

Regional Inclusive Services Senate Bill 53

Report to the Oregon Legislature

April 2022



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Executive Summary

Low-incidence, high-impact disabilities affect a small percentage of students eligible for special education. For nearly 40 years, Oregon has had regionalized service provision for children and students who experience these disabilities. Regional Inclusive Services (RIS)¹ was designed “to provide equity in funding and services for low-incidence, high-cost [children experiencing disabilities] identified as visually impaired, hearing impaired, orthopedically impaired, and autistic” (Duncan, 1982, p. ii). Research conducted by the Oregon Educational Coordinating Commission, the Oregon Department of Education (ODE), and a specially appointed task force found that inequities in services were inextricably tied to where a child and family resided. A regionalized system was designed to eliminate to the greatest degree possible inequities in:

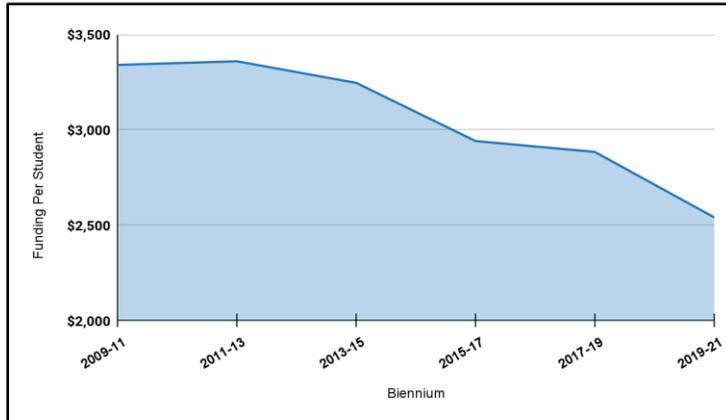
- Level of service by geographic area
- Service to population groups of differing [disabilities]
- Service because of age difference
- Eligibility requirements for service
- Service delivery patterns
- Program funding and administrative structure (Duncan, 1982, p. ii).

Since its initial establishment, the disability categories eligible for support through RIS have expanded. Under current Oregon Revised Statute, children and students with disabilities eligible for support through RIS “include, but are not limited to, children who: (A) have a visual impairment; (B) are deaf or hard of hearing; (C) are deafblind; (D) have an orthopedic impairment; (E) have autism spectrum disorder (ASD); or (F) have traumatic brain injury” (ORS 343.236(1)(1)(A-F)).

The expansion of eligibility paired with longstanding and continued underfunding of RIS has resulted in an ongoing reduction of special education services to students in all low-incidence disability categories. In its current formation, RIS is managed locally by each program, but the Regional Management Team (RMT) – made up of administrators from RIS settings – works to coordinate all RIS programs throughout the state for a consistent high level of quality. The RMT’s work to ensure high quality services in all RIS settings is made challenging due to the persistence of funding concerns. These funding concerns are shown in Figure 1 below, indicating the reduction of per-student funding over time.

¹ The name currently used for this regionalized service provision has changed over time; it has previously been known as “Regional Services to the Handicapped,” “Regional Services” and “Regional Programs.” For consistency and ease of understanding throughout this report, RIS will be used to refer to these programs, regardless of the name in use at the time being referenced. In this report, RIS may be used to describe the services being provided or the settings within which these services are provided.

Figure 1
Regional Inclusive Services Funding Levels



The continual reduction in funding directly impacts needed services, education, and support for children with the most complex needs. Direct impacts include children unable to access Braille, hearing aids, specialized equipment, and qualified personnel for meaningful education.

Lisa McConachie, Senior Director
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Specific information related to funding for RIS is included in the below table:

Table 1
Funding and Student Information for Regional Inclusive Services, by Biennium

Biennium	Funding (GF & FF)	Student Count	Funding Per Student
2009-11	\$62,068,500	18,576	\$3,341
2011-13	\$61,020,234	18,161	\$3,360
2013-15	\$59,938,529	18,458	\$3,247
2015-17	\$58,009,947	19,717	\$2,942
2017-19	\$61,917,950	21,459	\$2,885
2019-21	\$62,099,109	24,429	\$2,542
2021-23 ^a	\$69,248,156	24,160	\$2,866

^a Funding and student information for the 2021-23 biennium is estimated. The continued prevalence of COVID-19 likely impacted student count. It is important to note that in the 2021-23 biennium, an additional IDEA supplement from the American Rescue Plan (ARP) Act was applied to the funding formula, which artificially raised the per student allocation. Without these one-time funds, the per student allocation would have been lower than previous years.

This report documents the legacy of work by dedicated staff and highly committed regional contractors over the past 40 years, the challenges facing RIS, and the approaches Oregon and other states have used to serve this population of students. It also provides recommendations for program improvement moving forward. Specific attention is paid to the changes in student populations and, thus, service needs; the pivotal moment in time Oregon currently occupies that could catalyze a long-term, sustainable solution; and actions that could be taken, by actor, to facilitate that solution.

Background

In response to House Bill 5026 (1981), the *State Plan for Regional Services to the Handicapped* was developed “to provide equity in funding and services for low-incidence, high-cost [children and students experiencing disabilities] identified as visually impaired, hearing impaired, orthopedically impaired, and autistic” (Duncan, 1982, p. ii). In introducing the proposed RIS, Superintendent Duncan noted:

The primary responsibility for education (K-12) in the state is assigned to the unit of government closest to those served--the local school district. This approach has and is working for most of Oregon's youth. However, there are students with special needs for whom the local and state governments must share responsibility. These students have high-cost needs which frequently cannot be met adequately and efficiently by local education districts. Therefore, these students represent a unique and protected class for whom an appropriate service delivery system must be provided. (p. 4)

Forty years later, that sentiment continues to be true: the vast majority of Oregon’s children and students experiencing disability are educated most appropriately in their local school district in the setting they would attend if they did not experience disability. However, local school districts do not always have the capacity to provide the specialized instructional supports needed by some children and students with low-incidence disabilities. From its inception, the plan for RIS was to assure that appropriate services would be provided to children and students experiencing low-incidence disabilities regardless of where the child or student and family lived in the state. This intent was to be met through the elimination of inequities in service level, services provided according to disability categories, services for various age groups, eligibility requirements, service delivery patterns, funding, and administrative structure. Since its establishment, RIS has worked to meet this intent.

In 1983, Oregon established funding to provide equity for access to specialized services for children and students with low-incidence disabilities regardless of location within the state, provide a mechanism to acquire and retain highly specialized staff, and maximize taxpayer dollars by capitalizing on economy of scale. In 1986, six RIS settings were established to serve children and students, aged birth to 21, with hearing impairments, vision impairments, orthopedic impairments, deafblindness, and autism. Over time, two additional RIS settings were added to assure access across the state and traumatic brain injury was added to the list of categorical low-incidence disabilities eligible for RIS support.

Despite the best intentions of all involved, RIS is not fully meeting its intent. Amidst stagnant funding levels, in 2007, the Oregon Department of Education (ODE) contracted with the American Institutes for Research to conduct an independent assessment and analysis of the fiscal and operational efficiency of Oregon’s RIS and early intervention/early childhood special education (EI/ECSE) programs. The report culminated in a series of recommendations for both programs. Specifically, the report found that Oregon should:

1. Seek greater alignment with K-12 special education funding,
2. Streamline regionalization,
3. Ease the EI/ECSE and Regional Service bid process while fostering competition in provision,
4. Streamline data collection requirements and standardize record keeping,
5. Develop State benchmarks, goals, and objectives,
6. Address the statewide therapist shortage, and
7. Rethink Medicaid billing. (Parrish et al., 2007, pp. 39–42)

Additionally, specific to RIS, the report recommended that the state reconceptualize the regional system of program provision regarding the nature of services provided and the basis for funding.

Following that report, RIS developed core service models to respond to a growing population of children and students experiencing low-incidence disabilities and funding that has failed to keep up with that growing population. The core service model (known informally as the “shalls and mays”) provided a list of services for each categorical eligibility that each RIS would be required to provide (i.e., the “shalls”) and a list of services that each RIS might provide if able (i.e., the “mays”). Over time, from 2007 to present, the list of services that shall be provided steadily decreased in light of decreasing per child/student funding, until the core service model was no longer tenable. In its current form, each RIS setting determines their own core service model. The significant additional funding provided to education through the passage of the Student Success Act did not include provisions for RIS.

This background and clear, pressing need for additional resources resulted in the 81st Oregon Legislature enacting Senate Bill 53 (2021), precipitating the current study.

