

PART C SPP/APR INDICATOR ANALYSES

8/21/07

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INDICATOR 1: EARLY INTERVENTION SERVICES

Prepared by NECTAC

Indicator #1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

INTRODUCTION

Indicator #1, Timely Receipt of Services, is a compliance indicator with a performance target of 100%. In responding to this indicator, states could use data from monitoring or the state data system. In either case, the data needed to be based on actual number of days, not an average number, between parental consent, or the date specified on the IFSP for the initiation of services, and the provision of services. This analysis of Part C Indicator #1 is based on a review of FFY 2005 Annual Performance Reports (APRs) for 55 states and jurisdictions. (In this report, the term “state” is used for both states and jurisdictions.)

In responding to Indicator #1, states were asked to provide the criteria used to determine which infants and toddlers received IFSP services in a timely manner and which did not. Many states reported having received guidance about how to establish a definition of timeliness from OSEP. Of the 55 states and jurisdictions in the analysis, most (32) defined timeliness of services as “within 30 days from parent consent”; 7 states reported a time span that was less than 30 days from parent consent to initiation of services (range 14 to 28 days); and 1 state reported a time span that was more than 30 days (45 days). For 6 states, services are considered timely if initiated by the start date specified on the IFSP. Seven states provide the option of either the date specified on the IFSP or a specified number of days from the initiation date documented within the IFSP. The 2 remaining states did not define timeliness of services (see Table 1).

Table 1: Number of States and Definition of Timeliness

Definition	Number of States
30 days	32
Less than 30 days	7
More than 30 days	1
Date specified on IFSP	6
Option of either IFSP specified or a number of days from the IFSP initiation date	7
Not provided	2

States were also asked to account for the untimely receipt of services for infants and toddlers, (e.g., when the states’ criteria were not met, what were the causes for delay

and which delays were due to exceptional family circumstances documented in the child's record).

Comparison of Baseline, Target and Actual Performance

Targets and Baseline Performance

The target for all compliance indicators must be 100%; however, 2 states reported targets of less than 100% for timeliness of services.

Five states met the 100% target, as reported in their FFY 2005 APR; which is 2 more states than reported 100% at baseline.

At baseline, 18 states provided timely services to at least 90% of children with IFSPs. In the APR, that number increased by 9, to 27 states who provided services in a timely manner to at least 90% of their children with IFSPs.

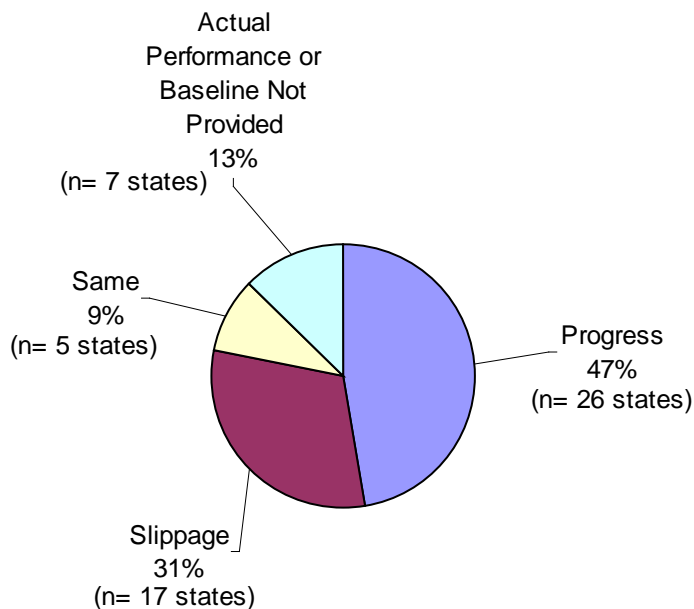
Table 2 shows the distribution of baseline and actual performance for states reporting baseline and FFY 2006 data for Indicator #1. Baseline data was not provided by 6 states and actual data was not provided by 3 states for the APR.

Table 2: Baseline and Actual Performance

Baseline Performance		Actual Performance	
Percentage who received services in a timely manner	Number of states in each percentile distribution	Percentage who received services in a timely manner	Number of states in each percentile distribution
100%	3	100%	5
95% to 99%	7	95% to 99%	15
90% to 94%	8	90% to 94%	7
80% to 89%	13	80% to 89%	9
60% to 79%	14	60% to 79%	10
45% to 59%	4	45% to 59%	5
		Less than 45%	1
Not provided	6	Not provided	3

A total of 26 states made progress, 5 states remained the same and 17 states reported slippage in comparison to baseline. Although 47 states did not reach the required 100% compliance target, the percentages for 22 of these states were higher than their previously reported baseline. See Figure 1 for a summary of progress/slippage.

Figure 1: Progress/Slippage



Explanation of Progress/Slippage

States that did not allow for delays due to exceptional family circumstances (reported in the SPP) made efforts to identify and account for family reasons for delay. This has resulted in a clearer picture of their actual compliance (reported in the APR) with Indicator #1. In addition, many states changed the way they defined timeliness of services. Several states provided information about why services to children were not provided in a timely manner. The reasons are listed below in order of prevalence:

- Personnel shortages (22 states)
 - mostly therapists
- Inadequate data (19 states)
 - lack of documentation in child's record regarding the cause of delay or not having a data system that is able to capture the causes for delay
- Other barriers (18 states)
 - these included weather related delays, time delay in getting a physician's prescription, change in lead agency, more children enrolled, lack of understanding about accessing Medicaid or changes in the way the indicator is measured
- Inconsistent policies and procedures (14 states)
 - related to definitions or changes in definition of timeliness

IMPROVEMENT ACTIVITIES

States' improvement activities, timelines, and resources for Indicator #1 were reviewed in order to determine:

- What types of improvement activities are being used by states?
- Which TA Centers were consulted?

Types of Improvement Activities

Table 3 shows the types of improvement activities states used to address Indicator #1 and the number of states employing each activity.

Table 3: Types of Improvement Activities Used by States

Types of Improvement Activities	Number of States
Clarify policies and procedures	26
Improve data collection	21
Improve monitoring	20
Provide training	19
Increase or adjust personnel	19
Provide technical assistance	11
Other	6

- The most frequently cited improvement activity by states was to Clarify policies and procedures related to defining timely initiation of services and to communicate this new definition to local programs.
- Improving data collection usually involved a state modifying its state data system in light of an existing (or newly established) definition for timely initiation of services. States also wanted to be able to identify delays that were due to exceptional family circumstances.
- Improved monitoring included modifying monitoring tools and procedures to better capture local compliance/noncompliance with Indicator #1. States also looked to better identify the causes for delays in initiating services.
- States reported Providing both training and technical assistance related to timeliness of services, usually on new definitions and on the importance of timely provision of service. Training and technical assistance was also related to implementing changes in the state data system and in response to needs identified through local monitoring.

- A lack of available personnel, particularly therapists, was an often cited cause for delays in initiating services. Nineteen states included Increasing or adjusting their personnel as an improvement activity.

TA Centers Consulted

NECTAC provided various forms of TA to states regarding timely provision of services. Fifty-six states received information, and 54 states attended conferences such as the National OSEP Early Childhood Conference. A total of 6 states received extensive on-site consultation pertinent to this indicator.

A total of 5 OSEP TA centers were mentioned in state improvement activities: National Early Childhood TA Center (NECTAC - 6 states), Southeast Regional Resource Center (SERRC - 1 state), Early Childhood Outcomes Center (ECO - 1 state), Western Regional Resource Center (WRRRC - 1 state) and the Parent Advocacy Coalition for Educational Rights (PACER Center - 1 state).

SPP REVISIONS

More than half of the states decided to make revisions to their State Performance Plan at the time of submission of the APR (Table 4). The majority of those that made revisions added improvement activities. Four states revised their baseline information based on a new, or clarification of their existing, definition of timeliness. The types of revisions to improvement activities were consistent with the issues that states identified, including clarifying policies and procedures, improvements to data systems and data collection, and improvements to their monitoring processes.

Table 4: SPP Revisions

Types of SPP Revisions	Number of States
Improvement Activities	31
None	21
Baseline	4
Target	2

INDICATOR 2: SETTINGS

Prepared by NECTAC

Part C Indicator #2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

INTRODUCTION

This summary of Part C Indicator #2 is based on a review of Annual Performance Reports (APR) for 55 states. (In this report, the term “state” is used for both states and territories.) One state is not included, as they had not submitted their APR at the time this summary was completed. Indicator #2 is intended to show the state’s performance regarding the extent to which early intervention services for eligible children are being provided in “natural environments.” States were instructed to use the 618 Settings data tables as their data source for calculations of performance.

State Criteria for Defining Natural Environments in This 2005 APR (FFY 05-06)

The APR instructions for this reporting period used the primary service settings from the non-revised 618 data tables (2001-2005). These settings included: home, programs for typically developing children, programs for children with delays or developmental disabilities, hospitals (inpatient), service provider location, residential facilities and other. The revised 618 settings data tables (2006) now have only three primary locations for service settings and include, home, community-based settings and other. OSEP has issued revised APR/SPP instructions (05/05/07) for the submission of next year’s SPP/APR (FFY 2006) due February 2008. The instructions to code this indicator for services in natural environments now read: “Percentage of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.” This change is consistent with the revised 618 settings data collection categories.

For this report, states used six different descriptions and combinations of settings to determine “natural environments” and report actual performance percentages.

- Thirty-two states used “home or programs for typically developing children.” One state further defined program for typically developing children as “a program with a ratio of no more than 40% children with disabilities to 60% without.” Another state used “home, caregiver location, or program for typically developing children.”
- Seven states used “home, program for typically developing children, or other.” Six of those states defined “other” as parks, libraries, playgroups or activities occurring in the community. The seventh state used “other” when there was no designation of where the services were being provided.

- Two states used “home or program for typically developing children” and included in the percentage reported for natural environment, all the children who had justification statements for services *not* provided in natural environments.
- Ten states used “home or community services” as defined in the revised 618 Settings data tables. In the revised tables, the category “other” is used for locations that are *not* natural environments.
- Two states reported performance on two different components in their targets: a percentage for home and programs for typically developing children, and a second performance target to show percentages of children also in inclusive child care or community settings.
- One state explained their calculation of primary setting as a comparison of the time the primary coach spent with the family to the time the child received direct therapy. This state used “home or settings with peers” as their description of natural environments.

Comparison of Baseline, Target and Actual Performance

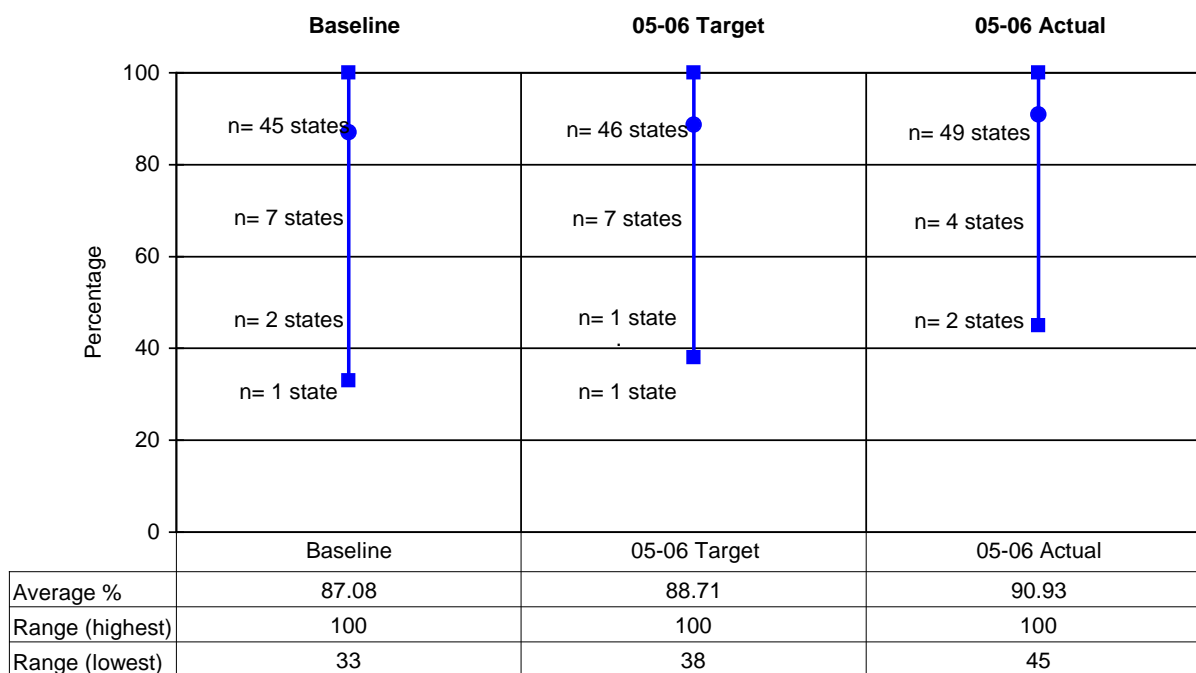
There were a total of 41 states at or above 90% performance for children receiving services in natural environments. Thirty-one states reported actual performance between 95%-100%. Fourteen states had actual performance of 89% or less. The lowest two states reported performance of 45% and 58% respectively.

Table 5: Actual Performance of Services in Natural Environments

Percentage of services in natural environments	Number of States in each percentile distribution
100%	2
98% to 99%	17
95% to 97%	12
90% to 94%	10
85% to 89%	5
80% to 84%	3
70% to 79%	2
60% to 69%	2
45% to 59%	2

The national average baseline for services provided in natural environments was 87.08%. Average actual performance for this reporting period (FFY 2005) was 90.93%.

Figure 2: Comparison of Baseline, Target and Actual Performance



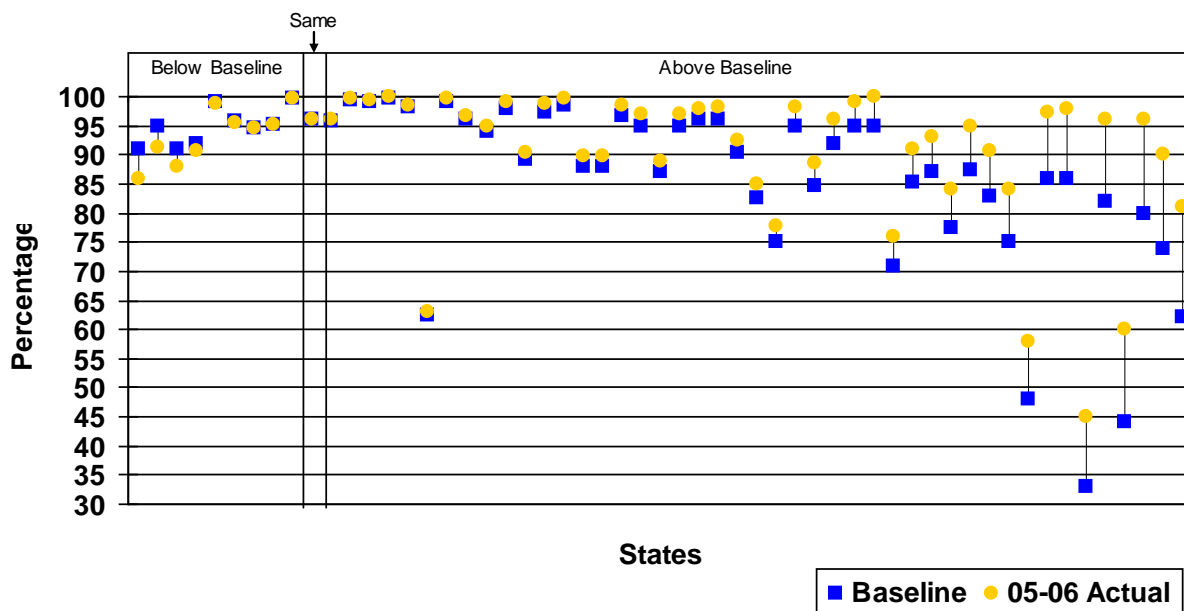
In order to better understand the comparison of baseline, target and actual performance, it is important to first address states' SPP revisions to their baseline and targets. Fifteen states lowered their targets or created "maintenance" targets for the remaining years of the SPP (2006–2010). Three of those states also lowered their baselines. Eleven of the 15 states reported they lowered their targets based upon OSEP's recommendation. All new targets were established at less than 100% but greater than 94%. Three other states reported adjusting targets downward because they did not reach their projected targets. One state raised its targets for all years of the SPP, having already met their 2010 projected target. If new baselines and targets were established for the FFY 2005 data reporting period, these revised percentages were used to compare baseline to actual performance and for establishing progress or slippage. Other revisions to the SPP included 7 states that revised timelines for improvement activities to be completed and 5 states that added improvement activities. One state eliminated an activity, as it was deemed no longer necessary.

Forty-one states either met or exceeded their projected target for 2006. Fourteen states did not. However 5 of the 14 states that did not meet their target reported performance above their baseline. Seven of these 14 states reached 94% to 98.8% performance and represented some of the states that lowered their targets based upon OSEP's recommendations. The lowest performing state did not meet their projected target of 62%.

Change from Baseline to Actual Performance

The following graph illustrates the change made by individual states from baseline (FFY 2004) to actual performance in FFY 2005.

*Figure 3: Change from Baseline to Actual Performance
in Order from Least to Most Improved*

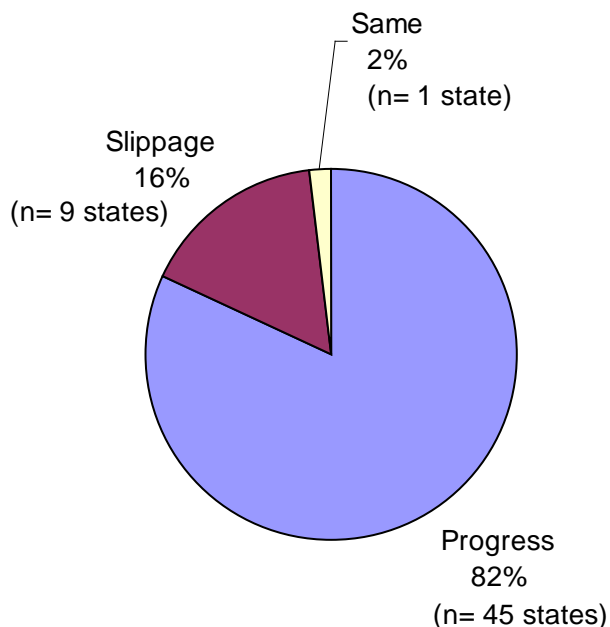


- All of the 9 states that fell below baseline were above 86% performance. The percentage of decrease for 4 of these states ranged from 5% to 1.3%. The other 5 states showed decreases of 0.4% to 0.08%.
- One state remained at baseline, above 95%.
- Twenty-two states made minimal change, i.e., increases from 0.14% to 2.10%. These states had baseline and actual 2006 targets above 88%. One state, with a baseline and 2006 target below 62%, reported a 0.52% increase, a minimal change.
- Thirteen states made incremental change (progress) ranging from 2.42% to 7.68%.
- Ten states made substantial improvement, including the four states with baselines below 60%. Substantial improvement for these 10 states ranged from 8% to 19%.

Progress or Slippage

The figure below represents the progress and slippage of the 55 states reporting on actual performance for FFY 2005 in relation to baseline. Significantly more states reported progress (45 or 82%) while 9 states (16%) reported slippage and 1 state reported actual performance at the same level as baseline.

Figure 4: Progress/Slippage



Explanation of Progress

Not all states commented on factors contributing to progress. Those that did attributed progress most often to training and technical assistance provided to programs and providers on various aspects of serving young children and families in home and other community settings. States attributed progress to the use of the Community of Practice (CoP) call series tapes, "Services in Natural Environments," use of private consultants hired to conduct training, and state developed guidance or training materials. Progress was also attributed to improved data collection; clarification of reporting categories or training for data operators and the expansion of community partners and settings through memoranda of agreements, training, and collaborative activities. One state mentioned giving financial incentives to local programs that reached or exceeded the state target and penalizing those that did not. Two states attributed progress to the redesign of their service system from a clinical medical model to a "primary coach model."

Explanation of Slippage

Since there were only 14 states that fell below their baseline (most by small percentages), there were only a few remarks concerning reasons for slippage. These

included collecting the wrong data, OSEP's change of the settings tables, shortage of Occupational Therapists and Physical Therapists willing to go to homes, increased caseloads during OSEP compliance agreement and numbers of children who must have their visits in the office of their social worker.

Identified Issues

Nineteen states identified one or more specific issues that impeded performance. Of these states, 6 reported slippage and 13 reported progress. Eight additional states reporting slippage did not identify any issues. The issue category "other" included challenges such as: more medically fragile infants surviving and requiring more special programming, costly nature of services in natural environments vs. clinic settings, increase in numbers of children served, lack of money to hire private contractors, neighborhoods where providers won't go/safety issues, parent choice, lack of resources, some areas of state relying on special purpose centers, and homelessness. One state, using the "primary coach model," reported that the use of private therapies in clinic settings is increasing. A few states are gathering data to identify if issues represent any "trends" that might need to be addressed.

Table 6: Issues Identified by Type

Issues Identified by Type in Order of Frequency Reported	Number of States Reporting
Other (funding, family reasons, increase in children etc.)	13
Personnel Shortages	8
Inadequate Monitoring	2
Inadequate Training/Acceptance/Buy-in	2
Capacity/Inclusion Opportunities	1
Lack of Coordination/Collaboration with Families/Agencies	1
Inadequate data	1

Improvement Activities

Three states reporting substantial improvement in performance (above 9%) indicated 19 or more specific improvement activities that were comprehensive in nature including: data improvement and training, monitoring and corrective actions, provider and family training on services, leadership development and community collaboration. Other states that made substantial improvement each reported on 3 to 6 more general on-going activities.

