will enable the State to compare the effectiveness of its early intervention program with programs in other States.

OSEP regrets the lapse in time between the on-site monitoring review and the issuance of the January 1999 report. We understand the critical need for State Lead Agencies to receive timely feedback and documentation to assist them in their ongoing efforts to improve compliance and results for eligible children and their families. OSEP was pleased to learn that the Lead Agency has already taken significant steps to address the areas of noncompliance and improve results for infants and toddlers with disabilities and their families. To the extent that MSDH has taken additional action to address identified deficiencies since the issuance of the January 22,1999 monitoring report, please provide *OSEP* with the supporting documentation.

In your letter, you expressed a concern that OSEP had concluded, based upon findings in a few Public Health Districts, that such noncompliance existed in all of the Districts. It is important to clarify that OSEP did not conclude, because it found noncompliance in some of the State's Public Health Districts, that the areas of noncompliance existed in all nine Districts. Rather, where OSEP found such noncompliance in some Districts, OSEP concluded that MSDH had not met its general supervisory responsibility to ensure Statewide compliance in the Part C system. It is important, in correcting the deficiencies identified in the OSEP report, that MSDH determine the extent to which the identified

600 INDEPENDENCE AVE., S.W. WASHINGTON, D.C. 20202

noncompliance exists in other Districts, and ensure that appropriate corrective action is taken.

In your letter you also indicated the need for data that would enable you to compare the Part C program in Mississippi to programs in other States. You specifically requested comparative data regarding the percentage of infants and toddlers served in the Part C program. As of December 1, 1997, Mississippi was serving 1.89 per cent of its infants and toddlers, aged birth through two, in its Part C program. On that same date, the current national average among the fifty States, the District of Columbia and Puerto Rico was 1.70 per cent of their birth-through-2 population. Many other types of data regarding the Part C programs of the States are available to MSDH and the State Interagency Coordinating Council from a number of sources. The Annual Report to Congress on the Implementation of the [IDEA] is a data source that can be found on the internet at www.ed.gov/offices/OSERS/OSEP. In addition, you may wish to contact the National Early Childhood Technical Assistance System (NECTAS) for further data and technical assistance. OSEP funds NECTAS to provide technical assistance to States in the implementation of Part C. These resources are available to assist the Lead Agency and the State Interagency Coordination Council in their efforts to assess and evaluate the effectiveness of the State's early intervention system.

The January 1999 OSEP Report identified the areas of findings that MSDH must take steps to correct, as part of its general supervisory responsibility, to ensure statewide compliance with Part C. MSDH's response described a number of corrective actions that MSDH has taken, but did not include documentation of the effectiveness of those actions, or identify the additional corrective actions that MSDH will take to achieve full correction of all of the findings, the timelines for those actions, or the information that MSDH will submit to OSEP to document the effectiveness of those actions. OSEP identifies in Enclosure A, a summary of OSEP's findings. MSDH's response to each finding, and OSEP's analysis of the MSDH response. OSEP will contact MSDH staff to schedule a telephone conference to discuss the State's failure to take any of the procedural steps OSEP outlined in Enclosure C of the January 22, 1999 Part C Monitoring Report. At that time we will also discuss the development of a corrective action plan. The corrective action plan must include the specific actions that MSDH will take to ensure statewide compliance, and specify the date by which each action will occur, the documentation that MSDH will provide to OSEP to demonstrate that the action has resulted in compliance, and the date by which MSDH will submit the documentation to OSEP.

I hope you will find this information helpful in your continued efforts toward improving outcomes for infants and toddlers with developmental delays and disabilities and their families in Mississippi.

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I would like to thank you for the cooperation of your staff in this matter. Members of OSEP's staff continue to be available to provide technical assistance. Please let me know if we can be of assistance in this regard.

Sincerely,

Patricia J. Guard Acting Director Office of Special Education Programs

Enclosure cc: Roy Hart