Research Approach and Engagement

[Senate Bill 53](#) (2021) required the ODE to

conduct a study on special education programs provided on a local, county or regional basis. The study shall address: (a) How special education currently is provided on a local, county or regional basis; (b) Changes in law or practice that would improve how special education is provided on a local, county or regional basis; and (c) Efficient and effective funding methods for providing special education on a local, county or regional basis. (p. 2)

The ODE was further directed to “report the results of the study to an interim committee of the Legislative Assembly related to education no later than April 1, 2022” (Senate Bill 53, 2021, p. 2). In response, the ODE designed and implemented a six-phase process to ensure the effective implementation of the required study:

1. Identify Essential Questions and Outcomes

2. Design Engagement and Research Plan
3. Conduct Engagement and Research
4. Draft Report and Recommendations
5. Engage Partners in Review of Report and Recommendations
6. Refine and Submit the Report to the Legislature

Phase One: Identify Essential Questions and Outcomes

In an effort to identify the essential questions or themes the study should address, two engagement sessions were conducted with RIS directors, superintendents of education service districts (ESDs) or school districts (SDs) holding RIS contracts, and Oregon Association for Education Service Districts (OAESD) leadership. The sessions were structured to identify essential questions or themes related to RIS that could support study development.

An essential question was defined as a question that would:

- Guide the research and provide the backbone for the culminating report;
- Represent enduring questions that cannot be answered with a 'yes' or 'no' response;
- Promote deep and enduring understanding;
- Lead to the production of original ideas rather than predetermined answers; and
- Suggest the need for a decision or plan of action.

In this design, essential questions and themes that emerged served to reveal the core concepts, principles, and topics to become the focal point of the report. As shown in Table 2, themes and essential questions emerged in the four core areas: funding; definition of low-incidence disability; RIS services; and the roles of ESDs, SDs, and RIS programs. Those essential questions and themes were then utilized for further engagement.

Table 2

Essential Questions or Themes by Area

Core Area	Essential Questions or Themes Explored
Funding	<ul style="list-style-type: none"> • Background • Current formula issues • Future funding possibilities • Equity of services (demographic, geographic)
Definition of Low-Incidence Disability	<ul style="list-style-type: none"> • Definition of low-incidence disability • Who should RIS serve? • Ways to better serve children and students experiencing low-incidence disabilities
RIS Services	<ul style="list-style-type: none"> • Adequate service level • Staff recruitment and retention • Equitable services
Roles of ESDs, SDs, and RIS	<ul style="list-style-type: none"> • Clarify current model • Redefining the model

Phase Two: Design Engagement and Research Plan

Based on the four core areas established by the phase one engagements, ODE began to plan for additional engagement. This planning was done in conjunction with steering committees established by core area (i.e., funding, definitions of low-incidence disabilities, and services/roles). Steering committees were comprised of colleagues in SDs and ESDs, based on recommendations from administrators in SDs and ESDs that hold RIS contracts and leadership from OAESD. Steering committees assisted ODE in identifying potential additional engagement sessions and provided input on the research needed to respond to the Legislature's questions and deliver appropriate recommendations for the report.

Phase Three: Conduct Engagement and Research

With input from the steering committees on research methods for the refined essential questions, ODE began to conduct further engagement to clarify research needs. During engagement meetings, participants helped ODE refine research questions and provided input regarding how ODE could best address research questions. Research questions were grouped by common themes and whether they focused on historical practices, current practices, and/or recommendations for the future. Table 3 documents each primary research area, corresponding research questions, and information sources deemed relevant by participants.

Following the compilation of these information sources, ODE staff worked to gather the needed information in preparation for phase four. This work included: (1) a review of data and reports, (2) a multi-state scan of regionalized programs, (3) a review of [relevant Oregon Revised Statutes and Oregon Administrative Rules](#), (4) an Oregon state scan of methods of service delivery, and (5) interviews, surveys, and discussions with parties knowledgeable about RIS within Oregon. Existing data and reports included but were not limited to the Oregon Secretary of State website, Oregon Archive Records, RIS historical documentation held by ODE (including contracts), RIS information and resources maintained by the RMT, the ODE/RIS website, and the Oregon Efficiency Study Final Report (2007). Parties knowledgeable about RIS within Oregon included but were not limited to members of the six RIS Professional Learning Teams (i.e., Autism Spectrum Disorder, Blind and Visually Impaired, Deafblind, Deaf or Hard of Hearing, Orthopedic Impairment, and Traumatic Brain Injury), EI/ECSE Contractors, current and past members of RIS Administrative Teams, and current team members within ODE's Office of Enhancing Student Opportunities (OESO).

Phase Four: Draft Report and Recommendations

ODE staff reviewed the information gathered as a result of work in Phase Three and used it as a basis to inform findings and discussion related to the research questions and recommendations to include in the report. Based on that work, ODE staff drafted the report and recommendations.

Table 3

Research Areas, Corresponding Research Questions, and Information Sources

Research Areas	Corresponding Research Questions	Sources
Funding	1. How has, does, and should Oregon fund RIS? 2. What barriers exist to equitable funding for RIS?	1, 2, 3
Definition of Low-Incidence Disability	3. Which disability categories receive support from regionalized programs in Oregon and other states? 4. Should all children and students eligible in these disability categories receive RIS?	1, 2, 3, 4, 5
Regional Inclusive Services	5. What services are essential for RIS to provide in order to provide adequate, equitable services? 6. What staffing considerations are relevant for RIS in order to provide these services?	1, 2, 4, 5
Roles of ESDs, School Districts, and RIS	7. What roles do ESDs, SDs, and RIS fulfill for eligible children and students? 8. How do these roles intersect and how are they delineated?	1, 2, 3, 4, 5

Phase Five: Engage Partners in Review of Recommendations

After the report and recommendations were drafted, ODE hosted an additional meeting with each steering committee to review the recommendations for clarity, potential gaps in information, and appropriateness of recommendations. An additional review was conducted by the ODE executive team.

Phase Six: Refine and Submit the Report to the Legislature

Final edits were made after review of the feedback from phase five was obtained before ultimately submitting the report to the legislature.

Research Questions

During the research and engagement phase of the report, ODE worked with engagement partners to develop essential questions that defined the scope of the research. After repeated refinement from engagement sessions and steering committee members, the final essential questions guided researchers in order to stay focused on the intended purpose and needs of the report. These essential questions were distilled into research questions in four key areas identified through engagement, as follows:

Research Area 1: Funding

Research questions in the area of funding included:

- How has, does, and should Oregon fund RIS?

- What barriers exist to equitable funding for RIS?

Research Area 2: Definition of low-incidence disability

Research questions in the area of the definition of low-incidence disability included:

- Which disability categories receive support from regionalized programs in Oregon and other states?
- Should all children and students eligible in these disability categories receive RIS?

Research Area 3: Services within Regional Inclusive Services

Research questions in the area of Services within Regional Inclusive Services included:

- What services are essential for RIS to provide in order to provide adequate, equitable services?
- What staffing considerations are relevant for RIS in order to provide these services?

Research Area 4: Roles of ESDs, SDs, and RIS

Research questions in the area of Roles of ESDs, SDs, and RIS included:

- What roles do ESDs, SDs, and RIS fulfill for eligible children and students?
- How do these roles intersect and how are they delineated?

Research Area 1: Funding

This study explored the following research questions related to RIS funding:

- How has, does, and should Oregon fund RIS?
- What barriers exist to equitable funding for RIS?

Discussion

Funding for children and students with low-incidence disabilities began to diminish in 2007. Since then, despite educational leaders and regional contractors continuing to seek solutions to the financial limitations, services have rapidly declined. After several unsuccessful attempts to secure stable funding for RIS through the Legislature, ODE and RIS have begun to:

- Reduce the scope of services to children and students; and
- Redirect service responsibility to K-12 school districts.

This analysis of the funding mechanisms and the primary issues impacting funding comes at a critical time for RIS. With general year-over-year program costs rising and children and student numbers—especially in the area of autism—increasing, the funding streams have not adequately supported the program for several biennia. Without immediate attention to the development of a stable funding mechanism that provides an adequate service level, our children and students who experience low-incidence disabilities are at risk of further reduction of an already-insufficient level of services. In addition, our K-12 school district partners who are

obligated to provide a free appropriate public education (FAPE) to children and students currently served by the RIS program are at risk of inheriting substantial additional costs that will require them to divert funds from other critical school district needs and take on new service provision responsibilities. All of this comes at a time where workforce shortages have significantly exacerbated a decades-long staffing crisis within special education. Specialists and service coordinator positions, once hard to fill, are now very likely to remain long-term vacancies.

Research Findings

In exploring how Oregon has, does, and should fund RIS and the barriers to equitable funding, ODE reviewed past examinations of RIS funding, including The Oregon Efficiency Study Final Report (2007) and the Quality Education Model: Final Report (August 2020). Additionally, ODE examined the current approach to structuring the biennial Current Service Level funding request and the method of distribution to programs. Below, the report discusses the research questions through each of the following categories:

- Funding model history
- Current funding model
- Equity of service (demographic and geographic)
- Current funding barriers

Funding Model History

During the onset of the funding downturn for RIS, the 2007 Oregon Efficiency Study was conducted. The final report found that, “the major concern with the regional formula is that while it may have made sense at the time it was conceived, it has become outdated in the current era, especially in light of the substantially rising number of [children and] students in the State with ASD.”