Table 7: Improvement Activities

Improvement Activities by Type and Frequency Mentioned	Number of States
Training and Professional Development	37
Other	25
Data Collection and Reporting	19
Systems Administration and Monitoring	18
Policies and Procedures	16
Provide Technical Assistance	13
Improve Collaboration/Coordination	9
Increase/Adjust FTE	4
Program Development	1

Monitoring and Data Improvement Activities

Thirty states noted in their APRs that IFSPs must contain appropriate justification statements when services were not provide in natural environments. While states were not required to report monitoring activities under this indicator, 17 states discussed monitoring of their programs for appropriate justifications. Seven states identified correction of noncompliance through TA and corrective action plans; 18 states reported improvement activities related to program monitoring; 19 states reported improvement activities related to better data collection for accurate counts of where children are receiving services. Examples of improvement activities included: revising the justification statements on IFSPs, instituting and conducting chart reviews, posting program profiles on state web sites, instituting corrective action plans, offering financial incentives to regions or programs that reached or exceeded state targets, and discontinuing contracts with agencies that continue to fall below the state baseline.

Training and Technical Assistance Activities

Thirty-seven states conducted improvement activities in training and professional development, and 13 states provided technical assistance improvement activities. Target audiences for training and TA activities included data entry personnel, service coordinators, EI service providers, early care and education workers, and program administrators. Examples of specific activities and topics include: distribution of 100 copies of the publication “Coaching Families and Providers,” leadership academy for regional administrators, statewide training in Robin McWilliam’s model of service delivery, core teams trained by national consultants in coaching, writing functional outcomes, statewide distribution of copies of the Communities of Practice tapes “Services in Natural Environments,” conducting collaborative training for childcare providers to increase community options for children, new modules for service

coordinators and program standards, as well as improved documentation of service settings and data entry.

Examples of Other Specific Improvement Activities

Several states identified additional improvement activities specific to the provision of services in natural environments:

- Distributing “Careers in Early Intervention” brochure to state universities
- Exploring loan forgiveness for service providers working in early intervention
- Using Developmental Disabilities state grant funds to increase community settings options
- Hiring outside consultants to address funding issues
- Considering a rate increase to fund higher salaries for providers
- Adding resource materials on working with families in natural environments to staff libraries
- Establishing a state ICC priority workgroup to address how to better support families in childcare settings
- Revising parent publications
- Revising IFSP forms and guidance for IFSP development and implementation
- Conducting training events for community childcare providers
- Providing tuition support for child to attend community childcare
- Sending recruitment letters to every national placement office with Speech Language Pathology graduate programs

Use of OSEP TA Centers

NECTAC provided on-going consultation, on-site visits, or small group TA to 15 states on topics that impact this indicator. Three states have developed State Work Plans for improving services and supports that impact natural environments; 12 states were involved in small group assistance from NECTAC that included participation in the Finance Initiative, Expanding Opportunities, or the CoP Workgroup on Services and Supports in Natural Environments. All states received information and all but one attended national conferences, such as the National OSEP Early Childhood Conference and the National Early Childhood Inclusion Institute.

Technical assistance centers identified by states in the APR included the National Early Childhood Technical Assistance Center (NECTAC), the National Center for Special Education Accountability and Monitoring (NCSEAM), Consortium for Appropriate Dispute Resolution (CADRE), Western Regional Resource Center (WRRRC), and Mountain Plains Regional Resource Center (MPRRC). In addition, several formerly funded OSEP project personnel were mentioned as consultants or trainers working in states to improve the system for delivery of services in natural environments.

INDICATOR 3: INFANT & TODDLER OUTCOMES

Prepared by ECO

Part C Indicator #3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

INTRODUCTION

The following data is based on information reported by 55 states in their February 2007, Annual Performance Reports (APRs) and/or revised State Performance Plans (SPPs). Only information specifically reported in the SPPs/APRs was included in the analysis. Therefore, it is possible that a state or jurisdiction may be conducting an activity or using a data source or assessment that is not included in this summary. Percentages are based on a total of 56 states and jurisdictions, except where otherwise indicated. States and jurisdictions will be called 'states' for the remainder of this report.

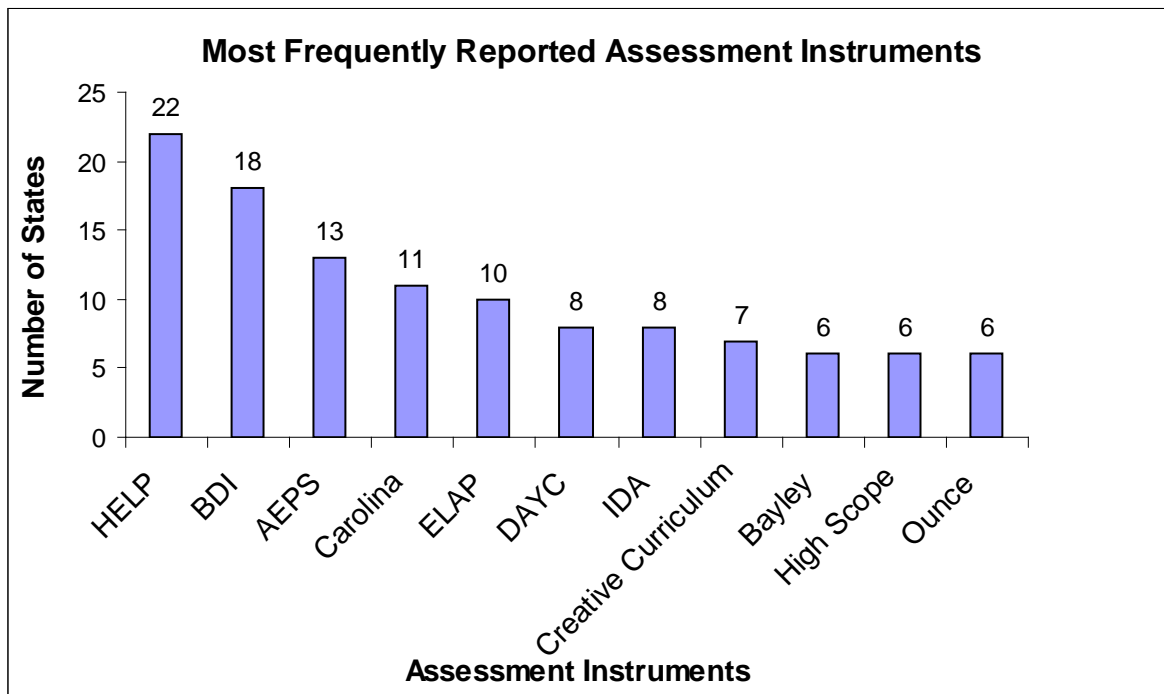
MEASUREMENT APPROACHES

States provided a description of the approach they took in 2005-2006 to gather entry data for measuring child outcomes. Five states also reported that they would be using a different approach in the future. Therefore, both current and future approaches are described here.

Of the 56 states, 36 (64%) used the Child Outcomes Summary Form (COSF) to measure child outcomes during this fiscal year. An additional four states reported that in the future they would be using the COSF as their approach. Seven states (12.5%) used one statewide tool, and one of those seven reported they will use the publisher's online reporting in the future. Two states (3.5%) reported using publishers' online reporting systems, and one additional state will use that approach in the future. Finally, 10 states developed other approaches to measuring child outcomes including such approaches as a comparison of functional age to chronological age, the rate of growth using present levels of development, comparison of developmental age with chronological age, percent delay, and a state-developed summary tool. Four of these states with 'other' approaches reported that they will use the COSF in the future, and two others reported they will take a new approach in the future which will have assessment data aligned with state standards or benchmarks.

Types of Approaches to Measuring Child Outcomes (N=56)		
Type of Approach	2005-2006	Future
COSF	36 (64%)	40 (71%)
One statewide tool	7 (12.5%)	6 (11%)
Publishers' online system	2 (3.5%)	3 (5%)
Other	10 (18%)	6 (11%)
Not reported	1 (2%)	1 (2%)

Many states listed formal assessment instruments as part of their approach to measuring child outcomes. The most commonly reported assessment tools were: HELP, BDI or BDI-2, AEPS, Carolina Curriculum, ELAP, DAYC, IDA, Creative Curriculum, Bayley, High Scope, and the Ounce.

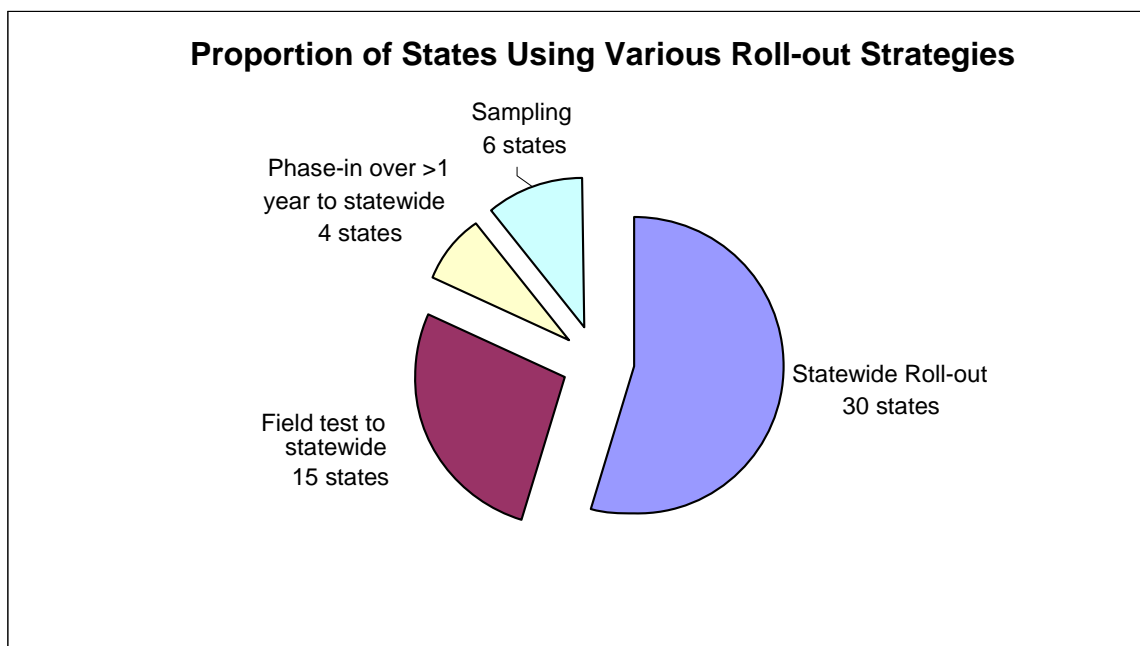


Some states decided to limit the formal assessment instruments used in the approach to measuring child outcomes. Of the 40 states using the COSF, 19 (48%) reported having a list of approved tools. The most commonly mentioned assessments were the HELP, BDI or BDI-2, Carolina Curriculum, and the AEPS. Other tools mentioned more often were the ELAP, DAYC, IDA, Bayley, Ounce, High Scope, Brigance, and Creative Curriculum. By definition, those using one statewide tool provided only one formal assessment option. Those states reported using the BDI or BDI-2, AEPS, or the Oregon EC Assessment. States using the publishers' online system reported using one or more of these formal assessments: Ounce, High Scope, Creative Curriculum, or AEPS.

For those states using the COSF, many reported that parent/family input (25 of 40, 63%), professional observation (24 of 40, 60%), and clinical opinion (8 of 40, 20%) were key data sources in the child outcomes measurement process. For those states using one statewide tool or publishers' online or other formal assessments, it is important to note that some of the instruments include parent input, professional observation, and/or clinical opinion as part of the assessment.

POPULATION INCLUDED

The population of children included varied widely as states designed different approaches to implementing their data collection processes. Thirty (30) states reported they collected statewide data this year (seven of those reported they started with pilot or phase-in data collection). Fifteen (15) states reported that they started with pilot or phase-in process and will go statewide in 2007. Four (4) more states started with pilot or phase-in and will go Statewide over a longer period of time. Six (11%) states reported they are sampling the population for reporting on child outcomes.



A few states have set minimum ages for the entry level data collection due to the concern that assessment data cannot be accurate for very young children. Six states have set policies that a child must be 4-6 months of age before entry data is collected (one state's policy is 4 months, one state's policy is 4-6 months, and 4 states' policies are 6 months). Two other states set policies around very young children, one state policy excludes infants at risk, the other excludes premature babies from entry level data collection.

DEFINITIONS OF NEAR ENTRY AND NEAR EXIT

Of the 55 state APRs/SPPs, 40 included a state definition of 'near entry.' Definitions of 'near entry' varied widely, with timelines starting from different points- intake, referral, eligibility, assessment, initial IFSP, services, or enrollment. Some examples include: within 45 days of referral, within 30 days of eligibility, at initial assessment, as part of intake, prior to initial IFSP, within 45 days of initial IFSP, within 6 weeks of entry, within 60 days of beginning services. The most common reference point was relative to the initial IFSP, though there was still much variation. The earliest point or the nearest to entry defined by a state was 'as part of intake' and 'with eligibility determination.' The latest point defined by a state was within 6 months of enrollment.

Of the 55 state APRs/SPPs, 30 included a state definition of 'near exit.' Definitions of 'near exit' varied widely as well, with some states' definitions in reference to a particular event (e.g., at the exit conference, at evaluation closest to exit) while other states' definitions were within a certain number of days or months from exit or another point (e.g., within 60 days of exit, within 30 days of last service date).

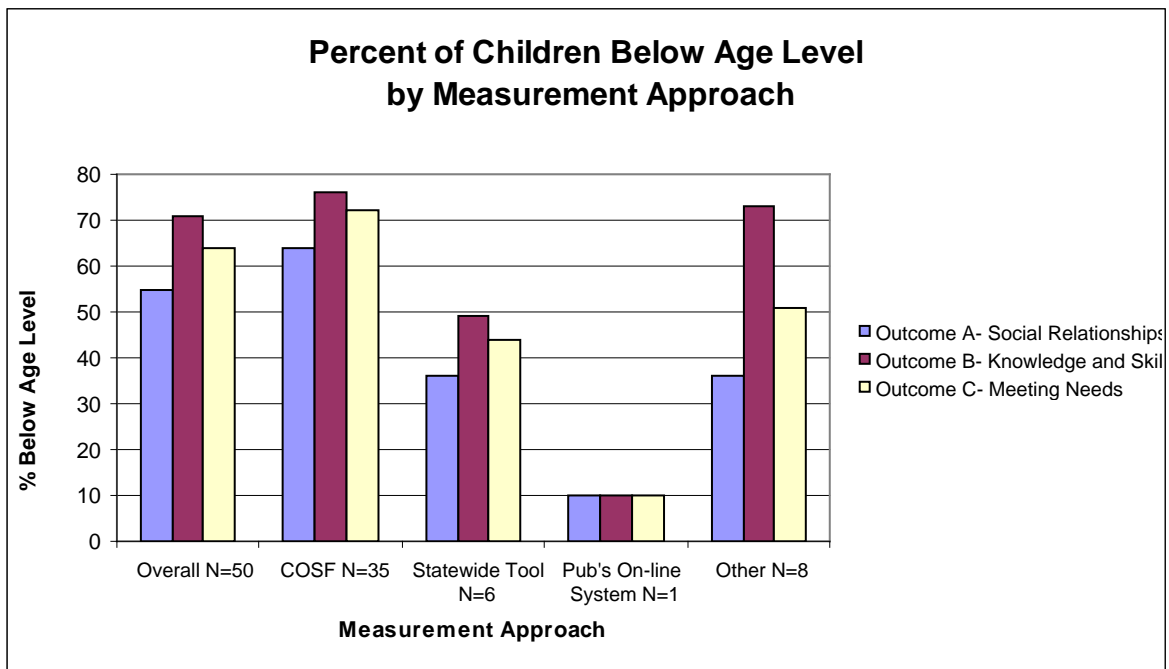
CRITERIA FOR SAME AGE PEERS

Given the various approaches to measuring child outcomes, it follows that states reported different criteria for same age peers. For those using the COSF, 6-7 on the rating scale is the criteria for same age peers. Some states used standard deviation (5), ratio of chronological age to developmental age (2), percent delay (3) and other methods such as peer benchmarks or cut-off scores, determination by the family and intervention team, and "yes" on a 3-point scale.

ENTRY DATA FOR 2005-2006

Of the 55 state APRs/SPPs, 50 included entry data, 3 included progress data, and 3 did not include any data. The number of children included in the data ranged from 5 children to 4019 children. The percentages below age expectations reported by states varied widely. The mean percentage for outcome 1 (55%) was the lowest of the three, followed by outcome 3 (64%) and outcome 2 (71%). Median ratings were in a similar pattern with outcome 1 at 55%, outcome 3 at 70%, and outcome 2 at 74%. The range of percentages was wide, with some states as low as 10% or less and some as high as 95-100%.

	% Children Entering Part C 'Below Age Expectations'							
	Mean of State %				Range of State %			
	All	COSF	Statewide	Pub	All	COSF	Statewide	Pub
A. Social-Emotional	55	64	36	10	9-100	27-100	9-81	10
B. Acquisition/use of knowledge and skills	71	76	49	10	6-100	40-100	6-65	10
C. Use of appropriate behaviors to meet needs	64	72	44	10	10-95	44-100	11-80	10
Total # of States	50	35	6	1	50	35	6	1



Some states reported very high percentages of children below age expectations. Seven states reported 90-100% of children below age expectations in one or more of the outcome areas. In all 7 states, the approach used was the COSF, with some variation in the approved assessment tools (if provided). Four states named the HELP, two named the AEPS, one named the BDI-2, ELAP, Carolina Curriculum, IDA, and DAYC. Two states did not provide information about the assessment tools used.

Further, in 5 of the 7 states that reported 90-100% of children entered below age expectations in one or more outcome area, fewer than 100 children were included in the data (most were under 50). For example, the state that reported the highest numbers across all three outcome areas had only 20 children and used the COSF with the HELP assessment. Another state had very low percentages for outcomes 1 and 2, again the state had a very low number of children (45) and reported using the COSF with the HELP, ELAP and other observations. In 2 states where the percentages were 90-100% but did not have a small number of children – one used the COSF with HELP, Carolina,

AEPS or other authentic assessment, the other used COSF with BDI-2 and other available information.

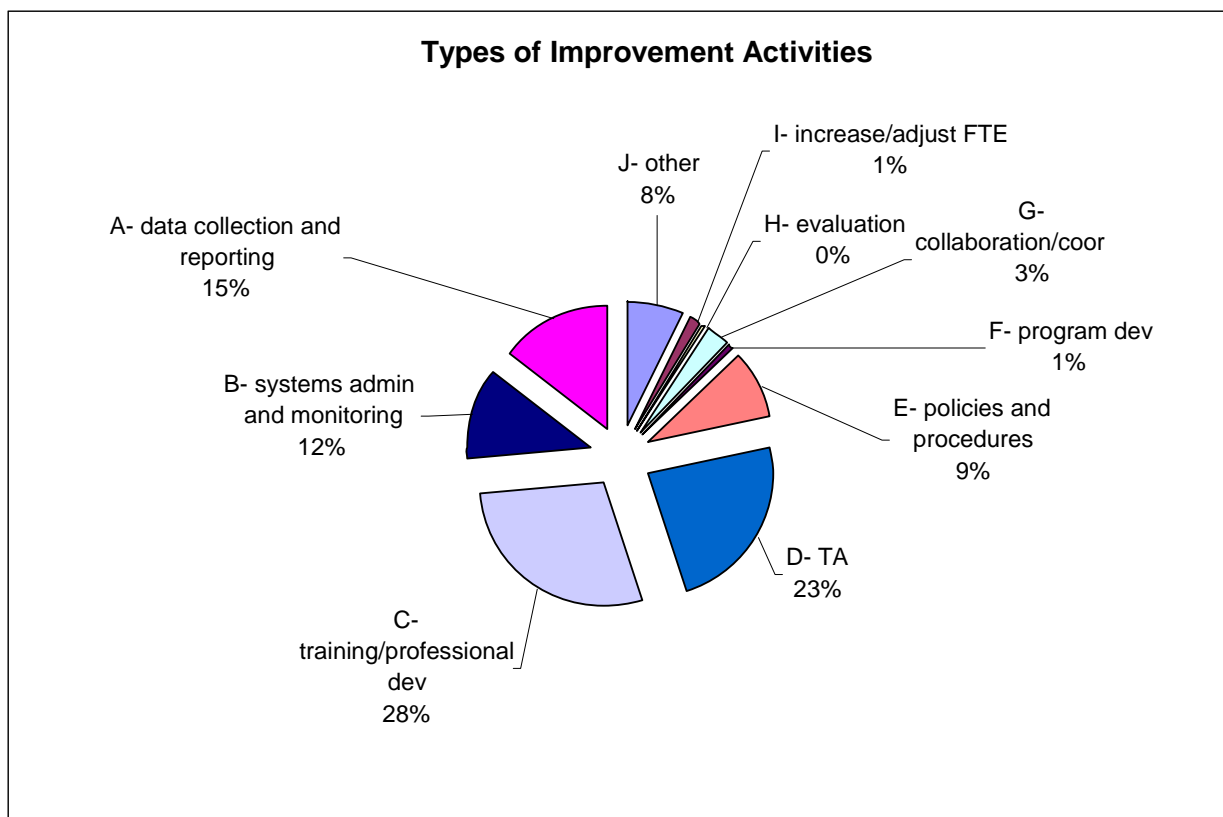
Some states reported very low percentages of children below age expectations. Four states reported 25% or fewer children below age expectations in one or more of the outcome areas. In 3 of the 4 states, one statewide tool was used to measure child outcomes (two states used the BDI, one state used the AEPS). The fourth state used the publishers' online assessment tools for the Creative Curriculum and the AEPS. The number of children included was not particularly low for these states – the state using the online publishers' tools had 111 children, and the others had 560-1725 children included in the data.

ECO TA SUPPORT

The Early Childhood Outcomes Center (ECO) provided TA to all 56 states through a variety of strategies. All states received cross-state TA via mechanisms such as the national listserv and national conference calls. Most states (48) attended the national outcomes conference co-sponsored by the ECO Center in Albuquerque, New Mexico. Three jurisdictions received regional TA from the ECO center as a pre-conference meeting in Albuquerque, New Mexico. Additionally, 29 states received intensive individualized TA such as onsite trainings and TA.

