

# Early Intervention/ Early Childhood Special Education: Community Engagement Findings

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## Summary

With the passage of House Bill 3073 and the establishment of the Department of Early Learning and Care (DELIC), the Oregon Department of Education (ODE), in collaboration with the Early Learning Division (ELD) and the Governor's Office, is reviewing Oregon's early intervention and early childhood special education (EI/ECSE) system. With input from ODE, ELD, and other stakeholders, Education Northwest developed and conducted a community engagement process to explore how children and families access and experience EI/ECSE services, successful practices for supporting children and families with EI/ECSE services, and how the EI/ECSE system could adapt to better meet family needs. This report details findings and recommendations from 17 community listening sessions and interviews with families and providers about their experiences with the EI/ECSE system. A summary of the recommendations and key findings is provided below.

## Recommendations to improve families' experiences with the EI/ECSE system

*Systems: Improve systems to create clearly articulated, consistent and seamless EI/ECSE intake/referral, evaluation, and service delivery for children and their families.*

- Assign service coordinator once a family has been referred to EI (B-3) services.
- Establish guidelines and procedures that standardize the referral process across the state.
- Increase the touch points at evaluation and begin preparing the student, family and receiving service location earlier in the transition process.

*Relationships: Continue to develop thoughtful and connected partnerships.*

- Raise awareness about EI/ECSE services through community partners.
  - Ensure that early childhood providers from both dominant culture and traditionally marginalized understand typical developmental milestones and common disabilities and delays, as well as the EI/ECSE service model and how to refer children to EI/ECSE.
  - Ensure that referral partners are clear about who to refer and how language, race and culture impact the referral process.
  - Partner with the Early Learning Division to establish parent/community cultural liaisons in coordination with contractors and Early Learning Hubs as a standard practice across the state to ensure that parents have support in understanding and accessing the EI/ECSE System.

- Provide supports for families including basic needs support and parent support groups.
- Leverage Early Learning Hubs and Child Care Resource & Referral entities to design community-based support mechanisms for early learning providers and families in coordination with Local Interagency Coordinating Council.
- Identify possible regional early childhood wraparound service models to support regionally-offered services, including EI/ECSE, CCR&R, Inclusive Partners and Mental Health to support the family and the program together.
- Expand partnership models in ECE programs to prioritize serving children in the least restrictive environment.
  - Work with the Early Learning Division and Early Learning Council to improve professional learning opportunities for the full diversity of the early care and education workforce, in alignment with *Raise Up Oregon* Strategy 3.1.
  - Consider the inclusive services models and any necessary policy changes and work with the Early Learning Division and Higher Education Coordinating Commission and Educator Advancement Council to support higher education pathways to address standards gaps in order to increase capacity to serve children in the least restrictive environment.

*Service: Provide culturally responsive, flexible, and accessible pathways for children to receive services.*

- Use an asset-based approach to frame conversations regarding universal design, accommodation, and modification for children who experience disabilities.
- Partner with the Office of Child Care to require shared training for service providers on stereotypes and bias, culturally responsible practices, trauma-informed practices, and supporting families with complex needs.
  - Leverage the ELD's Early Childhood Suspension & Expulsion Prevention Program established by HB 2166 (2021) to support training and coaching for early learning providers.
- Ensure that educational and meeting spaces are designed and accessible for all children and families with specific attention to the over-and-under representation of culturally and linguistically diverse children in special education.
- Partner with the Early Learning Division, the Early Learning Council, community partners and school districts to increase educational opportunities and service locations in children's neighborhoods.
- Assess families' preferences and offer flexible services delivery models which may include:
  - Satellite locations for rural families,
  - In-person, remote and hybrid programs based on need, and
  - Fully inclusive child care, home or neighborhood preschool settings where possible.

## **Findings: Families' experiences with the EI/ECSE system**

### *Families' experiences accessing EI/ECSE services*

Families shared that they were excited to learn about services for their children and valued providers' guidance during the screening and evaluation process. Many families reflected that they were not aware of EI/ECSE services prior to referral. Intake coordinators often faced the challenge with engaging families who did not know that their children were referred to EI/ECSE services, or why. However, intake coordinators were able to engage families through persistence and using a variety of family outreach and support strategies. Families and providers shared that they sometimes experienced long wait times to access services after referral. This was particularly true for families living in poverty, migrant families, and families in rural areas.

### *Families' experiences receiving EI/ECSE services*

Once families accessed EI/ECSE services, they reported feeling grateful and enthusiastic about their service providers, especially those offering home visitor services. However, families must navigate a variety of challenges to receive services. Many families and early childhood education (ECE) providers shared that developing an individualized family service plan (IFSP) could be an overwhelming and discouraging process. Families could not always access all the services they needed, especially for children with specific disabilities (e.g., sensory impairments). Meetings during the weekday are a barrier for families with inflexible work schedules, and families experience a gap in accessing ECSE services over the summer. Lack of transportation is also a barrier for families living in poverty and families living in rural areas.

### *Families' experiences with EI/ECSE services in ECE settings*

Inclusive placements for children with IFSPs in ECE settings are insufficient, but administrators are addressing this challenge by developing partnerships and providing technical assistance to new programs. ECE programs are also developing creative strategies to increase family supports by partnering with university programs and providing families with case management. In addition, both ECE and ECSE providers shared that building strong relationships with one another supports successful delivery of EI/ECSE services in ECE settings. However, EI/ECSE programs struggled to find sufficient affordable placements and placements for children with specific needs (e.g., mobility needs). ECE providers shared that they need more support to be able to provide more slots and meet the needs of children in their programs. Many EI and ECSE services are provided to children in ECE settings through a consultation model, where EI/ECSE providers coach and train ECE providers (vs. providing direct services to children). Families, ECE providers, and EI/ECSE providers all expressed frustration with the consultation model, sharing that both children and ECE providers need more support.

### *Families' experiences with transitions from EI to ECSE and ECSE to K–12*

Families shared positive experiences with the transition from EI/ECSE to K–12 when they had support and did not experience a gap in services. However, other families shared that the transition could be challenging because services were focused on academic progress and families had a smaller role. Families also found the transition difficult when they lost access to

services. Most families reported the transition from EI to ECSE was very smooth, although some shared that they noticed an abrupt shift in services before and after their child was 3 years old.

### *Families' experiences with services during COVID*

Administrators reported that virtual meetings increased access and attendance for providers, teachers, and families. In addition, some providers found that a mix of in-person and virtual services allowed them to maximize accessibility for families and relationship building. Families also shared that the virtual services addressed their concerns about health and safety. However, there were also challenges with virtual service delivery. Families in rural areas and families experiencing homelessness were often not able to access virtual services, and many families opted out of participating in virtual services. Providers shared that providing services virtually could make it more difficult for them to build relationships with families, and many families shared that the virtual services were difficult to navigate and not sufficient to meet their needs. Virtual services could be confusing for families that attended in-person ECE programs, and some families reported that COVID regulations made it difficult for them to take an active role in their children's education and services in the child care setting. Other families were frustrated that their EI/ECSE services were tied to their participation in distance learning, which was often not a good fit for their children's needs. The pandemic also exacerbated transportation challenges as families sometimes had to travel to appointments in lieu of home visits. Families and providers both requested more communication about, and stability in, service delivery as the pandemic continues to impact EI/ECSE services.

### *Cross-cutting findings in families' experiences with EI/ECSE services*

Across the listening sessions, three key findings that cut across families' experiences accessing and receiving EI/ECSE services emerged:

- Families need more support and information,
- Families play a key role as advocates for their children, and
- Underserved communities of color face discrimination, bias, and language barriers in the EI/ECSE system.

## **Administering EI/ECSE programs**

### *Findings: EI/ECSE workforce issues*

Administrators are experiencing staffing shortages across all positions, which COVID has exacerbated. Administrators shared that the hiring process and low wages can make it difficult to fill empty positions. Diversifying the workforce is a key priority for administrators but they have found it challenging. However, some administrators shared that the recent funding increases have helped them address staffing shortages and increase staff diversity. They also shared that EI/ECSE and ECE providers would like access to more resources and training on a variety of topics (e.g., home visiting, autism).

### *Workforce recommendations*

- Align hiring practices and priorities with community needs
- Develop community partnerships to support entry into the EI/ECSE workforce
- Offer incentives and grants for training and professional development
- Employ strategies to retain current EI/ECSE providers
- Address barriers in the Teacher Standards and Practices Commission (TSPC) system
- Allow flexibility in hiring for positions to support families, assist teachers, or support providers with paperwork and administrative tasks
- Offer training and resources for EI/ECSE and ECE providers and intake coordinators in hybrid service delivery, virtual interpretation services, and other accommodations
- Provide language learning options for current EI/ECSE providers and instructional aides

### *Findings: EI/ECSE funding*

Administrators were grateful for recent funding increases and have used this funding to think creatively about meeting families' needs by establishing and hiring new family support positions and supporting families' technology needs. However, administrators wished for more flexibility in when and how they could spend the money. ECE providers also discussed funding and reported that access to funding to support children with special needs was insufficient.

### *Funding recommendations*

- Allow EI/ECSE programs greater flexibility in how and when they spend funds
- Increase and standardize funding for ECE programs
- Provide funding for aides and staff to support children on long bus rides
- Fund equity-based initiatives

### *Findings: Adequate service level data*

Administrators shared their experiences using adequate service level data. Many found the adequate service level data helpful in conversations with staff and in identifying issues with service delivery. They also shared that the adequate service level data are not sufficiently flexible to meet families' needs, and do not reflect progress for programs or families.

### *Adequate service level data recommendations*

- Provide support for interpreting and using adequate service level data
- Allow administrators to identify additional indicators to demonstrate progress

### *Findings: Coordination across the system*

Across all sessions, one theme that emerged was the importance of building strong coordination across family and community organizations, regional entities such as districts and educational service districts (ESDs), and state agencies into the system. Families and programs were successful when partners were collaborating closely, but in other cases duplicate or inconsistent communication across agencies confused and frustrated families. In addition, providers and

families agreed that increased collaboration with referral partners would improve families' experiences entering the EI/ECSE system.

*Recommendations for improving coordination across the system*

- Support collaboration with referral sources and mental health providers
- Create multiagency teams or cross-agency staff roles to facilitate communication between the agencies and programs that serve families with young children, and leverage existing entities such as the Early Learning Council, the State Interagency Coordinating Council, and regional Early Learning Hubs
- Facilitate ongoing community engagement with providers

**Recommendations to support future community engagement with culturally and linguistically diverse families**

- Collaborate with community partners, particularly culturally-responsive organizations throughout the state
- Allow sufficient time for outreach, buy-in, and relationship building
- Support access for families through incentives, flexible scheduling, building on existing events, and translation/interpretation
- Facilitate meaning making with participating communities, and communicate impact

## Overview

With the passage of House Bill 3073 and the establishment of the Department of Early Learning and Care (DELIC), the Oregon Department of Education (ODE), in collaboration with the Early Learning Division (ELD) and the Governor's Office have developed a plan to review Oregon's Early Intervention and Early Childhood Special Education (EI/ECSE) system. In the first phase of this project, completed in June 2021, ODE contracted with Education Northwest to conduct a literature review and state scan focused on identifying best practices for designing and structuring an improved system for EI/ECSE programs. In a second phase of the project, state leaders wanted to learn about Oregon communities' experiences with EI/ECSE services. The goal of the community engagement process was to identify best practices and determine what worked well for families, and what could be improved, to ensure equitable support for Oregon's children with special needs and their families. ODE contracted with Education Northwest to develop and conduct a community engagement process to explore how children and families access and experience EI/ECSE services, successful practices for supporting children and families with EI/ECSE services, and how the system could adapt to better meet family needs.

This report first summarizes findings related to families' experiences accessing and receiving services, including services provided in child care settings, the transition across programs (EI to ECSE and ECSE to K-12), and services during the COVID-19 pandemic. This section concludes with three findings that cut across families' experiences with EI/ECSE services: families need additional support and information, families' role as advocates for their children, and the experiences of discrimination, bias, and language barriers shared by families of color. The second section includes findings on how programs are administered with regard to staffing and training, using adequate service level data, funding, and coordination across the system. The report closes with recommendations for future community engagement.

## Community Engagement Process and Methods

### Planning, outreach, and recruitment

ODE, ELD, and the Governor's Office began the community engagement process in August 2021 by convening two working groups of stakeholders and superintendents. Education Northwest provided working group members with a list of the planned virtual listening sessions and draft protocols and gathered feedback from group members. Education Northwest also met with individuals at a variety of community organizations and advocacy groups to discuss outreach to families and community members. These organizations and advocacy groups included the Asian Pacific American Network of Oregon (APANO), the Central Oregon Disability Support Network (CODSN), the Children's Institute (who facilitated outreach to Black Child Development PDX), the Early Childhood Coalition, Family and Community Together (FACT), the Future Generations Collaborative (FGC), and Latino Network.

The Director of Inclusive Services at ODE sent invitations for listening sessions for administrators (i.e., EI/ECSE contractors, subcontractors, and directors). An EI/ECSE specialist at ODE coordinated the listening sessions with intake coordinators, which were held at a virtual community of practice meeting. The invitations for EI/ECSE providers (including home visitors) were sent to EI/ECSE contractors, subcontractors, and EI/ECSE directors who forwarded them to the providers in their region. The invitation for ECE providers and directors was sent to ELD program managers for Head Start and Oregon Pre K, Baby Promise, Relief Nurseries, and Preschool Promise, who forwarded it to providers in their directories. Administrators, EI/ECSE providers, and ECE providers received a link to a registration form where they could provide optional background information including their role, their program or agency, the county or counties they serve, the length of time they have been in their position, and their racial/ethnic identity. Intake coordinators provided this information via an electronic survey link after the session. Education Northwest also provided participants with a link to the listening session questions so they could review them before the session and/or provide written responses if they wished to do so.

Education Northwest sent invitations for listening sessions with families to community organizations, administrators, and providers to share with families. Families were provided with a registration link where they could complete optional information about the number of their children who received EI/ECSE services and the age of those children, the town or community where they live, their racial/ethnic identity, and their preferred language. They were also provided with a link to the questions so that they could review before the session and/or provide written responses if they wished to do so. Education Northwest provided \$50 electronic gift cards to two randomly chosen participants in each family session. Latino Network provided an additional \$50 to each participant in the session for Spanish speaking families, and Future Generations Collaborative provided an additional \$50 to each participant who attended the session they facilitated with Native families in Portland.

### **Listening session participants**

All listening sessions were virtual. Nine listening sessions and one interview were held with providers, while six listening sessions and one interview were held with families and community members. Eight participants (two administrators and three family members who attended listening sessions, and one EI provider, one intake coordinator and one family member who did not attend listening sessions) also provided additional information via email.

#### *Provider sessions*

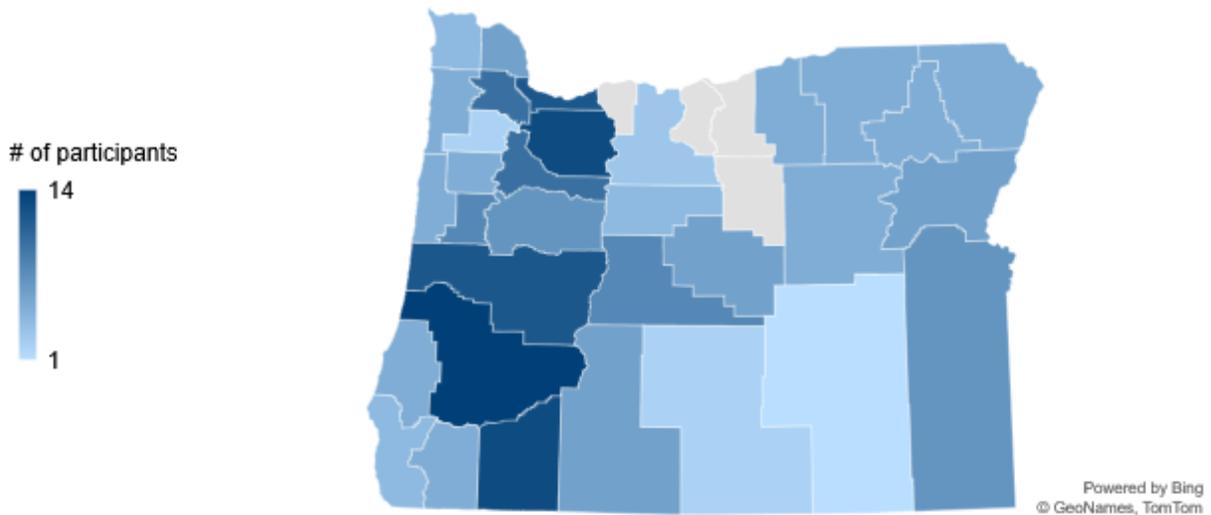
Education Northwest held nine listening sessions and one interview between September 24th and October 20th, 2021, with individuals that provide EI/ECSE services to families. These sessions included 166 participants serving 32 counties in Oregon (see Table 1, see Figure 1). Douglas, Clackamas, and Jackson counties had the highest participation rates (with 14, 13, and 13 participants respectively). Four counties were not represented by any providers: Gilliam (population 1,871 in 2010), Hood River (population 22,346 in 2010), Sherman (population 1,765 in 2020), and Wheeler (population 1,441).