The report also identified several key barriers to adequate funding:

- The RIS formula did not include an adjustment for geography, identifying travel time as a particular fiscal barrier for more remote locations.
- The RIS funding model does not necessarily take into account the realities of quality service provision.
- The ways in which children and students are identified as regionally eligible or not creates a volatile and unpredictable funding environment.

Oregon has long been committed to developing sufficient resources within the state’s educational programs to provide a quality education for every student. In 2001, the Legislature established the Quality Education Commission in statute to determine the amount of funding needed to meet the state’s quality education goals. The Commission publishes a biannual Oregon Quality Education Model (QEM) report to help lawmakers establish the costs of providing the education necessary for Oregon’s children and students to meet educational

goals. For the first time, in 2020, the QEM Final Report included an evaluation of funding trends for RIS (Quality Education Commission, 2020). The report found that, as of August 2020:

The number of students served by [RIS] has grown an average of 1.9 percent per year since the 2007-09 biennium, with growth flattening in 2009-11, then resuming in the 2015-17 biennium....Over that same period, total funding rose 2.3 percent, and average annual growth rate of just 0.2 percent per year. When adjusted for inflation, total funding fell by more than 20 percent....The number of student [*sic*] served, however, has grown steadily over the period, so funding on a per-student basis declined by 14 percent over the period. **When adjusted for inflation, per student funding fell by more than 33 percent.** With expected funding for the 2019-21 biennium of \$62.1 million, just 0.3 percent above the prior biennium, funding per student is expected to continue to fall. (Quality Education Commission, 2020, p. 22, **emphasis** original)

Review of Current Funding Method

Oregon's state budget is comprised of multiple revenue sources, including the General Fund (GF), Lottery Funds (LF), Other Funds (OF), and Federal Funds (FF). In addition to local revenue sources, public education receives funding through each of these revenue sources. The majority of public education funding is allocated through the State School Fund (SSF), a line item in the state's legislatively adopted budget which receives appropriations from GF, LF, and OF sources. Additional educational funding, including funding for RIS, comes from another line item in the legislatively adopted budget (i.e., "Education - Other"). This funding source receives appropriations from GF, OF, and FF sources with small increases for inflation.

Funding for RIS comes entirely from the second line item (i.e., "Education - Other"). From the GF appropriation within this line item, RIS receives approximately \$30 million per biennium (41% of RIS funding). This source is based on a flat amount, starting with the budgeted amount for the previous biennium with an adjustment for inflation.

The majority of funding for RIS (59%) comes from FF appropriations. Federal funds are redirected from districts to RIS and reserved for RIS from Oregon's IDEA discretionary funds (through the IDEA Part B, Section 611 award). Under the IDEA (34 CFR § 300.704), each state may reserve a specific amount of money for state-level activities (state administration and other state-level activities). Oregon uses this discretionary funding, in part, to support RIS.

The federal IDEA pass-through formula accounts for approximately \$15.7 million per year, or \$31.5 million per biennium. Pass-through formula funding is based entirely on the base IDEA pass-through formula for districts. As outlined in the now repealed ORS 343.239, the amount RIS receives from this source is based on a combination of the December 1 Child Count and district IDEA awards. Districts are allocated an amount of IDEA pass-through funding built from a base payment, a population amount, and a poverty amount. Once the amounts are determined, the gross allocation is then distributed based on state statute and rule. For RIS, this

means that they will receive a portion of each district's gross allocation equal to the percentage of the children and students the RIS served compared to the total children and students with disabilities for whom the district is responsible. For example, if a district is responsible for 100 students with disabilities and RIS serves 10 of those children, then that district's RIS provider would receive 10% of the district's gross allocation. Due to how this funding is allocated and distributed, the ODE has no ability to modify the formula.

Federal discretionary funding accounts for approximately \$5.9 million per year, or \$11.8 million per biennium. This funding is spread across nine different initiatives and also includes a direct supplement to RIS funding. All of the funds for these initiatives are sourced from the ODE's IDEA set-aside for other allowable state activities and accounts for 43% of Oregon's state-level discretionary funding.

During the state scan, it was determined that states have employed a variety of approaches to funding similar programs. Like Oregon, funding models found in Arizona and Pennsylvania utilize weighted funding as determined by student disability categories but expands the formula to include characteristics to limit the number of qualifying students. In New Mexico and Kansas, districts receive a base amount of funding per student with additional funding or weights added to provide additional support to students with higher need. Idaho distributes a census-based allocation to all districts and then uses a resource-based allocation to distribute additional resources based on a percentage of student enrollment. Resources include teachers, aids, specialists, and technology.

Current Funding Barriers

The call to action from K-12 leaders, RIS contractors and families has been to establish a funding formula and revenue stream that provides adequate and stable funding for the state's most vulnerable children and students who experience low-incidence disabilities. Research and engagement has confirmed that this issue is complicated and impacts all elements of the program from student identification to service delivery. While several mechanisms have been attempted to address these funding issues in the past, factors like the number of children and students identified within a specific category and the ability for the current funding streams to adequately fund the children and students in a stable manner into the future continue to be key barriers.

These funding issues persist, in part, because the number of children and students eligible for support through RIS continues to rise without a funding formula that rises with it. As a service provider for children and students eligible within the disability categories of deafblind; visual impairment, including blindness; deafness or being hard of hearing; orthopedic impairment, autism spectrum disorder, and traumatic brain injury, RIS provides the most expensive special education and related services for children and students experiencing disabilities in Oregon. Between 2011-12 and 2019-20, the number of deafblind children and students served by RIS—who typically require the most expensive special education and related services—has increased

189%. Comparatively over the same time period, the number of children and students with traumatic brain injury served by RIS—who typically require less expensive services than other children and students served through RIS, but still require among the most expensive special education and related services provided—has increased 215%. Overall, across the period of time between 2011-12 and 2019-20, the total number of children and students served by RIS has increased 37%.

ODE currently utilizes the Current Service Level (CSL) calculation to determine the State General Fund amount as part of the funding streams for RIS. The CSL calculation does not keep pace with student population changes within RIS, nor with the true costs of providing the services RIS is required to deliver. The Oregon Department of Administrative Services (DAS) specifically prohibits “changes in volume or usage” from factoring into inflation-based funding, such as the CSL calculation. As a result, this prohibition means that under the current model, no matter how much the program grows, it will only receive state funding based on inflation.

In addition, the December 1 Child Count, used to account for students served, does not fully describe the number of children that RIS providers actually served. Rather, it provides a count of students served on December 1. It is simply a snapshot in time of what was happening in each district on December 1. In effect, this attempts to estimate an entire year’s worth of activity from a single day. Thus, any children identified for special education services prior to December 1, but who may have fallen off the district’s enrollment, or any children identified after December 1, will not be included in the billing amounts for RIS. Depending on the severity of disability identified, even the cost of serving one additional child could seriously impact an RIS provider’s available funds, especially in more remote/rural parts of the state, where costs of services can be more expensive. Due to the nature of pass-through funding, funds allocated to a district must remain tied to that district. Ultimately, the pass-through funding is a district-specific entitlement. The state cannot pool all the funding identified as payments for RIS, then redistribute it as ODE chooses. This means, for example, funds allocated for Portland cannot be used by the state to pay for services in Pendleton.

District discretion is another important factor that causes instability in the RIS system. Each district decides whether a student is identified as regionally eligible, which plays out in the RIS program census count that drives the amount of funding each RIS setting receives. If a district does not identify a student as regionally eligible, the IDEA funding for that student is retained by the district and does not go to the RIS setting. Also, districts have the option to opt in or out of RIS yearly. When a district opts out, it retains the IDEA funding and, therefore, the total funding available for RIS decreases. Likewise, a district that had previously opted out can opt back in, which redirects funding back to one RIS and away from others.

The current service model fails to account for the geographic differences in the cost of providing services (Parrish et al., 2007). Survey respondents confirm that service costs vary vastly in different regions of the state.

Finally, in recent years, RIS has been increasingly dependent on discretionary funding to meet its obligation to children and students. This method is not sustainable because state set-aside funding must address the state's needs in all areas of the IDEA in light of where the state's data shows investment is needed. The rise in costs of RIS leaves diminishing resources for other initiatives. In order to allocate these dollars, ODE is required to annually solicit input from districts and other partners on how it spends the administrative and other state activities set-aside it chooses to withhold (34 CFR § 300.171(a)(2)). It is possible this input will indicate that ODE should shift focus to other activities, which would remove funding from RIS. Already, some of the funds (e.g., a staff retention bridge funding) are set to expire at the end of the 2021-23 biennium.

Currently, RIS receives federal funding from IDEA Part B 619 funds and IDEA Part B 611 funds, but does not receive any IDEA Part C funding. RIS does not receive any state funding through the EI/ECSE Early Learning Account/Student Success Act funds.

Research Area 2: Definition of low-incidence disability

This study explored the following research questions related to the definition of low-incidence disability:

- Which disability categories receive support from regionalized programs in Oregon and other states?
- Should all students eligible in these disability categories receive RIS?