IMPROVEMENT ACTIVITIES

Of the 55 state APRs/SPPs, 45 states reported 213 different improvement activities for Indicator 3. A review of improvement activities showed that most activities fell into one of three categories – training/professional development (28%), technical assistance (23%), data collection and reporting (15%), and systems administration and monitoring (12%).



Analysis of the same data by state showed that 37 states reported improvement activities related to training/professional development, 29 states reported activities related to technical assistance, 23 states reported activities related to data collection and reporting, and 20 states reported activities that related to systems administration and monitoring.

Improvement Activity Category	# IAs	# States
A. Improved data collection and reporting	31	23
B. Improved systems administration and monitoring	26	20
C. Provide training/professional development	60	37
D. Provide technical assistance	49	29
E. Clarify/develop policies and procedures	19	16
F. Program development	2	1
G. Collaboration/coordination	6	6
H. Evaluation	1	1
I. Increase/adjust FTE	3	3
J. Other	16	13

Within the category of **training/professional development** some of the key subcategories of activities related to:

- COSF training,

- training on assessment,
- training on outcomes/requirements, and
- training on outcomes measurement system.

Within the category of **technical assistance**, some of the key subcategories of activities related to:

- TA on collecting and recording data,
- Use of data to inform TA needs,
- TA on assessments, and
- State accessing TA from National Resources.

Within the category of **data collection and reporting**, some of the key subcategories of activities related to:

- revising current data system for child outcomes,
- training and support on data entry or on the data system,
- incorporate COSF into data system, and
- develop database.

Within the category of **systems administration and monitoring**, some of the key subcategories of activities related to:

- conducting data reviews (monthly, quarterly, annually, semi-annually, etc.)
- building review into monitoring process, and
- procedures for ensuring data is collected on all children.

TA CENTERS IN THE IMPROVEMENT ACTIVITIES

Of the 55 state APRs/SPPs, 45 states reported improvement activities around Indicator 3. Seventeen states listed the ECO as a resource to be used in the improvement activities. The National Early Childhood TA Center (NECTAC) was reported as a resource in 9 states, and SERRC, NERRC, and WRRRC were each reported by 1 state as a resource in the Improvement Activities related to Indicator 3.

INDICATOR 4: FAMILY OUTCOMES

Prepared by ECO

Part C Indicator #4. Percent of families participating in Part C who report that early intervention services have helped the family:

- A) Know their rights;
- B) Effectively communicate their children's needs, and;
- C) Help their children develop and learn.

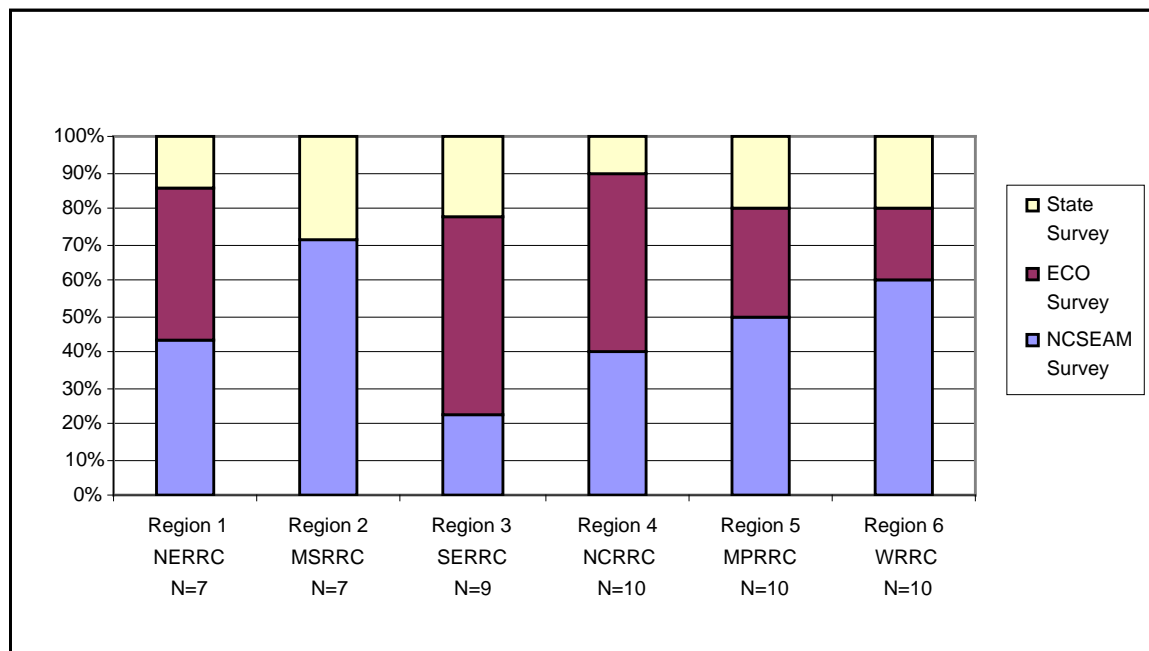
INTRODUCTION

The following data are based on information reported by 54 states and jurisdictions in their February, 2007, State Performance Plans (SPPs). States and jurisdictions will be called “states” for the remainder of this report. Only information specifically reported in the SPPs was included in the analysis. Therefore, it is possible that a state may be conducting an activity or using a data source or assessment that is not included in this summary. All percentages reported are based on a total of 54 states and jurisdictions, unless stated otherwise.

Family Survey Tools

Of the 54 states, 25 (46%) used the NCSEAM Family Survey to collect data for this indicator. Eighteen states (33%) used the ECO Family Survey, 10 states (19%) used state developed surveys, and one state added both NCSEAM and ECO items to their state survey. The distribution of tools used by RRC Region is shown in Figure 5 below.

Figure 5: Family Survey Tool By RRC Region



Five of the six regions had a mix of state developed, ECO and NCSEAM surveys. A greater proportion of states in Regions 2, 5 and 6 used the NCSEAM survey while a greater proportion of states in Regions 3 and 4 selected the ECO survey. In all regions either 1 or 2 states used their own survey.

Twenty-three states reported that they will provide translations of the surveys, or have translators available to assist families with the surveys. The primary language mentioned was Spanish (20 states). Note: Both the NCSEAM and the ECO Family Surveys have Spanish translations.

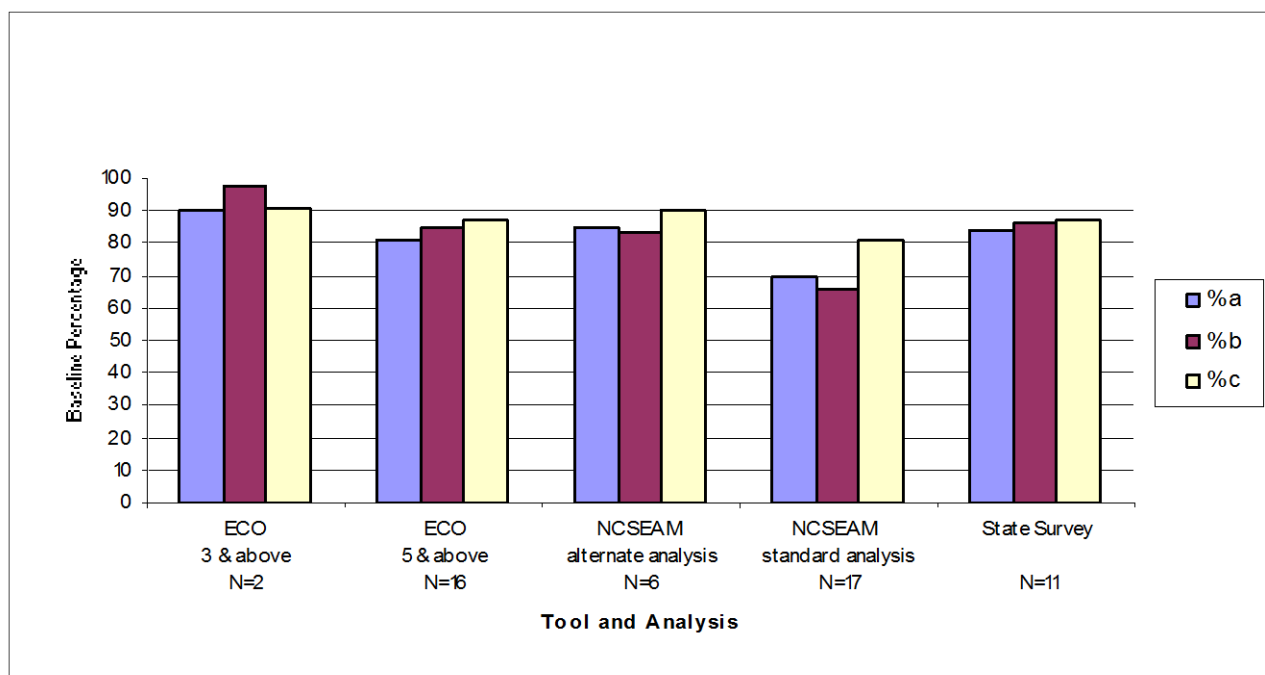
2005-2006 Baseline Data

States' baseline data represented the percent of families reporting that EI helped their families in each of the sub-indicator areas. Overall state reported baseline data are shown in the table below.

Sub-Indicator	a. Know their rights	b. Communicate children's needs	c. Help children develop and learn
Mean	79% of families	78% of families	85% of families
Range	45% - 99%	42% - 99%	53% - 99%

States using the ECO Family Survey used two different criteria for determining family "agreement" with the items. Two states used a rating of 3 (fair) and above, while 16 states reported percentages of families rating the items with a 5 (good) and above on the 7 point scale. States using the NCSEAM Survey for this indicator either analyzed their data with Rasch analysis developed by NCSEAM for this purpose (17 states), or used an alternate method of analysis (6 states). The alternate method involved identifying items from the NCSEAM Survey which were believed to measure each of three sub-indicators, and calculating the mean percentage of families agreeing with those items. Figure 6 displays the baselines for the states using various tools and criteria for positive responses.

Figure 6: Baseline by Survey Tool and Criteria for Positive Response



The figure shows similarities in mean baseline data for states using the ECO Family Survey, the NCSEAM Survey with the alternate manual analyses, and state Surveys. The ECO Survey using the criteria 3 and above mean percentages were somewhat higher, and the NCSEAM Survey mean percentages for the standard Rasch analysis were somewhat lower.

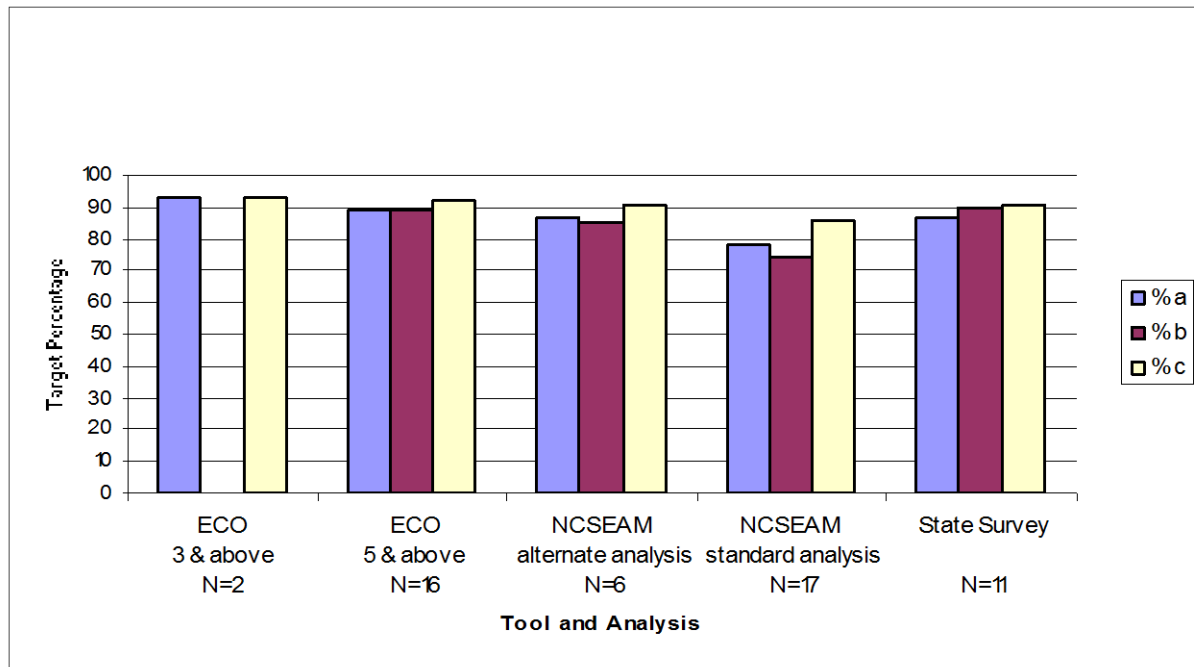
Targets for 2010-2011

The targets for the final year of the SPP period for each of the sub-indicators were analyzed and are reported in the table below.

Sub-Indicator	a. Know their rights	b. Communicate children's needs	c. Help children develop and learn
Mean	84% of families	83% of families	89% of families
Range	50% - 100%	44% - 100%	60% - 100%

A comparison of the state targets by survey and analysis is displayed in Figure 7.

Figure 7: Targets by Survey Tool and Criteria for Positive Response



Note: One of the states using the ECO Family survey “3 and above” criterion did not set a target for sub-indicator b. The patterns in the targets are similar to those in the baseline data: ECO, NCSEAM alternate analyses, and state survey targets were very similar, and the NCSEAM Rasch analysis targets were somewhat lower.

Population Included in Baseline

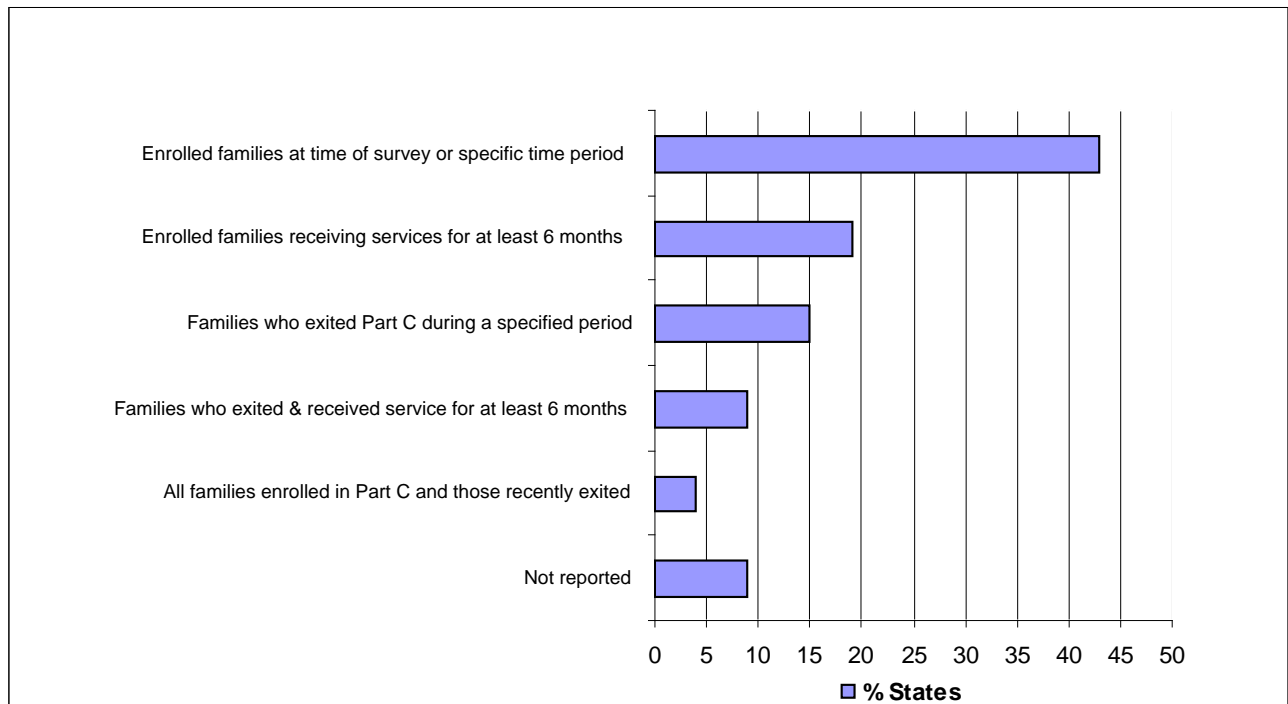
Seventeen states (31%) reported baseline data from a sample of families, 32 states (59%) distributed surveys to all families (census), one state conducted a pilot, and four states did not report on the population included in their baseline. The mean, median, and range of number of responses are summarized in the table below.

Number of Responses	Overall	Sample (31%)	Census (59%)
Mean	719 surveys	861 surveys	634 surveys
Median	384	402	370
Range	12 - 5413	12 - 4744	39 - 5413

There were several variations on the definition of the population to be included in the data collection for this indicator. Twenty-three states (43%) defined the population as those enrolled in the Part C program at the time of the survey, or during a specific time period. Ten states (19%) added that the enrolled families surveyed were those who had been receiving services for at least six months. Eight states (15%) surveyed families who had exited the Part C program during a specified period. Five additional states

(9%) surveyed those families who had exited the program who had participated for at least 6 months. Two states included all families enrolled in the program as well as those recently exited, and six states (11%) did not report on criteria for the population. These data are depicted in Figure 8.

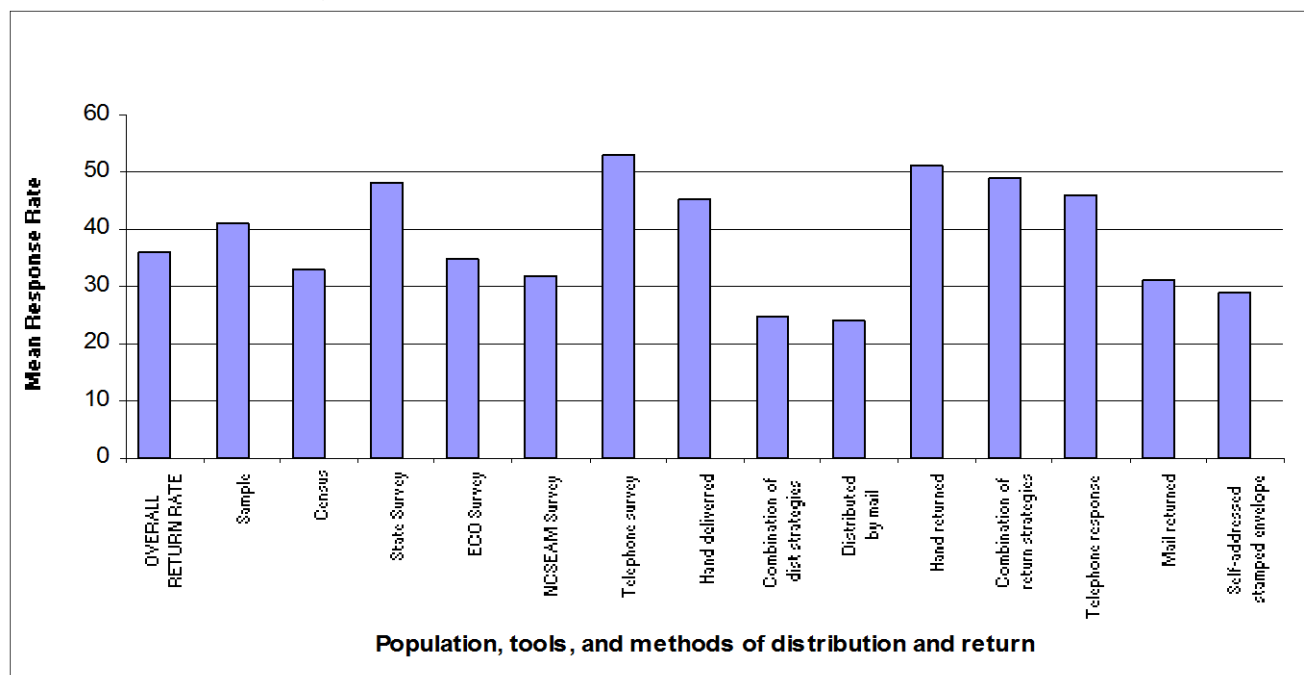
Figure 8: Definition of Population Surveyed by Number of States



Response Rates

The response rates for the family surveys are summarized in Figure 9 by population, survey tool, distribution strategy, and return strategy.

Figure 9: Variables Related to Response Rates



As seen in the figure, patterns related to response rates included slightly higher response rates for states who sampled (mean=41%) than for states who included “all” families (mean=33%); and higher response rates for state developed surveys (mean=48%) than for ECO (mean=35%) or NCSEAM (mean=32%) surveys. In addition, an analysis of the method of survey distribution (N=44 states) revealed that telephone surveys had the highest response rates (mean response rate=53%), followed by hand delivered surveys (mean=45%), multiple distribution methods (mean=25%) and mailed surveys (mean=24%). Method of survey return (N=35 states) was also found to be related to response rates. Higher response rates were reported for hand returned surveys (mean response rate=51%), telephone surveys (mean=46%), and multiple return options (mean= 49%), with patterns of lower response rates for mail returns (mean=31%) and mail with a self-addressed stamped envelope provided (mean=29%).

Twenty-six states (48%) conducted analyses to determine whether their data were representative of the families in their states. Variables in these analyses typically included race/ethnicity, geographic representation, gender, age, and length of time in program.