Table 1. Participants in provider listening sessions

	Administrator sessions (contractors, subcontractors and EI/ECSE directors)	Intake coordinator sessions	EI/ECSE provider sessions (including home visitors)	ECE provider sessions (including directors)
<b>Participants</b>	29	23	46	68
<b>Counties served</b>	29 (19 participants provided counties served)	23 (16 participants provided counties served)	19 (25 participants provided counties served)	24 (48 participants provided counties served)
<b>Racial/ethnic identity of participants</b>	<ul style="list-style-type: none"> <li>• 5.3 percent Black</li> <li>• 5.3 percent multiracial</li> <li>• 89.5 percent white (19 participants provided race/ethnicity)</li> </ul>	<ul style="list-style-type: none"> <li>• 15.4 percent Latinx</li> <li>• 84.6 percent white (13 participants provided race/ethnicity)</li> </ul>	<ul style="list-style-type: none"> <li>• 6.2 percent Latinx</li> <li>• 93.8 percent white (13 participants provided race/ethnicity)</li> </ul>	<ul style="list-style-type: none"> <li>• 23 percent Latinx</li> <li>• 2.6 percent Native American</li> <li>• 2.6 percent multiracial</li> <li>• 71.8 percent white (39 participants provided race/ethnicity)</li> </ul>

Note: Not all participants provided information about the counties they serve or their racial/ethnic identity

Figure 1. Counties served by participants in the provider sessions



Note: This map illustrates the counties served by providers that participated in the EI/ECSE community engagement listening sessions. The counties in grey were not represented by any providers in the sessions.

Source: Data provided by participants in listening session registration forms or surveys.

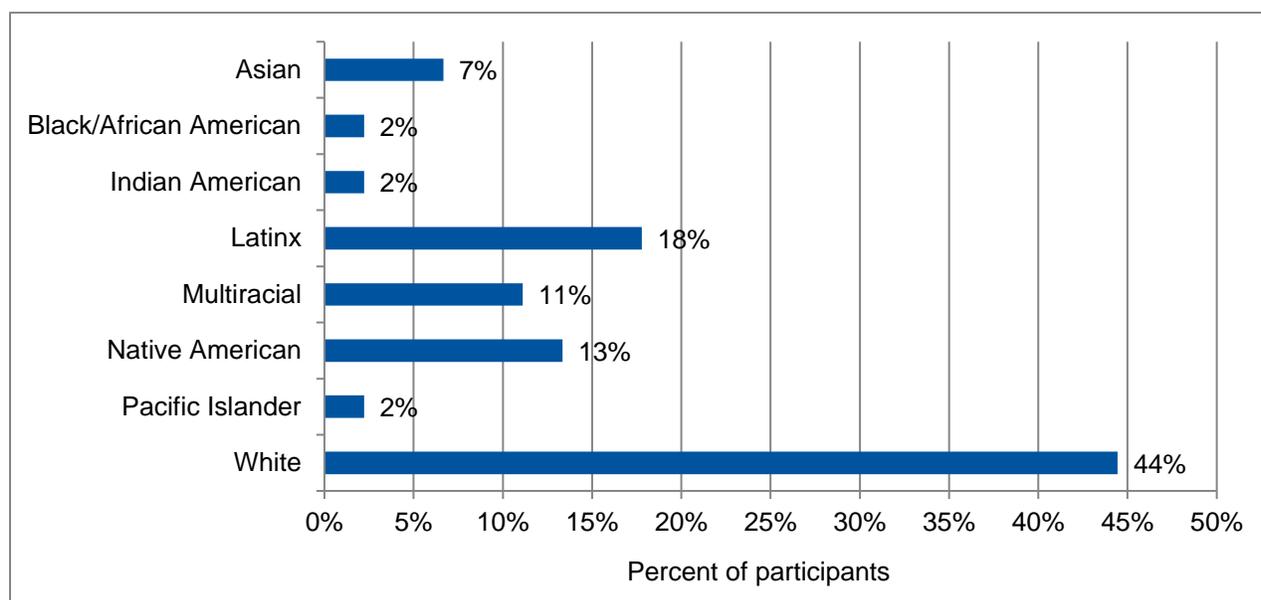
### Family sessions

Education Northwest and partners held seven listening sessions and interviews between October 15th and October 27th, 2021, with families receiving EI/ECSE services.<sup>1</sup> The family sessions/interviews included:

- Two open sessions in English for families across Oregon; one of these sessions included an American Sign Language interpreter
- One session for families in rural communities (in English)
- One session for families participating in a parent leadership training with FACT (in English and Spanish)
- One open session in Spanish, in partnership with Latino Network
- One session for Native families living in Portland, facilitated by staff at Future Generations Collaborative (in English)
- One interview with a Native family living on a reservation (in English)

A total of 66 families participated in these sessions. Forty-five participants provided information about their children who received EI/ECSE services. Participants had between one and four children receiving services. Most participants ( $N = 27$ ) had one child receiving services, and eight participants had two children. Those children ranged in age from one month to 25 years old, with most between 1 and 5 years old. Forty-five participants provided information about their racial or ethnic identity (see figure 2).

Figure 2. Racial/ethnic identity of participants in the family sessions

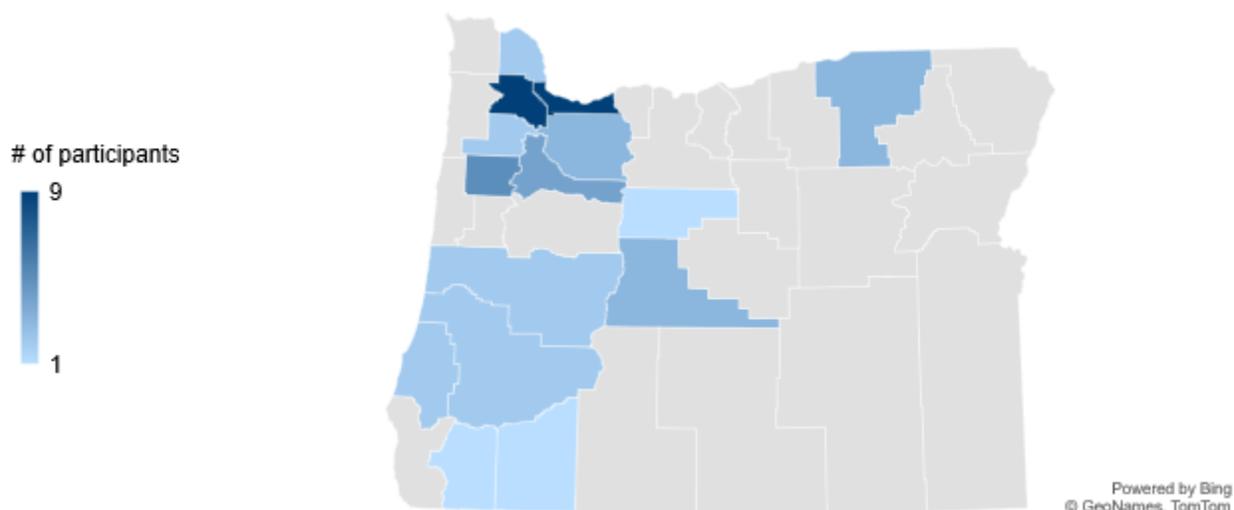


Source: Data provided by participants in listening session registration forms or surveys.

<sup>1</sup> Two additional sessions were planned. One for Black/African American families, and one for Vietnamese American families with a Vietnamese interpreter. There were no attendees for these two sessions.

Forty-nine participants provided information about where they live, representing 15 counties across Oregon (see figure 2). Clackamas, Columbia, Coos, Deschutes, Douglas, Jackson, Jefferson, Josephine, Lane, Marion, Multnomah, Polk, Umatilla, Washington, and Yamhill counties were represented, while Baker, Benton, Clatsop, Crook, Curry, Gilliam, Grant, Harney, Hood River, Klamath, Lake, Lincoln, Linn, Malheur, Morrow, Sherman, Tillamook, Union, Wallowa, Wasco, and Wheeler counties were not.

*Figure 2. Residence of family session participants, by county*



Note: This map illustrates the residence of families that participated in the EI/ECSE community engagement listening sessions. The counties in grey were not represented by any families in the sessions.

Source: Data provided by participants in listening session registration forms or surveys.

### *Coding and analysis*

A team of Education Northwest researchers coded the findings from all but one of the listening sessions, and additional information provided via email. For the session with Native families in Portland, these researchers worked in collaboration with partners at Future Generations Collaborative to conduct the analysis. The researchers reviewed the data and identified themes in families’ and providers’ experiences with the EI/ECSE system. Quotes are attributed based on the listening session attended by the participant.<sup>2</sup> Quotes from the Spanish session are included as spoken, followed by English translations.

<sup>2</sup> Most of the listening session invitations were distributed widely and registration was not limited, so in some cases, individuals attended listening sessions that did not align with their role.

## Findings

### Families' experiences with the EI/ECSE system

The first section of this report outlines findings and recommendations related to families' experiences with the EI/ECSE system. The section begins with findings related to how families learn about and access EI/ECSE services. It is followed by findings related to families' experiences receiving EI/ECSE services, including services in child care settings, the transition from EI/ECSE services to kindergarten, and services during COVID. The third section describes key findings that span families' experiences across the EI/ECSE system. This section is followed by recommendations for improving the EI/ECSE system for families.

#### *Accessing EI/ECSE services*

##### **Referral, screening, and evaluation**

Oregon's EI/ECSE system provides special education services to children from birth to age five with a developmental delay, disability, or condition likely to result in developmental delay. Services are provided to all children who qualify at no cost by nine regional EI/ECSE programs (also referred to as contractors). Families can be referred to the EI/ECSE system through a variety of entry points including child care providers, preschool teachers, medical providers, or staff in other state programs, such as Women, Infants, and Children (WIC). Parents and caregivers can also reach out directly to their local EI/ECSE program without a referral via phone or an online form.

Every county in Oregon has an EI/ECSE referral and evaluation agency and all referrals for screening and evaluation should pass through this agency. After referral, the regional EI/ECSE team determines if an evaluation is necessary. Evaluations are sometimes conducted by the EI/ECSE program, and in other cases by the school district. They explore adaptive skills, cognitive skills, expressive and receptive communication, motor skills, and social emotional skills to assess a child's need for support for further developmental progress. Based on the results of the evaluation, the EI/ECSE team determines eligibility and then a family moves on to develop an individualized family service plan (IFSP). In some cases, particularly in rural areas, families might participate in an evaluation, eligibility determination, and creation of an IFSP in one day to minimize travel and because EI/ECSE staff take on multiple roles.

##### **Families were excited to learn about the available supports for their children**

Some parents highlighted the positive aspects of learning about their child's special needs and the resources and accommodations available to support their child.

*A mí lo que me gusta es que yo no sabía al principio que tienen clases más especiales para los niños como el que yo tengo. Eso es realmente como una bomba, porque es muy bueno para los que tenemos hijos así. Por eso, me gustó muchísimo, aunque yo no lo sabía.*

*[What I liked—and what I did not know at the beginning—is that they have classes specifically for children like mine. That’s truly like a bomb, because it is very good for families that have children like mine. That is why I liked it very much—even though (initially) I did not know it.]*

–Parent in Spanish listening session

### **Families benefited from persistent outreach and support through the referral process**

Many EI/ECSE and ECE providers recognized that the referral process can be long and worked to keep open communication to help families stay engaged during this waiting period. Intake coordinators shared that the referral process was most successful when they engaged in continuous outreach to families to get them the support they need.

*Calling at various times in the day. Being flexible and willing to work via email when the phone is challenging. Text can sort of work but has limitations.*

–Intake coordinator

*We’re pretty diligent about making different types of attempts over a period of two months, including calling back the doctor’s office if the doctor made a referral, in case there’s additional contact information that wasn’t sent to us. And sometimes the doctor’s office may make a call to the family to say ‘you know, we do have concerns, if you can follow up’ and things like that. So we try all different avenues of at least reaching the family. And sometimes families are not interested, although that doesn’t happen very often. And we get them to come in and we try to make it as easy as possible to accommodate schedules.*

–Intake coordinator

Families also discussed practices in the referral process that helped their children receive the supports they needed, often reflecting on an advocate that helped them navigate the process.

*My daughter seemed like every average child until she was about 18 months. She had just learned how to talk and she absolutely loved food and she suddenly stopped eating and talking. I was very concerned. Her pediatrician realized she had a sensory processing disorder and speech delays and referred us to our local early intervention services. They were amazing about getting her tested right away and getting her the services she needed.*

–Parent

Not all families had access to supportive advocates, and this made the referral, screening, and evaluation process challenging to navigate.

### **Families were not always aware of EI/ECSE services prior to referral**

Many families shared that they had not heard about EI/ECSE services until they were referred.

*I didn't know it existed. My son was 3 at the time and nobody told me he could have these services.*

–Parent

*Como madre de 4 hijos nunca supe que existía el programa de early intervention... nadie me notifico que eso era una oportunidad para el, no por parte del pediatra, no por parte de [health care organization], y en mi escuela ni pensarlo, ahí nunca se nos notifica de ningún servicio, y si sabemos que existe y lo pedimos nos ponen en lista de espera.<sup>3</sup>*

*[As a mother of four children I never knew that the early intervention program existed. Nobody notified me that it was an opportunity, not from the pediatrician, not from [health care organization] special services and in my school—don't think even think about it—there we are never notified of any services, and if we know it exists and we ask for it, we are put on a waiting list<sup>3</sup>].*

–Parent

### **Families were not always informed about why their child was referred**

Many families struggled to make sense of their child's referral and in some cases this confusion led them to opt out of the system.

*My child was originally referred for a significant speech delay at the age of two by her pediatrician; however, the referral was not explained to me, and I declined the offer to be evaluated.*

–Parent

Providers also shared their experiences with families who did not have enough information about their referral.

*We'll call families back and there's sometimes a gap between [families] either knowing that the physician referred them or understanding why. We're put in a position of trying to explain that and it's challenging.*

–Administrator

*We spend a lot of time talking to families who have no idea they've been referred or think they've been referred to something that we aren't. If we have consent from the get-go, we could loop in their referral coordinators to help when we are struggling to make contact with parents.*

–Intake coordinator

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<sup>3</sup> As per state policies and the Individuals with Disabilities Education Act (IDEA), EI/ECSE programs cannot have a waiting list. All children found eligible for services must be provided services.

### **Families from underserved groups can experience long wait times to access services**

Families living in poverty, migrant families, and families in rural areas all faced additional barriers to receiving timely screening and evaluation, which led to a delay in accessing services. One parent in a community three hours away from Portland shared that two years ago, it was difficult to get her child tested when she was first referred at 6 months old, "...if I hadn't driven her up to Portland, we would still not have the diagnosis, at this point [one year after referral] ...I heard it was just an access to care issue."