In 1981 in response to House Bill 5026 (1981), the *State Plan for Regional Services to the Handicapped* was developed “to provide equity in funding and services for low-incidence, high-cost [children and students experiencing disabilities] identified as visually impaired, hearing impaired, orthopedically impaired, and autistic” (Duncan, 1982, p. ii). Since that time, local and state governments have shared responsibility for this student population. Children and students with low-incidence disabilities have high-cost needs, require specialized services, and “represent a unique and protected class for whom an appropriate service delivery system must be provided” (Duncan, 1982, p. 4).

During the 40 years of serving this population in a regional service delivery model, many have questioned whether each of the eligibility categories are appropriately characterized as low-incidence. These questions revolve around: (1) the ability of some regionally-eligible children and students to access the general education environment using tools and supports provided by the local education agency, and (2) the need of some regionally-eligible children and students to have access to specialized tools and strategies provided by RIS program and staff. With continued funding issues and ongoing impact from the instability of the student population, it is important to review those populations that should continue to be provided for within the RIS program.

Discussion

The IDEA defines low-incidence disability as

(A) a visual or hearing impairment, or simultaneous visual and hearing impairments; (B) a significant cognitive impairment; or (C) any impairment for which a small number of personnel with highly specialized skills and knowledge are needed in order for children with that impairment to receive early intervention services or a free appropriate public education. (20 U.S.C. § 1462(c))

As noted above, in 2007, an independent assessment and analysis of the fiscal and operational efficiency of Oregon's RIS and EI/ECSE programs was completed (Parrish et al., 2007). Since that time, the RMT and others have remained in informal discussion about which children and students should be included in RIS. Amidst pressing need in 2019 and 2020 due to the funding issues documented earlier in this report, ODE convened Superintendents from districts that held RIS contracts. The purpose of this convening was to more formally discuss the low-incidence disability categories to be included in the RIS program. This discussion resulted in a recommendation to continue providing support across the six RIS-eligible disability categories (i.e., autism spectrum disorder, blind and visually impaired, deafblind, deaf or hard of hearing, orthopedic impairment, and traumatic brain injury). However, the team acknowledged that further study was needed. Unfortunately, due to the need to respond to COVID-19, the group was unable to complete its investigation or provide recommendations.

Autism Spectrum Disorder

Children and students eligible under the category of Autism Spectrum Disorder comprise a significant majority of the overall RIS population. RIS for this population of students is typically provided through evaluation and consultation (Parrish et al., 2007), which is relatively unique for students served within RIS. RIS has traditionally been considered a mechanism for direct service provision. However, given that the significant majority of the RIS population is comprised of autistic children and students, the nature of RIS service provision as a whole is impacted.

Given the varying degrees of service needs for autistic children and students, discussion as to which of these children and students should be regionally-eligible is appropriate. The consultation model may work well for some autistic children and students, while others may need much more intensive, direct service provision. It is possible that, for these children and students, who can receive early intervention services or a free appropriate public education through consultation—without highly specialized skills and knowledge—RIS eligibility is not appropriate.

Traumatic Brain Injury

A previous examination of RIS within Oregon (Parrish et al., 2007) also raised concern as to whether students eligible for special education under the traumatic brain injury category should be potentially regionally-eligible. At the time, traumatic brain injury was a newly added category, following legislative action in 2007. Being a newly added category eligible for RIS support, RIS providers at the time had concerns about its potential impact on RIS as a whole. More recent outreach to RIS providers and partners indicated that this concern does not persist to present.

Research Findings

A multi-state scan of states explored the degree to which different disability categories receive support from regionalized programs similar to RIS in Oregon. The selected states (i.e., Arizona, Idaho, Kansas, New Mexico, Ohio, and Pennsylvania) were reviewed because they were demographically similar to Oregon, employed similar funding mechanisms, or were recognized nationally for their practices. Results revealed that many states operate in a manner consistent with Oregon, providing regional services for students with low-incidence disabilities. Of the states sampled, most identified low-incidence disabilities using the disability categories identified by IDEA (e.g., blind and visually impaired), but not all actively use the term “low-incidence disability”. However, unlike Oregon, many states use the “multiple disabilities” category to indicate that a child or student has coexisting disabilities, with needs that are not adequately conveyed through individual disabilities categories, whether listed in conjunction with others or alone. As defined in the IDEA,

multiple disabilities means concomitant impairments (such as intellectual disability-blindness or intellectual disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness. (34 CFR § 300.8(c)(7))

In some cases, use of “multiple disabilities” as an eligibility category seems to point to the need for highly specialized skills and knowledge that IDEA specifies as an indicator of low-incidence disability.

The disability categories currently being served through RIS and their percent of the overall program are included in Table 4 below.

Table 4*RIS Population Make-Up by Disability Category*

Disability Category	Percent of Overall RIS Population^a
Autism Spectrum Disorder	75%
Blind and Visually Impaired	7%
Deafblind	1%
Deaf or Hard of Hearing	12%
Orthopedic Impairment	9%
Traumatic Brain Injury	2%

^a Percentages are from the 2020-2021 Count and reflect the numbers of children and students who experience a low-incidence disability as their primary or secondary disability (in some cases, a child or student may experience more than one disability).

With the exception of traumatic brain injury, Oregon has utilized these disability categories for RIS eligibility since its inception. For at least the past 15 years, alongside increased prevalence of autism spectrum disorder and increasing local education agency capacity to meet the needs of autistic children and students, questions have persisted about whether and how that disability category should be included in RIS eligibility.

It is also possible that the continued use of individual categories alone as eligibility markers for RIS support no longer makes sense. Given the varying degrees of service needs for autistic children and students, discussion as to which of these children and students should be regionally-eligible is appropriate. The consultation model may work well for some autistic children and students, while others may need much more intensive, direct service provision. It is possible that, for these children and students, who can receive early intervention services or a free appropriate public education through consultation—without highly specialized skills and knowledge—RIS eligibility is not appropriate.

Research Area 3: Services within Regional Inclusive Services

This study explored the following research questions related to Services within Regional Inclusive Services:

- What services are essential for RIS to provide in order to provide adequate, equitable services?
- What staffing considerations are relevant for RIS in order to provide these services?

Discussion

The essential questions regarding services were grouped into three overarching categories: adequate service level, equitable services across regions, and staff recruitment and retention.

In education, the term adequate service level describes the level and type of services that a student should expect to receive. Often, funding for a particular service or program is

determined by needs of the student population or the adequate service level. Historically, RIS used a document called the “Shalls and Mays,” to explain to regional providers what shall be provided to students within the contract services to students within each of the RIS service areas. “Mays,” indicates what could be provided, if time and money were available, within the contract year. Unfortunately, the “Shalls and Mays,” document was never linked to the amount of funding received rather just what to do with that money once it was received.

Research Findings

A previous study related to RIS (Parrish et al., 2007) recommended that Oregon identify core services to be provided by RIS to “address variability in services and help tender the current tensions between some [RIS settings] and their districts” (p. 38) and to “increase consistency across [RIS], clarify ambiguity around what services are included in the existing...package, as well as the [RIS] charge within the overall State system” (p. 38).

Following that recommendation, and in response to a growing population of students experiencing low-incidence disabilities and stagnant funding, RIS developed core service models. The core service model (known informally as the “shalls and mays”) provided a list of services for each categorical eligibility that each RIS would be required to provide (i.e., the “shalls”) and a list of services that each RIS might provide if able (i.e., the “mays”). This document provided requirements related to each of the following core categories:

- Evaluation, Eligibility, and Assessment
- IEP development
- Support for Personnel
- Capacity Building for Districts
- Direct Instruction to Students
- Safety of Student and Staff
- Access
- Information and Referral

Over time, from 2007 to present, the list of services that shall be provided steadily decreased in light of decreasing per child/student funding, until the core service model was no longer tenable. In its current form, each RIS setting determines their own core service model. The significant additional funding provided to education through the passage of the Student Success Act did not include provisions for RIS.

In light of decreasing resources, RIS eventually moved away from that universal expectation regarding core services instead opting for each program to fund programs based on the individual context of their communities, students and their needs.

In 2019, the autism, deaf/hard of hearing, orthopedic impairment, and blind/visually impaired Professional Learning Teams (PLTs) set out to identify what adequate service levels might entail for school-age students experiencing what were categorized as high, moderate, and low levels

of support needs in order to access early intervention services or a free appropriate public education (FAPE). Once high, moderate, and low services levels were established, the groups estimated the percentage of students that were receiving at least the adequate level of service. Table 5 indicates each PLT's determinations as of 2020. General trends reveal that the majority of students, regardless of disability or level of support needed, are not receiving adequate services through RIS. Autistic children and students who required a low level of support are the one exception to this trend and, even there, barely more than half of the children and students were believed to be receiving adequate services through RIS.