Timeframes for Family Surveys

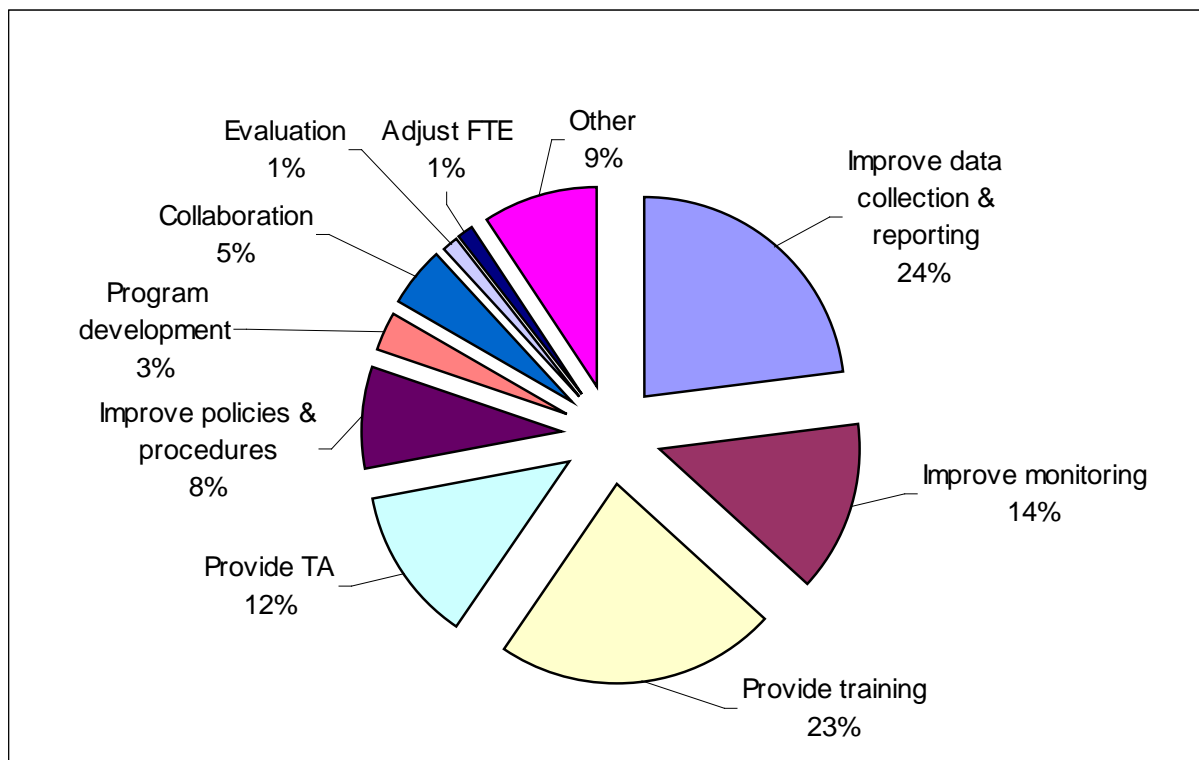
The most common data collection timeframes were (1) annually at a designated month or during a specific time period (23 states), or (2) collecting data according to a schedule based on an individual child's participation in the Part C program (17 states). In addition, three states based the timing of family surveys on monitoring calendars. State plans for the timing of data collection are summarized in the table below.

Timing of Family Surveys	# States	% States
Annually, at a certain time each year (e.g., a designated month or time period)	23	43%
In relation to individual participation:	17	32%
• At or near exit/transition	10	19%
• At 6 month or annual IFSP reviews	5	9%
• At IFSP reviews and at exit	2	4%
Based on monitoring schedule	3	6%
Not reported	11	20%

Improvement Activities

The analysis of the SPP Improvement Activities for this report focused on the activities proposed for the remainder of the SPP time period, through 2010-2011. Improvement Activities already completed at the time of the report are not represented in the following analysis. Figure 10 shows the proportion of Improvement Activities proposed in each of the ten OSEP categories.

Figure 10: Types of Improvement Activities



In all, 259 Improvement Activities were proposed by states. Most of these (73%) fell into 4 categories: improving data collection, improving monitoring, and providing training and TA. The table below summarizes the numbers of Improvement Activities proposed in each category and the number of states proposing each type of improvement.

Improvement Activity Category	# IAs	# States
A. Improve data collection and reporting	60	35
B. Improve systems admin and monitoring	35	25
C. Provide training	59	32
D. Provide technical assistance	32	25
E. Clarify/develop policies and procedures	22	19
F. Program development	8	7
G. Collaboration/coordination	13	9
H. Evaluation	3	3
I. Increase/adjust FTE	3	3
J. Other	24	19

To assist with implementation of Improvement Activities, states mentioned TA agencies from which they would like assistance: ECO (8 states), NECTAC (7), NCSEAM (6),

RRCs (5), Family Organizations (3) and Other (2). The nature of Improvement Activities in each of the categories is summarized below.

Data Collection and Reporting

By far the most common theme in this area was developing strategies for improving the family survey response rates. These included new methods for survey distribution and return, improving user friendliness of items, providing support to help families complete the survey, and strategies for communicating to families the importance and usefulness of the survey responses. Other themes included conducting analyses to determine whether responses were representative, analyses to identify relationships of program variables to family outcomes, and improvements in data systems, data processing methods, and sampling procedures.

Systems Administration and Monitoring

The predominant theme was the development of local improvement plans and local corrective action plans to improve the families' ratings of the helpfulness of EI services. A related theme was developing mechanisms to monitor the implementation of local improvement plans. This category also included updating monitoring systems (including Focused Monitoring) to include monitoring the delivery of family supports and services, the distribution and collection of family survey data, and the verification of the family survey data. A few states also plan improvements in the use of family survey data to inform personnel development needs.

Training and Personnel Development

The primary theme was the provision of training to providers and service coordinators regarding family rights and procedural safeguards. Although the majority of the proposed training activities targeted providers, states also plan training for families and collaborative training for families and EI staff together. PTIs were noted as resources for providing and facilitating training for families and for collaborative training with the state. Other topics proposed for training included effective practices related to family supports and services, culturally appropriate services, effective communication strategies, and understanding and using the family survey data.

Technical Assistance

Technical assistance activities were similar to training plans, including TA for both families and service providers/service coordinators. TA content included family rights and procedural safeguards, effective practices in family centered services and family support, facilitating family involvement, and how to use the data from family feedback to improve programs. Strategies included the development of products and web resources and individual work with regions or programs with low ratings on family

surveys. Several states will collaborate with PTIs and other Family Organizations to provide TA.

Policies and Procedures

The most common themes in this area were the clarification of policies regarding family rights and family supports, and development of policies related to the implementation of family surveys. Guidance documents were also planned, addressing how and when to present and discuss family outcomes with families, revision of IFSP documents to include family survey requirement, and revision of Family Handbooks.

Program Development

Examples of proposed initiatives include the development of family mentor systems, a project to train mediators to work with families, and a contract to develop strategies to improve service coordinators' abilities to identify and address family priorities.

Collaboration and Coordination

States plan to collaborate with PTIs and other Family Organizations as well as Institutions of Higher Ed, and across state agencies to coordinate efforts to improve skills, supports, and services for families.

Evaluation

There were very few improvement activities in this area, but a state's plan to conduct family forums to validate and explore more deeply the family survey responses was noteworthy.

Adjust FTE

Again, few states mentioned improvement activities in this category, but plans included hiring a coordinator for the family outcome work, and recruiting more providers to provide family supports and services.

Other Improvement Activities

Most of the activities in this area were related to developing, selecting, or revising the states' family surveys. Included were plans to add items, translate into additional languages, revise instructions, develop on-line versions, and develop specific surveys for various phases of EI.

Promising Practices

Because the greatest challenge related to this indicator seemed to be getting sufficient and representative responses to family surveys, two state practices may be worthy of mention. One state surveyed all families, then selected a sample to analyze from the completed surveys according to a stratified sampling plan, resulting in a representative sample of families in the state. Another state identified necessary cell sizes for their sampling plan, and continued to send surveys to additional families in cells with insufficient responses until all cells were filled. This also resulted in a representative sample of families in the state. The challenge of sufficient responses to be representative at the local/program level remains.

INDICATOR 5: CHILD FIND BIRTH TO ONE

Prepared by NECTAC

Part C Indicator #5: Percent of infants and toddlers birth to 1 with IFSPs compared to: A. Other states with similar eligibility definitions; and B. National data.

INTRODUCTION

Indicator #5 is intended to show a state's performance in the identification of eligible infants during their first year of life. Together with Indicator #6, a state's performance in finding eligible children and finding them early is reported. Indicator #5 is considered a performance indicator. The measurement specifies that states must use data collected and reported under Section 618 (Annual Report of Children Served) regarding the number of infants birth to age 1 that were identified and served on December 1, 2005, and to calculate the percentage of the state's birth to 1 population which that number represents. All but two states used the specified measurement. States were asked to measure their performance in relation to the rigorous and measurable target established in their State Performance Plan for FFY 2005. This analysis of Part C Indicator #5 is based on a review of state Annual Performance Reports (APRs) for 55 states and jurisdictions. One state did not submit a FFY 2005 APR in time for this analysis. (In this report, the term "state" is used for both states and jurisdictions.)

PERFORMANCE OF STATES IN RELATIONSHIP TO NATIONAL PERCENTAGE, ELIGIBILITY CATEGORY AND ACTUAL TARGET DATA

For this indicator, OSEP provided Table 8-4a, which ranks all states according to the percentage of infants and toddlers with IFSPs, birth to 1, served on December 1, 2005, and included the national percentage. The national percentage (listed as the baseline on the table) was 1.01%.

In order to help a state compare its performance with other states having similar eligibility definitions, OSEP provided states with information (Table 8-3b, Infants and toddlers ages birth through 2 (including children at risk) receiving early intervention services under IDEA, 2005) that divided the states' eligibility definitions into three categories—narrow, moderate, and broad. While this table ranks states according to percentage of children from birth through 2, the table allowed states to compare themselves with states with similar eligibility for children from birth to 1.

Actual Performance Data and National Percentage

Target data for Indicator #5 (N=55 states) shows that 28 states reported that their actual performance data were above the national percentage while 27 states reported that their actual performance data were below the national percentage. One of the 2 states that used data other than the 618 data table reported their actual performance data

were above the national percentage; however, the 618 data table indicated that, while making progress, this state did not exceed the national percentage. A total of 4 states that had been below the national percentage at baseline now report that they are above the national percentage. One of these states used data other than the 618 data table.

Actual Performance Data and Type of Eligibility Category

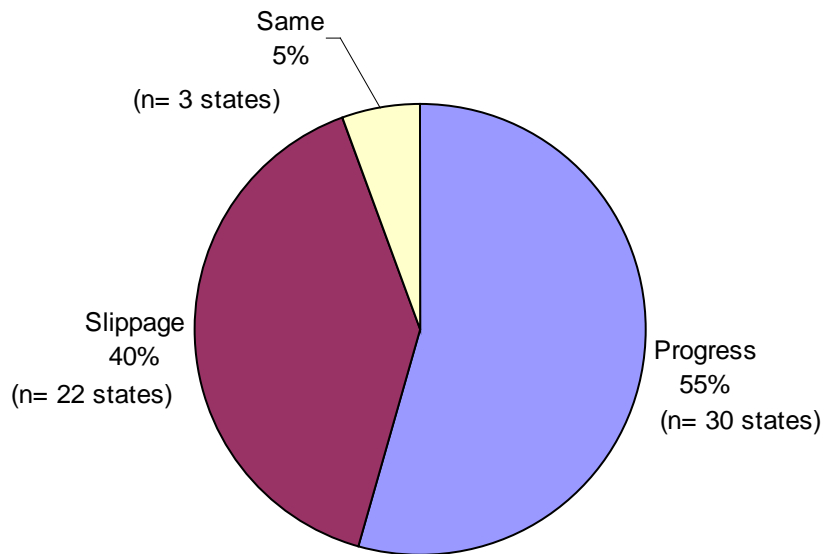
Of the 28 states that reported their actual performance data were above the national percentage, 5 states were in the narrow eligibility category, 4 states were in the moderate eligibility category, and 19 states were in the broad eligibility category. Of the 27 states that reported their actual performance data as below the national percentage, 10 states were in the narrow eligibility category, 9 states were in the moderate eligibility category, and 8 states were in the broad eligibility category. At least 3 states moved from moderate to narrow over the last year; 2 states indicated that they would like OSEP to change their category for 2006, since they have changed or are planning to change their eligibility definition.

Performance of States in Relation to FFY 2005 Target and Actual Performance Data

States listed targets for FFY 2005 and reported their actual performance data in the FFY 2005 APR. Of the 55 states in this analysis, 30 states met or exceeded their FFY 2005 performance target; 2 of these 30 states were able to meet their target as a result of revising their targets for FFY 2005 within the SPP. Twenty-five states reported that they did not meet their FFY 2005 target. Of these 25 states, 4 states' actual performance data were above their baseline performance but did not meet their targets. The remaining 21 states that did not meet their targets reported actual performance data the same as or below baseline.

The figure below represents the progress and slippage of the 55 states reporting on actual performance for FFY 2005 in relation to baseline. Slightly more states reported progress (30 or 55%) while 22 states (40%) reported slippage and 3 states reported actual performance at the same level as baseline.

Figure 11: Progress/Slippage



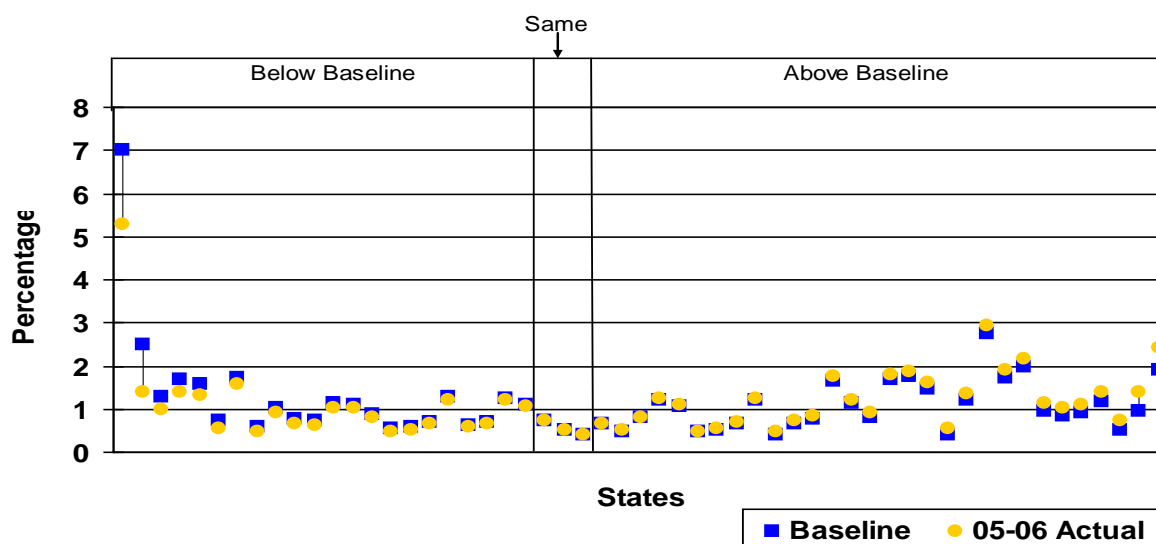
Changes in state performance from baseline to actual performance data for FFY 2005 are shown by range in the table below. Two states showed a significant drop from baseline to actual performance in the percentage of infants and toddlers birth to 1 with IFSPs. Only 2 states showed increases greater than 0.25% from baseline to actual performance data. Three of the 55 states had actual performance data that were the same as their baseline performance.

Table 8: Percent Change from Baseline to Actual Performance Data for FFY 2005

Percent Change from Baseline to 2005-2006 Actual Target Data	Number of States
-1.0% to -1.7%	2
-0.19% to -0.9%	4
-0.05% to -0.18%	12
-0.02% to -0.04%	4
0.00% to +0.04%	11
+0.05% to + 0.14%	10
+0.15% to 0.24%	10
+0.25% to 0.51%	2
Total	55

The following graph illustrates the change made by individual states from baseline (FFY 2004) to actual performance in FFY 2005.

*Figure 12: Change in State Performance from Baseline to FFY 2005
in Order from Least to Most Improved*



Explanation of Progress

Ten states did not report an explanation of progress. Of those that did report an explanation of progress, the following types of explanations were given: increase in referrals from specific primary referral sources; increased numbers of low birth weight babies born in the previous year; focused outreach to the medical community; interagency child find efforts (e.g., Early Hearing Detection and Intervention (EHDI) or birth conditions registry); strong state-level public awareness and child find efforts; data-driven local public awareness plans or grants; and monitoring and accountability efforts at the local level. A few states reported that with changes anticipated in their eligibility definitions (3 states) or changes due to other circumstances (1 state), they expected the percentage of infants and toddlers birth to 1 with IFSPs to decrease in 2006.

Explanation of Slippage

States reported other factors related to slippage: changes to eligibility criteria that tightened or clarified eligibility (4 states), an increase in referrals but not in children determined to be eligible (4 states); a decrease in referrals from the medical community (2 states) or in general (1 state); families who did not complete evaluation/eligibility or who declined the IFSP for a variety of reasons (such as families referred from Neo-natal Intensive Care Units, or NICUs), families of children with a substantiated case of abuse or neglect, highly mobile families (6 states); an increase in the birth rate or population (4 states) or a decrease in the birth rate or population (2 states); personnel shortages (2 states); data errors or missing information at the local level (2 states); contracting or funding issues (2 states). Six states indicated the drop in their percentage was minimal; and four states indicated the reasons were not known. (Note: eight states are in the

process of changing or are studying a change in their eligibility definition. Of these states, only one state is studying a change to a broader eligibility category.)

IMPROVEMENT ACTIVITIES

Seven of the 55 states did not report on their improvement activities. States reported the following improvement activities for Indicator #5 in FFY 2005. The following table shows the types of activities reported by the 48 states.

Table 9: Types of Improvement Activities Reported by States

Types of Improvement Activities	Number of States
Improve Collaboration/Coordination	36
Other	31
Clarify/Examine/Develop Policies and Procedures	30
Improve Data Collection and Reporting	29
Improve Systems Administration and Monitoring	22
Provide Training/Professional Development	20
Provide Technical Assistance	15
Evaluation	11
Program Development	6
Increase/Adjust FTE	0

Activities to **Improve collaboration/coordination** included working with the child protective services agency in order to develop agreements, policies, and procedures related to the referral of children involved with a substantiated case of abuse/neglect or substance exposure working with newborn hearing screening and follow-up programs, newborn screening registries (metabolic or genetic) or birth defect registries to coordinate referrals and follow-up; working with Assuring Better Child Health Development (ABCD) grants and Medical Home Projects; collaboration and agreements with NICUs, high-risk follow up programs, Medicaid and Early Periodic Screening, Diagnosis, and Treatment (EPSDT); working with hospitals and physicians groups to increase referrals from, and promote screening of, infants and toddlers; and collaboration with Title V programs, child care, homeless shelters, and programs for substance abuse that target pregnant women.

Activities included in the category **Other** were developing, updating, translating and disseminating public awareness materials, often directed to physicians, NICUs or other primary referral sources; reporting on public awareness activities; and updating websites or providing new links with collaborating partners.

Activities under **Clarify/examine/develop policies and procedures** included developing policies and procedures with the state child protective services agency; clarifying or developing referral and evaluation policies, procedures or forms; reviewing, modifying or changing eligibility definitions; and developing or revising memoranda of understanding related to child find.

Activities under **Improving data collection, and reporting** included analyzing referral and child count data by geographic region, early intervention program or new populations not currently served; analyzing data related to public awareness activities; gathering and analyzing data regarding primary referral sources; data verification and training activities; discussions and development of data sets; developing the ability to share data with other agencies; and analyzing the impact of the Child Abuse Prevention and Treatment Act (CAPTA) requirements on the identification of eligible children.

Activities under **Improving systems administration and monitoring** included the following: reviewing and reporting performance data on a cyclical basis (quarterly) from local early intervention programs (e.g., referral sources, child find activities or plans and numbers of children identified, data accuracy); using focused monitoring to identify successful outreach strategies (file reviews, interviews and surveys); self-monitoring by local programs of the status of intake and referrals; and focused monitoring with child find as a priority area, including setting local performance targets related to percentage of infants/toddlers with IFSPs, along with specific actions for low performing programs (providing or requiring locals to use more extensive data to help target primary referral sources or populations, development of improvement plans, on-site visits, consultation, technical assistance or changes to program's funding based on performance).

Training and technical assistance was often aimed at primary referral sources (especially physicians, NICUs, child protective service workers and health care providers) and local providers (especially as it related to new policies, procedures or guidelines, such as new eligibility or evaluation procedures or requirements related to CAPTA or homeless children); further targeted training and technical assistance was used to support local early intervention programs in developing improvement plans around increasing referrals and identification rates.

A small number of states (11) reported on **Evaluation** improvement activities. Some of these activities included examining the results of a cost analysis to determine funding realignment; surveying local early intervention programs to assess public awareness needs and to evaluate public awareness plans; evaluating the efficacy and performance of child find contracts and partnerships with other agencies; conducting an epidemiology study to predict incidence of developmental delay; and evaluating the effectiveness of a pilot automatic referral system of children under CAPTA.

Use of OSEP TA Centers

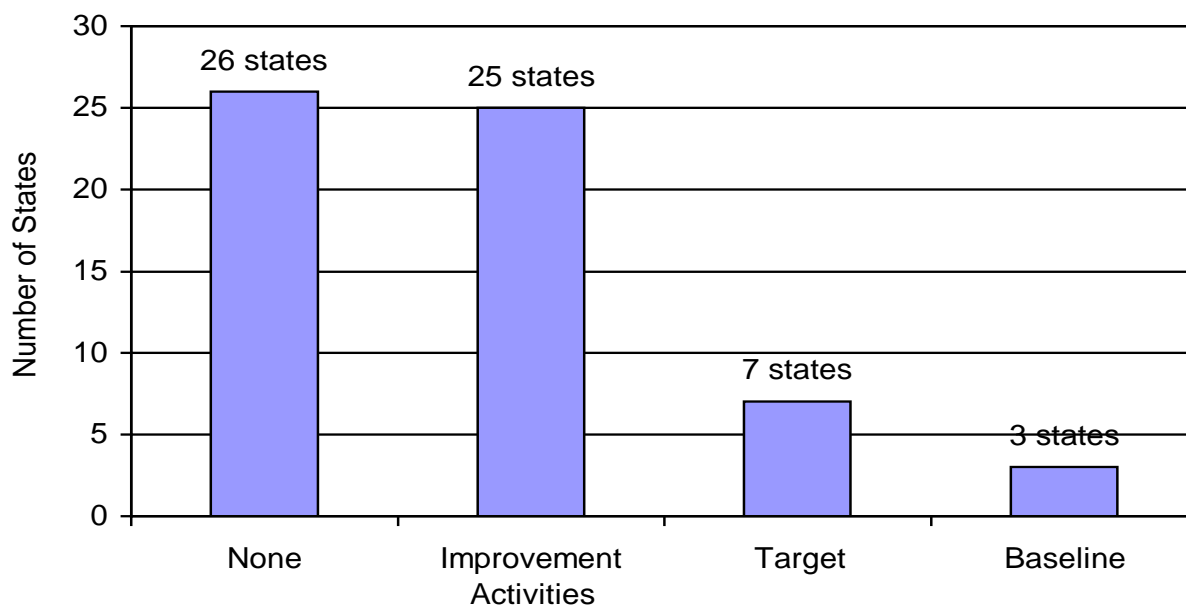
NECTAC provided various forms of TA to states in support of child find for children birth to 1. Fifty-nine states received information, 58 states attended national conferences,

such as the National OSEP Early Childhood Conference, and 8 states received extensive on-site consultation. Two OSEP TA centers were mentioned in state improvement activities: NECTAC (1 state) and Westat (1 state).