Multiple ECE providers shared that it could take a long time (up to 3 months) for families to get evaluated or to receive services, and longer for migrant families and families living in poverty.<sup>4</sup>

*We have the lowest of low income in our community, so if they have a flat tire or the kids get sick and they don't come, way too often it can turn into four to six months before they even get an eval [evaluation].*

–ECE provider

*Migrant and seasonal Head Start... peaks in May and we really get ramped up in June and July when most of the crops are there, and our families don't have access to the services there. As we're looking through the equity lens, our EI/ECSE services run over the school year and we get limited or no services for many of our children who are identified during the summer and so that puts them on the outside.*

–ECE provider

An EI provider shared that access to services in Oregon may be particularly difficult, saying, "Families coming from other states become disappointed in how difficult it can be to access services in EI and ECSE compared to their home state."

### *Receiving EI/ECSE Services*

#### **Individualized family service plans**

When children are identified as eligible for EI/ECSE, their county EI/ECSE program meets with the family and other service providers to develop an IFSP. This plan includes goals for the child and the EI or ECSE services and supports that will be provided to help meet those goals. It also specifies where services will be provided (in the home or child care setting). The IFSP includes specific information about the role of the child's family including their resources, priorities, and concerns. The IFSP also specifies details about transportation to EI/ECSE services and steps taken to support transition from EI to ECSE or from ECSE to kindergarten. The IFSP is revised on an annual basis.

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<sup>4</sup> As per the Oregon Administrative Rules, for EI an IFSP must be developed within 45 calendar days after receiving sufficient information to contact the parent. For ECSE the IFSP must be completed within 60 school days from the date of consent for evaluation.

## **EI and ECSE services**

In contrast to other states with separate EI and ECSE programs, Oregon is unique in providing a seamless birth to age 5 EI/ECSE system. However, there are some differences between EI and ECSE. EI services are typically provided for children up to age 3 once a week in the child's home or child care, and ECSE services are typically provided for children ages 3–5 in a preschool setting with adequate levels of service varying based on need. The expectations for minimum levels of service (e.g., frequency of interactions and/or number of hours per week) are outlined in statewide "adequate service level" goals. Services include speech and language therapy, behavior and social skills training, specialized equipment and materials, occupational therapy, and physical therapy.

## **Families expressed gratitude and enthusiasm for their EI and ECSE service providers**

One parent shared "[I've experienced] no negatives at all. The support has been amazing." Families were particularly positive about their home visitor experiences.

*My son's service provide is AMAZING. [Provider] "gets" my son who is 4.*

–Parent

*I just love the home visitor model and having someone to talk to each week... some weeks that was a gamechanger for us, to turn things around, to get me motivated, if I just had a moment to talk to someone.*

–Parent

*It was really nice to have the in-home services in the first couple of years before COVID, not only for my child but for me as well. I liked how involved I was able to be.*

–Parent

Others wished for more time with EI/ECSE providers and specialists.

*Accessing services throughout EI ECSE, I absolutely loved the providers that came to our house. It just felt like it wasn't enough. It takes a long time for my child to get used to somebody and he sees them twice a month.*

–Parent

Parents reflected positively on service providers who were able to coordinate their services or suggest additional services. One parent credited the interventionist with helping them access additional services when they had concerns (whereas the pediatrician suggested waiting to see whether the issue resolved itself).

*Our therapist was really good at identifying other services that might be necessary and bringing in those providers. We had to schedule of course, but sometimes she would just*

*bring them to the appointments we already had. She did a good job making it really easy for us to get the services that we needed.*

–Parent

*One of the biggest positives so far [of receiving EI/ECSE services] was having [support person] with us from the beginning until the transition to [preschool]. Having that one support or somebody I could text or call if I had a question or concern. Like when the first speech therapist didn't work out...now what? I guess I could Google but you want somebody who can give you a good referral.*

–Parent

*Our local EI was able to help me get an IEP for my older son who was recently diagnosed with Asperger's so that he gets services he needs at school with his special needs as well.*

–Parent

### **The IFSP process can be challenging for families and ECE providers**

One parent said “IFSP has always been time consuming and discouraging when talking about all the things my child can't do.” This sentiment was reinforced by an EI provider who shared “The initial IFSP is a lot of information, [it] can feel overwhelming.” ECE providers also shared that there were difficulties with the IFSP process.

*Being very new to Preschool Promise, we're a school district and we have language that we use kindergarten on up and then when you start with the IFSP, things look a little differently in those services. It would be very helpful if there was a better explanation of what is going to be offered through an IFSP when they're partnering with districts... I think there's been a lot of confusion on our part about who's doing what, how that's going to be provided, how we even get our IFSPs because we'll realize we've had kids that have had them and that's not been communicated.*

–ECE provider

### **Families experience barriers to accessing specific services**

Providers agreed that some families needed more support than was described in the IFSP. An EI provider shared her experience that children with specific needs faced greater challenges accessing services as follows:

*In Oregon, our regional inclusive services provide EI/ECSE services for children with specific disabilities, but we're not funded by EI/ECSE. So there has been a continuing funding issue across our state for those specific eligibilities, children with sensory impairments, deaf or hard of hearing, visually impaired, children with autism, deaf-blind, traumatic brain injury. And so I think that that continues to be a question in the state of how are those students going to get their adequate service levels along with everyone else.*

–EI provider

Families were also unsure about how to learn about or access additional services.

*If your early special educator or case manager did not share the information with you, you had no clue about many of the programs or resources available, especially within the school. My son qualified for two programs when he was a 2-year-old and his case manager never brought them to our attention.*

–Parent

This lack of information was challenging for parents who remembered being overwhelmed and exhausted as they navigated the EI/ECSE system for the first time. Some families had to find private service providers and go through their insurance because of delays or eligibility issues.

### **Families and providers have conflicting views on applied behavior analysis<sup>5</sup>**

Some ECSE providers saw challenges for families in applied behavior analysis (ABA) programs.

*I'm seeing a lot of challenges with families who are enrolled with an ABA to do both programs, and I know some ECE programs and centers do not take ABA staff so often families will pull [out] if they're working with that program because of the complexity of both services.*

–ECSE provider

*Newer people... don't have the breadth of knowledge about what ABA is and how to collaborate with them so I think sometimes [families] drop out because they don't know what they can get from [an EI/ECSE specialist] while they're getting ABA... because they can get other things from us.*

–EI provider

Families also expressed mixed responses to ABA. One parent said they wished they had access to ABA in their child's school whereas others had to work hard to avoid ABA.

*We do not believe in ABA and have reason to believe it can be quite harmful and can strip Autistic kids and adults of their autonomy... There are at least four ABA centers available in Central Oregon that health insurance, including OHP, will pay for. My family feels like we have very few non-ABA options, and that does not seem equitable. We pay a significant amount of money to pay for private non-ABA therapies.*

–Parent

### **Families want access to summer ECSE services and meetings outside the workday**

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<sup>5</sup> ABA is a type of therapeutic intervention for individuals with autism using behavioral learning principles to shape behavior. Services typically range from 15–40 hours per week. Jensen, V.K., & Sinclair, L.V. (2002). Treatment of autism in young children: Behavioral intervention and applied behavior analysis. *Infants and Young Children*. 14(4), 42–52.

ECE programs that were open all year found the lack of ECSE summer services to be confusing to families. ECE providers also expressed confusion about their availability, saying they were told summer services were provided for eligible children but had rarely experienced a child accessing services.

*I've been doing this for 9 years, been with Head Start 21 years and ... I've seen maybe 2 kids get extended [services through the] year.*

–ECE provider

Parents with long working hours had a hard time attending meetings during the day, and many requested weekend or evening availability. Providers also found the school day schedule to be a barrier for families, especially families in lower wage jobs or rural areas.

*One of the things that I hear my team talking about a lot is scheduling, and specifically parents that are working full time and trying to find times that will work for them to do visits that aren't on a Saturday and Sunday.*

–EI provider

*ODE needs to think outside the box. How about weekend visits?*

–Parent

*In a couple of our rural counties, we've also had some difficulties with the IFSP meeting needing to be reviewed, or the IFSP is up for expiration, or the review date. And the meeting has been scheduled due to the urgency in renewing that plan at a very inconvenient time for the parents and the parent is not able to attend, which is another whole huge thing.*

–ECE provider

### **Lack of transportation was a barrier to accessing services and transportation is offered inconsistently across the state**

In rural areas, families drove hours to get evaluated or receive services. Rural providers found that long travel times sometimes deterred families from enrolling in services.

*It's like your whole day is taken up if you're driving to Portland from [tribal community for evaluation] and that's if you have a car and there's so many additional... steps that go along with it, it can feel very overwhelming for folks especially parents who are in that survival mode of just trying to get through.*

–Native rural family interviewee

*Our county is so huge...Families even being referred for services, that can become a challenge. So we do try and be creative and meet the family where they're at, travel up to them if we can or if families are willing. But that is a huge challenge, the geographic area, and finding ways to have families come in for evaluation processes or services. Especially*

*for those children who are highly impacted, sometimes putting them on a bus for 45 minutes to get to the closest preschool is not good for anybody.*

–Intake coordinator

*We had to drive four hours to get her tested within a two month timeframe and it was four hours each way to get her tested. I heard it was more of an access to care issue.*

–Parent in rural session

Families living in poverty also faced barriers due to transportation. One administrator shared, “for families living in poverty, transportation is an issue with scheduling as well as the cost of transportation.” Some evaluations take multiple appointments and families are expected to attend each appointment. One EI provider explained that lack of access to transportation can lead to high turnover as “families get dropped [from the EI/ECSE system] if they cannot come in for an evaluation.”

Administrators noted that community ECE programs and Head Start pose particular transportation challenges, especially when start and stop times varied. Some ECE providers shared that their families did not have access to transportation supports and wished those supports existed.

*It would make a BIG difference if the state could reimburse for PreK transportation, like they do for K–12 bussing<sup>6</sup>.*

–ECE provider

Intake coordinators also experienced inconsistent access to transportation across districts, and it was sometimes dependent on the relationship with the district.

*Way in the olden days, we used to provide transportation. And it would be nice to have that conversation about how can we potentially bring that back... Our districts do provide transportation, but we've got a weird thing with [a district that] won't bus kids to [another community]. Sometimes you have parents who work in [one community] but kid has to go to services in [another community farther away] and that just doesn't feel right to me<sup>7</sup>.*

–Intake coordinator

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<sup>6</sup> School districts are required to provide transportation for EI/ECSE services and are reimbursed for this.

<sup>7</sup> As per the Oregon EI/ECSE Transportation Program Operation Guideline and IDEA, if a child needs transportation across boundaries to access services, that transportation must be provided. The school district cannot refuse to do this if transportation is a service on the IFSP.

*Even though the districts technically provide transportation, there are many classes that they won't transport to. And our families just aren't able to self-transport...and I know right now there is just a horrible shortage of bus drivers, but it really has caused a barrier for some of our families that can't send their kids because they can only go to a certain class and that doesn't work for their work schedule. And although the district I know is obligated technically, it's a fine line too when you need to maintain that good relationship with the school district. You don't want to fight about that either because we rely on them for transportation so that's really been an issue for us as well.*

–Intake coordinator

### *EI/ECSE services in child care settings*

EI services can be provided in child care settings, and ECSE services are typically provided in preschool settings, requiring coordination among EI/ECSE service providers and ECE providers to meet children's needs. Children are provided ECSE services in the least restrictive environment (LRE), meaning that "to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities are educated with children who are non-disabled."<sup>8</sup> The regional EI/ECSE program works with families to make placement decisions for the child based on their IFSP and where they live. This placement can include public and private preschools, home-based child cares, and other community settings that meet specific state public education standards. To support children's access to LRE, programs are increasingly working toward a consultation model where EI and ECSE providers provide consultation and coaching for classroom teachers on best practices for supporting children with disabilities. In some cases, the shift to a consultation model is necessitated by staffing shortages with EI and ECSE providers. Providers also discussed experiences with "push-in services," where EI and ECSE providers work with students in the general education classroom, and "pull-out services," where EI and ECSE providers work with students outside the general education classroom. EI and ECSE services are provided via consultation or direct services depending on a child's developmental needs and are specified during a child's IFSP meeting. Once a child begins receiving services, if the services are insufficient for the child to make progress an IFSP meeting can be called to address this.

### **Administrators are developing creative strategies to increase inclusive placements**

Administrators shared that they had noticed increases in inclusive slots when they formed partnerships to help school districts start their programs. EI/ECSE programs also serve as a bridge between preschool and K–12.

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<sup>8</sup> *State Regulations:* OAR 581-015-2845 Placement and Least Restrictive Environment in ECSE; OAR 581-015-2240 Requirement for Least Restrictive Environment; *Federal Regulations:* 34 CFR 300.114 LRE Requirements

*EI/ECSE in our region... is the driver for preschool. ... It drives the hub. It drives relationships with Head Start, with day care, it is the force behind preschool in our region and part of that is the relationship with K12.*

–Administrator

An EI provider also shared their reliance on Head Start and the strong relationship they had with their local Head Start program, especially as other programs closed due to COVID. Another EI provider shared, “our county is involved in a technical assistance grant around inclusion and that has helped to create more slots for kids in our areas.”

### **ECE programs are developing creative strategies to support families**

One ECE program had developed a successful strategy for augmenting special education services to families by collaborating with university special education programs. Another program had shifted to a model where they provided a part-time educational aide. This allowed teachers and children to get more support than the previous model in which a consultant spent limited time in the classroom.

ECE providers in Oregon’s Relief Nurseries shared that they provided access to technology, case management, reminder phone calls, small ratios, and the ability to address trauma and basic needs. They did wish for more flexibility in the age-based eligibility system as they believe that some children would benefit from more time in the Relief Nursery and found that some children returned after a week or two at Head Start because they were not prepared for that environment. Families also shared positive experiences with Relief Nurseries.

*I tried to access services before my son was 3 and they kept saying he’s not delayed enough [after a phone screening] even though my Healthy Families visitor, who comes to my house once a month...[said] this would be a great idea...Once he was 3 we [had] services through a Relief Nursery and that got them to take it a little more seriously.*

–Parent

### **Strong relationships between EI/ECSE providers and ECE providers are key**

Building strong relationships between EI/ECSE providers and ECE programs was a successful strategy for sharing knowledge across the system. One program had used increased funding to offer trainings to community partners including best practices in preschools and positive behavior interventions and supports strategies. In addition, one ECE provider shared that their strong relationships with specialists were a key source of training for teachers.

*There’s been a lot of team building and community building that’s we’ve been able to do over the last few years to get everyone on the same page and really combine our efforts and figure out what opportunities we have as an organization to provide parenting education and also different trainings we can provide staff so they can best respond to the needs of the community we serve.*

–ECE provider

Another ECE provider shared that they were benefiting from participating in an inclusion project with the Early Childhood Technical Assistance Center that uses practice-based coaching and learning through collaboration.

**EI/ECSE programs have difficulty finding sufficient inclusive, affordable placements and placements for children with specific needs**

Some administrators were in child care deserts<sup>9</sup> or rural areas with very limited options, and all had difficulty finding enough slots for families who qualified for services. COVID has exacerbated this issue, and administrators reported that many child care programs are shutting down. One ECSE provider reported that families were finding their own inclusive placements, but year-long wait lists had led them to return to home visits. In addition, administrators and EI/ECSE providers shared that families could not always afford preschool if they did not meet the income requirements for affordable preschool<sup>10</sup>.

*We have families that do not qualify, because the standard for poverty was implemented 45 years ago so that's a barrier definitely. Because we're the only [ECE] program in this rural area, there's no alternative to us.*

–ECSE provider

Multiple providers shared that ECE programs (e.g., Head Start, Preschool Promise, OCDC and private preschools) require 3-year-olds to be potty trained, which is a barrier for children with special needs. In addition, children's behavior could limit their access to child care.

*We get to the initial IFSP and set up services in a child care and before I can deliver the first visit they are dropped or kicked out for various reasons, a lot of it often due to behaviors. Placing them in a suitable setting has been challenging. One of my little EI kiddos I've been working with the family for a couple months now and we still have yet to find a placement for him.*

–EI provider

*What I found in talking to families... is that once their children were asked to leave a program it is nearly impossible for them to find another program. And it's not just talking about being inclusive, it is any program because child care is so in need right now*

–ECSE provider

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<sup>9</sup> See <https://health.oregonstate.edu/early-learners/supply> for more information about child care deserts in Oregon.