Table 5

Percentage of Students Receiving Adequate Services by the Level of Support Required by Child/Student

Disability Category	High	Moderate	Low
Autism Spectrum Disorder	17.3%	32.2%	57.5%
Deaf/Hard of Hearing	28%	22%	39%
Orthopedic Impairment ^a	0%	0%	0%
Blind/Visually Impaired	17%	39%	44%

^a PLTs are established for each low-incidence disability category served by RIS. The Orthopedic Impairment PLT reported that no students are receiving adequate services through the service model provided through RIS alone. Student services are typically supplemented by local school districts to ensure student safety.

The PLTs however shared that while the information allowed them to understand more about how well and in what ways students were being served the process did not yield a complete document that could be used to accompany funding decisions. However, among both RIS administrators and RIS Professional Learning Teams (PLTs), interest remains in growing this work into a framework that will both ensure adequate services and provide critical information in developing a funding mechanism that is linked to those requirements. Ultimately, as it stands now, the lack of complete information related to adequate service levels for each eligible program within RIS is another complication in determining the appropriate funding mechanism as well as ensuring equitable educational opportunities for students served throughout the state.

Alongside perceptions of the state's PLTs, a multi-state scan of services provided for students experiencing low-incidence disabilities was completed to provide a reference point that could be used in establishing adequate service levels, as appropriate. Of the states sampled, most children and students who experience low-incidence disabilities receive services in their local school districts rather than through a regional model. This result could be a function of average school district size, as many states have larger school districts than most Oregon school districts. The size of many Oregon school districts does not enable them to maintain the services necessary for all low-incidence populations, thus necessitating a regional model. Various models of support existed within the multi-state scan, including regionalized teams, state-supported professional development groups, and access to state-supported centers or

service agencies. Regardless of the specific model of support a state utilized, provision of services for children and students experiencing low-incidence disabilities typically required coordination across multiple agencies and systems.

EI/ECSE Adequate Service Levels

As part of the current study, in February 2022, ODE asked EI/ECSE contractors to share their perception as to whether RIS services provided were sufficient to meet the needs of infants, toddlers, children, and families. For the most part, services for children who are deaf/hard of hearing, deafblind, and blind/visually impaired or their families are provided directly to the child and families. In contrast, services for orthopedic impairment and autism spectrum disorder are typically provided through a consultative model. Information from contractors revealed a desire for increased direct service provision for children and increased consultation for families and the preschools in which children are placed. RIS services for children in EI/ECSE vary among regions, with some smaller, more remote regions reporting access to minimal services from their regional partners. The survey also revealed some confusion regarding the services that RIS should provide for orthopedic impairment. In most cases, for EI/ECSE aged children experiencing orthopedic impairments, RIS only provides equipment. Typically, any services these children receive are funded through another mechanism within the ESD. Contractors expressed interest in clarifying the relationship between RIS and EI/ECSE when a child is eligible and receiving services from both entities.

Discussions with RIS administrators and EI/ECSE contractors also revealed a potential path forward for realizing adequate service levels within RIS. Like RIS, EI/ECSE has historically been significantly underfunded. Following significant engagement and work to develop adequate service levels for EI/ECSE, the State was able to use that information to calculate the additional need and work with the Legislature to secure additional resources through the Student Success Act. Due to that work, EI/ECSE is closer to being able to provide an adequate service level for every infant, toddler, and child experiencing disability than ever before in Oregon's history. Engagement with RIS administrators revealed a similar desire to develop adequate service levels within RIS, delineated by disability category, in an effort to better define how underfunding is contributing to the inability to consistently provide an adequate service level within all RIS programs. At a minimum, underfunding contributes to staff shortages that hinder the ability to provide an adequate service level within RIS.

Equitable Services across Regions

As with RIS provided for children in EI/ECSE, the capacity for and provision of services generally within RIS varies significantly across regions within the state. Provision of RIS is generally more expensive in more remote and rural areas of Oregon. For example, service providers in parts of eastern Oregon may have to travel much further in order to provide services to a child or student compared to the distance a similar service provider within parts of the I-5 corridor may have to travel. This longer travel time and further distance results in significant additional costs

for some RIS settings to provide the same amount and quality of services. It can also result in the need for more service providers for a smaller number of students in order to enable them to navigate the distance between students within their work schedules. As discussed in the funding section above, the funding model does not account for these geographic differences, which results in an inability to provide equitable services across regions even if the necessary highly qualified specialized staff to provide those services are available.

Staff Shortages

Staff shortages have been a key area of concern for RIS for more than a decade, as findings in a previous report (Parrish et al., 2007) identified that shortages inevitably lead to high caseloads and a reduction in services. A primary recommendation from the report was to address the statewide therapist shortage by “enhancing supply, utilizing existing staff as efficiently as possible, and...[leveraging] their skills through better and additional use of support staff” (p. 42). Additionally, the report recognized a need to increase RIS accountability through the development of state benchmarks, goals, and objectives specific to RIS that would “report and publicize indicators of how various districts and regions are delivering services and producing student outcomes in relation to these goals and objectives” (p. 41).

Alongside RIS partners, the ODE has worked since that report to meet its recommendations in order to improve the ability to provide adequate services. Most recently, starting in 2019, the Oregon Department of Education hosted a series of meetings with RIS managers and Superintendents of districts that hold RIS contracts to gain a shared understanding of how RIS was funded, review current Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR) pertaining to operation and oversight of RIS, and to clarify the governance structure. Following ongoing work with these groups, ODE was able to identify priority topics to address in order to better position RIS to ensure adequate service provision. These priority topics included funding, low-incidence categories, and rebranding of the program. Recommendations from this work resulted in the Legislature making changes to ORS 343.236 and ORS 343.239 during the 2021 legislative session, which lay the foundation for possible future changes to clarify and improve services provided by RIS. Potential changes could include revisions of OARs to adjust definitions for RIS, administration of RIS, eligibility for RIS, and referral for RIS. Alongside this critical legislative support, this work enabled Oregon to rebrand these essential services from “Regional Programs” to “Regional Inclusive Services.” This branding better reflects the desire for every regionally-eligible child to be a valued and included member of their neighborhood educational communities to the maximum extent appropriate.

The shortage of fully certified professionals to provide specially designed instruction and related services to children experiencing disability is described by RIS administrators as “severe,” “chronic,” and “pervasive.” The shortage threatens the amount and quality of educational services that students with disabilities in RIS settings receive. These highly specialized professionals include special education teachers, EI/ECSE specialists, teachers of the deaf, teachers of the blind and visually impaired, deafblind interveners, American Sign

Language interpreters, orientation and mobility specialists, audiologists, occupational therapists, physical therapists, autism specialists/consultants, and school psychologists. RIS administrators are working together to implement strategies to mitigate these staffing challenges. A key strategy has been development of “grow your own” programs that support current employees in less specialized positions becoming specialists by completing the needed coursework and practical experiences. In addition to “grow your own” programs, the administrators are seeking to identify and overcome barriers to licensure through work with ODE and TSPC (e.g., reviewing and potentially revising minimum standards for sign language interpreters).

Research Area 4: Roles of ESDs, SDs, and RIS

This study explored the following research questions related to Roles of ESDs, SDs, and RIS:

- What roles do ESDs, SDs, and RIS fulfill for eligible students?
- How do these roles intersect and how are they delineated?

Discussion

The essential questions regarding the roles of education service districts, school districts, and regional inclusive services were grouped into two overarching categories: clarification of current RIS model and redefinition of the RIS model.

Research Findings

RIS works in collaboration with local school districts, EI/ECSE programs, families, and community agencies to provide specialized educational support for children experiencing low-incidence disabilities. Children and students, from birth to age 21, who as a result of their low-incidence disability require specialized services, are eligible for support from the RIS. However, the obligation to ensure a free appropriate public education (FAPE) is made available for a child always remains with the local education agency (LEA), their local school district or EI/ECSE program. RIS works closely with local school districts, EI/ECSE programs, and Individualized Education Program (IEP) and Individualized Family Service Plan (IFSP) teams to identify and provide appropriate services.

Local Education Agencies (LEAs)

Each Local Education Agency (LEA) is responsible for provision of a free appropriate public education (FAPE) for each eligible child and student experiencing disability within their jurisdiction. Under the RIS structure, LEAs can choose to:

- provide FAPE directly themselves for children and students experiencing low-incidence disabilities, or
- contract with their RIS setting to provide services that enable FAPE for eligible children and students.

If an LEA chooses to contract with the RIS setting to provide services that enable FAPE, the LEA remains responsible for ensuring FAPE is provided for the child. However, a specific allotment of the IDEA funding that would otherwise be provided to the local education agency is provided to the RIS setting to provide services. Through the IDEA Assurances process, each LEA determines annually whether they will utilize RIS. Districts report the number of students in each program for whom RIS is utilized through the annual Special Education Child Count (SECC) data collection. This annual determination can result in instability and unpredictability within RIS populations, service needs, and funding levels.

Education Service Districts (ESDs)

Education Service Districts (ESDs) originated in Oregon's first laws establishing a system of public schools. Throughout the history of the state, governance and statutes concerning the mission of ESDs has remained constant: services for children experiencing disabilities; technology support; school improvement; administrative and support along with other services may be provided if approved in a local service plan. ESD's primary goals are to improve student learning; enhance the quality of instruction; provide professional development to component school district employees; provide students equitable access to resources; and maximize operational and fiscal efficiencies for component school districts.