State Performance Plan Revisions

The following graph depicts the types of revisions states made to their SPP.

Figure 13: Types of SPP Revisions



Out of the 55 states, 26 states made no revisions to their SPP. Of the remaining 29 states, 22 states only made revisions to their improvement activities; 2 states made revisions to their improvement activities and targets, while 1 state made revisions to its improvement activities, targets and baseline; 2 states made revisions to their baselines and targets only; and 2 states made revisions to only their targets.

In revising baseline data, 1 state reported an error in the submission of 2005 618 child count data that necessitated changing its baseline. One state revised its baseline because it reported that it used 2003 618 child count data and 1 state revised its baseline using 2005 618 child count data. These 2 states revised their targets to reflect 2005 618 child count data.

INDICATOR 6: CHILD FIND BIRTH TO THREE

Prepared by NECTAC

Part C Indicator #6: Percent of infants and toddlers birth to 3 with IFSPs compared to: A. Other states with similar eligibility definitions; and B. National data.

INTRODUCTION

Indicator #6 is intended to show a state's performance regarding the identification of eligible infants and toddlers, birth through two. Together with Indicator #5, a state's performance regarding finding eligible children and finding them early is reported. Indicator #6 is considered a performance indicator. States were asked to measure their performance in relation to the rigorous and measurable target established in their state Performance Plan for FFY 2005. This analysis of Part C Indicator #6 is based on a review of state Annual Performance Reports (APR) for 55 states and jurisdictions. One state/jurisdiction did not submit a FFY 2005 APR in time for this analysis. (In this report, the term "state" is used for both states and jurisdictions.)

PERFORMANCE OF STATES IN RELATIONSHIP TO NATIONAL PERCENTAGE, ELIGIBILITY CATEGORY AND ACTUAL TARGET DATA

States were expected to use data they had collected and reported under Section 618 (Annual Report of Children Served) regarding the number of infants and toddlers birth to age 3 that were identified and served on December 1 and to calculate what percentage of the state's birth to 3 population that number represented. All but two states based their actual target data on their December 1, 2005, child count data.

Table 8-1: *Infants and toddlers ages birth through 2 receiving early intervention services under IDEA* displays by state the number of infants and toddlers reported in the December 1, 2005, child count and what percentage of the state's birth through 2 population that number represents. States are ranked from highest to lowest percent of population. Table 8-1 shows that the national percentage of infants and toddlers with IFSPs on December 1, 2005 was 2.40%.

In order to help a state compare its performance with other states having similar eligibility definitions, OSEP provided states with information (Table 8-3b) that divided the states into three categories of eligibility definition: narrow, moderate, and broad.

Actual Performance Data and National Percentage

Actual target data for Indicator #6 (N=55 states) shows that 25 states reported that their actual target data was above the national percentage, while 30 states reported that their actual target data was below the national percentage. One of the 2 states that used data other than the 2005 child count data table reported actual performance data above

the national percentage. Review of the 2005 child count data table confirmed they were above the national percentage. A total of 3 states that had been below the national percentage at baseline now report they are above the national percentage.

Actual Performance Data and Type of Eligibility Category

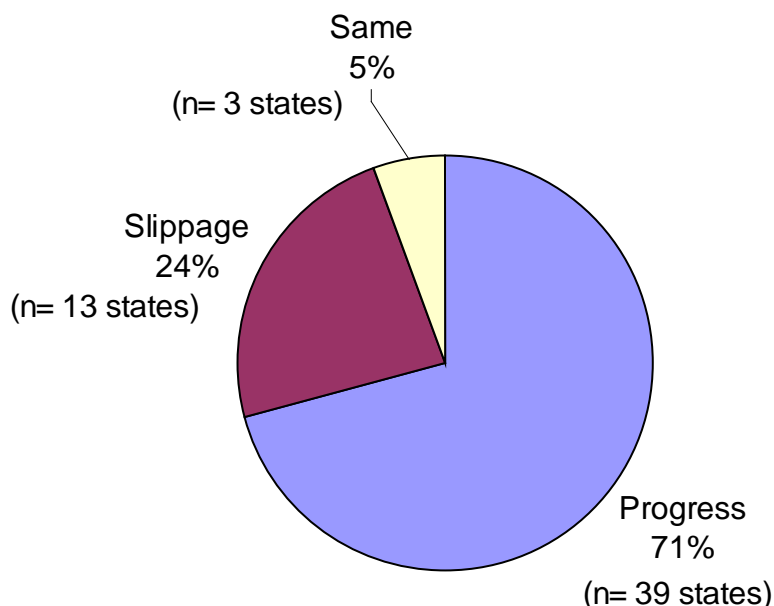
Of the 25 states reporting actual performance data above the national percentage, 4 are in the narrow eligibility category, 8 are in the moderate eligibility category, and 13 states are in the broad eligibility category. Of the 30 states below the national percentage, 11 are in the narrow eligibility category, 5 are in the moderate eligibility category, and 14 states are in the broad eligibility category. At least 3 states reported they had moved to the narrow eligibility category. Two states indicated they would like OSEP to change their category for 2006, since they have changed or are planning to change their eligibility definition.

Performance of States in Relation to FFY 2005 Target and Actual Performance Data

States provided targets for FFY 2005 and reported their actual performance data in the FFY 2005 APR. Of the 55 states in this analysis, 36 reported that they met or exceeded their FFY 2005 performance target. Two of these 36 states were able to meet their target as a result of revising their targets for FFY 2005 within the SPP. Nineteen states reported that they did not meet their FFY 2005 target. Of these 19 states, 7 reported actual performance data above their SPP baseline, and therefore indicated some progress towards their target. The remaining 12 states reported actual performance data the same as or below their baseline.

The figure below represents the progress and slippage of the 55 states reporting on actual performance for FFY 2005 in relation to baseline. Significantly more states reported progress (39 or 71%) while 13 states (24%) reported slippage and 3 states reported actual performance at the same level as baseline.

Figure 14: Progress/Slippage



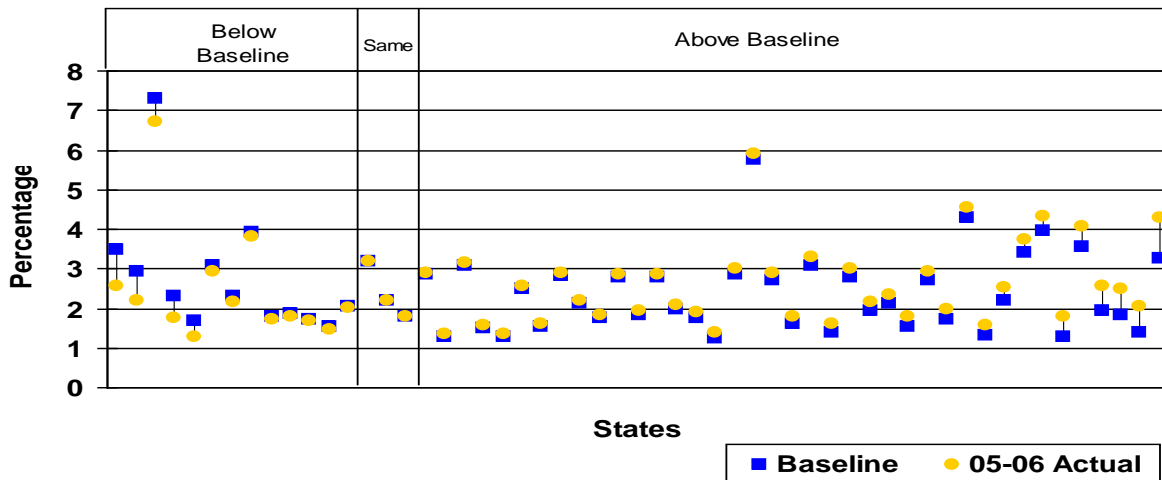
Changes in state performance from baseline to actual target data for FFY 2005 are shown in the table below. Four states had greater than .5% decrease in the percentage of infants and toddlers with IFSPs from baseline to actual performance data. Five states had greater than .5% increase in the percentage of infants and toddlers with IFSPs. Three of the 55 states had actual performance data that was the same as their baseline level performance.

Table 10: Percent Change from Baseline to Actual Performance for FFY 2005

Percent Change from Baseline to 05-06 Actual Performance	Number of States
-0.54% to -0.92%	4
-0.05% to -0.4%	8
-0.01% to +0.04%	6
+0.06% to +0.14%	15
+0.15% to +0.24%	10
+0.25% to +0.49%	7
+0.53% to +1.02%	5
Total	55

The following figure illustrates the change made by individual states from baseline (FFY 2004) to actual performance in FFY 2005.

*Figure 15: Change in State Performance from Baseline to FFY 2005
In Order from Least to Most Improved*



Explanation of Progress

Seventeen states did not report an explanation of progress in meeting their performance target. Of those that did report an explanation of progress, the following types of explanations were given: increase in referrals from specific primary referral sources (child welfare agencies, physicians), interagency collaboration around child find efforts (e.g., CDC Act Early Champion training of pediatricians, Medicaid coverage of developmental screenings, tracking preterm babies, Early Hearing Detection and Intervention (EHDI) programs, birth defects registries), successful state child find efforts, data-driven local public awareness plans or grants, and monitoring and accountability efforts at the local level. Three states reported that with changes anticipated in their eligibility definitions or changes due to other circumstances (one state), they expected the percentage of infants and toddlers birth through 2 with IFSPs to decrease in 2006.

Explanation of Slippage

States reported other factors related to slippage: changes to eligibility criteria that tightened or clarified eligibility (three states), an increase in referrals or evaluations/assessments but not in children determined eligible or receiving services (four states); a decrease in referrals due to circumstances beyond the state's control [e.g., political changes, natural disasters (five states)]; an increase in the birth rate or population (two states). Personnel shortages were mentioned by two states; contracting or funding issues were mentioned by two states. (Note: Eight states are in the process of changing or are studying a change in their eligibility definition. Of these states, only one is studying a change to a broader eligibility category.)

IMPROVEMENT ACTIVITIES

States reported the following improvement activities for Indicator #6 in FFY 2005.

Table 11: Types of Improvement Activities Reported by States

Types of Improvement Activities	Number of States
Other	29
Improve collaboration/coordination	29
Clarify/Examine/Develop Policies and Procedures	27
Improve Data Collection and Reporting	26
Provide Training/Professional Development	21
Improve Systems Administration and Monitoring	20
Provide Technical Assistance	16
Evaluation	9
Program Development	5
Increase/Adjust FTE	0

Activities in the category **Other** included developing, updating, translating into specific languages and disseminating public awareness materials often targeting physicians, Neo-natal Intensive Care Units (NICUs) or other primary referral sources (parent focused materials); public awareness activities (exhibits at conferences for professional groups, visits to physicians and clinics, outreach to homeless shelters); utilizing state Interagency Coordinating Council (SICC) subcommittees to develop child find and public awareness materials and activities; designating local funds for public awareness/child find activities and plans; and updating websites or providing new links with collaborating partners.

Activities for **Improving collaboration/coordination** included working with partners to determine common screening tools and protocols across multiple programs serving young children, developing child find agreements with other agencies (departments of education, Early Head Start, tribal organizations and entities) at the state and local level, working with child protective services agencies in order to develop policies and procedures related to the referral of children involved with a substantiated case of abuse/neglect or were substance exposed; working with newborn hearing screening and follow-up programs, newborn screening registries (metabolic or genetic) or birth defect registries to coordinate referrals and follow-up; working with Assuring Better Child Health Development (ABCD) grants, Early Childhood Comprehensive Systems grants, and Medical Home Projects; collaboration and agreements with NICUs, high-risk follow up programs, Medicaid and Early Periodic Screening, Diagnosis, and Treatment (EPSDT); working with hospitals and physician groups to increase referrals from and promote screening of infants and toddlers; state, regional and local ICC collaborative activities; and collaboration with Medicaid, Title V and public health programs, child care, homeless shelters, and programs for substance abuse that target pregnant women.

Activities under **Clarify/examine/develop policies and procedures** included developing policies and procedures with the state's child protective services agency; developing strategies for reaching specific populations, including children in NICUs and children who are homeless; clarifying/developing referral and evaluation policies, procedures or forms; reviewing, modifying or changing eligibility definitions; and developing or revising MOUs related to child find. Some specific activities of note by states included: developing contracts for developmental monitoring and community screening linked to LEAs; forming central referral units at a district level; utilizing and expanding bilingual service coordinator associates; employing a fulltime autism specialist; developing marketing standards to ensure that early intervention services are marketed accurately, fairly and honestly; requiring public awareness plans at the regional level that includes quarterly submission of reports to the lead agency; and developing on-line or fax-based referral systems.

Activities under **Improving data collection, and reporting** included analyzing referral and child count data by geographic region, early intervention program or new populations not currently served; analyzing data related to public awareness activities; gathering and analyzing data regarding primary referral sources; conducting data verification and training activities; discussions and development of data sets; developing the ability to share data with other agencies; and analyzing the impact of the Child Abuse Prevention and Treatment Act (CAPTA) requirements on the identification of eligible children.

Activities under **Improving systems administration and monitoring** included the following: reviewing and reporting performance data on a cyclical basis (quarterly) from local early intervention programs (e.g., referral sources, child find activities or plans and numbers of children identified, data accuracy); using focused monitoring to identify successful outreach strategies (e.g., file reviews, interviews and surveys); self-monitoring by local programs of the status of intake and referrals; and focused monitoring with child find as a priority area, including setting local performance targets related to percentage of infants/toddlers with IFSPs, along with specific actions for low performing programs (providing or requiring locals to use more extensive data to help target primary referral sources or populations, development of improvement plans, on-site visits, consultation, technical assistance or changes to program's funding based on performance).

Training and technical assistance was often targeted to primary referral sources (especially physicians, NICUs, child protective service workers and health care providers) and local providers (especially as it related to new policies, procedures or guidelines, such as new eligibility or evaluation procedures or requirements related to CAPTA or homeless children); further targeted training and technical assistance was used to support local early intervention programs in developing improvement plans around increasing referrals and identification rates.

A small number of states (nine) reported on **Evaluation** improvement activities. Some of these activities included evaluating the effectiveness of the child find program with a partner agency, evaluating the efficacy and performance of child find contracts and

partnerships with other agencies, and evaluating the effectiveness of a pilot automatic referral system of children under CAPTA.

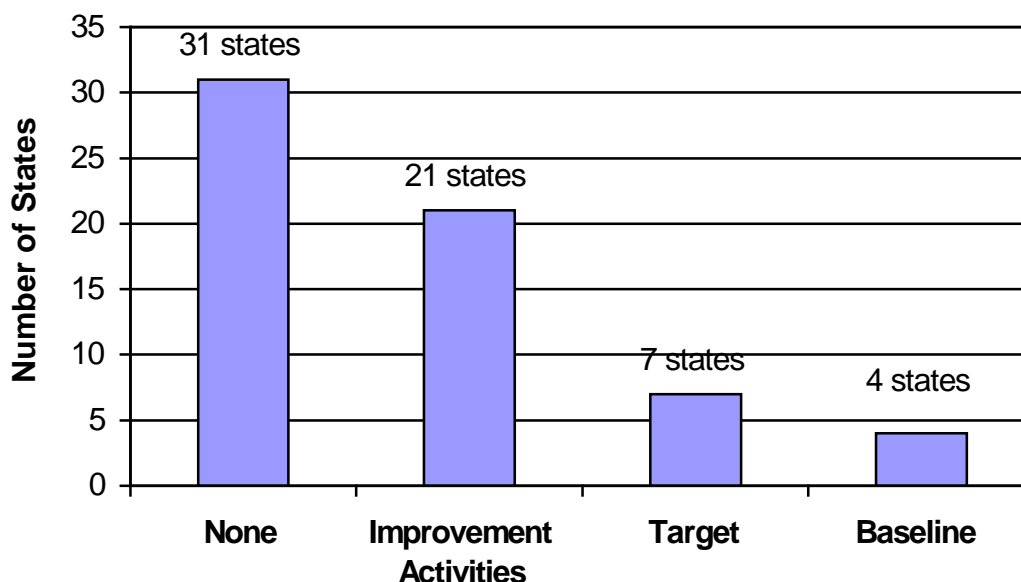
Use of OSEP TA Centers

NECTAC provided various forms of TA to states in support of Child Find Birth to One. Fifty-nine states received information, 58 states attended national conferences such as the National OSEP Early Childhood Conference, and 8 states received extensive on-site consultation. One OSEP TA center (NECTAC) was mentioned within one state's improvement activity.

State Performance Plans Revisions

The following figure depicts the types of revisions states made to their SPP.

Figure 16: Types of SPP Revisions



Out of the 55 states, 31 states made no revisions to their SPP. Of the remaining 24 states, 17 states only made revisions to their improvement activities. Two states made revisions to their improvement activities and targets and two states made revisions to their improvement activities, targets and baseline. One state made revisions to their baseline and target only; two states made revisions to only their targets and one state made a revision to only their baseline, revising the baseline by using 2005 618 child count data.

INDICATOR 7: 45-DAY TIMELINE

Prepared by NECTAC

Part C Indicator #7: Percentage of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

INTRODUCTION

Indicator #7 is considered a compliance indicator with a performance target of 100%. Part C regulations specify that, "Within 45 days after it receives a referral, the public agency shall (i) Complete the evaluation and assessment activities in 303.322; and (ii) Hold an IFSP meeting in accordance with 303.342" [303.321(e)].

This summary of Part C Indicator #7 is based on a review of Annual Performance Reports (APRs) for 55 states. (In this report the term "state" is used for states and territories.) One state is not included, because it had not submitted its APR/SPP at the time this summary was completed. Indicator #7 is intended to show the state's compliance with the 45-day timeline for evaluation, assessment and holding the initial IFSP meeting. In addition, states were to account for untimely evaluations. Family circumstances for delaying the 45-day timeline were not considered instances of noncompliance; however, any program reasons that delayed the 45 days were considered instances of noncompliance. Six states used a time period different from the definition in the instructions, such as a period of 45 days ending at the completion of the IFSP. Data for this indicator was drawn from state monitoring efforts using a specified number of charts and file reviews and/or from state data systems that included information on all children within the reporting time period.

Comparison of Baseline, Target and Actual Performance

As a compliance indicator, targets for Indicator 7 are set at 100% performance. A total of 2 states met the target of 100% and 15 states reported performance within 97-99%.

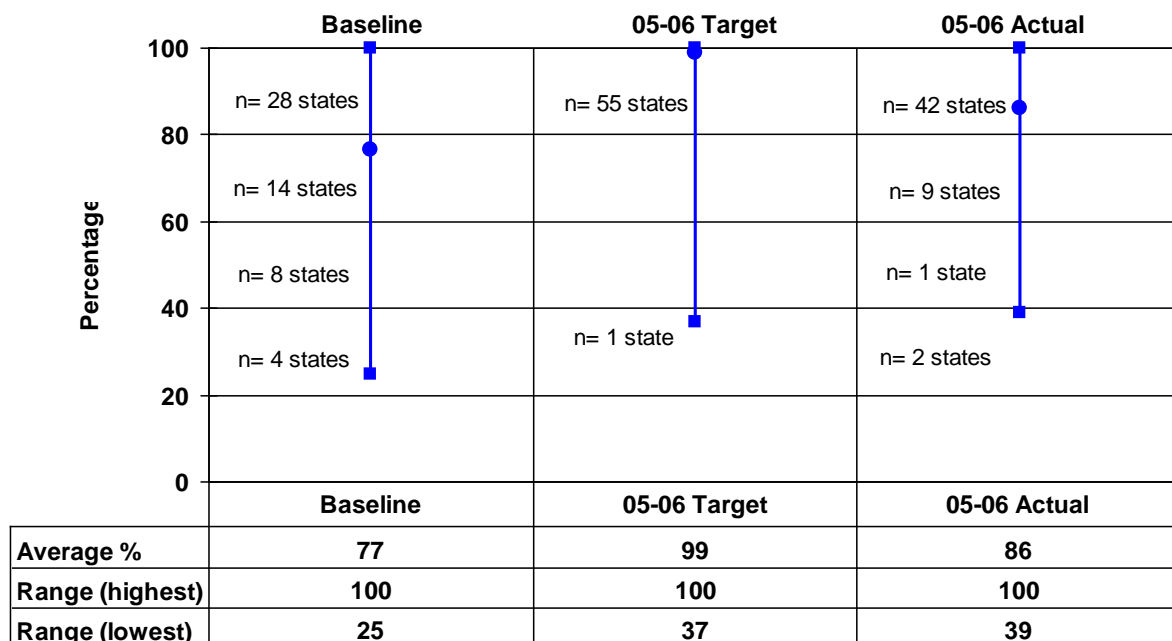
Table 12: Actual Performance

Actual performance in meeting the 45 day requirement	Number of States in each percentile distribution
100%	2
97-99%	15
94-96%	5
90-93%	8
89-85%	8
80-84%	4
70-79%	5
50-69%	5
Below 50%	2

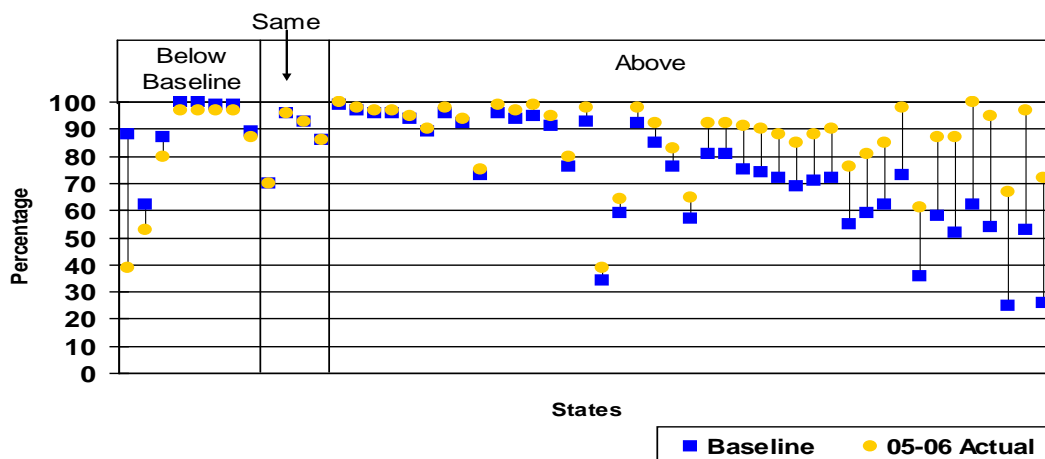
Change from Baseline to Actual Performance

Figures 17 and 18 illustrate the change made by individual states from baseline in FFY 2004 to actual performance in FFY 2005. Comparing the baseline to the actual performance shows the degree of improvement towards meeting the 100% target.