<sup>10</sup> If a community preschool is the placement determined by the team, and parent can't afford the costs beyond special education for their child to attend, the ECSE program covers that cost.

Other providers experienced challenges finding placements for children with specific disabilities.

*Speaking about child care, it is nearly impossible for children with mobility disabilities, especially if they require full wheelchair accessibility. Child care providers are unwilling to take children with most health/medical needs, including G tubes, seizures, cathing, etc. Some will take kids who can move themselves around by whatever means, especially home daycares, if they don't require a wheelchair, and some have been amazing at rising to a challenge—getting AFOs on, using walkers, putting on hearing aids and glasses, etc. However, if the kids can't move much, once they are beyond babyhood, people are much more reluctant. ... even when a building is wheelchair accessible, the bathroom is often not, and the only accessible playground I've found... is at Head Start.*

–EI provider

### **ECE providers need support to create more slots for children with IFSPs**

ECE providers reported an increase in children with IFSPs or with higher needs and that their classroom settings lack the level of support these children need to succeed. This can create an adversarial dynamic in placement meetings and cause stress for families.

*Placement should only be discussed and determined within an official IFSP or IEP meeting with an appropriate team including the parent. Often we're challenged with deciding on enrollment before that occurs. Then we show up as the gen-ed party and learn all kinds of new things about a child's learning needs. Then we start to wonder, 'oh my goodness, can we actually do this?' We need to write the IFSP such that the child can be appropriately supported. That sometimes causes angst and is somewhat awkward in front of the parent when we're really trying to make a good decision... So we start to use jargon and we start to talk about legal processes... our administrators and our teachers find those meetings particularly challenging. We also see that parents are challenged, confused, frustrated by that discussion, what it means, how it comes about... That's a growth area for all of us.*

–ECE provider

*One of the things that I've been struggling with in placement meetings is when... there's a student that their needs are greater than we have the staff to support. It's being presented as, you either let them come to your program or they'll have to stay at home. I don't feel like the parents are being presented with [other options]. Sometimes we'll say, do we have a classroom that would work, that is set up?... Then when I say, we can't serve their needs... the parents in this meeting, they think 'why don't you want them, why won't you let them come'? And, it's not being presented as, 'this child's goals can't be supported in this program,' and no other program is presented to the families. So that's concerning... and it makes it really stressful to attend the placement meetings.*

–ECE provider

### **Families, ECE, and EI/ECSE providers expressed frustration with the consultation model**

Numerous ECE providers expressed concern about the increased use of a consultation model for children who need more support, with one ECE provider saying, “our teachers [are] being put in the situation where they’re providing the specialized instruction, we are paraprofessionals, our teachers are not specialists.” In some cases, more than half the children a teacher serves have high needs, creating safety issues. Some providers also struggled to gain access to children’s IFSP documents, inhibiting their ability to provide services and support.

*Consultation is sad in my opinion. In my experience, I see it over and over, these kids aren’t getting what they need for direct services and by the time they leave us and go to kindergarten we hear from kindergarten teachers ‘what happened here, what’s going on with this kid?’ We really need consultative services in [program, region] to go away. We need direct support for high needs kids with consultations.*

–ECE provider

*I am full on ready for an inclusive model but our teachers are only one person. They have two and a half staff for a full school day and if you have a kiddo who needs more prompting and support to get through the day... it’s not the best practice because they’re not going to get the quality they need.*

–ECE provider

*The consultation is often not sufficient to maintain the placement successfully as the consultants are visiting at most two times a month and not when they have a IFSP meeting scheduled. We have requested aids in the classroom and have been denied.*

–ECE provider

*If we were hit by anything, it was the lack of support for students who really need an adult by their side all the time. Just the sheer lack of manpower. When we reached out to help it was really, ‘yeah, we’re just here to give you some advisory help.’ But, there’s not physical body coming in to help you, you’re kind of on your own. Last year we wound up having to pull from our school resources because we had a kid that absolutely needed another adult, and it was a safety issue.*

–ECE provider

ECSE providers agreed that ECE providers are not adequately prepared to support children with high needs, and the ECSE providers found it challenging to balance supporting children and families with coaching teachers around best practices.

*I do a lot of my consulting with the community preschools and I find that the community preschools are taking up my time in ways that I can’t support the families as much. So trying to get that base level of, not even best practice, but positive discipline and pyramid practice, beginning conversations, is where I spend a lot of my time as a specialist. I don’t get to do the family intervention part as much because we’re on a 3 to 1 model.*

–ECSE provider

ECE providers also faced challenges coordinating teacher schedules to allow for partnership with EI/ECSE providers and involvement in IFSP meetings. Both ECE and ECSE providers believed it would be helpful for teachers to have more time for meetings with ECSE providers.

*We've really been encouraging the last few years to try to have our [EI/ECSE] providers meet with our teachers outside of classroom time. Which is more beneficial because in the classroom we all know that you're supervising 18-20 children as well as hearing what the specialist has to say, it's not really heard, and you forget in a matter of hours... They talk about the environment, they look over the lesson plan, they really provide that TA and support to the teachers. But we're still finding in some counties its tough even to get a schedule from the [EI/ECSE] providers...sometimes they just show up, and it's not really effective as far as the communication if the teacher has some questions they really want to ask the provider, but it's during the classroom and they can't take that time away from the children. So I think things can be improved definitely as far as planning out and scheduling time to meet only outside the classrooms but when the teachers know when the providers are going to be coming on site... It's about a 50/50. We have some providers from [EI/ECSE] that do a great job of letting us know... I think that could be a real big increase in communication, collaboration which definitely would impact the child.*

–ECE provider

*I made a big effort to attend all IFSP meetings. The information I learned from attending was valuable. However, I was often not notified of meetings until after they occurred.*

–ECE provider

Many families also expressed a desire for more in-person specialist services, while others valued their child's ability to be in the classroom with peers.

*EI/ECSE needs an option for expanded services to children who would benefit from them. For my daughter, one hour per week at her preschool is just the right amount of support. However, preschool was inaccessible to my son without one-on-one support throughout the school day. EI/ECSE needs to look at providing comprehensive community preschool accessibility options for other children with needs like [my son].*

–Parent

*When my son needed support during preschool, the kinds of support and amount of time they were able to spend at his preschool was not nearly enough to allow him to access his education. When they were present at the school, it was incredibly helpful and supportive, but EI/ECSE needs to have the ability to provide much more than one hour per week of support for children who are unable to access preschool without it.*

–Parent

A few ECE providers shared that they had been doing more push-in services, which were working well, and one ECSE provider said, “[w]hen providers are in the classroom and use inclusive strategies, and then families can be part of that, that’s where I’ve seen the greatest growth.” ECE directors also shared challenges with push-in services.

*Often we hear that doing articulation and specific therapies is very difficult [in the classroom] because when they’re trying to work directly with specific goals they become a spectator sport.*

–ECE provider

One ECE director who worked outside Oregon saw that other states offered more services in the family home, which they felt reduced many barriers for families.

#### *Transition from EI to ECSE or ECSE to Kindergarten*

To meet federal requirements, families transition from EI to ECSE when their children are three years old. This process begins nine months before the child’s third birthday and includes specific steps and a transition conference. Families may stay in the same program or be served by some of the same providers.

When children enter kindergarten, they transition from an IFSP to an individualized education program (IEP), which is more focused on the child (versus the family) and on educational goals and progress. School districts vary in how they transition families to IEPs. Sometimes the transition planning occurs during the annual IFSP meeting, where the family develops an IEP so that there is no gap in services. The information provided below reflects families’ experiences transitioning from the EI/ECSE system to school-age services that are not delivered through an EI/ECSE program.

#### **Families had mixed experiences with the transition from EI to ECSE**

Many families found the transition from EI to ECSE seamless, but some families found it abrupt. Multiple parents shared that their children had IEPs in the preschool setting and that their child’s services were more focused on academics<sup>11</sup>.

*It’s very different from before 3 and after 3... I just had my review or our IEP<sup>11</sup> today and it was nice to review the goals... but the ownness is a lot on the family and what we’re doing at home and our rituals and routines. As it moves to preschool it’s still definitely included but it becomes more about the classroom setting and what they’re doing.*

–Parent

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<sup>11</sup> While some parents referred to their children’s IEP, in Oregon’s EI/ECSE system, children are on an IFSP from birth through age 5 (i.e., kindergarten entry) at which point they transition to an IEP. Preschool children do not have IEPs.

Multiple administrators agreed that the transition from EI to ECSE was smooth for families because the programs were in a birth to five system.

*One of the wins of keeping EI and ECSE together is that consistency of the service provider that helps keep families united in the program when they can keep that same person with the shift. That's something that's working well for us.*

–Administrator

### **Families appreciated support in the transition from EI/ECSE to K–12**

Families were grateful to work with providers who ensured they were connected to services, and many found it helpful to enter kindergarten with an IEP already in place.

*Both my daughters... transitioned to kindergarten and it was actually a lot smoother because we had gotten the wraparound services to help with the transition to school. We had meetings every... two weeks, depending on how my daughter was handling the school day. We had so many services and counselors and everybody pretty much knew. We prepared [my daughter] for who her teacher would be, who her IEP teacher would be, who her counselor would be. She knew who was going to be there so it was an easier transition. She still has pretty rough days, but she knew who she was going to see and who is going to help her through those moments.*

–Parent in the Native community listening session

*The huge positive for me was going into kindergarten with an IEP in place. I feel this saved my child a lot of challenges - if she had gone into kinder without supports she would have really struggled and probably would have hated school.*

–Parent

### **Families are anxious about the transition to kindergarten**

Some parents shared anxieties about the upcoming transition to kindergarten, with one saying:

*I am obviously, like everybody, really nervous about the transition to kindergarten and going into a classroom with 20 plus kids... I'm already bracing myself for the potential that we could be looking at a home school situation and how are we going to make that work... I don't know what kind of services ECSE offers to homeschool families... We haven't gotten there yet, but I imagine those will be questions I have in the future. I'm not going to let him go to public school if he is going to be bullied and harassed.*

–Parent

### **Families found the transition to an IEP challenging due to a smaller family role and greater academic focus**

Parents valued their important role in the IFSP and found the transition to an IEP to be abrupt. Many felt that their ability to advocate for their children was limited and communication decreased with an IEP compared to an IFSP.

*It's very difficult to know [how it's going], because when a child is in school, you're not watching the services face to face. To be honest I don't know how much of the IEP is actually being implemented... We thankfully built in two week check ins into ours but nothing happened at the two weeks. I reached out and said 'hey, this is the two-week mark, I'd love some info' and heard back from one of the two people. It's been another week, I haven't heard back from the second person so I'm going to have to send a follow up email. It's just a lot of effort and time and chasing and advocating on parents' behalf... These communications, even when they're brief little three-line things are so key for the family.<sup>12</sup>*

–Parent

Parents also found the focus on academics to be a challenge.

*It was a hard transition. We went from the early ed perspective where they are looking at a child's holistic development to a perspective that only cares about the child's academic achievement. I wish I had known that it was going to dry up like that because I probably would have taken better advantage of the early intervention early child special education services while I had them.*

–Parent in the Native community listening session

Some parents were concerned about who had a role in the transition meeting.

*“[The process of creating the IFSP] was awesome until you get to the point where you're making your last IFSP and going into an IEP... The people who run the IFSP meetings need to be prepared when there's a child who is getting multiple other services to incorporate those people into the meetings and their opinions, especially if they [the ECSE providers] have been providing the minority of services... All that the IEP people want to hear from is the school district people from the IFSP but those are not the people who know the child best. They keep wanting to go back to the IFSP which is created by the person who knows the child the least. That was a difficult challenge... There needs to be more willingness to engage and hear and get input from people on the outside as you're putting together these comprehensive plans.*

–Parent

### **The transition from IFSP to IEP was challenging when children were not eligible for services**

Parents were not always prepared for what to expect with the transition, or what services would look like after the transition.

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<sup>12</sup> This quote reflects a family's experience in school-age special education services, not experiences in the EI/ECSE program.

*What I always say about the process was that it was a rude awakening going from an IFSP to a 504, my daughter didn't even qualify for an IEP even though she has a diagnosed disability. They said all my concerns related to her disability now fell under medical and weren't the responsibility of the school district. For me as a parent it was shocking, and I worked in disabilities at the time. Going into grade school was hard because any thought of prevention went out the window.*

–Parent in the Native community listening session

### **Services during COVID**

Beginning in March 2020 with the onset of the COVID-19 pandemic, EI/ECSE services (as well as evaluation and eligibility determination) were delivered mostly in a virtual format. Some in-person services resumed in April 2021 and more in September 2021. ODE issued guidance to contractors and subcontractors that clarified how EI/ECSE programs should address discrepancies between ODE's service delivery policies for school districts and those of ELD for early learning programs. As of November 2021, most services are offered in person but some are still virtual, at the discretion of the contractor. For example, one contractor currently offers speech services in person while other services are delivered remotely.

### **Virtual meetings increased access and attendance for providers and families**

Many administrators found that virtual meetings were much more accessible for parents. Multiple administrators reported almost 100 percent of families attending EI and ECSE meetings, others reported having “great collaboration with parents,” being “compliant with all evaluation deadlines,” “communicating with families about the evaluation process and deadlines,” and having zero no-shows at meetings because they are virtual. Other administrators shared that teletherapy has helped them reach adequate service level goals. Virtual IFSP meetings have increased accessibility and attendance for ECE providers because travel is not a factor, and they need less classroom coverage time.

One administrator shared that virtual services are helping to bridge gaps in care due to children traveling or being unable to attend child care:

*There are gaps when families refuse services for various reasons. Some families with split parents or custodial care have gaps while children are living temporarily with the other guardian. We will offer a virtual coaching model then. There are some gaps in services due to medical needs of students or family members.*

–Administrator

Similarly, intake coordinators found that virtual evaluations helped to reduce transportation barriers, and some are continuing to offer virtual evaluation at the request of families. Some providers also plan to continue offering virtual meetings.

*One thing we've kept this year is zoom IFSP meetings as an option for a family. This has helped our attendance rate with IFSPs and removed some barriers of actually physically attending meetings at our program office.*

–EI provider

*Our use of technologies, like Zoom & DocuSign, has been very helpful for a large rural county like mine. It's something that will make having meetings easier for families and other community partners. We will definitely continue using technology with families it works for.*

–EI provider

### **Hybrid service delivery maximizes relationship building and engagement**

Providers who offer a mix of in-person and virtual services reported that this works well. Some held initial meetings in person and then transitioned to Zoom, whereas others held an initial meeting over Zoom and followed up in person. Intake coordinators reported tailoring service delivery format to families' specific wants and needs.

*We're doing all in person evaluation, but if there's a specific request for online because it's what they have a strong preference for, maybe due to concerns about exposure to COVID, then we try to accommodate... so we're able to do online evaluations. We're not, at this time, going into homes in our district as a whole, so that's not something that our district is encouraging because of COVID. So we try to find alternatives.*

–Intake coordinator

Across these service delivery systems, providers agreed that it was important to maximize both in-person relationship building and accessibility via the virtual format. Some providers also found that the virtual services required increased parent engagement in the home.

*We've seen incredible progress with our kids through zoom cause the families are learning those techniques and carrying them over [to the home].*

–Administrator

*Although we've dreaded going into the zoom world, we've found with some of our EI virtual visits that we're actually getting a lot more connections with families in some ways. We're still not going in homes... We miss the kid contact piece and that's been a barrier for a lot of families and for our staff, but there is something nice happening with the virtual world too in terms of the parent coaching aspect.*

–Administrator

### **Virtual services address families' concerns about health and safety**

Some families expressed gratitude for the precautions.