Today, there are 19 ESDs that provide critical services to the 197 school districts. ESDs often apply for and are awarded grants and contracts from ODE. Of the eight RIS contracts, ESDs implement seven of them with a K-12 school district implementing one as well. ESDs also offer services to school districts and other partners in ways that meet the local communities needs and goals in increments they need and can afford. For instance, districts do not always need full FTE of school specialists like counselors, occupational therapists and nurses. As a result, ESDs break up the FTE and provide critical staff to multiple districts so that regions can share the cost of services and the valuable service the staff member provides.

ESDs have been great partners in RIS because they often provide the same staff required to serve students who have low-incidence disabilities thereby creating cost efficiencies as well as generating enough need to hire and maintain staff in the regions around the state.

Regional Inclusive Service (RIS) Contractors

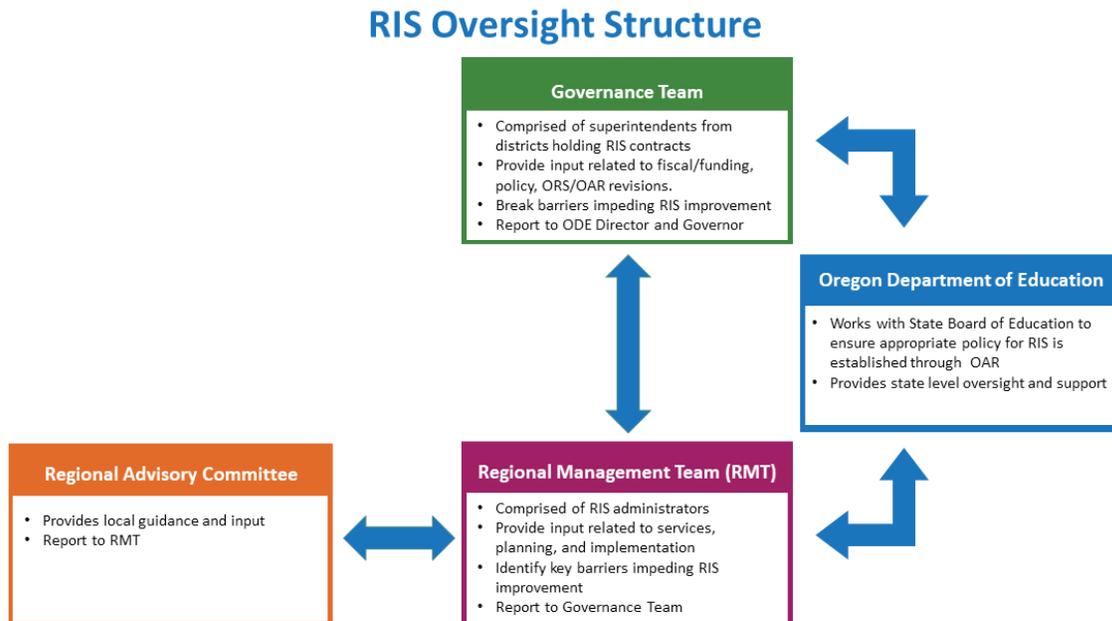
The Oregon Superintendent of Public Instruction holds the authority to contract for the operation and administration of RIS with school districts or ESDs under ORS 343.236. OAR 581-015-2545 details that the Superintendent of Public Instruction can determine the number and boundaries of regions. In 1986, six regional programs were established to provide regional services in Oregon. Additional regions were added in 1995 and 1996, for a total of eight regions. There are still [eight regions](#), seven administered by ESDs and one administered by a school district. RIS intergovernmental grant agreements are renewed on a biennial basis. Grantees are required to submit annual service area plans, detailed budgets, child data, and quarterly

expenditure reports. Under OAR 581-015-2545, each program is required to identify a coordinator to provide general direction to the RIS program and work closely with the ODE. Additionally, RIS programs are required to assemble a Regional Advisory Council (RAC) composed of at least one representative from each county in their region. The RAC is responsible for providing input and guidance on programming and policy.

Amidst renewed interest in clarifying operational structures for RIS in 2019, ODE convened RIS program managers and superintendents of districts that held RIS contracts in a series of sessions to gain a shared understanding of how RIS were funded, review current Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR) pertaining to operation and oversight of RIS, and to clarify the governance structure. This work resulted in a determination that both the RIS managers and superintendents play a vital, but distinct, role in the operation and oversight of RIS. Superintendents should provide primary input regarding funding, policy, and statute/rule revisions. RIS managers play a vital role in the operation of the program, including services, planning, implementation, and elevating key barriers to superintendents and ODE. ODE has a reciprocal role with each of these groups. Additionally, RIS management has the responsibility to assemble and meet regularly with their local Regional Advisory Committee, with representation from LEAs and parents of children served by RIS, to coordinate and plan for localized service provision. This delineated oversight structure can be seen in Figure 2.

Figure 2

Oversight Structure for RIS



The regional contracting model is an effective means of ensuring that services are made available in every region of the state. Under the current regional model, EI/ECSE programs and school districts can access the equipment, staffing, and professional learning required to meet the needs of children and students experiencing low-incidence disabilities, to the extent possible given current funding constraints and barriers. In addition, the RIS oversight structure ensures that communities throughout the state are represented and enables RIS to be nimble and responsive to the ever-changing context in our counties and state.

Recommendations

The overarching goal of the report was to conduct a study to outline how RIS are provided and, based on that, identify changes that could improve those practices and recommendations for an efficient and effective funding mechanism for the program. The study concluded that, since the inception of the program 40 years ago, critical and effective services have been provided statewide by trained dedicated staff stewarded by highly committed regional contractors. As funding issues arose over the last 15 years, systemic barriers (e.g., determining adequate service levels, an inability to fill positions with specialized staffing requirements, instability in student population) have prevented the state from developing a sustainable funding formula that meets the needs of children and students experiencing low-incidence disabilities.

The report concludes that solving this long-standing complex funding formula issue will require the State to systematically address multiple factors, including determining who is eligible for services, identifying statewide service provision requirements, and articulating the adequate service level for children and students receiving RIS. Each of these factors are prerequisite to resolving the funding formula issue; the funding mechanism cannot be adequately developed until the eligibility and service recommendations have been addressed. Equally, service provision will continue to be challenging while staffing issues persist.

The following recommendations are provided to offer a path forward to address the barriers and gaps of services and funding identified in this report for children and students experiencing low-incidence disabilities who are served through RIS. The recommendations arising from this report will require complex systems change work sustained over a significant period of time. As such, successful implementation of these recommendations would likely require staff dedicated solely or primarily to this work.

Eligibility

Develop a method for determining regionally-eligible children and students that addresses the funding barriers identified in the report.

1. Under OAR 581-015-2550, ODE, alongside RIS partners, will:
 - a. Confirm the eligibility categories that should continue to be included as low-incidence disabilities.
 - b. Consider developing criteria to determine whether and to what extent children and students experiencing the currently-eligible low-incidence disabilities

require specialized services and therefore support from RIS to access and make gains educationally.

2. ODE should further explore the instability inherent in the current RIS funding model, including:
 - a. Describing the impact of the RIS opt-in process through IDEA Assurances and determination of the student population through SECC on year-over-year stability of funding for RIS;
 - b. Ensuring a common understanding of the described impact, and;
 - c. Proposing solutions, if needed, to increase stability of funding and consistency of data.
3. The State should explore if and how the “Multiple Disabilities” eligibility category, marked by a need for “personnel with highly specialized skills and knowledge...in order for children [and students] with that impairment to receive early intervention services or a free appropriate public education” (20 U.S.C. § 1462(c)) could be beneficial in Oregon.

Service Provision

Provide a common framework for service delivery to be used throughout the state to ensure that all children and students experiencing low-incidence disability have similar opportunity and access to services and supports statewide.

1. Given OAR 581-015-2565(3), ODE should establish a set of core services required for each low-incidence disability category that will:
 - a. Assist in identifying adequate service levels for children and students who have low-incidence disabilities for the purposes of the funding formula;
 - i. Adequate service levels will address:
 1. Staffing requirements
 2. Equipment
 3. Professional learning (RIS staff, district staff, partners, and families)
 4. Service provision model (direct, consultation)
 - b. Identify what services that are required to be provided by contractors within each of the low-incidence categories; and
 - c. Identify the services that may be provided by contractors, funding permitted.
2. Given inadequate funding levels, ODE should develop a recommendation as to what services, that regional inclusive services are not funded to provide, if any, and as a result would be the responsibility of the resident school districts to provide.

Staffing

Partner with state agencies and school districts to identify mechanisms to address the staffing needs of educators who provide services to children and students with low-incidence disabilities.