Figure 17: Comparison of Baseline, Target and Actual Performance



*Figure 18: Change from Baseline to Actual Performance
in Order from Least to Most Improved*



Of particular interest are the following points:

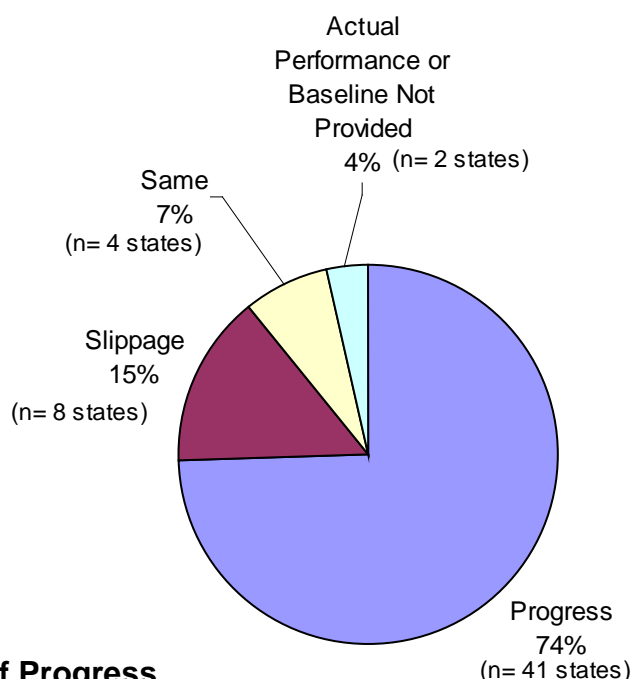
- One state fell significantly below its baseline, with a 49% decrease in the number of initial IFSP meetings occurring within the 45-day timeline. This decrease was measured by reviewing 33 files in which 13 recorded meetings were held within the 45-day timeline.
- The percentage of decrease for the other 7 states below their baselines ranged from 9% down to 2%.
- Four states remained at baseline.
- Twenty-one states made incremental increases ranging from 1% to 8%. The state which reported the lowest actual performance of 39% was in this incremental increase category, improving by 5% from a 34% baseline. This state also reported a target of 37%, rather than the required 100%.
- Thirteen states made substantial improvement ranging from an 11% increase to a 25% increase.
- Significant improvement, ranging from 29%-46%, was reported by 7 states.
- One state did not give a baseline or actual performance for this indicator. One other state did not give a baseline to compare but reported 79% actual performance for this reporting period.

States with significant improvement reported they initiated a variety of activities which concentrated on: compliance and corrective action plans; focused TA and training for low-performing regions or programs; using more appropriate assessment and evaluation procedures; hiring more staff; conducting quarterly reviews of state data; or designing activities to meet a specific challenge identified by a local program not meeting the 45-day timeline.

Progress or Slippage

The figure below represents the progress and slippage of the 55 states reporting on actual performance for FFY 2005 in relation to baseline. Significantly more states reported progress (41 or 74%) while 8 states (15%) reported slippage and 4 states reported actual performance at the same level as baseline.

Figure 19: Progress/Slippage



Explanation of Progress

Forty-seven states provided an explanation for making progress towards reaching the 100% target, including: establishing corrective action plans for local programs to make improvements in reaching state targets (12 states); better monitoring activities (8 states); improvements to data systems (7 states); and completing the improvement activities for the reporting period (5 states). Other explanations included such things as: streamlining referrals from ICUs; clarifying timeline requirements and distributing new guidance materials; adding positions for additional service coordinators; and increasing reimbursement rates so new programs could expand.

Explanation of Slippage

There was little commonality for explanations of slippage across states. Six states measured the 45-day timeline as ending at the *completion* of the IFSP, rather than at the *initial* IFSP meeting as a reason they did not meet the target. Problems in hiring adequate staff were cited by 3 states. Other explanations reported by individual states included: issuing new RFPs for expanding programs but receiving no responses; improvement activities that did not begin as scheduled; no audiologist available to

conduct initial hearing evaluations; evaluation clinics, established as an improvement activity that did not work out as expected; holding the initial meeting; and program directors reporting that meeting 100% compliance was a challenge.

Identified Issues

Twenty-three states did not identify any specific issues. The issues and challenges that were identified appear to fall into several categories: in proceeding from referral through the evaluation and assessment; with the evaluation and assessment process; and with holding the IFSP meeting. Any or all problems with the process would impact the 45 day timeline.

As Table 13 indicates, Personnel Shortage was the most commonly mentioned issue, identified by 16 states. This included both shortages in service coordinators able to begin the 45-day process with families and shortages in specialized personnel to conduct the evaluation and assessment and to hold the initial IFSP meeting. Two states reported that the increase in CAPTA referrals impacted their system, with insufficient personnel to follow-up on these referrals. Inconsistent Policy/Procedures was the second most frequent issue, identified by 9 states. The category of Other was the third most frequently identified. The category included CAPTA referrals being harder to engage in assessment and evaluation, effects of hurricane Katrina and increases in numbers of referrals. Five states reported different issues related to finance, including reimbursement, contracts, decreases in federal funds and limited state resources. Table 13 represents a duplicated count, as states that did identify issues frequently identified more than one.

Table 13: Issues Identified by Type

Issues Identified by Type in Order of Frequency Reported	Number of States Reporting
No Issues Identified	23
Personnel Shortage	16
Inconsistent Policy/Procedures/Contracts	9
Other (finance, CAPTA referrals, increase in numbers)	8
Inadequate Data	7
Lack of Coordination/ Collaboration with Families/Agencies/Initiatives	5
Capacity/Inclusive Opportunities	4
Inadequate Monitoring	4
Inadequate Training/Acceptance or Buy-in	2
Failure to Evaluate	1
TA Needs Identified but not Provided	1

Improvement Activities

As Table 14 illustrates, 17 states identifying a specific issue reported on a specific improvement activity tied to addressing the issue or challenge. For example, one state reported needing additional administrative and clinical procedures and forms. The related improvement activity description included improving policies and procedures, developing a new IFSP form, refining the 45-day process, and assessment of the implementation of the other procedures. Another example included the issues of the state using a different standard for the 45-day timeline. The improvement activity reported changing the state timeline to correspond with the OSEP definition and providing training. Another state reported the need for additional training of community clinicians. The corresponding improvement activities detailed partnering with the medical school to conduct trainings, providing CEUs to clinicians and partnering with a university to provide a web-based digest of developmental disabilities as a reference for health care providers. To address some specific issues identified with the CAPTA population, one state's improvement activities included refining the standards for CAPTA referrals, creating a new application form to obtain consent from CAPTA non-voluntary participants, and holding joint trainings with early intervention and child welfare workers on how to engage the more difficult families in a timely manner. Overall, the improvement activities described to deal with an issue appeared more systemic in nature and covered more than one improvement activity type.

Table 14: Improvement Activities

Improvement Activities by Type and Frequency Mentioned	Number of States
Improve Systems Administration and Monitoring	39
Improve Data Collection and Reporting	36
Provide Training/Professional Development	35
Clarify/Examine/Develop Policies and Procedures	29
Provide Technical Assistance	28
Increase/Adjust FTE	16
Improve Collaboration/Coordination	10
Program Development	7
Other (funding, training to families)	5
Evaluation	3

Examples of Other Specific Improvement Activities

- Providing training and assistance by the parent advocacy group to families to help them understand the IFSP process.

- Adding mileage reimbursement for clinicians to serve on evaluation teams.
- Adding a Reason for Delay Form to help understand issues and for monitoring documentation.
- Re-aligning finances through contracted positions to form more stable teams.
- Providing resources concerning research-based practices for improving evaluation and assessment.
- Providing training for service coordinators using a new module on the IFSP process, including timeline requirements.
- Piloting the tool kits developed by the OSEP-funded Service Coordination project including the kit on evaluation and assessment.
- Establishing a committee to address higher referral rates and to re-examine eligibility criteria.
- Establishing positions, and training 15 new interim service coordinators.
- Sending recruitment letters to all speech-language pathology graduate programs in the country.
- Conducting detailed data analyses to discover whether noncompliance has been corrected.

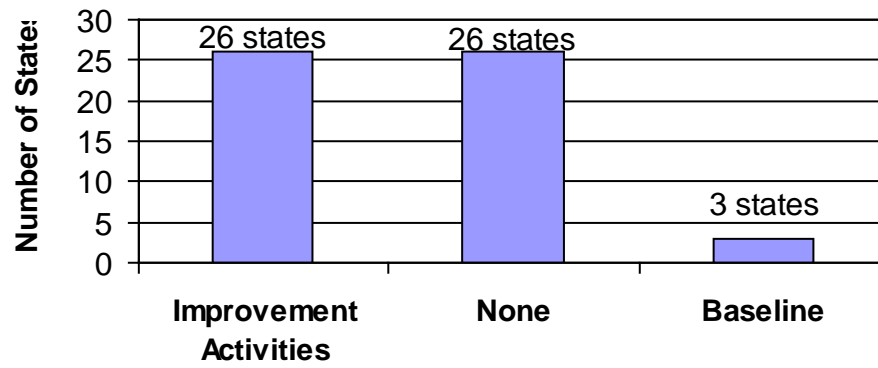
USE OF OSEP TA CENTERS

NECTAC provided information to all states. All states except one attended national conferences, such as the National OSEP Early Childhood Conference and the National Early Childhood Inclusion Institute. In addition, states indicated in their APR's that NECTAC provided on-going consultation, on-site visits, or small group TA to 3 states and assisted 4 states with developing and implementing a State Work Plan (SWP) impacting this indicator. Other technical assistance centers identified by states in the APR included the Mountain Plains Regional Resource Center (MPRRC) and the National Early Childhood Technical Assistance Center (NECTAC). One OSEP-funded project, the National Center for Service Coordination, was mentioned as providing resources and materials.

State Performance Plan Revisions

As Figure 20 indicates, 26 states added improvement activities or changed timelines and resources necessary to complete the improvement activities. Three states adjusted baselines, reporting that they had used incorrect or inaccurate data in establishing the original baselines. This compliance target cannot be adjusted as it is set by OSEP at 100%.

Figure 20: SPP Revisions by Type



INDICATOR 8: EARLY CHILDHOOD TRANSITION

Prepared by NECTAC

Indicator #8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: (A) IFSPs with transition steps and services; (B) Notification to LEA, if child potentially eligible for Part B; and (C) Transition conference, if child potentially eligible for Part B.

INTRODUCTION

Indicator #8 is a compliance indicator with a performance target of 100%. Each of the three sub-indicators of Indicator #8 relate to specific Part C regulations. For (A) *IFSPs with transition steps and services*, Part C regulations specify that "The IFSP must include the steps to be taken to support the transition of the child, in accordance with 303.148" [303.344(h)]. For (B) *Notification to LEA, if child potentially eligible for Part B*, Part C regulations specify that the Lead Agency will "Notify the local education agency for the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B" [303.148(b)(1)]. For (C) *Transition conference, if child potentially eligible for Part B*, Part C regulations specify that "In the case of a child who may be eligible for preschool services under Part B of the Act, with the approval of the family of the child, [the lead agency will] convene a conference among the lead agency, the family, and the local educational agency" [303.148(b)(2)(i)]. States were asked to show actual performance for FFY 2005 in all three sub-indicators of Indicator #8. This analysis of Part C Indicator #8 is based on a review of reported Annual Performance Reports (APRs) for 56 states and jurisdictions. (In this report, the term "state" is used for both states and jurisdictions.)

COMPARISON OF BASELINE, TARGET AND ACTUAL PERFORMANCE

Because Indicator #8 is considered a compliance indicator, rigorous and measurable performance targets for all three sub-indicators are 100%. Similar to the analysis of State Performance Plan (SPP) submissions of FFY 2004 baseline data, states continue to show higher rates of compliance at notifying LEAs of potentially eligible children (8B) and documenting transition steps within the IFSP (8A) than holding transition conferences (8C), in that order.

In FFY 2005, more states reported not meeting the target of 100% than meeting the target on each of the three sub-indicators. Of the three sub-indicators, more states were in full compliance in their notifications to the LEA (8B) than for either of the other two sub-indicators. For 8B, 46% (26 states) met the target of 100% compliance and 50% (28 states) did not. This was followed by IFSPs with transition steps and services (8A), with 18% (10 states) being in full compliance while 73% (41 states) were not. The sub-indicator regarding the transition conference (8C) appeared to be the most challenging with only 7% (4 states) having met compliance while 88% (49 states) did not. The sub-

indicator with the highest percentage of states (9%, or 5 states) that did not provide actual performance data was 8A, suggesting that some states may be having difficulty collecting the data that demonstrate compliance on IFSPs with transition steps and services.

Change from Baseline to Actual Performance

Figure 21 depicts a comparison of baseline and actual FFY 2005 performance data for all three sub-indicators. Improvement, as reflected by the average rate of performance, was reported in all three sub-indicators with the average rate having increased from 7% to 10%; 8A increased from 80% to 87%, 8B increased from 85% to 94% and 8C increased from 73% to 83%. Similarly, the lowest rates of actual performance for FFY 2005 have increased for all three sub-indicators over reported baseline data, most notably for notifying LEAs of potentially eligible children (8B), increasing from 14% to 64%.

Figure 21: Comparison of Baseline and Actual Performance

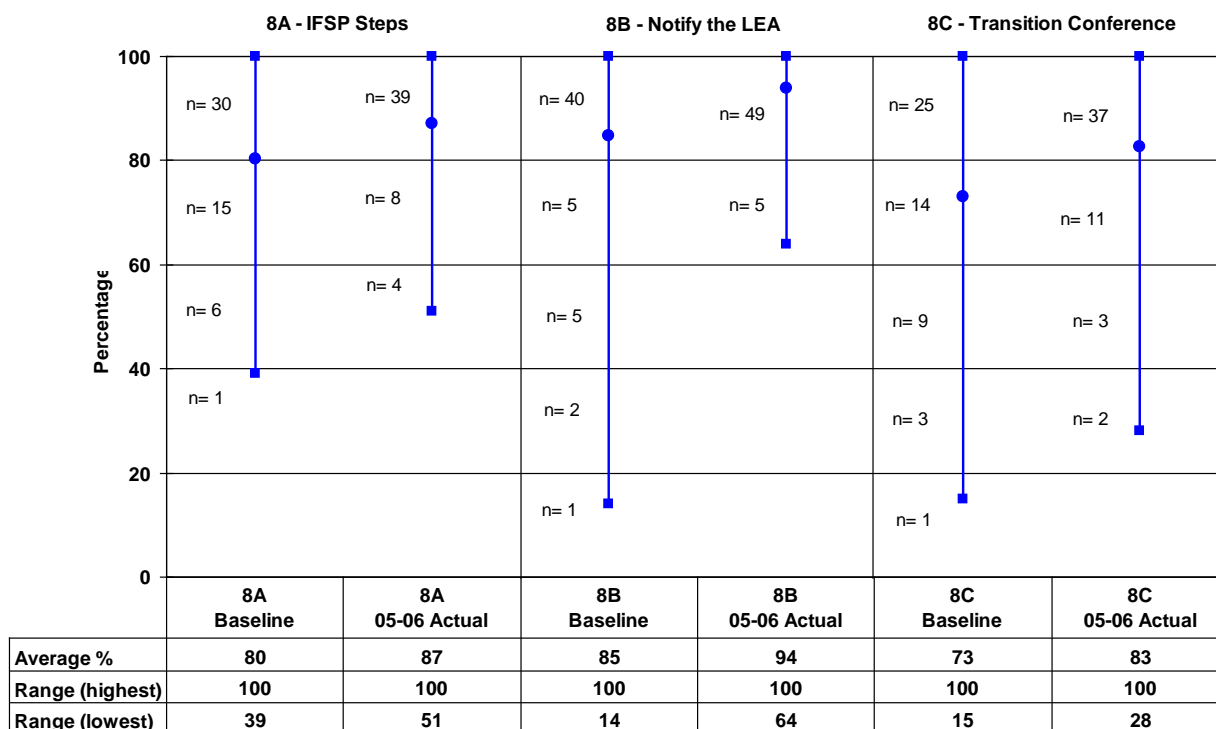
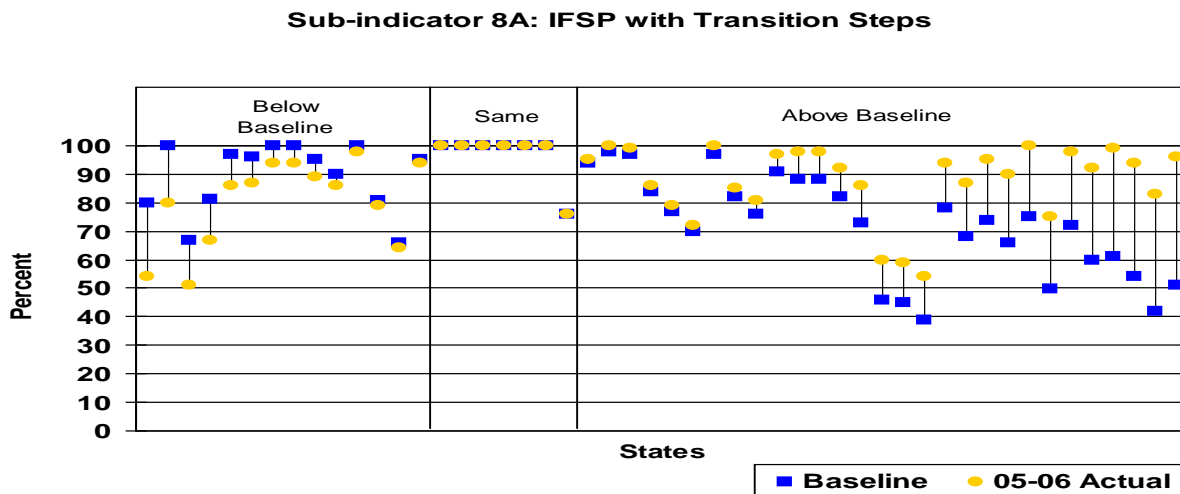


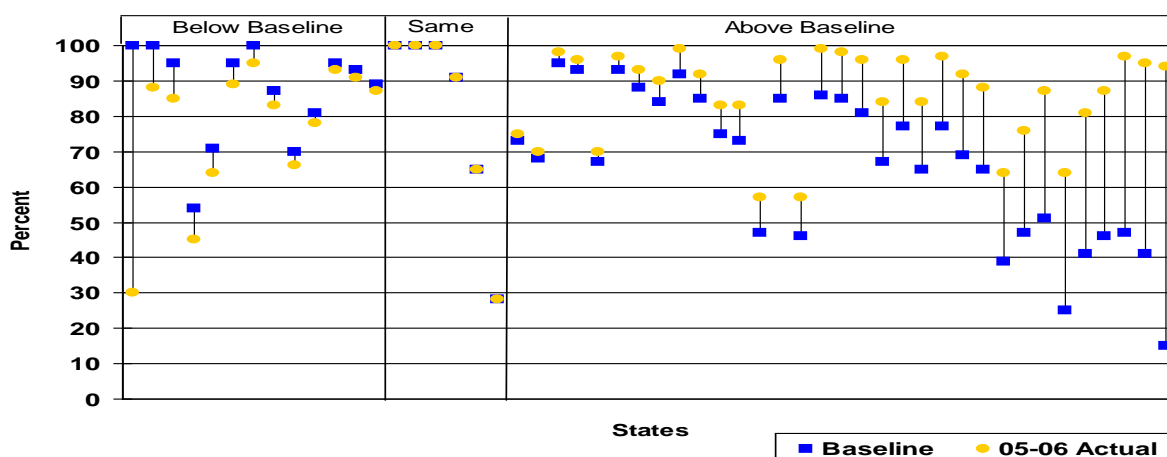
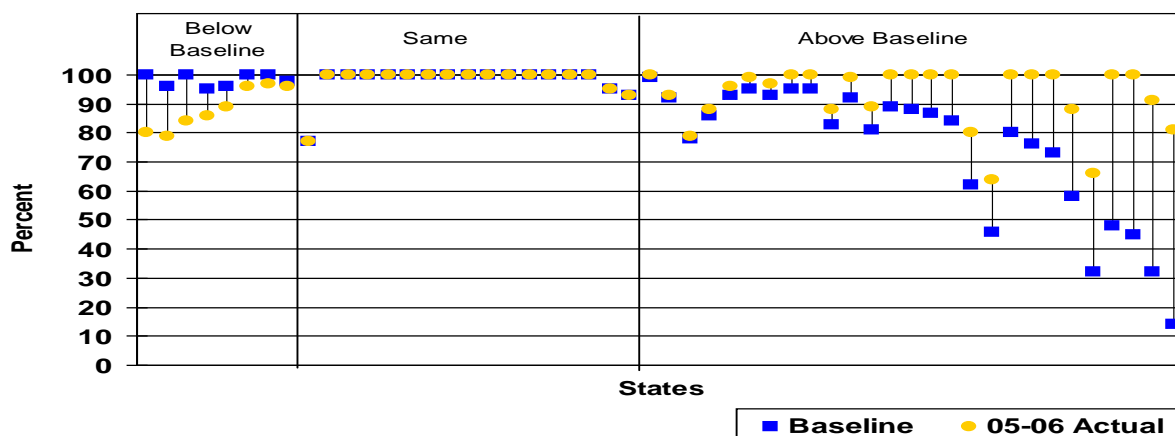
Figure 22 depicts the change in individual state performance from baseline to actual FFY 2005 for each sub-indicator, ranked by states from least to most improved. The states are grouped into three categories for each sub-indicator by actual performance below, the same as, or above their reported baseline. By looking at the data in this manner, it is evident that states have made significant strides in improving their performance in all three sub-indicators, particularly 8C (transition conference) for which 33 states reported actual performance for FFY 2005 as being above their baseline.