*My daughter was 2.5 months premature and so I appreciated the precautions. I can't say we would of attended any in person visits early on if it was any other way. There were so many risks, known and unknown, that we felt weren't worth exposing her health.*

–Parent

This was echoed by an intake coordinator who said:

*I think giving families that choice of coming in or doing remote has been beneficial for families in [county] because there's a lot of barriers in terms of transportation and child care, and just fear. So, [we're] just trying to meet families where they're at in terms of what works best for them to link into our services.*

–Intake coordinator

### **Many families could not or did not wish to engage in virtual services**

EI providers and home visitors shared that they were not able to provide services remotely in some of the more rural communities because of inconsistent internet access. Families experiencing homelessness also lacked access to internet or devices. Even when provided with devices, many families still struggled with internet access or needed other supports to participate virtually.

Many providers, contractors, and subcontractors also reported that families opted out of EI/ECSE services because they did not want to have a virtual evaluation or enroll in remote services. Now that some in-person services have resumed, providers are often not able to meet the need.

*We have almost too many kids in our ECSE classrooms...we have a lot of families who have let us know that they still want our services but 'let us know when that can be in person'... So [this creates] staffing and space challenges.*

–Administrator

In contrast, some providers have found that some families are opting out as services return to in-person formats because of health concerns.

### **Virtual interactions made it more difficult for providers to build relationships with families**

In many cases, providers have found that their typical relationship-building strategies do not work virtually.

*During COVID it's been particularly challenging. One of the ways we break down barriers is we go out to families' homes to do evaluations and intakes. That hasn't been possible. Because during COVID it really is about internet access and the ability to really make a connection... it's really hard to get a sense of the kid and the family.*

–Administrator

Providers also found that it was harder to make sure that the families' voices were heard in large Zoom meetings. One parent shared that her child's IFSP suffered during COVID because the providers did not know him well and the meetings focused on their communication process instead of on how to help her son make progress.

**Virtual services were challenging for families to navigate, not sufficient to meet their needs**

Families reported that Zoom evaluations were extremely challenging because it is more difficult to see where a child's delays are in a virtual meeting format. Another parent expressed concerns about their child meeting their speech and language goals when the therapist is wearing a mask. EI providers also saw that families with multiple children struggled to engage with virtual services while also supporting older children with remote schooling or caring for a baby. It was also difficult for families to engage in virtual services with young children.

*Speech [therapy] via the iPad doesn't really work [for a 2-year-old] when I have to chase him around. I think I gave the poor speech therapist motion sickness more times than my child actually made a sound.*

–Parent

*[My] daughter has gross motor delay, so in person was really really helpful. In the virtual meeting, the physical therapist was able to tell me what to do but it's really hard without actually having someone to show me how to do it.*

–Parent

Many families shared that they saw their children regress during COVID and reported that it was challenging to make up lost ground and rejoin educational settings.

*My son last year, he missed 810 hours of special education services, because online services were not appropriate at all for young kids who have speech difficulties. I get that we had to do what we had to do, but last fall, when other states were meeting the kids' needs, ours wasn't. I'm highly disappointed in the response. Kids don't just freeze in time. You still have to meet their needs and there's a window of opportunity for children with delays and disabilities. That's why we do early intervention, because we know by research that if you invest and give them the learning experiences when they are young, that can be beneficial later on. You can't just say 'ok we can't do that' and not follow the law.*

–Parent

*When COVID hit, [my daughter] lost her Head Start where she was learning to interact with other children. She lost her speech therapy. So I noticed some of the progress she made just went down the drain or she stopped making progress. It was so hard for her to finally have friends, since her siblings are so much older and to feel that isolation, I definitely saw her going back into herself, where she had been blossoming so much getting that time with other children. It just broke my heart because she gets so lonely.*

–Parent

One family shared that they found private providers and worked through insurance to access services. Some families were happy to report positive experiences with outdoor services in recent months but were concerned about the return to virtual formats with winter weather:

*Yesterday, I had the physical therapist come to the house and we did it outside. There was such a huge difference between what we could do [compared to over Zoom]. She could really hands on show me how to help my baby and model it. So much more power in that. I'm so grateful for the services, I don't want to seem ungrateful, but doing it virtually is so hard and any time that I can opt for meeting in person, I am going to opt for that, but the only thing is the weather is changing so I'm kind of worried about that too.*

–Parent

### **Virtual services were challenging for in-person ECE programs**

Many ECE programs were open throughout the pandemic and serving families whose EI/ECSE services were disrupted or offered virtually. They reported that families were unhappy with the lack of support and confused about why the child care provider was open but without EI/ECSE services. One ECE provider said “Zoom-based services have been failing our highest-risk kids.” Some said their teachers worked with EI/ECSE providers via phone consultations, but these were not sufficient for teachers who were not specialists and did not allow for the same level of support as in-person consultations. They also noticed speech specialists’ difficulties delivering services while wearing masks.

*Our classes are coming in so unbalanced and it would be really nice to have the supports. I know that part of the program is they want to get kids, especially kids with high needs, ready to be in school but you can't just stick a kid in a classroom with a teacher that doesn't have the special education experience and then expect them to get them ready for kindergarten. There has to be some type of support other than somebody saying these are the strategies I suggest, good luck. Our teacher has a coach, he's not even allowed to come into her classroom right now, so it's all coached through online. So, we're allowed to be in front of kids, but he can't come into the classroom to help coach her on any of it and that to me, it doesn't make sense.*

–ECE provider

In contrast, some administrators were concerned about gaps in service delivery when ECE programs had to close for weeks at a time after potential COVID cases or exposures.

### **COVID regulations limited families’ access to ECE settings**

Additional challenges during COVID for families whose children were in ECE settings include lack of access to the classroom and decreased communication with educators. Many families said that they could only communicate with educators through online chat or email and are

unable to visit the classroom to see their child and discuss goals and progress with a provider. Some were concerned about their inability to advocate for their children.

*COVID has limited the face to face interaction so then it changes all the other communication... School is even more of a closed box [now] so communication needs to be stepped up from the school's end so the parents know what's going on and what we can do to help.*

–Parent

*I would just like to know that she's able to hear what she needs to hear...Because I'm not with her in her school day. I can't even volunteer ... But no one's allowed in the school now because of COVID.*

–Parent in the Native family interview

### **Parents were frustrated when EI/ECSE services were tied to comprehensive distance learning**

Some parents shared that they had to enroll in comprehensive distance learning in order to receive services. These parents did not believe their children would benefit from online learning. One parent called around to find a private school where they could go in person and plans to stay in that setting.

*Once COVID hit, a lot of the private preschools started again before ECSE did which was really disheartening to see children that didn't need those extra supports or accommodations being able to have access to something that my child did not have access to... I knew that my son would need significant support and a lot of the private pre-K's weren't able to provide that. During COVID at that time it felt like he was being left behind.*

–Parent

### **COVID exacerbated transportation challenges**

Many providers were (or are) not going into homes during the pandemic, which required families to visit an office for in-person evaluation appointments or services.

*Transportation can be really difficult, [county] is really spread out and sometimes even families being able to get up to our offices for evaluation is hard enough. If we can't then meet them in their homes, like with the COVID regulations, then we have to try to either make them an outside location, which is hard with the weather. We can invite you to come up to our offices but we're in [county seat] and we don't have satellite locations to use, which would be a great thing to utilize.*

–EI provider

Many providers also found that transportation challenges due to staffing shortages were increasingly evident with the return to in-person services, and this could restrict access.

*[We are] constantly reminding K-12 School Districts that they are required to provide transportation. We know that they are struggling with driver shortages, but they often will only offer limited days or times to transport.*

–Administrator

*We have the buses that the school districts support but because of COVID we've noticed a decrease in bus drivers and so that dictates where our kids can go and what times... and because we're rural we have families that are fearful of putting those kids on those buses for such a long distance ... So that's really been a challenge.*

–Administrator

*We are hearing this year that transportation is a huge challenge. Maybe even to the point where they are offered a spot, but they aren't also offered transportation.*

–ECE provider

### **Families and providers wanted more communication and stability in service delivery**

Many parents were frustrated by the level of communication they received about EI/ECSE services during the pandemic. They did not know when or if they would be able to receive services and quarantines and closures caused frequent disruptions.

*I really am highly disappointed during this time, not following the IEP, very much lack of communication. I'm actually a special ed teacher and it's concerning to me.*

–Parent

Providers also expressed frustration with the home visiting guidance provided by ODE, sharing that it was inconsistent across services (within ODE and other agencies) and across the state.

*Currently there is no guidance from ODE on home visiting during COVID. That would be super helpful, given that kids are getting served in daycares, preschools, and adults have been receiving home health services since long before vaccination [was available]<sup>13</sup>.*

–EI provider

### **Cross-cutting findings in families' experiences with EI/ECSE services**

Across the listening sessions, three key findings that cut across families' experiences accessing and receiving EI/ECSE services emerged: families need more information and support, families play a key role as advocates for their children, and underserved communities of color face

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<sup>13</sup> ODE released an FAQ and issued several emails directing home visiting programs to follow the Oregon Health Authority's guidance. Guidance from September 2021 is provided here:

<https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Documents/FAQ%20for%20EI-ECSE.pdf>

discrimination, bias, and language barriers in the EI/ECSE system. Each of these findings is reviewed below, followed by recommendations for how to improve the system for families.

### **Families need more information and support**

**Information about EI/ECSE services.** Families and providers agreed that families need more information about the referral, screening, and evaluation process, their children’s rights, and the services available through EI/ECSE. Multiple parents indicated that though they understood their child had been found to be eligible for services, it was less clear what services their child would receive. Some parents highlighted the disconnect between their assessment of their child’s most pressing needs and the assessment of the provider. In some counties, eligibility and IFSP are done simultaneously, which includes a lot of paperwork and can be overwhelming for families. Additionally, families don’t always understand the differences between EI/ECSE and their medical provider. The lack of clarity adds to an already overwhelming process.

*A lot of the day care providers had been giving us suggestions we weren’t fully agreeing with and it was really really confusing at first because early intervention sounds kind of scary, so we were pretty hesitant at first. Where we were coming from not really fully understanding what this is or what services would be provided.*

–Parent

*The only thing my child was behind on at the time was his speech so when I asked for the referral for services, I assumed it was just for speech and it was never explained to me what EI truly could entail. Even after the process to get the services started, I thought that the person that came to my house the first time was really just there to work on speech and it was a few sessions in before she [said] ‘I’m not just here for that, we can work on several other things.’ It had never been explained to me that there could be other things going on.*

–Parent

*I remember feeling like I was just following along, doing the next thing asked of me but not really having anything explained. Not ever really knowing what the goal was.*

–Parent

Providers agreed that families needed access to more support and information during the referral process.

*I think a lot of the challenge I see is just in the very beginning... families, maybe never even hearing about EI/ECSE until they’re referred to us and it’s a big overwhelming process and a lot to learn in a short amount of time and can feel overwhelming since it’s so unfamiliar and that’s a lot to take in and so sometimes families don’t even make it to the evaluation.*

–EI provider

**Emotional support.** Parents also reflected on the need for emotional support through a challenging and stressful time, with some noting that peer-to-peer parent support groups would be welcome, “to hear from other people that understand those feelings and that it’s okay to feel that way.””

*The grief of having a special needs child can be overwhelming sometimes. We wouldn’t change them but we hurt for them that their lives are more difficult. Finding other parents with special kids is so helpful and finding experts who validate those feelings.*

–Parent

*The process of accessing services takes place during a time when parents are overwhelmed by the new reality of having a disabled child. The system as it is puts a lot of responsibility for self education on parents during this time. I think an element of compassion and support for parents needs to be built into the structure of these services, providing more time and education on what the program is so parents can better utilize the system to their child’s unique advantage. I didn’t really understand who I was calling when I was referred to EI/ECSE from the pediatrician, and I didn’t know what to ask for.*

–Parent

*I think maybe one of the big takeaways today is that parents might need a little bit more support. I would join a Zoom just [to] be able to share experiences and what’s worked and what hasn’t or if somebody had a really hard day... it’s validating to be able to talk to everybody. Even with a lot of support it can still be very lonely.*

–Parent

Providers agreed, with one saying:

*Some parents wanted to have all the information at one time, other parents...it’s almost like a mourning process that some parents go through. They have their dream of what their child might be like and then their journey is slightly different so you really have to have a very thoughtful tap dance with the parents of what’s the best way to support them. We don’t want to overwhelm them, but we want to provide them support for their children...being really sensitive to the communication needs of the parents. It’s a difficult journey and you just have to be super thoughtful about it.*

–Provider

**Basic needs support.** Families often find themselves trying to balance a wide range of competing demands. Concerns around finances were cited as an obstacle for many families. Providers found that when faced with competing demands, families may opt to stop EI/ECSE services.

*Some of our families have experienced relocating or having no residence due to work loss, so connecting with the correct staff for evaluations has been somewhat difficult.*

–Intake coordinator

*We have families that have a lot of challenges that are external to their own family. The contact breaks down so quickly [when] someone's living in their car or someone is moving, and they're living in various places. They have a phone and then they don't have a phone and that's where we come in. Even then it does fall down on the other end.*

–ECSE provider

**Reframing the conversation around EI/ECSE services.** Providers discussed concerns around the stigma associated with receiving EI/ECSE services or receiving a diagnosis. One intake coordinator stated that some parents may wonder, “what’s wrong with my child. Of specifically when we get DHS referrals, ‘what did I put in my body that harmed my child.’” Another intake coordinator added, “Occasionally, we find families who are reluctant to have a ‘label’ on their child's record and they are nervous that school districts can see our records. They worry about a stigma following the child.”

Some parents, however, shared that their children’s abilities were framed negatively by EI/ECSE providers.

*My daughter's goals were written from a deficit-based approach without my input. I was not given information or resources to develop a knowledge base for myself before forming goals. Some goals were harmful to an autistic individual.*

–Parent

One parent discussed how the mismatch between the EI/ECSE system’s portrayal of special needs and how Native communities perceive such needs may prevent some parents from accessing beneficial services and supports.

*It's the Native way to accept people as they are and when it comes to disabilities or kids who have high behavioral needs, we accept them and it's actually society that doesn't necessarily support them in that same way. So part of it is this balance of making sure that we're getting them the support they need within the society that we live in... I just think it's no longer acceptable in this modern time to just accept kids like that. We should offer some support and I think that's an awesome mentality, but there's a shift that needs to happen, because I think there's a lot of kids who also go without really important support and services and they truly need them. I wonder where that balance falls and how we can be gentle with an understanding of parents in that balancing act.*

–Parent in the Native family interview

This idea was echoed by an ECE provider who said:

*We as white, middle class, Europeans have a specific paradigm around how we look at learning difference. Whereas other cultures may have very different perspectives on disabilities and learning differences. I think there's area of growth for us in terms of understanding how different cultures might view children with learning differences. I would love to see some work around that statewide or nationwide if possible.*

–ECE provider

**EI/ECSE programs have adopted new strategies to support families.** To support parents, some administrators created positions like family case workers, coaches, family navigators or multicultural specialists, so that families have adequate support. In one county, an administrator said they have “really focused on that family engagement component. Having family case workers has just been wonderful and successful.” Another added that having “evaluation family navigators who... go start to finish with families... having one person that follows them through the process... it's going to be a gamechanger for some families.” Some providers also mentioned creating parent support groups. One EI provider mentioned that they support families that “have trouble making ends meet [by] connecting them with a variety of resources during this time of COVID where parents were losing their jobs or just needing rent resources.” Others shared that they provide families with bus tickets to address transportation challenges.

### **Families play a key role as advocates for their children**

Many families reflected on their role as advocates for their children in the EI/ECSE system. Multiple families shared their experiences with a “wait-and-see” approach in screening and evaluation which limited access to services and felt reactive instead of preventative. One parent discussed having to fight to keep the district from placing her son in general education classes. Some parents reported having multiple children receiving EI/ECSE services, or experience working in the EI/ECSE system, which prepared them to advocate for their children.