1. Identify existing statutes that create barriers to hiring low-incidence specialists in Oregon.
2. Determine what barriers exist to hiring low-incidence professionals in K-12 and ESD school settings.
3. Along with partner agencies (e.g., institutes of higher education, state agencies):
 - a. Identify pipeline issues that limit the ability to train and hire from universities in Oregon.
 - b. Investigate developing partnerships as a mechanism to provide support to programs, staff, and students.

Funding

Establish a funding formula and revenue stream that provides adequate and stable funding for the state's most vulnerable children and students who experience low-incidence disabilities.

1. ODE should convene a group to “develop a method for funding the [RIS] programs...in a manner that is consistent with state and federal law” (ORS 343.236(3)(b)) to develop a stable funding formula that:
 - a. Provides an adequate service level for all children and students who qualify for RIS;
 - b. Creates sustainability of staffing and services for programs considering demographics and geography;
 - c. Determines, if and to what degree, EI/ECSE should support the funding of RIS;
 - d. Limits the instability in numbers year-over-year that results from K-12 districts reporting practices in the regionally eligible student count.
2. The group should make recommendations as to the long-term funding method that would adequately and reliably meet the needs of the funding formula.

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Appendix

Appendix 1: Final Essential Questions

Funding

- How are other states funding services for students with Low-incidence Disability?
- Why does this group of students need this additional funding?
- What has been the historical funding?
- Why is the current funding formula not adequate?
- How is EI/ECSE funding used?
- How does the funding formula promote and/or hinder inclusion?
- What information should be used to determine funding levels?
- What is needed to make the funding predictable and consistent for RIS?
- Can the portfolio of funding be expanded beyond General Fund (GF) and Federal Fund (FF)?
- How do we determine a funding base that covers adequate services and best practices?
- What are the essential features or considerations that need to drive the mechanism of funding?
- What formula best allows for consistency of services given current and potential state and federal funds?
- How can funding be flexible to the needs of the regions?
- What variables should be used to calculate a formula (rural, distance, remote)?
- How can funding be flexible to the needs of the regions?
- How do we provide equity of service across the state through an economy of scale of using a regional model versus an individual district model?

Definition of Low-incidence Disability

- How do we currently define low-incidence disabilities and how could/should we?
- How is low-incidence defined and is low-incidence the correct terminology?
- Is low- incidence still an appropriate definition? If yes, why if not why?
- Should all categories remain or should categories be added?
- Should we consider a “severity” element when determining the students who are supported by RIS?
- How do we identify a low-incidence disability?
- How can we fund support for students who have more than one low-incidence disability?
- Should Oregon adopt a multi-disability special education eligibility category?
- Does the eligibility of autism benefit from a regionalized system?
- How do other states serve students that Oregon identifies as low-incidence?
- As our knowledge/ instructional technology changes and advances, how do we meet the changing needs of our students?

- How are we collecting the student population (census count) and what effect does it have on adequate service level?

Regional Inclusive Services

- How would a tiered model be applied in RIS?
- What are adequate service levels for each low-incidence category?
- How can policy and rule support capping caseload numbers?
- What makes the services unique and how do you determine the services?
- If, how and to what degree of the services do we want to serve?
- Identify and maintain the shalls and mays that are funded and how do they contribute to an adequate service level?
- What type of professionals, support and services are needed for students involved in RIS? How does RIS promote retention of these personnel and services?
- What mechanisms can be employed to support highly specialized staff shortages and difficulties with retaining highly specialized staff?
- How can the need for standardization be balanced with local needs?
- How do we build capacity across the state to ensure that all students receive adequate services no matter where they live, urban or rural?
- How do we balance consistency with the unique differences across regions and districts related to students, capacity, and model being utilized for service delivery?

Roles of ESDs, SDs, and RIS

- What is the difference between RIS, district services, ESD and state services? How do we convey these differences?
- What is the critical role of the RIS program in serving students that the legislature may not know?
- How do we help legislatures understand that school districts cannot give away their “FAPE” obligation? If RIS cannot afford to provide the service and the student needs the service, the school district needs to provide the service?
- How do the RIS programs promote equity across rural/urban, small/large district size divides?
- How do we communicate that this is an additional contract, separate from ESD functions? Should it just be ESDs or SDs?
- How would you define the roles in each category and how they interplay, why aren't ESD's /Districts just doing this?
- Is the 8 region model still the most efficient model for service provision?
- Redefine: What should/can districts do and what should/can RIS do? What are regional inclusive services obligated to provide?
- Should ODE change the way that the program is administered? How can ODE require more accountability across the system to ensure consistency across the state?

- How can the opt in and opt out be a more clear, accountable process? How can volatility be minimized in regards to funding?
- What is the role of the RIS in writing the IEP and determining placement? Who “owns” these decisions?
- How does the role of the contract holder contribute to the success of equitable practice?
- Who determines what entity gets the regional contract? Who is best suited to deliver upon the requirements of the contract and serve these students?
- How do we effectively utilize existing regional service models to ensure equitable access to services?
- Is regional structure more effective than an individualized structure and how do we ensure that high level services are reached?

Appendix 2: Relevant Results from Multi-State Scan

Relevant Results from Multi-State Scan Regarding Provision of Services for Students Experiencing Low-Incidence Disabilities and Interagency Relationships



Provision of Services for Students Experiencing Low-Incidence Disabilities

The following disabilities are considered low-incidence disabilities within the state of Arizona: autism spectrum disorders, cognitive impairments, complex health issues - multiple disability, deaf-blindness, deafness, hearing impairments, orthopedic impairments, serious physical impairments (sickle-cell anemia, tb, etc.), significant developmental delay, traumatic brain injury, and visual impairments including blindness. The Arizona Department of Education emphasizes positive behavioral interventions and supports (PBIS), inclusive practices, and universal design for learning (UDL) in their service provision for this population of students.

While low-incidence services necessary to provide FAPE appear to be primarily the responsibility of each local education agency, the state schools for the deaf and the blind are statutorily required to “provide schools and regional programs in appropriate locations in this state” (A.R.S. 15-1302(A)). “The schools . . . [are] optional resources to school districts, state institutions, and other approved education programs . . . [that provide] the following: 1. Assessments; 2. Special curriculum; 3. Equipment and materials; 4. Supplemental related services; 5. Special short-term programs; 6. Program planning and staff development; 7. Information services for parents, families and the public, and; 8. Research and development to promote improved educational programs and services” (A.R.S. 15-1302(D)). In order to meet this mandate, the Arizona Schools for the Deaf and the Blind (ASDB) provides itinerant services within local school districts through regional cooperatives for students who are deaf/hard of hearing, blind/visually impaired, multiply sensory disabled, or deafblind.

Interagency Relationships

Under state statute, “two or more governing bodies [may] determine to carry out by joint agreement the duties in regard to the special education programs for exceptional children” (A.R.S. 15-764(C)). Arizona school districts are each governed by their own school boards, but each county also provides some support to school districts (e.g., acting as a fiscal agent) under the oversight of an elected County Superintendent. The Arizona Department of Education employs an Autism & Low-incidence Specialist, who is available to provide support related to

low-incidence services in the state. The Phoenix Children’s Hospital provides training and support for regional autism assessment teams and the Arizona State Autism Project provides STAR training. Additionally, Northern Arizona University maintains the Arizona Technology Access Program (AzTAP), which works to make assistive technology widely accessible, including for those experiencing low-incidence disabilities. ASDB works through regional cooperatives to provide local supports.



Provision of Services for Students Experiencing Low-Incidence Disabilities

The following disabilities are considered low-incidence disabilities within the state of Idaho: moderate to severe intellectual disabilities, physical impairments, multiple disabilities, blindness, deafness, deaf-blindness, and significant health issues. Autism spectrum disorder is not included as a low-incidence disability, but is paired with low-incidence disabilities for purposes of Special Education Support and Technical Assistance (SESTA).

Services for students experiencing low-incidence disabilities are not distinguished within Idaho Statutes (33-2002) or administrative rule (08.02.03.109) from any other special education requirements. Provision of special education and related services for students experiencing low-incidence disabilities is the responsibility of the school district. However, the school district may contract “for the education of exceptional children by another school district or by any private or public rehabilitation center, hospital, corporation, or state agency approved by the state department of education” (Idaho Code 33-2004).

Idaho also has a state school for the deaf and the blind (Idaho Educational Services for the Deaf and the Blind, or IESDB) that also provides statewide outreach. In that work, IESDB assists parents, school districts, and state agencies in providing accessibility, quality and equity to students in the state with sensory impairments through a continuum of service and placement options. Support is available regionally through IESDB Outreach Educational Specialists, certified teachers at each of the seven Regional Educational Centers, who support students who are deaf and hard of hearing and/or students who are blind and visually impaired.

Interagency Relationships

A number of state-related agencies help provide support for students experiencing disabilities. The Idaho Special Education Support and Technical Assistance (SESTA) is a partnership between the Idaho State Department of Education, Boise State University, the Idaho Training

Clearinghouse, Idaho Center on Disabilities and Human Development and the University of Idaho. SESTA provides training, technical assistance, and support to school district personnel across the state. Additionally, SESTA provides a Statewide Behavioral Coaching program through which behavior coordinators provide professional development for school-based personnel on evidence-based practices to support students diagnosed with Autism Spectrum Disorder and low-incidence disabilities. The professional development increases capacity to design and implement quality programs and instruction and is provided through regional and statewide training, webinars, and coaching. Coaching support is provided off-site or on-site through an agreement made between a school and Idaho SESTA.