Across all three sub-indicators, most of the states that remained the same in comparison to their baseline data (depicted in Figure 22 in the “Same” category by the circle being within the square) reported 100% compliance. However, there were 7 states across all sub-indicators (4 states unduplicated) that reported actual FFY 2005 performance data at the same percentage as their baseline and were below 100% compliance. These states demonstrated no improvement in FFY 2005. Also of interest are the 11 states across all sub-indicators (10 states unduplicated) that reported slippage on their FFY 2005 actual data after having initially reported 100% compliance in their baseline data (depicted in Figure 22 in the “Below Baseline” category by the square being at 100% and the circle being below it). Most often, the reasons given for the regression were data related. Many states reported that their actual performance data for FFY 2005 was more accurate because it represented a larger data pool. Other states said they were not able to identify trends because they relied upon cyclical monitoring data.

Figure 22: Change in State Performance from Baseline to FFY 2005 in Order from Least to Most Improved for Each Sub-Indicator (8A-C)



Sub-indicator 8B: Notification to LEA



Data Measurement and Actual Performance

In the SPP analysis conducted by NECTAC in 2006 (FFY 2004), eight states did not provide a data source for their baseline. Of the states that did provide a data source, the majority used monitoring data to establish their baseline for all three sub-indicators. Most states used a random sample of record reviews, with some states being on a cyclical monitoring cycle. States rarely reported how representative their samples were of the state's Part C population.

In this reporting period (FFY 2005), the distribution of data sources was similar to that of the previous year (see Table 15 below). A total of seven states with state data systems also reported using monitoring data due to a need for data system refinements.

Table 15: Types of Data Sources Reported for Actual Performance

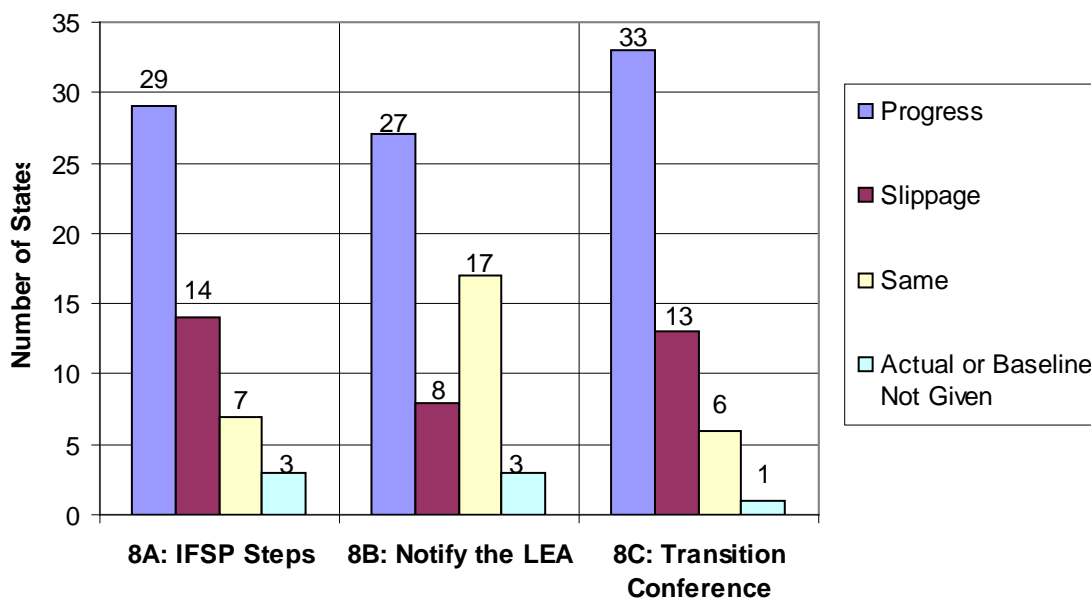
Types of Data Sources	Number of States
Monitoring	30
State Data System	9
State Data System & Monitoring	7
Part C 618 Data	2
Not Given	8

Regarding measurement of actual FFY 2005 performance data, there were inconsistencies among states on the inclusion of exceptional family circumstances that caused delay in holding the transition conference within 90 days of the child's third birthday or estimated transition from Part C as it relates to the calculation of 8C. Some states included the number of exceptional family circumstances in the numerator and denominator for 8C, while other states excluded this number altogether from the calculation. Some states reported this number separately while other states mentioned their inability to provide data on this element.

Progress or Slippage

The figure below represents the progress and slippage of the 56 states reporting on actual performance for FFY 2005 in relation to baseline across all states for each of the three sub-indicators. Overall, states have made significant progress on each of the three sub-indicators, particularly regarding the transition conference (8C).

Figure 23: Progress/Slippage of All States by Sub-indicator



Explanation of Progress

States provided descriptions of various activities which they credited for their progress of attaining 100% compliance with the sub-indicators of C8. Examples included: routine or automated notification to LEAs on potentially eligible children; using focused monitoring; enhancing the monitoring system to include training evaluators and program supervisors on the process and expectations for on-site visits; timely correction of noncompliance; improved data systems; improved collaboration with Part B on training and policy review; and clarification of transition conference requirements (e.g., that a conference could be held if the LEA was invited but then could not attend and the conference could not be rescheduled within the 90-day timeline requirement).

Explanation of Slippage

As mentioned above, the most difficult aspect of early childhood transition for states was complying with the 90-day conference requirement. Challenges included difficulty in scheduling the meeting with all required participants, need for clarification on policy (including timeline requirements), need for clarification on the role and level of participation required by the LEA, and guidance on how to handle late referrals to the Part C system (children ages 30-36 months).

States reported a general need for clarification on all transition requirements, particularly differentiating between LEA notification and referral, specifying the components of transition planning, and emphasizing timeline requirements. Several states reported difficulty with data capacity, including their inability to capture compliance with sub-indicators (e.g., IFSPs with transition steps) and having problems with either data entry or other aspects of their data system. Several states reported that their actual performance data for FFY 2005 was more accurate/representative of their program population, which was often cited as the reason for slippage. Conversely, other states attributed their slippage to the fact that their cyclical monitoring data was not representative of their program population. Other explanations for slippage included insufficient personnel due to high staff turn-over and changes in lead agency designation.

Table 16 illustrates the breakdown of issues identified by type; the data represents a duplicated count of states. Many states (18) did not identify specific issues pertinent to early childhood transition.

Table 16: Issues Identified by Type

Issues	Number of States
Inconsistent Policies/Procedures/Contracts	14
Other (Scheduling Challenges, Late Referrals, Meeting Timelines)	14
Personnel Shortage	8
Inadequate Data	8
Inadequate Training/Acceptance or Buy-in	5
Lack of Collaboration/Coordination	4
Inadequate Monitoring	2
Not Given	18

Improvement Activities

Types of Improvement Activities

Table 17 shows the types of improvement activities states used to address Indicator #8 in FFY 2005 and the number of states that employed each activity. The distribution of improvement activities is very similar to those reported in the SPPs in FFY 2004, with the exception of Improve collaboration/coordination, which was cited by an additional 10 states as compared to last year. As a result, this activity has moved up from sixth to the third most frequently cited improvement activity by states.

Table 17: Types of Improvement Activities Used By States

Types of Improvement Activities	Number of States
Improve Systems Administration and Monitoring	44
Provide Training/Professional Development	43
Improve Collaboration/Coordination	38
Improve Data Collection and Reporting	33
Clarify/Examine/Develop Policies and Procedures	30
Provide Technical Assistance	29
Conduct Evaluation	3
Increase/adjust FTE	2
Program Development	2

States **Improved systems administration and monitoring** by revising tools and procedures to capture the performance status on all three sub-indicators of C8, monitoring the effectiveness of local/regional improvement strategies, and requiring

regions not in compliance to develop corrective actions plans. Some states mentioned verifying their corrective action plans and enforcing dis-enrollment of programs that did not successfully correct noncompliance in a timely manner. Other activities included: public reporting of compliance by program/region; revising record review protocol; increasing the number of transition records reviewed in order to obtain a more representative sample; conducting focused monitoring; modifying the monitoring process by identifying priorities; revising IFSP forms, and policies and procedures. A small number of states reported surveying families regarding their satisfaction with the transition process.

Training and professional development regarding transition was typically targeted for service coordinators, providers, parents, Part B partners and other local interagency groups, as well as regions/districts not in compliance with early childhood transition. Topics included: documenting transition planning; clarifying requirements; clarifying the Part B eligibility process; and providing information on revised IFSP forms and guidelines. Modes of training reported by states included web-based curricula, DVDs available to providers and families, and presentations at state conferences. Many states reported joint training efforts planned and implemented between Part C and Part B.

Improved collaboration/coordination with Part B, Head Start and other community providers included activities such as developing or updating interagency agreements and ensuring that state agreements align with local agreements. Specific collaborations between Part C and Part B included: identifying common data needs; conducting joint monitoring and joint trainings; collaborating on the development of guidance documents; revising the transition planning page of the IFSP; participating in regularly scheduled meetings to identify issues, problem-solve, and build cohesion; ensuring consistent provision of TA; developing a joint prior notice form; and collaborating on the endorsement of assessment instruments to be used by both systems.

Activities for **Improving data collection** included: revising the state data system to capture required data elements, including exceptional family circumstances causing delays in holding the transition conference; providing training on data collection, entry and reporting, verifying data as a part of monitoring; instituting a computer generated notification report system, including one that flags children approaching required timelines and notifies service coordinators; developing data system capacity that allows staff within various levels of the Part C system to generate reports at any time to assist with data verification and monitoring; sharing data with school districts; and collaborating with Part B on development of data systems.

Efforts to **Clarify policies and procedures** included: revising policies and procedures; revising the IFSP form to include transition steps/plan; instituting the use of statewide transition notification forms and conference invitation letters for school districts; activity sheets developed for service coordinators to track steps of transition planning; instituting new statutes and regulations making the transition conference and timeline a requirement.

The **Provision of technical assistance** included activities such as: providing on-site visits, particularly to regions/districts not in compliance; providing support to community teams; participating in regional meetings and monthly phone calls; and developing guidance documents for providers and families. Topics of TA included: clarifying transition requirements; documenting transition planning on the IFSP; coordinating transition conferences; and effectively supporting families throughout the transition process.

Use of OSEP TA Centers

NECTAC provided a variety of TA activities to states regarding early childhood transition practices.

- Fifty-six states received information through mechanisms such as listserv postings, the NECTAC Transition website, dissemination of materials and responsive TA via email and telephone.
- Fifty-five states attended the National OSEP Early Childhood Conference and had the opportunity to participate in concurrent workshops and networking opportunities on early childhood transition.
- Eight states received extensive onsite consultation. Of the 8 states, 2 were implementing strategic state work plan activities on early childhood transition with NECTAC.

Three OSEP TA centers were mentioned in state improvement activities by 4 states: NECTAC (2 states), North Central Regional Resource Center (1 state), and Westat (1 state). Though not an OSEP TA Center, the National Early Childhood Transition Center was mentioned in the improvement activities of one state.

State Performance Plan Revisions

Per Table 18, which represents a duplicated count, the majority of states (39) revised improvement activities within their SPP. A total of 5 states revised their baseline and 1 state revised their target to correctly reflect 8C as a compliance indicator requiring a target of 100%. A total of 18 states made no revisions to their SPP.

Table 18: Types of SPP

Revisions by Type	Number of States
Improvement Activities	39
Baseline	5
Target	1
None	18

INDICATOR 9: IDENTIFICATION AND CORRECTION OF NONCOMPLIANCE

Prepared by NCSEAM

Indicator 9 is used to determine whether the state's "general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification." This indicator is measured as the "the percent of noncompliance corrected within one year of identification." The performance target for this indicator is 100%.

The measurement of this indicator requires of the state that "for any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and enforcement actions that the state has taken." The instructions direct that "Lead Agencies must describe the process of selecting EIS programs for monitoring." Additionally, states are to describe the results of the calculations and compare to the target, reflect monitoring data collected through the components of the general supervision system, and group areas of noncompliance.

Baseline (2004-05) Compared to Actual (2005-06) Compared to Target

Of the SPPs and APRs reviewed for the 56 states and territories, the following comparisons are offered:

- Met 100% target for 2005-06: 6
- Met 100% target both years: 5
- Showed progress in performance: 9
- Appeared to show progress in performance: 8
- Showed slippage in performance: 4
- Appeared to show slippage in performance: 9
- Could not compare: 20

There are several caveats to the above comparisons. First, there were several instances in which states did not report numbers. In other instances, numbers were provided for a part of the calculation (i.e., findings), but not another (corrections).

Second, there were instances when states did not re-calculate baseline from last year so that clean comparisons to this year's actual data could not be made. In some instances, numbers were not included in the December 2, 2005 SPP so a re-calculation could not be made.

Third, those states reported as "Appeared to show..." were ones for whom in making comparisons: 1) NCSEAM re-calculated baseline from numbers in the SPP and/or 2) calculated the percent from numbers in the APR and/or 3) there were no numbers or percents, yet narrative stated something like "all noncompliance corrected" and/or 4) data were reported both years by A, B, and C.

It is important to note the amount of slippage. For example, one state reported in the section entitled “Showed Slippage in Performance” that it had slipped from 100% to 93% correction of compliance, while another reported it had slipped from 94 to 92%. Most of the reported slippage was relatively minor.

On the other hand, progress varied greatly. Progress ranged from a few percentages increase (87% to 94%) to almost 50 percentage points (29% to 76%).

As noted, NCSEAM was unable to make comparisons for 20 states or 36%. An example of the difficulty of comparison is the state that in the revised SPP did not aggregate to a total percent and did include numbers. Another example would be when NCSEAM calculated a percent such as 90% based on the December, 2005 numbers, yet the APR reported the baseline was 88%. Comparisons could not be made in the instances of states that did not report a baseline in the revised SPP, the December, 2005 SPP, or the February, 2007 APR. A final example is states that reported by agency or program corrections not corrections of findings of noncompliance.

Methods of Selection

The most common methods for selecting EIS programs for an on-site monitoring visit were cyclical selection and focused selection. It is important to note that several states identified both cyclical and focused selection. Four states did not include information sufficient to determine how programs were selected.

Cyclical selection was described by 45% of states. The selection of a specific program is based on the number of years to visit every program on-site. The range in the cycle of years was two years to five years, with the most common interval being every three years.

Focused selection was identified by 33% of the states. Terms used included focused selection, focused monitoring, or focused system. In some of the SPPs/APRs, the state identified the selection variables. A few states also alluded to using focused monitoring “to ensure serious and/or numerous deficiencies have been corrected.”

A few states used multiple selection variables, or a risk assessment, to determine which programs to visit on-site. For example, the state would determine the length of time since the program’s last visit, the results of previous visits, any audit findings, reporting issues, etc. and would make an assessment of risk. Programs at higher risk were selected.

Methods of Monitoring

In conducting the analysis this year, an attempt was made to examine the monitoring activities states use, both on-site and off-site. It is recognized that some methods could be used off-site, as well as on-site. From reading the SPPs/APRs, NCSEAM was

unsuccessful in determining whether the methods described by states were conducted on-site or off-site.

Most states identified multiple methods of monitoring. Methods on the analysis checklist included:

- Self-assessment
- Data review
- Surveys (parents, providers, administrators)
- Desk audits
- Child record reviews
- Administrator record review
- Interviews (parents, providers, administrators)
- Focus groups/Group meetings (parents, providers, administrators, students)

The list of methods was not considered exhaustive. Because states do use multiple methods, the percents do not sum to 100. The most frequently identified methods were

- Self-assessment – 55%
- Data review – 69%
- Child record review – 60%
- Surveys – 31%
- Interviews – 27%

Methods not included above were recorded on the analysis form. For example, a number of states identified fiscal or financial reporting, as well as dispute resolution as methods of monitoring. Four states did not describe any monitoring methods.

Enforcement

According to the instructions, states were to describe actions to be taken when noncompliance was not corrected within one year. Enforcement actions or sanctions were listed in 47% of the SPPs/APRs reviewed, albeit minimally. Some listed actions were technical assistance, withholding of funds, loss of accreditation, and contract termination.

Improvement Activities

As might be expected, the majority of states noted most of their activities as “improving systems administration and monitoring.” The next most frequent types or categories of activities were training and data collection and reporting.

Table 19: Summary of Improvement Activities Ranked from Most to Least Frequent

Improvement Activity Category	Percent of States
Improve systems administration and monitoring	100%
Provide training/professional development	62%
Improve data collection and reporting	60%
Provide technical assistance	26%
Clarify/examine/develop policies and procedures	16%
Evaluation	10%
Increase/Adjust FTE	9%
Program development	7%
Collaboration/coordination	3%

There was great variation in the number and the depth of description of the planned improvement activities. For example, one state had one improvement activity that described how the general supervision system was going to change. On the other hand, there were states that had 20 or more improvement activities across at least 6 of the categories.

Technical Assistance Centers Identified

An analysis of states' mention of a TA center, in either the Overview or the Description of Progress/Slippage sections or in the Improvement Activities, was included in this review. In 67% of the SPPs/APRs reviewed, no TA centers were identified. The three most frequently identified TA centers for this indicator were NCSEAM - 24%, NECTAC – 20%, and Regional Resource Centers - 15%.

Technical Assistance Provided to States

NCSEAM provided technical assistance to 36% of the 56 states and territories during 2005-06. In rank order below are the types of assistance provided.

Table 20: Summary of Assistance to States and Territories Ranked by Type

Type of Technical Assistance	Percent
Information <u>and</u> Consultation	11%
Information <u>and</u> Regional or State Group Assistance <u>and</u> Consultation	11%
Information <u>and</u> Conference	4%
Information <u>and</u> Regional or State Group Assistance	4%

While the table above is technically accurate, it fails to capture some of the subtleties of providing technical assistance. NCSEAM provided information to 36% of states either as the only type of TA or in combination with another type of TA. Similarly, 20% of states received ongoing on-site technical assistance from NCSEAM in conjunction with another type of TA.

Conclusions

Comparing the SPPs from December, 2005 to APRs February, 2007 for this indicator provides a sense that states had a greater understanding of what was required, both descriptively and in calculation. Yet many states continue to struggle to describe a general supervision system that both identifies and corrects noncompliance. It can be noted in reading the descriptions that states are reviewing, refining, and enhancing their general supervision systems.

There was definitely a sense that enforcement – actions taken when noncompliance exceeds one year - was described by more states in this submission than in previous ones; based on the December, 2005 analysis, 30% of states addressed enforcement, while 47% included descriptions of enforcement in this submission.

There continues to be difficulty obtaining a complete picture of how states conduct monitoring activities; for example, 55% of states identified some type of self-assessment or self-review. It was difficult, however, to determine 1) the purpose of the activity; 2) whether the state reviewed, analyzed or used the self-assessment; and 3) whether findings of noncompliance were or could be obtained from the self-assessment. Similarly, states indicated that data reviews, surveys, and interviews were used as part of the process, yet to what purpose was often not clear.

Improvement activities spanned the spectrum. A few states wrote activities that appeared to be aimed at maintaining and continuing existing activities. Some states wrote what appeared to be a narrative description that should have been included in the Overview or Explanation of Progress or Slippage. It was clear, however, that in a number of states a “deliberative process” was being used to design the activities and critically review the state’s progress in completing the activities, as well as determining their effectiveness.

There continues to be greater emphasis on the on-site monitoring activities than activities conducted off-site. There was, however, a sense from reading the SPPs/APRs that off-site activities are being used more frequently. The use of the paper *Developing and Implementing an Effective System of General Supervision*, available on the NCSEAM website at <http://www.monitoringcenter.lsuhsu.edu/General%20Supervision.htm> would be helpful to states.

INDICATORS 10, 11, 12, AND 13: COMPLAINT TIMELINES, DUE PROCESS TIMELINES, HEARING REQUESTS RESOLVED BY RESOLUTION SESSIONS, AND MEDIATION AGREEMENTS

Prepared by CADRE

This document summarizes 2005-06 State Annual Performance Reports for the dispute resolution indicators under Part C. These include:

- **APR Indicator 10:** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
- **APR Indicator 11:** Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.
- **SPP Indicator 12:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).
- **APR Indicator 13:** Percent of mediations held that resulted in mediation agreements.

METHODOLOGY

CADRE compiled from each state/entity (we will use “state” as a general descriptor in this document) report either verbatim or edited text explaining system structure and comments regarding baseline, target achievement and explanations of progress or slippage, as well as each discernible improvement strategy. Fifty-five reports were reviewed (one state report was not available). Information was compiled only from the APR for the APR indicators (10, 11, 13). Thus, improvement strategies referenced in the APR to the SPP without any other explanation may not be reflected in this summary.