*I feel like it's a new challenge with every step we take. Through the school system or through the state, there always seems to be some kind of road block or another obstacle we have to get over to get help. I've fought tooth and nail to get him services.*

–Parent

*If it wasn't for moving here and advocating at her pediatrician, she wouldn't have gotten help.*

–Parent in the Native community listening session

*I even had someone tell me that 'oh it wouldn't be enough to even qualify her for anything' so that was discouraging to me to be like 'oh so I'm doing this for nothing' ...at the same time as a parent and someone who works in early childhood, I was like 'No I'm going to do what I need to do, for her and at least see this through, even if it leads to a denial.'*

–Parent in the Native family interview

Other families shared that they were not prepared to advocate for their children or aware that this would be their role during initial meetings, saying “you don’t know what to ask for if it’s the first time that you’re going through it, when they turn to you to... and it’s up to you to advocate and try to fix it.” Other parents were completely new to the system and went along with anything they were told by medical and EI providers, learning along the way how to advocate for their child. One ECSE provider shared that a useful strategy in providing families with ECSE services was to “Empower and encourage the parents to advocate for their children.”

### **Underserved communities of color face discrimination, bias, and language barriers in the EI/ECSE system**

**Families experience discrimination and bias in the EI/ECSE system.** Families from underserved populations, including Native and Spanish-speaking families, experienced discrimination and bias when accessing and receiving services. This included from one Native parent who has been unable to get a diagnosis for her child despite years of advocacy and parents who experienced explicit bias in their interactions with providers.

*I don't know if we have the opportunity of requesting a person of color because they have a different understanding of us [compared to] a white person. The lady we had ...she needed a little cultural awareness or cultural competency... my daughter visibly looks Native. She has curly hair, she's half Black half First Nations and I don't think the lady was trying to be intentional with her comment, I think she's trying to be relatable but she did it in the wrong way that wasn't appropriate... Because [the provider] has curly hair and she's like "Yeah my hair is really curly too like your daughters and it's kind of like Black hair," and I was like "Oh, ok," like, I don't know what this is. I got off the call and I was processing that night and [realizing] that was really inappropriate to say and I just didn't know how to handle it at the time and that's when I withdrew my service, I [thought] I don't think I can do this.*

–Parent in the Native community listening session

*My daughter was in preschool and she started showing behaviors and I wanted to get her help. We went to a meeting and I actually had people screaming at me and calling me a bad mom. I had people step up and advocate for me and say that I was trying my best.*

–Parent in the Native community listening session

These families have been excluded from necessary services either due to systemic issues (i.e., lack of access to a case manager or eligibility determination) or because their negative experiences led them to decide to opt out of receiving services. Families shared how they often have to work harder to advocate for their children to receive services or to find someone to advocate on their behalf.

*It's kind of hard because everyone tried diagnosing my daughter with something, some teachers weren't very nice so I tried to find the best resources myself...It was hard and frustrating because a lot [of teachers] tried to talk to me like I didn't know what I was doing and [saying] she was a little kid or she'd grow out of it. But I knew her behaviors weren't normal because her sisters didn't go through that and I was trying to get her help before they [her behaviors] got where we couldn't get her help...It felt really hard and difficult because I was trying to advocate for my daughter and it felt like people are not listening, they're trying to come up with their own stuff.*

–Parent in the Native community listening session

Providers describe instances where services are presented to communities of color “*in ways that are not intentional and [are] discouraging,*” which inadvertently turns families away. In some instances, families opted to close their services because the person they work with is “*culturally inappropriate*” and because “*there hasn't been an alternative person.*”

*We refer parents, and they agree, and we help them understand what the process is going to look like for them, but [we're] not always there at the evaluation part and the parent would come back and say that they didn't qualify or 'we're not going to go forward.' And I think the whole culture aspect again with that but also the piece about not understanding what they can get or what their child is entitled to or how it's their right. There's just so many aspects of why that doesn't go the way it should. But the parent is very intimidated and also in the culture that we serve, very stigmatized as far as, 'my child's not developing on target, on track. I must be a bad parent. Maybe it's something I did when I was pregnant.' There's this whole cultural aspect of receiving services too, who wants to go there. Almost like they come back and they're trying to convince me that their child is going to be okay and I'm like oh my goodness, that's not really what it's all about. It's about just getting a little bit of help and just helping children especially during these early years to develop and be kindergarten ready. For some reason I think that they just don't get enough of the right information.*

–ECE provider

**Families need access to providers from their own communities.** Families were frustrated at their inability to work with staff that looked like them and understood their culture. The lack of diversity in the workforce presents barriers to the communities of color accessing these services.

*That appointment was very overwhelming because you had all the teachers in her daycare and a lot of the early intervention workers and they're all not people of color so it was really overwhelming. Nerve racking as well... I did my best to advocate for my daughter but left there feeling really overwhelmed, and I'm thinking how do other parents feel when they walk into a room of not a lot of people of color? All eyes are on you and you have to ask questions and talk about goals that you want to do with your new child.*

–Parent in the Native community listening session

*Wishful thinking, I want to see more people of color service providers, that would be nice. I think there needs to be more Native service providers because they get us and it's not as intimidating. They understand us and will hear us. I'd feel like I'd be on the same level as them. Sometimes service providers make me feel like a dumb parent until I let them know my background and education as a social worker. Then the attitude changes.*

–Parent in the Native community listening session

One parent shared that having access to someone who shared her cultural background was crucial in deciding to pursue EI/ECSE services.

*Having somebody close to me, who I trust and who I know shares some of the same values around our culture and community – [to] be able to say, 'you really should make an appointment, or you should get this referral' - that kind of thing is really crucial and it's not a loss to me why so many parents within our Native community do brush it off because they don't have someone like that.*

–Parent in the Native family interview

Providers agreed that the lack of diversity in the workforce was a barrier for families of color.

*We're all working hard to recruit staff of color that look like the families we serve... most of our staff is white... That makes it more challenging to establish relationships.*

–Administrator

*Understanding the cultures that are so varied – [we] only have women, majority white. [It] has been a challenge for their program. They are looking at the world through their own lens.*

–Intake coordinator

The need for a more diverse workforce was highlighted by a story shared by a Black administrator:

*I had a mom come into our center ... and asked me what I did, and I told her, I was the [position title] and she started to cry and said... I don't even know what to say I'm so excited and happy to see you here. I need your help with my family. So I think diversifying the workforce is a huge piece of some of the gaps we see.*

–Administrator

**Families that speak languages other than English face language barriers.** Families that speak languages other than English found it hard to access services due to lack of information in other languages. A Spanish-speaking parent shared,

*My experience accessing early intervention was really really hard. We were new to Oregon and America, so we didn't know [that EI/ECSE services existed]. My son was 3 at the time... When someone told us we thought our doctor had to refer us so we asked for an appointment, and he told us no, you can go. You don't need to be referred by me. So, by the time we could actually get him evaluated he was already 5. Two years had passed.*

–Parent

Spanish-speaking parents also discussed the barriers they faced as they tried to advocate for their children with speech delays. Multiple Spanish-speaking parents shared that when they tried to advocate for their child, their pediatrician told them that their child was simply confused because they spoke more than one language in the home, an outdated and inaccurate assessment. “Pero la doctora de él dijo que podía ser porque la mitad de mi familia hablaba en inglés y la otra mitad en español, era posible que él se estaba confundiendo.” [But his doctor said that it was possible that because my family spoke English and the other half in Spanish, that it was possible he was confused.] One parent found this conclusion frustrating as none of her other children had displayed similar delays in speech. Another parent added that she had been instructed not to mix English and Spanish, “[m]e dijeron que teníamos que tratar de no mezclar los idiomas, que si era español fuera puro español, si fuera ingles que fuera puro inglés.” [They told me we had to try not to mix the languages, if we speak Spanish then it should be only Spanish, if we speak English, then it should only be English.]

Contractors reported that when linguistically diverse families are referred, the language barrier makes it difficult for these families to understand the specific reason for the referral, which leads to turnover. Providers reported that some families dropped out of EI/ECSE services altogether because they could not access services in their home language.

The amount of paperwork in the referral, screening, and evaluation process also creates barriers for families that speak languages other than English. The universal referral form presents a challenge because it is not translated into languages other than English and Spanish. Intake coordinators reported that the Ages and States Questionnaires (ASQ) has “a lot of jargon and acronyms that can be hard for families with limited English proficiency.” One parent described the ASQ as challenging for many families regardless of home language, saying “each one of those are almost 200 questions and requires about 90 mins to complete... You have to interact with your child and ask them to do things. If you're working all day or you have a swing shift or English isn't your first language, I imagine that would be a huge barrier.”

Providers were also concerned about access to IFSP information for linguistically diverse families. One EI provider said, “our bilingual families do OK with the IFSP process, but for families who are using their home language... there's a lot of paperwork [in the IFSP process] and a lot of language that's complex and so I think that process is difficult for families because they don't understand.” This lack of access to information in families' home languages was also true when their children were receiving services. Some providers found minimal paperwork in families' home languages and shared that families do not have access to complete information

about their children’s services. One provider shared that “I use Google translate on all documents I give to the family, which is not ideal but better than everything being in English (I hope).”

ECE directors shared that the transition process could be challenging for culturally and linguistically diverse families because of the amount of paperwork, new terminology, and jargon.

*The transition from IFSP to IEP for Kindergarten can be very confusing to our families. The paperwork change adds to the anxiety of the kindergarten transitions, especially for CLD [culturally and linguistically diverse] families.*

–ECE provider

Providers across the system shared that finding translators and interpreters was burdensome and challenging, particularly for languages other than Spanish. Administrators have difficulty finding bilingual staff with the necessary certifications. One administrator shared that “sometimes we have family members translating for us.” Intake coordinators face challenges when families return calls in another language as there may not be an interpreter available. ECE providers needed access to translation and interpretation during IFSP meetings; they did not have the capacity to support these services themselves and they were not always provided through the EI/ECSE contractor. EI providers experienced challenges supporting families that speak languages other than English. Some expressed concerns about state regulations that require agencies to use the Department of Administrative Services approved translators or a central translation service for ODE numbered documents (e.g., IFSPs, eligibility etc.) as these translators may not use the wording families are used to<sup>14</sup>. ECSE providers also saw a need for bilingual instructional assistants and bilingual staff members in children’s ECE settings.

When families that could access a translator, their experience in EI/ECSE services was completely transformed.

*Cuando te das cuenta de que hay muchas ayudas, en cuestión de que tenemos derecho a un traductor en tus citas en tus ahora en las juntas, donde quieras tienes derecho a un traductor. Desde que me dijeron eso, ya no batallo.*

*[When you realize that there is a lot of help, regarding having a right to a translator at your appointments and meetings, wherever you want – you have a right to a translator. Since they told me so, I don’t struggle anymore.]*

–Parent in Spanish listening session

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<sup>14</sup> EI/ECSE programs and districts are allowed to use their own translators on other documents (not numbered ODE documents).

**Providers need training in culturally responsive and trauma-informed practices.** ECE providers, ECSE providers, and families all noted that a lack of access to culturally relevant and responsive practices in their EI/ECSE services caused some families to drop out of services.

*I feel like they (providers) need to be more trauma informed because a lot of us are coming from traumatic experiences and we're not trying to seek attention, we're trying to get help for our kids and ourselves. We want more knowledge to know how do we help our child, without being made to feel guilty.... working with any race but a lot of working with Native [populations] is being trauma informed. People need to be more aware of what people have gone through.*

–Parent in the Native community listening session

*It can be generational trauma that has been passed down from whatever happened within our tribes. To have Native advocates really helps a lot and for those teachers to be culturally aware, especially when they're dealing with children.*

–Parent in the Native community listening session

An administrator also voiced concerns about access to culturally appropriate tools.

*To appropriately assess children... more than just direct translation but actually culturally normed materials and to approach that from their cultural perspective. We can get very stuck in what we have to score but really the instrument isn't appropriate... On both sides, where you see a family that really does need support, but yet the tool for whatever reason isn't showing it. And then on the other side where the tool is showing it but it's more about what they as a family value and what right do we have to say your child needs special ed?*

–Administrator

EI providers and administrators are aware of the need to employ trauma-informed practices. One EI provider acknowledged that learning about trauma-informed care “has been really helpful during the pandemic.” Another administrator said one of the successes of her program was the presence of community and family engagement specialists who “truly walk families through some of the trauma that they’ve gone through.”

### *Recommendations to improve families’ experiences with the EI/ECSE system*

Education Northwest has identified the following recommendations based on families’ experiences with the EI/ECSE system. Implementing these recommendations requires coordination across agencies including, but not limited to, the Oregon Department of Education, Early Learning Division (soon to be Department of Early Learning and Care) and Oregon Health Authority. These recommendations may be implemented with process improvements and may require additional investments to implement to fidelity.

**Systems: Improve systems to create clearly articulated, consistent, and seamless EI/ECSE intake/referral, evaluation, and service delivery for children and families.**

- **Assign service coordinators once a family has been referred to EI (B-3) services and expand service coordination for ECSE services.** Providers and families alike agreed that families need more support understanding their referral, what it means, and the importance of following through with an evaluation. Providing parents with service coordinators as they go through the process might help them understand why their child has been referred, the role of different agencies, what it means to be found eligible, and what to expect once a child is determined to be eligible. Although families in EI services are assigned a service coordinator after eligibility determination, the process would be improved if they had access to this support earlier in the process.<sup>15</sup> In addition, ECSE programs should consider how they might build in more consistent service coordination for families that begins when children are referral.
- **Establish guidelines and procedures to ensure equity by standardizing the referral process across the state.** Some families wait three to six months between referral and evaluation, whereas others report sometimes receiving a diagnosis and services the same day or within a week. Similarly, some families did not go through intake coordinators or interact with their county agency. To support families across the state, it is important to balance flexibility and consistency across programs and communities
- **Increase evaluation times and touch points.** Directors reported that evaluation appointments have been reduced from 45 to 30 minutes, which limits the ability for a more thorough, thoughtful process. This aligns with some families' reports of evaluations feeling rushed. Administrators reported having to rescreen and reevaluate children because the initial evaluation was not thorough. One parent shared, "When you're meeting with your service coordinator only once a month and you're just getting service started it's not enough. It really isn't. When you're a new parent and you're first starting out... I would prefer if they frontloaded stuff and you had the more frequent visits and the more frequent touches as you're getting started and then letting it fade."
- **Build in more time and support for families during transitions.** Families and providers agreed that it would be helpful to start the transition process from IFSP to IEP earlier and include familiar, trusted faces on the team (e.g., advocates, ECE providers, EI/ECSE providers, private providers) along with the new school-age specialists that families will work with. Additionally, programs should strive to ensure consistency in services across the transition so that families do not lose access to supports. These recommendations would also apply to the transition from EI to ECSE in some cases. In addition, there may be some

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<sup>15</sup> IDEA requires EI programs to provide service coordinators for participating eligible families. Service coordinators are not required for ECSE but typically a specialist serves in that capacity.

confusion across the system about whether families are transitioning to an IEP when children turn three years old.

**Relationships: Continue to develop thoughtful and connected partnerships.**

- **Raise awareness about EI/ECSE services through community partners.** Collaborate with community organizations and Early Learning Hubs to share information about the availability of EI/ECSE services. Some of the families we interviewed only learned about the availability of services through word of mouth, and many other families may rely on community-based organizations to learn about availability of programs and services. Additionally, health care providers are a key avenue to spread awareness of available programs and services. Some families learned about EI/ECSE through their pediatrician. Therefore, it might be fruitful to invest some resources in using these avenues as information/education hubs for families.
- **Expand supports and training for referral partners.** Ensure that early childhood providers understand the EI/ECSE service model and how to refer children to EI/ECSE. In addition, ODE can work with all referral partners to ensure that they are clear about who to refer, and how to provide culturally responsive and trauma informed support when referring families from underserved racial and linguistic groups.
- **Establish parent/community cultural liaisons as a standard practice across the state to ensure that parents have support in understanding and accessing the EI/ECSE System.** Parents and providers both acknowledged the need for a cultural liaison to help families navigate the complex EI/ECSE system. Some parents acknowledged that having this kind of support helped them feel less alone, provided them with information about the options available to them, and enabled them to advocate for their child. These individuals could serve as advocates and support families in communities that have been historically underserved in the referral and evaluation process. Furthermore, these cultural liaisons could help providers better understand family needs that challenge the central position of whiteness in our systems.
- **Provide supports for families including basic needs support and parent support groups.** Many providers and families shared programs could play a role in providing families with resources that may help meet needs that extend beyond the immediate EI/ECSE needs their child may have. ODE could also work with Local Interagency Coordinating Councils to design community-based support mechanisms for families in the EI/ECSE system. Though some providers already have established practices to help parents with additional needs (e.g., rent), providing guidance on the available resources to providers may allow them to better support families as they try to balance competing demands. Families also revealed the emotional difficulties of discovering their child's special needs and how isolating the experience can be. They expressed the need to come together with other families to feel less alone. ESDs, Early Learning Hubs, and other community-based organizations could organize virtual and, when feasible, in-person support groups for families. Parents indicated

the support groups do not need to be formal, but simply a place to share their experiences and to learn more about how others are learning to navigate the system..