Kansas

Provision of Services for Students Experiencing Low-Incidence Disabilities

No evidence could be found that Kansas explicitly identifies any disabilities specifically as low-incidence disabilities. Accordingly, aside from the Kansas School for the Blind and School for the Deaf, this population of students are typically served by the local school district.

School districts can pool resources to provide services across regions, if desired. Such cooperative agreements for the provision of special education are expressly authorized in Kansas Statute, which allows for “any two or more school districts within or outside the state [to] make and enter into agreements providing for cooperative operation and administration in providing special education and related services for exceptional children on a shared-cost basis...” (K.S.A. 2021 72-3415). Kansas has seven education service centers that are consortia of school districts providing varied regional supports to member school districts, but it does not appear that direct special education service provision is a significant part of the work of these service centers.

There was some evidence of statewide support for populations served through RIS in Oregon. For instance, the Kansas Instructional Resource Center for the Blind and Visually Impaired (KIRC) provides instructional materials and services, including professional development seminars, to support teachers working with students with visual impairments. Additionally, the Kansas Autism and Tertiary Behavior Supports (ATBS) project is comprised of an interdisciplinary team of master educators, behavior specialists, speech language pathologists, and social workers with the goal of supporting Kansas school districts in building local capacity to serve children with diverse learning or complex and challenging behavioral needs.

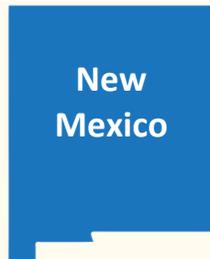
Interagency Relationships

The Kansas Department of Education (KSDE), through Special Education and Title Services (SETS) provides significant statewide support for special education through the Kansas Technical Assistance System Network (TASN). TASN focuses on building local and state capacity

to systematically implement evidence-based practices that lead to improved outcomes for students receiving Title services and special education through a number of projects. Some current relevant projects include:

- ATBS, which provides on-site support; technical assistance and consultation; resources; and interrelated, evidence-based professional development on the educational identification of autism, structured teaching, behavior interventions, communication assessment and instruction, social competencies, coaching, and skills for Kansas educators.
- KIRC, which provides instructional materials and services, including professional development seminars, to support teachers across Kansas working with students with visual impairments. The project represents a partnership between the KSDE and the Kansas State School for the Blind.
- Kansas Teachers of the Deaf (TOD) Endorsement & Professional Development Project, which facilitates access to training to develop Teachers of the Deaf by off-setting tuition and books for a master's level teacher preparation program.

TASN appears to be a primary coordination mechanism for many of the projects that Kansas maintains to benefit children and students experiencing disability, including low-incidence disabilities.



Provision of Services for Students Experiencing Low-Incidence Disabilities

New Mexico recognizes the Multiple Disabilities category as extremely low-incidence, but does not otherwise seem to identify specific disability categories as low-incidence. Each public agency maintains responsibility for ensuring access to FAPE for students within their jurisdiction. Agencies are allowed to enter into contracts in order to meet this obligation (6.31.2.9 NMAC). In order to leverage economies of scale, New Mexico utilizes Regional Education Cooperatives (RECs) that are administratively attached to the state department and funded through contracts with school districts, grants, and other agreements (6.23.3 NMAC). While RECs provide technical assistance related to special education, they do not appear to be significantly involved in any direct service provision.

New Mexico also provides some statewide and regional supports for some disabilities served through RIS in Oregon. For example, New Mexico's main Office of Special Education Programs provides a number of technical manuals on various special education topics, e.g. evaluation and

eligibility, serving students with behavior disorders, etc., as well as professional development resources for the various disabilities including a state training portal for educators serving students with ASD. Additionally, the New Mexico School for the Deaf (NMSD) is a statewide service agency that collaborates with families, school districts, agencies, and communities throughout the state to meet the needs of children and students in New Mexico who are deaf/hard of hearing, from birth through high school. NMSD is a school setting but also provides outreach services to public schools and operates regional preschools. Regionally, given the significant need for assistive technology (AT) equipment, services, and supports in certain rural areas of New Mexico, the New Mexico Governor's Commission on Disability (GCD), the New Mexico Technology Assistance Program (NMTAP), and New Mexico Highlands University (NMHU) have partnered to operate the STARS Assistive Technology Center. This center increases equitable access to AT for underserved regions of the state.

Interagency Relationships

In addition to oversight from the state agency, New Mexico has ten Regional Education Cooperatives (RECs) that provide ancillary support and technical assistance in implementing federal and state statutes including IDEA, professional development in response to identified needs and state licensure requirements, and support for members in meeting the Public Education Department's requirements.



Provision of Services for Students Experiencing Low-Incidence Disabilities

The following disabilities are considered low-incidence disabilities within the state of Ohio: autism spectrum disorders, multiple disabilities, orthopedic impairments and traumatic brain injuries. The *Ohio Operating Standards for the Education of Children with Disabilities* identify the state requirements and federal Part B Individuals with Disabilities Education Improvement Act (IDEA) requirements that apply to the implementation of special education and related services to students experiencing disabilities by school districts, county boards of developmental disabilities and other educational agencies. The *Standards* require traditional public schools and chartered community schools to adopt written policies and procedures regarding the education of children experiencing disabilities (3301-51-02(A)).

The Ohio Center for Autism and Low-incidence (OCALI) offers professional development, technical assistance, and resources to schools, teachers, and families. The Ohio Department of Education coordinates 16 regional State Support Teams (SST) that provide guidance to build capacity in district personnel to support students experiencing disabilities. Direct supports

include but are not limited to Universal Design for Learning, co-planning to co-serve, and the requirements of the Individuals with Disabilities Education Act (IDEA).

OICALI supports nine centers to inform public policy and develop best practices: Autism Center, Teaching Diverse Learners Center, Universal Design for Learning Center, Assistive Technology and Accessible Educational Materials Center, Lifespan Transitions Center, Family and Community Outreach Center, Center for the Young Child, Outreach Center for Deafness and Blindness, and the Multi-System Navigation Center. Each center provides training support systems and research-based instruction approaches.

Interagency Relationships

OICALI is jointly funded through a grant from the Ohio Department of Education and the Office for Exceptional Children. Ohio's Statewide System of Support includes the Ohio Department of Education, State Support Teams, Education Service Centers, Information Technology Centers, and professional associations and organizations. Additionally, the Ohio Coalition for the Education of Children with Disabilities (OCECD) serves families of infants, toddlers, children and youth experiencing disabilities in Ohio, educators, and agencies who provide services to them. OCECD is a nonprofit organization that works through the coalition efforts of over 40 parent and professional disability organizations and over 70 individual members.



Pennsylvania

Provision of Services for Students Experiencing Low-Incidence Disabilities

The Pennsylvania Department of Education's (PDE) Bureau of Special Education works collaboratively with educators, schools, agencies, and other stakeholders across Pennsylvania to ensure students have access to quality and meaningful education supports, services, and opportunities. PDE provides technical assistance and training through the Pennsylvania Training and Technical Assistance Network (PaTTAN) and Intermediate Units regarding IDEA requirements for a variety of stakeholders. Intermediate units are primarily regional education service agencies (the largest school districts serve as their own intermediate unit) that: (a) directly provide a variety of services in support of children and students, including specialized programs for those experiencing low-incidence disabilities, and (b) support local school districts in delivering effective services.

The Pennsylvania Training and Technical Assistance Network (PaTTAN) provides professional development and technical assistance to meet the needs of students, teachers, and schools. PaTTAN employs and makes available professional staff with expertise in every aspect of special education, including the state's SSIP, autism, blindness/visual impairment, deafness-hard of hearing, deaf-blindness, intellectual disabilities, special education leadership,

procedural safeguards, paraprofessionals, behavior, literacy, mathematics, speech, school psychology, secondary transition, regulations, family engagement, inclusive practices, Multi-Tiered System of Support, and assistive technology. Additionally, PaTTAN administers the Autism College and High School Integration for Educational and Vocational Excellence (AACHIEVE) project which focuses on supporting college bound students on the autism spectrum as they transition to higher education.

Interagency Relationships

Through Project AACHIEVE, PaTTAN staff work with high schools and collaborate with several local colleges/universities to create a successful framework for college access and supporting successful degree completion. Both the Approved Private Schools (APSs) and Chartered Schools for the Deaf and the Blind are approved by the Secretary of Education to provide a free appropriate public education for students experiencing severe disabilities. The schools are eligible to receive funds from the school districts and/or the Commonwealth for the education of these students. Pennsylvania currently has four PA chartered and 33 non-charter APSs for which the Department approves funding. These schools provide a program of special education for over 4,000 day and residential students.