Three individuals were involved in compiling the data. As a check on reliability, about 20% of the state reports were reviewed by two raters and their results compared. The criteria for agreement was (1) whether the content as a whole was accurately reflected and (2) whether the improvement strategies for a given indicator resulted in the same strategy coding. Reliability for content and improvement coding of strategies averaged about 90%. Agreement on coding for SPP revisions reported, baseline and targets was more than 95%. We believe that this process ensured reasonably reliable coding of each indicator within states. Differences in how states report (e.g., paragraph form without clear reference to individual activities or strategies vs. table-based activity lists and reports) made it difficult to compile comparable summaries across states.

Reviewers attempted to ensure that any improvement strategy code (OSEP provided categories) reported or strongly implied was reflected in the summary.

The numbers recorded for this summary are from the text section of the APR. The numbers states report in the text of the APR and SPP are not necessarily the same as the numbers reported in Table 20. At this point, CADRE is still working with states to verify data reported in Table 20.

In general, there is far less dispute resolution activity under Part C than under Part B. The reasons for this may include the size of the program (a tenth as many children served in Part C), less time for children to be in the program (e.g., transfer to Part B programs in most cases at age 3), and different program expectations. Consequently, there is less to report about Part C with regard to the formal dispute resolution options required under IDEA 2004.

SUMMARY AND ANALYSIS

Baseline Data, Targets and Performance

Timeliness of complaint investigations and due process hearings

Of 55 states reviewed, 53 established 100% targets for both of these indicators (the other two states did not set targets). Twenty-five (25) states reported Indicator 10 (complaints) performance data from 2005-06. Only 5 states reported 2004-05 baseline data, allowing a change comparison with data from 2005-06. For Indicator 11 (due process), of the 55 states reporting, only 8 reported indicator performance for 2005-06, with only 1 state providing 2004-05 baseline data. Table 21 displays the ranges of performance on baseline (2004-05) and current year (2005-06).

<i>Table 21: Complaints and Hearings Timeliness</i>				
	Indicator 10		Indicator 11	
Performance:	# States Reporting 04-05 Baseline	# States Reporting Actual 05-06	# States Reporting 04-05 Baseline	# States Reporting Actual 05-06
Blanks or N/A	50	30	54	47
≤ 50%	0	2	0	0
>50% & ≤75%	1	2	0	2
>75% & ≤85%	1	0	0	0
>85% & ≤100%	0	0	0	1
100%	3	21	1	5
Total n =	55	55	55	55

The range of performance for 2005-06 for Indicator 10 (complaints timelines) showed 21 states reporting 100% on-time performance, with 30 states reporting no activity. Eight

(8) states reported on-time rates for Indicator 11. Two of those states (both reporting 100%) actually held no hearings. Thus, forty-nine states reported no hearing requests. Of the 6 states that held fully adjudicated hearings, their on-time performance ranged from 50% to 100%.

Resolution Settlement Agreement Rates - Targets and Performance

A resolution settlement agreement is defined as a written, legally binding agreement that is achieved within the 30 day resolution period. This dispute resolution option is available only in those states adopting Part B hearing procedures. Thirty six (36) of the 55 states indicated that they have not adopted Part B hearing requirements, so this indicator is not applicable to them. The opportunity to practice the “resolution meeting” process, then, was very limited in Part C. Of the 19 states that may have adopted Part B hearing requirements (and could hold resolution meetings), only 3 reported holding a hearing in 2005-06.

Table 22 summarizes data reported on Indicator 12 actual performance (baseline for 2005-06) and targets through 2010-2011 for Indicator 12. Three states established targets for resolution meetings resulting in agreements, even though no state reached the threshold of ten resolution sessions that would trigger the establishment of targets.

<i>Table 22: Indicator 12 Performance Reporting</i>						
	# States Reporting 05-06 Baseline	# States Reporting 06-07 Target	# States Reporting 07-08 Target	# States Reporting 08-09 Target	# States Reporting 09-10 Target	# States Reporting 10-11 Target
Performance:						
Blanks or N/A	54	52	52	52	52	52
≤ 50%	0	1	1	1	1	1
>50% & ≤75%	0	0	0	0	0	0
>75% & ≤85%	0	1	1	1	1	1
>85% & ≤100%	1	1	1	1	1	1
100%	0	0	0	0	0	0
Total n =	55	55	55	55	55	55

The most common reason for *not establishing targets* was that the state had experienced fewer than 10 resolution meetings and was not required to set a target. Some states also indicated that they were *not reporting on Indicator 12 performance* because they had fewer than 10 events.

Mediation Agreements - Target and Performance

Table 23 displays how states reported on baseline (2004-05), 2005-06 target and actual performance measures for Indicator 13 (mediation agreement rate). At least 34 states reported no mediation requests. Four states reported a mediation agreement rate for 2005-06, but the states in aggregate held relatively few mediations. Seventeen (17)

states established target rates for 2005-06, but only four states reported activity in the text of the APR – all these were larger states.

<i>Table 23: Indicator 13 Performance Reporting</i>			
Performance:	04-05 Baseline	05-06 Target	Actual 05-06 Data
Blanks or N/A	54	38	51
≤ 50%	0	1	0
>50% & ≤75%	0	1	0
>75% & ≤85%	0	2	1
>85% & ≤100%	1	3	0
100%	0	10	3
Total n =	55	55	55

INVOLVEMENT OF OSEP FUNDED TA AGENCIES

CADRE and Other TA Project Involvement Reported by States

CADRE identified five states that named TA centers in their APRs. One state named CADRE, one state named SERRC, and 2 states each named NCSEAM and NECTAC. All five states noted assistance from TA agencies with Indicator 11 (hearing timelines).

State Participation in CADRE Activities as Registered by CADRE

CADRE cataloged participation by states in the various types of CADRE provided TA. CADRE operates ListServes on which most states have representatives. There are ListServes addressing mediation/dispute resolution in general, state written complaints, and due process hearings. CADRE's widest ranging delivery vehicles are information oriented. All states have at least one representative on the "dispute resolution coordinators/mediation" ListServ. The CADRE web-site averages over 1,300 unique visitors per day from all over the country. In addition, CADRE has provided SPP/APR data summaries and other CADRE publications to every state. The assignment of a state as receiving other types of CADRE TA was based on symposia registration records, contact form/information requests tracking, and records of direct consultation with the state over the course of the current CADRE funding period (since October 1, 2003). Symposia participation (type B TA) is based on participation of individuals from a state agency or contracted program in three CADRE Symposia (2004, 2005, and 2006).

Table 24 summarizes the number of states by indicator for which we have records that they have been a TA recipient. The most common participation of Part C personnel in CADRE activities has been through the CADRE Part C Dispute Resolution Coordinators ListServ and attendance at the CADRE Symposia. In some cases, Part C involvement indicates participation by state personnel responsible for both Part B and Part C dispute

resolution. Disputes are low frequency events in Part C and appear to be even less frequent in 2005-06 than in prior years.

Table 24: CADRE Records of State Part C Participation in TA

	Indicator 10	Indicator 11	Indicator 12	Indicator 13
A. <u>Information</u> – via mail, telephone, listserv, communities of practice	4	2	1	44
B. <u>Conference</u> – the State attended a CADRE conference	11	12	11	12
C. <u>Regional or State Group Assistance</u> – small group assistance to the state	1	1	1	4
D. <u>Consultation</u> – on-going consultation on-site in the state	-	-	-	1

Improvement and Maintenance Practices Reported

States approached the reporting of improvement achievements and future activities very differently. Most Part C APRs/SPPs were very brief compared to Part B reports. In the absence of formal dispute related activity, we looked carefully for indications of informal dispute resolution, activities that stress parent rights, etc. These were inconsistently mentioned, but were present in many states. These summaries are based on trying to bring these differing styles, content focus, and levels of activity into a common summary format.

Reports of Upstream and Early Resolution Activities

From its initial funding, CADRE has stressed the importance of agreement reaching and collaborative problem solving by parents and service agencies. The “CADRE Continuum” (<http://www.directionservice.org/cadre/continuum>) represents the range of dispute resolution activity we observe across states, from formal, required processes, to informal, collaboratively oriented activities. For this analysis, CADRE distinguished between “early resolution” activities (those that are conditioned upon a formal dispute filing – a written complaint, or a due process complaint) and “upstream” activities (aimed at providing parents and service providers improved capability to resolve differences without resorting to formal processes). In this APR/SPP summary, CADRE identified eight states that reported some form of these activities, evenly split between upstream and early resolution activities. Where present, these are included in the summary of improvement activities detailed below.

Frequency of Improvement Strategy Types Reported by States

States that listed improvement strategies averaged about 4 improvement strategy statements per state for Indicator 10, with fewer strategies per state for other indicators. Table 25 displays the number of states that CADRE coded as having reported a type of improvement strategy under a given indicator.

<i>Table 25: # States Reporting Improvement Strategies by Strategy Type and Indicator</i>				
Improvement Strategies Reported	Ind. 10	Ind. 11	Ind. 12	Ind. 13
A. Improve data collection and reporting	12	6	5	6
B. Improve systems administration and monitoring	28	17	5	8
C. Provide training/professional development	25	20	4	14
D. Provide technical assistance	4	7	1	3
E. Clarify/examine/develop policies & procedures	16	15	2	8
F. Program development	1	1	0	2
G. Collaboration/coordination	7	5	0	3
H. Evaluation	5	4	0	4
I. Public awareness	22	20	4	14
J. Increase/adjust FTE	4	7	3	5
Grand total (# States reporting at least one strategy for the indicator)	42	33	25	27

Improving systems administration and monitoring, training, clarification/development of policies, and public awareness were predominant themes of state improvement efforts.

Public awareness was particularly emphasized, with many states reporting active efforts to inform families of and ensure understanding of their procedural safeguard rights.

Examples of Specific Activities by Improvement Strategy Code

After compiling and coding all identified improvement strategies, CADRE reviewed the compilation for examples of specific activities typical of each improvement strategy type. CADRE used the “improvement strategy types” provided by OSEP for a framework,

then identified where several states had reported an approach that represented activity under that strategy. Due to limited activity reported, some of the improvement strategies identified were only present in one state. Also, some states operate combined B/C dispute resolution systems and may have referenced common improvement strategies across the two programs.

A. Improve data collection and reporting: Improve the accuracy of data collection and school district/service agency accountability via technical assistance, public reporting/dissemination, or collaboration across other data reporting systems. Developing or connecting data systems. Example activities:

- Timelines and process tracking specific to an indicator
- Integrated timelines, processes and outcomes tracking across DR options
- Issues analyses within or across dispute resolution options (e.g., common issue taxonomy)
- Tracking of informal issues (prior to initiation of formal mechanisms) and resolution or disposition of these issues
- Combining/aligning data systems with monitoring (e.g., to ensure Corrective Action Plan implementation)

B. Improve systems administration and monitoring: Refine/revise monitoring systems, including continuous improvement and focused monitoring. Example activities:

- Use tracking system to monitor corrective actions, hearing decisions, or (rarely) mediation/resolution agreement implementation
- Use tracking system to ensure the provision of prior written notice and parent/family rights
- Conduct overall system reviews (typically quarterly or annually)
- Design resolution process systems (e.g., responsibility for oversight; data elements to be collected [timeliness, issues, agreements, process]; reporting [e.g., to local providers, parents]).
- Use tracking system to provide timeline/process reminders to dispute resolution practitioners
- Employ an informal system of resolution for family questions and concerns
- Workgroup to ensure culturally and linguistically appropriate supports and services
- Assigned/dedicated staff person to monitor/track/coordinate dispute resolution activity

- C. Provide training/professional development to state and local provider agency staff, families and/or other stakeholders. Example activities:
- Provide training on IDEA law and regulations (emphasizing understanding parental rights) to internal staff, DR practitioners, parents, and service providers
 - Provide training/awareness on procedural safeguards/DR options to parents and service providers
 - Provide training regarding completion of forms and understanding of procedures
- D. Provide technical assistance to local service provider agencies, families and/or other stakeholders on effective practices and model programs. Example activities:
- Provide TA to family members and parent organizations regarding DR options and collaborative problem solving
 - Make information on new legal requirements and processes easily accessible through web sites, hot-lines, etc.
- E. Clarify, examine, and or develop policies or procedures related to the indicator. Example activities:
- Clarify tracking procedures regarding timeliness of written complaints
 - Improved procedures for informing parents of their rights
 - Revision of procedure manuals, guidelines, handbooks, forms and materials
- F. Program development: Develop/fund new regional/statewide initiatives. Example activities:
- Implement IFSP Facilitation services and conciliation conferences (e.g., on request of a service provider or a parent, or contingent upon a complaint filing)
 - Focused monitoring, with district self-assessment procedures
- G. Collaborate/coordinate with families/agencies/initiatives. Example activities:
- Collaborate with parent groups and stakeholders to provide information, technical assistance, and otherwise promote ADR processes and resources (focus on parent rights)
 - Coordinate with PTIs and other parent groups/organizations
- H. Conduct internal/external evaluation of improvement processes and outcomes. Example activities:

- Collect participant feedback and evaluation information (e.g., parent surveys)
- Engage stakeholder/advisory/work groups in evaluation and review of dispute resolution options and improvement planning
- Conduct broader system evaluation, integrating information from all dispute resolution options in review and improvement planning

I. Develop/implement public awareness materials/campaign. Example activities:

- Provision of prior written notice and parent/family rights (e.g., Welcome Packet or Family Rights Handbook provided in various formats)
- Translate, print and disseminate materials in alternate and “family friendly” languages
- Promote awareness through multi-media campaigns (e.g., radio, television, webinars, videos, internet, newspapers, other printed materials)

J. Increase/Adjust FTE: Add or re-assign FTE at state level. Assist with the recruitment and retention of lead agency and related staff. Example activities:

- Add hearings officers or increase hours contracted to conduct hearings
- Increase the number of mediators available
- Realign administrative staff to support complaints investigations, track hearings timelines, etc.
- Added staff to investigate complaints

REVIEW OF PART C APR INDICATOR 14: TIMELINESS

Prepared by Westat

BACKGROUND

Indicator #14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

Measurement of this indicator was defined in the SPP and APR requirements as: state reported data, including 618 data, state performance plan, and annual performance reports, are: (a) Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings, November 1 for exiting, personnel, dispute resolution, and February 1 for the annual performance report); and (b) Accurate (describe mechanisms for ensuring accuracy).

Westat reviewed all of the FFY 2005 APRs for the 50 states, DC and 5 outlying areas. (For purposes of this discussion we will refer to all as states, unless otherwise noted.) First, our analysis focused on the whether states met the OSEP due dates for the Section 618 data. Where possible, this was done for each individual data collection. (Note that this could not be done for some states because they only indicated that their data were submitted on time.) Second, we compared state reports of timeliness with Westat's receipt logs for the 618 data.

RESULTS

Forty-six states reported in their APRs that their 618 data were submitted on time. Eight states reported that they did not do so. Two states did not provide any information in their APRs regarding the timeliness of their 618 data. Two states reported their data were timely, but Westat's records indicated that one or more of their submissions were not timely. In addition, four states indicated that their data were late, but Westat's records indicate the data were on-time. One possible source of this discrepancy is the data collection year referenced. Westat's records referenced the data due to OSEP during FFY 2005: 2004 settings data, 2004 services data, and 2004 personnel data (all due November 2005); 2005 child count (due February 2006). Some states reported on the timeliness of their 2005 settings, services, and personnel data and their 2005-06 exiting data (due November 2006).

Although our analysis shows that most states reported their Section 618 data on time, Westat's receipt log shows that nearly half the states (24 of 56) revised at least one of their 618 data submissions after the due date. From this we should not infer that states intentionally submit preliminary or placeholder data and we would not want to suggest that states stop correcting errors in their data. However, it calls into question whether data can be considered timely if they are not also accurate on the due date.

ANALYSIS OF PART C APR INDICATOR 14: ACCURACY

Prepared by Westat

BACKGROUND

Indicator #14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

Measurement of this indicator was defined in the SPP and APR requirements as: state reported data, including 618 data, state performance plan, and annual performance reports, are: (a) Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution, and February 1 for the annual performance report); and (b) Accurate (describe mechanisms for ensuring accuracy).

Westat reviewed all of the FFY 2005 APRs for the 50 states, DC and 5 outlying areas. (For purposes of this discussion we will refer to all as states, unless otherwise noted.) Twenty-one states reported that their data were 100% accurate. Twenty-three states reported accuracy other than 100% and 12 states failed to provide information about their achieved level of accuracy. States that described how they calculated their accuracy were in the minority. Among those that described their calculation, most based accuracy on the percentage of 618 tables that required revision based on feedback from Westat. Based on statements made in the APRs, many states are confused about data validity. While problems identified by Westat are indications of problems with data accuracy, Westat's acceptance of the data is not a measure of data validity.

Results

The remainder of our analysis focused on four (4) accuracy principles and sixteen (16) critical elements supporting the principles. These principles were developed in conjunction with OSEP using various ED and Westat documents. If states implement these principles and elements systematically, data accuracy will be enhanced. It should be noted that states did not have these critical principles and elements before they prepared the 2004-05 SPP. However, four states directly mention these critical elements in their APRs or revised SPPs.

PRINCIPLE #1: Data Collection: State has a data collection plan that includes policies and procedures for collecting and reporting accurate Section 618 and SPP/APR data.

Critical Element 1: Clear straightforward data collection instruments are used.

- None of the 56 states reported on this element.

Critical Element 2: Data collection instruments are designed to collect valid and reliable data that accurately reflects reality/practice¹.

- None of the 56 states reported on this element.

Critical Element 3: A data dictionary containing written definitions of key terms is made available to all data providers through a variety of media.

- Fourteen (14) states indicated that they have a data dictionary. Compared with the findings from the analysis of the SPP, this is an increase of 4 states.

Critical Element 4: If sampling is used, a technically sound sampling plan is utilized and implemented.

- None of the 56 states reported on this element.

Critical Element 5: Guidance, training and ongoing technical assistance/support are provided to all data providers (including data entry personnel) on a regular basis and are evaluated for effectiveness.

- Thirty-nine (39) states reported providing guidance, training and ongoing technical assistance/support to data providers in a variety of formats and timeframes. Compared with the findings from the analysis of the SPP, this is an increase of five states. Although the states reported training was provided to a variety of data providers, few of these states specifically mentioned providing training to data entry personnel.
- None of the thirty-nine (39) states described an evaluation of the effectiveness of guidance, training and technical assistance/support.

Critical Element 6: Data providers are regularly consulted in the development of data policies and procedures.

- Six (6) states reported meeting and consulting with data providers in the development of data policies, procedures and database system changes. This is one more state than was identified in the analysis of the SPP.

PRINCIPLE #2: Data Editing and Validation: State has procedures in place for editing and validating data submitted by data providers.

¹ Data satisfy the requirements of its intended use and are consistent across school/district/state databases or Part C program/regional/state databases.

Critical Element 7: Electronic data edits are in place that include: (a) data definition edits (i.e., what values are put in what fields); (b) out-of-range edits; (c) cross-field or relationship edits on child-level and aggregate-level data; (d) historical or year-to-year edits; (e) double-checks of counts with 10% differences from previous report(s) (except as small numbers prevent doing so); and (f) checks to ensure that all entities provide data.

- Twenty-three (23) states reported using edit and/or error checks to verify the accuracy of their data. Although these states reported the use of edit/error checks, none of them described all the edits types outlined in this critical element. Compared with the findings from the analysis of the SPP, this is an increase of 5 states.

Critical Element 8: Large changes or unusual findings are discussed with primary data providers to determine if errors in data collection or reporting occurred.

- Twenty-six (26) states reported having methods and procedures for discussing large changes or unusual findings with data providers. Compared with the findings from the analysis of the SPP, this is an increase of 6 states.

Critical Element 9: Regular reviews/monitoring of programs/public agencies practices in collecting, editing, and reporting data are conducted that include: (a) verification of data validity and reliability; (b) checks to show that data at all levels match from the district or Part C program database to the state database; and (c) assessment of whether or not definitions and time periods are followed.

- Only six (6) states reported on this element. No states were identified in the original analyses of the SPP. It is difficult to imagine how the remaining states are able to determine the validity of their data.

PRINCIPLE #3: Data Reporting: State has procedures for reporting data quality problems with findings.

Critical Element 10: SPP, APR, and Section 618 data are made available to the public in user-friendly formats.

- Seven (7) states reported making data available to the public on their websites. However, it was unclear whether this public reporting included all three. Compared with the findings from the analysis of the SPP, this is an increase of 2 states.

Critical Element 11: Limitations of the reported data are clearly explained in all reports.

- None of the 56 states reported on this element.

PRINCIPLE #4: System Management and Documentation: State has system management policies and procedures for maintaining the integrity of the data collection and reporting system.

Critical Element 12: Written documentation for collecting, reviewing and reporting data exist and are regularly updated.

- One of the 56 states reported on this element. No states were identified in the original analyses of the SPP.

Critical Element 13: Data reports and related supporting documents are retained for three (3) years.

- None of the 56 states reported on this element.

Critical Element 14: A formal, written contingency plan is maintained for IDEA data management information functions.

- One (1) state reported that it maintains a written plan for information management, which includes: client record-keeping policies/procedures; confidentiality policies/procedures and record security policies/procedures. The plan did not specify if it was specific to IDEA data management information functions.

Critical Element 15: Barriers are identified that impede the state's ability to accurately and reliably collect and report 618 data and SPP/APR data.

- Thirteen (13) states reported barriers that impede the state's ability to accurately and reliably collect 618 and SPP/APR data. Some of these barriers included personnel vacancies, lack of computer equipment, faulty information management systems, outdated guidance materials, lack of training, and delays in obtaining OSEP approval for new equipment purchases.

Critical Element 16: A plan is in place that addresses identified barriers and improve the data being collected.

- Fourteen (14) states reported plans or activities to either address identified barriers or enhance their ability to collect and report data. These strategies included hiring new personnel,

piloting new data systems, developing oversight plans, revising data collection procedures and developing web-based systems.