- **Expand partnership models in ECE programs.** EI/ECSE and ECE providers both found consultative services to be insufficient to support most children with IFSPs. They agreed that ECE providers would benefit from additional coaching and training, children would benefit from more hands-on time with EI/ECSE providers, and everyone would benefit from more meeting time and collaboration. One ECE provider suggested piloting a co-teaching model in an inclusive blended learning classroom, and another recommended funding for substitutes so that teachers can attend IFSP meetings and have more time to collaborate with EI/ECSE providers. ECSE providers also recommended providing “in between” classrooms that fall in between “low” ECSE classrooms and typical preschool. Considering the inclusive services models and any necessary policy changes, develop shared professional learning for existing programs, and support higher education pathways to address standards gaps in order to increase capacity to serve children in the least restrictive environment.
- **Build on the strengths of ECE providers.** Across the listening sessions, it was clear that families trusted their ECE providers and that ECE providers had close relationships with families. Moreover, in the Native community listening session, families shared their positive experiences with culturally responsive services delivered in a Tribal Head Start program. While much of the conversation around partnerships between ECE programs and EI/ECSE providers focused on the need for ECE providers to learn new skills, EI/ECSE providers can also benefit from listening to and learning from ECE providers that might have specific knowledge about the families or communities they serve.

**Service: Provide culturally responsive, flexible, and accessible pathways for children to receive services**

- **Use an asset-based approach to framing conversations regarding universal design, accommodation, and modification for children who experience disabilities.** Parents in our listening sessions expressed concerns about how their child’s special needs were often portrayed from a deficit viewpoint. These parents recommended that evaluators and service providers receive training on how to reframe their approach to special needs, shifting from a deficit model to an asset-based one.
- **Require shared training for service providers on stereotypes and bias, culturally responsive practices, trauma-informed practices, and supporting families with complex needs.** Families, particularly those from communities of color, saw a need for increased service provider training. At a minimum, they needed access to a baseline level of services without experiencing discrimination or bias. Families of color wanted to work with providers that were trained in culturally responsive or culturally specific services so they felt seen, valued, and that their cultural identity was viewed as a strength. They also wanted to have relationships with their providers based on trust. Across sessions, families wanted to see providers that respected their role as advocates, respected their knowledge of their

child, and took their concerns seriously. These trainings should include support and guidance for service providers around ensuring that educational and meeting spaces are designed and accessible for all children and families with specific attention to the over- and under-representation of culturally and linguistically diverse children in special education.

- **Leverage existing relationships to expand families’ access to EI/ECSE services and educational supports in their neighborhoods.** To address transportation and other barriers to access, ODE should consider how to leverage existing partnerships to increase educational opportunities and service locations in children’s neighborhoods. This would include developing of expanding partnerships with the Early Learning Division, the Early Learning Council, community partners and school districts.
- **Assess families’ preferences and offer flexible service delivery.** Some families prefer to receive services virtually for the foreseeable future for safety reasons (e.g., COVID-19 pandemic), whereas others have limited access to transportation and technology, making services or evaluations in the home more accessible. To provide flexible service delivery, providers should develop a process for systematically gathering information from families about their preferences and the services available, and deliver in person, remote or hybrid services based on need.
- **Open satellite locations for rural communities.** Families and providers in rural areas shared that access to services and providers is challenging when they have to travel long distances. Providers suggested that satellite offices could allow providers to offer limited services and attend virtual meetings between appointments to limit travel time for families and providers.
- **Identify and provide training on culturally appropriate assessment tools.** In addition to building relationships with families and communities and engaging in culturally responsive and respectful practices, it is important that providers use tools and instruments that are validated with the population they are serving. However, in the absence of culturally responsive practices, culturally validated tools are not sufficient to address the discrimination and bias experienced by families.

## Administering EI/ECSE programs

The next section of the report details findings related to how EI/ECSE systems are administered, including workforce issues (i.e., staffing and training), funding, and using adequate service level data. There is also a discussion of themes related to coordination across the system. Each section concludes with recommendations for improving the system from the perspective of administrators and providers.

### *EI/ECSE workforce issues*

**Staffing shortages are a barrier to providing services, made more challenging by COVID**

Multiple administrators agreed that “the biggest challenge in providing families with EI/ECSE services is qualified staff.” They shared that staffing has always been an issue, and the COVID-19 pandemic has made it more challenging. The pandemic has led to overall shortages and increased the need for substitutes to cover for staff who are home with mild illnesses or quarantining after potential exposure. In addition, many staff will only work remotely, creating challenges for contractors who wish to resume in-person services. One administrator shared that their program had to shut down because they did not have substitutes to cover for staff members who were out sick.

Turnover and rotating staff have created challenges with ensuring consistency and quality in service delivery for families. Many ECSE providers saw a need for more teachers and instructional assistants in the classroom and programs were forced to increase the use of consultative services. Intake and EI/ECSE providers were also struggling to support families in regions with high pediatrician turnover. The inconsistencies led to dropped referrals and families receiving incomplete or conflicting information when intake coordinators attempt to follow up with them.

ECE providers shared that the caseloads for service coordinators and speech therapists are so high that they are not able to keep up with supporting children and families.

*A lot of the service coordinators and the speech therapists are amazing and their hearts [are] in the right place, they want to do the best [they] can but... in our county, their caseloads have been unbelievable right up to 60 kids in one person's caseload and there's not enough hours in a month for them to see everybody and do these things with the best interest of the kids and families. It just can't be done.*

–ECE provider

EI providers shared concerns about high caseloads and insufficient staffing to support children, especially those with complex needs. They found that the high caseloads made it difficult to coordinate with other specialists working with the same families. Many EI and ECSE providers shared that they needed more hands-on time with children and less time spent on paperwork and administrative tasks. A provider with experience working in Washington shared that that state requires less paperwork from EI providers.

In addition, some programs have undergone restructuring and struggle to find highly qualified trained staff on the new models and systems. Administrators shared that related service providers were particularly challenging to find, including speech language pathologists, physical therapists, and occupational therapists. Some administrators were hiring specialists in other states to provide virtual services.

### **Hiring processes and low wages can make it difficult to fill empty positions**

Administrators shared that it could be challenging and time consuming to work with the TSPC, and that there were some redundancies where applicants needed to undergo background

checks for multiple agencies. The wait times also made it difficult to fill empty positions. Some administrators found that the background check process was taking over three months and applications were getting dropped or missed, causing staff to leave or creating legal complications for unfilled positions.

*...if there could be some alignment between TSPC and the CBR [Central Background Registry]... how many times do you actually have to be fingerprinted. If we could just come together as partners and talk about what could make it all more streamlined and faster. I know it has to be working better in some states than it is here.*

–Administrator

Many administrators shared that hiring was made more difficult due to low wages.

*[the] salaries we can offer folks (especially assistants that help in classrooms) are not compatible to what the wages are out there for other kinds of work. [We] can't compete.*

–Administrator

### **Diversifying the workforce is a challenge**

Administrators also found the TPSC system to be a barrier for applicants who do not come from a traditional educational pathway. In order to support a more diverse workforce, they would like to see more supports built in to assist applicants in “traversing the TPSC system.”

*[We need an] intentional and deliberate commitment to be proactive in recruiting and retaining staff that can support diverse populations, [a] shift in the culture to support staff, mental health and behavioral health, [and] lower caseloads.*

–ECSE provider

Providers reported a need to hire more bilingual staff to support Spanish-speaking families. Some programs had access to translators and multicultural advocates, but these staff members were not always available for all screenings and evaluations.

### **Increased funding has helped some programs address staffing shortages**

As mentioned in the previous section, some administrators shared that the funding allowed them to be more creative in developing new positions such as “evaluation and family navigators,” “family support specialists,” “community education workers,” “bilingual liaisons,” “IFSP specialists,” and “community inclusion specialists” who work through the process with families. One administrator had hired community education workers and bilingual liaisons from Vietnamese, African American, and Latino communities to support EI/ECSE staff. Another administrator was recruiting staff from Head Start and the union was supporting some of the financial costs. One program had developed a partnership with a Tribe and enrolled two Tribal students to provide services to a Native community, which was very successful. However, other administrators shared that even with additional funding there were not enough licensed people to fill empty positions.

### **Providers would like more access to training**

**EI/ECSE providers.** Administrators listed a variety of areas for which staff have requested training, including home visits, data literacy, bilingual assessment, and supporting children with autism. EI/ECSE providers and families also highlighted the importance of training around trauma-informed practices and supporting children and families with complex needs.

**ECE providers.** ECE providers thought it would be helpful for staff to have a clear and realistic understanding of what early childhood special needs services would look like. They also suggested professional development pre-placement to prepare the staff and program to meet the needs of the child. Many noted that their programs are serving increasing numbers of children with high needs and their staff do not have the training or expertise to adequately serve them with a consultation model.

*I believe that there's more teachers, many more teachers, that are feeling overwhelmed and very ill equipped to support children with these super high needs. You're not just talking about a child that maybe has an articulation need... You're talking about these children that have these very high high needs that I know it takes some expertise to really help navigate that and help the child and the family. And I feel that the level of support needs to greatly greatly improve.*

–ECE provider

*I would love to see our staff surveyed as to how confident and competent they feel in supporting/serving children with disabilities. That would provide good baseline data for ODE and us to determine professional learning needs. I think most of our staff want to do well, but they don't have the expertise. The coaching/consultation model sometimes falls short of the goal of increasing ... teachers' capacity to appropriately serve children with learning differences.*

–ECE provider

In some cases, the lack of training led to concerns about legal issues.

*Our teachers are dedicated to providing as much of those services as possible, but they are not the keeper of the specialized instruction. They are teachers in early care and education, they are paraprofessionals. They have not received training, they have not received ongoing support which is required by the law ... We spend a good part of our time going to IFSP meetings or meeting with their superintendents or the director of the program reminding them about the services that children need and deserve and that the law dictates they provide.*

–ECE provider

One provider at a Relief Nursery shared that they were not often invited to trainings but felt it would be helpful to have access to this resource. A rural ECE provider found virtual trainings

more accessible than driving to Salem, but shared that in-person trainings were more beneficial and requested local trainings for ECE programs in the region, focused on supporting children with disabilities.

ECSE providers agreed that ECE providers needed more training. Some were frustrated because they could see that a child care setting did not have the expertise to support a particular student, but there was little they could do to address it.

*I feel that our community partners [ECEs] need more training and mentorship to be able to support what we target to provide our students. Also buy in, time, and understanding of the strategies to make them more meaningful and manageable.*

–ECSE provider

## Recommendations

- **Align hiring practices and priorities with community needs.** Given the diversity of many communities across the state of Oregon, hiring practices must align with the linguistic and cultural needs of the community. However, it is not sufficient to hire speakers of a given language. For example, in communities with high concentrations of Spanish-speaking people from El Salvador, efforts should be made to hire people of the same nationality. There are important and subtle cultural differences among Spanish-speaking countries, and it is critical that families who are going through the process feel seen and understood, as they may otherwise reject services. Additionally, any translated documents should be written in language that is clear and easy to understand. Translating documents is not helpful if the reading level of the translation exceeds the reading levels of those seeking to understand EI/ECSE services or to complete necessary paperwork. Some providers struggled with mandated translation resources, so ODE could provide support while allowing them the flexibility to identify their own resources specific to the communities they serve. Finally, programs should be discouraged from allowing family members to serve as translators.
- **Develop community partnerships to support entry into the EI/ECSE workforce** from individuals in the community (i.e., Grow Your Own models). Providers and families all recognized a need for diversifying the workforce to include individuals from the communities being served. Some providers had experienced successful community-based recruitment programs and saw potential for partnering with local organizations (e.g., Head Start programs, community colleges, high schools) to recruit individuals who had an interest in working with children or special needs populations. They also recommended implementing strategies to retain these individuals including supports for mental and behavioral health and lower caseloads.
- **Offer incentives and grants for training and professional development.** Providers believed that making training more affordable would incentivize potential trainees to enter

the EI/ECSE field and join the workforce. This would include stipends and grants for graduate school as well as incentives for professional development and training.

- **Employ strategies to retain current EI/ECSE providers.** Many providers saw a problem with high turnover resulting from lack of support. EI and ECSE providers recommended implementing mentoring programs for new providers and supports for providers experiencing secondary trauma, such as opportunities to meet with mental health providers, and training on self-care.
- **Address barriers to licensure in the TSPC system.** This would include allow for more flexibility in the TSPC system to license staff from alternative pathways, developing supports for applicants who are navigating the system for the first time, and streamlining the process to reduce redundancies across agencies, including the Early Learning Division (e.g., requiring multiple background checks). TSCP is currently in the process of implementing an alternative pathways program through HB 2166.
- **Allow flexibility in hiring for positions to support families, assist teachers, or support providers in paperwork and administrative tasks.** This would include service coordinators cultural liaisons, instructional aides, and service coordinators (i.e., staff members who could manage paperwork, administrative tasks, and service coordination without a specialist license). In addition, programs would benefit from increased funding to hire bilingual staff in every position, including these recommended support positions.
- **Offer training for providers and intake coordinators in hybrid service delivery and telephonic and virtual interpretation services** and other accommodations such as text-to-speech. One intake coordinator shared that telephonic interpretation was helping them support families who spoke languages other than English, and an EI provider shared that text-to-speech was helping them serve families who needed such accommodations.
- **Create accessible resources for EI/ECSE and ECE providers.** EI/ECSE providers would like a repository of resources on topics such as using and analyzing data, home visiting, bilingual assessment, and autism. Providers recommended online courses for ECE providers on behavior intervention support.
- **Provide language learning options for current EI/ECSE providers and instructional aides.**

### *Funding*

#### **Administrators used increased funding to think creatively about meeting families' needs**

EI/ECSE programs are in their second year of Student Success Act (SSA) funding. Numerous administrators identified new positions they created to support families in the EI/ECSE system, and some noted that this allowed them to hire a more diverse workforce. Others shared their success in providing devices and hot spots to families so that they could access remote services. One administrator said they were able to use funds to upgrade and share facilities with

community partners, and another added a family home component for children in preschool which families appreciated. Multiple administrators reiterated that “funding is a huge success.”

*Increased funding results in increased staffing, which means more adults for more kids, and so we have been hiring like crazy... Increased funding is a real success story for many of them that lobbied for many many years.*

–Administrator

*We were able to get some technology out to families because of the extra money that came in and that was helpful because It really enriched our parent partnerships... and also strengthened our relationships with the Tribe.*

–Administrator

*We’ve had some successes with really thinking outside the box and we’ve added some different positions. We have something called multicultural specialist positions that have really helped to outreach for different populations that are really underserved in our program... We have created tech packages for families so that we can have a hybrid model. And we’ve also found that teletherapy really does help with adequate service goals because we take travel out of the equation and we can get to families a lot more.*

–Administrator

### **Administrators needed more flexibility in when and how they can use funds**

Multiple administrators shared their challenges with spending timelines.

*It’s tough when you have to spend down your whole budget now in a hurry and then the next year you’re laying people off, and then you can’t spend it down like last year and you have to send it back when families and children need so much more.*

–Administrator

Administrators also noted the need for flexibility in what the funding can cover, including facilities and mental health supports.

*[We’ve] spoken with districts and they want preschools and they want to partner, many of them, and do not have the space. Until we can utilize our funds through EI/ECSE through SSA funds or even our general funds to be able to do that [shakes head]. This is a perfect opportunity, but we don’t have the allowance in our funding. If we could get that allowance in the funding, I think that we could really work with school districts, but right now that’s the barrier. That is a huge barrier.*

–Administrator

*[we’re] still not eligible for things that’s been highly motivational and successful for k12, for instance..., matching money for facilities... we are literally begging and borrowing at*

*times for space. So the ability to do early learning centers, community centers, wrap around services. There needs to be a pocket of money that incentivizes communities.*

–Administrator

*I just wish we could use more of the funding to really do more for children and families. Funding it's there we just have to be able to spend it on them, so we just need more allowances and a relook at how we're allowed to spend. A little more like districts would be super helpful.*

–Administrator

### **ECE providers had inconsistent and limited funding to support children with IFSPs**

ECE programs shared that they do not have the same access to funding to support children with special needs, and in-home providers were at a disadvantage with accessing financial resources compared to other early learning programs (e.g., Preschool Promise).

*The difficulty that we have is that the funding for students on IFSPs goes to the ESD and the support for our district pre-Ks is mostly consultation. More often than not, we don't need the consultation as much as we need one on one assistants and we have had difficulty meeting those needs, as we haven't received direct funding for that until this year. This year, we received \$14,550 from our local ESD EI/ECSE for 3 students. It costs \$12,000 for each slot, so this doesn't pay for the adult support needed.*

–ECE provider

*In home programs suffer from the same struggles with funding and students. However, our PSP funding barely covers one assistant or not at all. We receive zero additional funding for children with special needs... Our children are neglected financially.*

–ECE provider

*We are barely paying for assistant teachers, let alone another aide to be one-one-one with a child that may need it...To see that additional funding is available but just in-home providers aren't receiving it, it's just like a blow in the face, like wow!*

–ECE provider

### **Recommendations**

- **Allow EI/ECSE programs greater flexibility in how and when they spend funds** and support spending to incentivize needed supports such as community partnerships, child care placements, hiring, and training.
- **Revise ECE program funding formulas for consistency between programs.** This would allow programs to increase pay for needed instructional aides and bilingual staff as well as pay for substitute teachers to allow classroom teachers more time to attend IFSP and transition meetings and to collaborate with EI and ECSE providers.
- **Provide funding for aides and staff to support children on long bus rides.**

- **Fund equity-based initiatives.** One administrator shared “there isn’t a pocket of money to incentivize [Equity] in early learning. Equity based initiatives to narrow opportunity gaps need to exist in early learning through tying funding to equity.”

#### *Adequate service level data*

#### **Administrators found having adequate service level data helpful in conversations with staff**

For example, one administrator shared that the data were helpful in pinpointing issues to be addressed including identifying other ways to reach families or reducing caseloads for staff. Other administrators use the data to determine staffing needs and service-area plans but found that the data were not accurate because of COVID precautions.

#### **Adequate service level data is not sufficiently flexible to meet families’ needs**

For example, one administrator shared that “many families are receiving multiple services from private services and one time a week, that’s just too much for families.” Programs could meet their goals by placing children in classrooms, but this was not always a successful strategy for children with high needs. Administrators also shared that there was not enough funding for specific eligibilities (e.g., sensory impairments, traumatic brain injury) and this inhibited meeting adequate service levels.

*I don’t want to lose the sight though, that it is an individual family service plan and so that adequate service levels feels like a prescription, which rubs against my SPED heart. [We] really try to help staff balance ‘this is where we’re trying to aim” not “this is what it has to look like.” I think it’s a very difficult kind of mixed message for staff so we have to continually help support them because it’s not a SPED concept from that standpoint.*

–Administrator

One EI provider shared that they were better able to serve some families during COVID, when the pressure was taken off of adequate service level goals.

*Those parents who were overwhelmed, you know what, it can be as little as you want. Would you want us to mail you some information? You want us to email you? Do you want us to make a phone call once a month? How can we support you best? I felt like it [remote service delivery] was permission to give parents more choices for what would work for their family... Especially for families who can’t handle one more thing... I know we’re all talking adequate service levels right now, but I think if the individualization part is what works for your family, we want to support you and that might not be once a week meetings.*

–Intake coordinator

#### **Adequate service level data does not reflect progress for programs or families**

EI/ECSE is in the third year of creating Child Outcomes goals where each program analyzes their child outcomes data (indicator data) and formulates goals to improve child outcomes.

Programs' SSA funding is partially tied to this—as well as adequate service levels and high quality inclusion.

Administrators shared that they were working to increase services, but this was not always reflected in adequate service level data and some would like to use other indicators to demonstrate program or individual child progress.

*We put a lot of energy and effort into increasing services [but] we may not meet the high mark. There's no way to really show that we did increase class time and increase class days [because] we're still not there to that 16 hours a week. So it'd be nice if we had some indicators in there that just showed overall increases in time moving toward that.*

–Administrator

*We just rely so heavily on adequate service level as the metric, but when you look at adequate service level it doesn't tell us a think about the outcomes students are making either a norm reference assessment or criterion reference assessments.*

–Administrator

Multiple administrators agreed that the adequate service level goals were impossible to meet without preschool partners who could support children with disabilities.

### **Recommendations**

- **Provide supports to administrators and staff** around interpreting and using adequate service level data.
- **Allow administrators to identify or develop additional indicators to demonstrate progress.**

### *Coordination across the system*

The EI/ECSE system is a complex partnership involving multiple state agencies (e.g., ODE, ELD, Department of Human Services), regional entities (e.g., districts and ESDs), and community partners (e.g., child care programs, advocacy groups). Successful service delivery requires significant communication and alignment across the system. The listening sessions identified a few areas where coordination could be improved. As one administrator said, “more uniformity between what we're all doing would be helpful.”

### **Collaboration with partners would improve the referral process**

While some families discussed the support they received from their doctors and pediatricians, others highlighted the lack of information provided to them by these professionals. For example, in some areas across Oregon, parents may receive a referral from their pediatrician, but then must go to a separate entity for the evaluation. Then, should their child be found to be eligible, they must go elsewhere to receive services. Intake coordinators also reported

inconsistencies in how physicians' offices managed referrals that could lead to miscommunication and families opting out of services.

*We've found that with every agency, every doctor's office, there has been such a high turnover... it is a disaster right now. We cannot get chart notes, we can't get calls back. [In one situation] the doctor didn't want to tell the family what the concerns were. And I'm like they have to know what's going on before I call them, they need some background here. And sure enough, when I called the family, she was so upset that she had no idea what was going on, why they would have any concerns at all. And it's hard to get into doctor's offices, I know our agency has tried, my director has tried to make appointments and go talk to offices but, I think there's a barrier getting in. And I do think they have such high a turnover in staff, no one knows who is sending the referral, what's supposed to be sent, what information we need. I mean they'll just send it and it says communication, well that doesn't give you any idea what's going on if it's just communication. And so, somehow to get into physician's offices, explaining the referral process and what we're about, what early intervention even is.*

–Intake coordinator

*Better collaboration with our physician/clinic partners is needed. The referrals that most often "slip through the cracks" and go IA-CL tend to come from doctors. It seems like there is a little confusion between the medical community and EI/ECSE. Parents don't always know they've been referred or they think that we're a clinic.*

–Intake coordinator

Administrators shared that there is difficulty with referral in other partners as well, saying:

*When a family goes to their primary care and there's a referral, families don't quite understand what that referral means so we lose children in that referral loop. There are many referrals that we are missing through some of the other programs in the state. With WIC and some of those other programs we need to have a better partnership in that referral process. It seems like we should be getting a lot more kids through that. I feel like there needs to be some better collaboration and understanding because we're losing kids in that referral. Parents don't always understand what the referral is or means when they are referred, so sometimes they don't even call back.*

–Intake coordinator

### **Duplicate or inconsistent communication across agencies creates confusion for families**

A reoccurring theme across provider and family interviews was confusion over multiple agencies contacting families, or families needing to go to different agencies/locations for different services. The many agencies and locations cause some confusion for families, which can often lead to families not following through with an evaluation or accessing services at all.

*What I found really overwhelming was having different service providers and trying to keep them all updated at once.*

–Family in the Native community listening session

*I wasn't really understanding what all the terms and test names were and what tests were for what. I had a Zoom meeting set up with everyone involved with his plan, teachers, admin, speech, and the new preschool teacher... Everything was explained to me in a way I could understand, without making me feel stupid. I heard someone mention that they have a difficult time sometimes to know exactly who to contact for what. I am having that issue right now. It was nice having the meeting with everyone and meeting the team, but I am still not clear on who's who. I think someone like a Case Manager would be helpful for me to help me navigate.*

–Parent

One intake coordinator agreed that while it is helpful to have multiple agencies or entities trying to communicate with a family to ensure they understand the referral and the evaluation process, it can be very confusing for families:

*It's nice to have the community tool where people are referring out, however, it also confuses parents because by the time I call sometimes, they're like 'are you family development center? Or they think we're Head Start or if they're in Head Start they don't understand we're early intervention, what we're doing. You know, we evaluate, and we provide services at the Head Start classroom and, especially for DHS families. They are so overwhelmed... I called a parent the other day and she said, 'well are you doing the CANS, or the CARES?' and I said, no, that's DHS... that's not us... It's nice to have those avenues for parents, but it's confusing as well. They don't understand where we sit in sometimes. So I spend a lot of time explaining that to families. Sometimes I think they don't call back because they think they have already talked to you; they don't understand that we're a different agency and we're helping for developmental delays.*

–Intake coordinator

Some providers also shared experiences of families receiving conflicting information, which could lead to frustration and confusion.

*Even though we collaborate, every agency has their own agenda or their own idea, maybe their mission statement, of what they're doing... Sometimes we've had some meetings with parents were told one thing by a different agency, and then we jump into that IFSP and they are demanding that one on one [support] even though their kiddos are in a community preschool because they were told that it's their right... I think the parent misses what we're doing as an agency. Sometimes I think the communication between partners can be more fluid.*

–ECSE provider

## Recommendations

- **Support collaboration and training with health providers and other referral sources.** Providers and families also expressed a need to train physicians who refer families into EI/ECSE services. Intake coordinators shared that referral forms were often incomplete and families were not aware they were referred, or why. They recommended providing trainings about how to engage families through the referral process. Families also shared that they struggled to learn about the EI/ECSE system from pediatricians and they wished their doctors had training to support and encourage parents with a range of EI/ECSE knowledge during the referral process. Intake coordinators and administrators expressed a desire to work more closely with health providers and other referral sources through learning communities or regular meetings focused on alignment across referral practices.
- **Support collaboration across the mental health and EI/ECSE fields.** Multiple providers shared that families need more access to mental health and social work services. One ECE provider shared, ““I think we’ve worked really hard to make sure we’re not duplicating services... but I’d like to see it bolstered up so that there’s a nice partnership with kiddos receiving mental health services and then also including that into their goals and processes. We’re trying to make that better and not be as siloed. Another administrator acknowledged “there’s such a grey area between mental health and the medical model... those supports in a softer way would be unbelievably helpful for our families.” One administrator shared that she was “able to hire a mental health specialist to work across our region... we’re able to reach out to the communities that don’t get to have as many resources.”
- **Create multiagency teams or cross-agency staff roles to facilitate communication.** One ECSE provider shared a positive experience with a meeting that included representatives from ODE, ELD, and FACT, saying “I think maybe more of those meetings with the intent of knowing what each agency does and what each agency can provide within that law would benefit parents in the end ... Because then we can be understanding and cohesive... As a community, if we’re on the same page so we can easily advise the parents.” An administrator had also seen success from collaborating with community partners, saying “We met more frequently this past year to share what people are doing, and some of the challenges we were facing to and come up with some common solutions and that was a helpful resource.” ODE could leverage existing cross-agency entities such as the Early Learning Hubs, the State Interagency Coordinating Council, or the Early Learning Council, and facilitate collaboration between these entities to share information and streamline processes for families and providers.
- **Facilitate ongoing conversations with providers.** Across the listening sessions, providers expressed gratitude for and enthusiasm about the opportunity to share their experiences with the EI/ECSE system.

*I would like to continue to give input and would be interested if the state is setting up meetings between EI and early learning*

–ECE provider

*I appreciate what we're doing here, which is a group of people at the ground level, we're doing the intakes, we're doing the referrals. [To] get an opportunity to talk to each other, and talk about those barriers, or strategies, ideas to promote it. Because, normally, this isn't a group...like I said, there's no EC web training. It's not like you can just say 'okay once a year, we're going to get together. We're going to talk about how EC web works, what ties into what, what does what. A little of that is just sort of learn as you go and it's nice to have a group like this where we can talk about opportunities and ways that we do the referrals, enter information and upload information, it's kind of very esoteric, I know, and not very interesting for some people, but for some of us it's the only group of people we can talk to that are doing what we're doing.*

–Intake coordinator

## **Recommendations to Support Future Engagement with Culturally and Linguistically Diverse Families**

In this last section of the report, we describe lessons learned across the process of engaging families in listening sessions and provide recommendations for future community engagement work with culturally and linguistically diverse families. Across these strategies, it will be important for future community engagement work to prioritize the voices of communities of color and historically underserved communities. These perspectives are not sufficiently explored in this community engagement process, and a future effort with strong community partners, sufficient time for relationship building, and family incentives can create the foundation for a stronger recruitment effort in these communities.

### *Collaborate with community partners*

Our ability to connect with families was entirely due to our partnerships with trusted community organizations that had built relationships with families and could facilitate outreach to them. In this process, community partners took on a variety of roles depending on their capacity to provide time and expertise. Some organizations supported staff in meeting with our team to provide advice and guidance about when and how to engage families, other organizations supported recruitment and provided incentives to families, and others facilitated community-specific listening sessions. These partnerships provided valuable information and support in reaching families, and future work should begin by building or continuing relationships with such organizations, while respecting their capacity for support and engagement. In addition, we benefited by partnering with community organizations whose goals aligned with those of this community engagement effort and who wanted to lift up the voices in their communities. To broaden these partnerships and build additional partnerships, it will be important to create reciprocal relationships that support both ODE's community engagement goals and the goals of community partners.

*Allow sufficient time for outreach, buy in, and relationship building*

One challenge in this community engagement process was the short timeframe, which inhibited our ability to build trusting relationships with the communities we sought to engage. It also created a challenge for our community partners when we were asking for support after just a brief meeting or two. In future efforts, it would be beneficial to build relationships and learn about community partners' goals and priorities before asking them to support data collection efforts.

*Support access for families through incentives, flexible scheduling, building on existing events, and translation/interpretation*

All our partners emphasized the importance of incentivizing families to participate. This was a challenge with the current community engagement process and limited our ability to reach underserved communities. In future community engagement work, families should be well compensated for their time and contributions to the data collection effort. In addition, community partners recommended providing sessions during evenings and weekends, providing child care and food, engaging translators or interpreters to support access for linguistically diverse families, and integrating listening sessions with existing gatherings or events to make access and engagement as easy as possible for families.

*Facilitate meaning making with participating communities and communicate impact*

Community partners shared the importance of continuing to engage participating families after the listening sessions end. As a first step, it is crucial to create a collaborative process for participants around interpreting and making meaning out of the data. The goal of this "check-in" process is to ensure that reporting presents an accurate reflection of what was said and that interpretations or assumptions are in line with the views of the participants, and others in the community. This process also allows participants to clarify or add to their statements and to process the themes as a group. Ideally, this process can be a basis for ongoing collaboration and communication between ODE and communities served by the EI/ECSE system. These check-ins should be provided in all languages of the communities served, with a particular focus on reengaging and supporting access for linguistically diverse families and communities that participated in the initial data collection process.

In addition to a collaborative meaning-making process, it is essential that ODE shares the impact of participation with the communities involved. This might include summaries of new policies that are put in place, descriptions of resources that have been made available to providers or families, or a description of new staff that are hired to respond to needs. This communication is key to building trust and paves the way for successful recruitment into future community engagement work as families learn that their words are valued and their recommendations impact the system. Communication about impact should be provided in multiple languages and formats to ensure it is maximally accessible to families across Oregon, especially those that contributed to the data collection effort.