

STATE OF CALIFORNIA



PART C ANNUAL PERFORMANCE REPORT FOR FFY 2006 (2006-2007)

Part C Annual Performance Report for FFY 2006

Table of Contents

		Page
Overview	Annual Performance Report Development	1
Indicator 1	Services Provided In A Timely Manner	3
Indicator 2	Services In The Home or Programs For Typically Developing Children	6
Indicator 3	Child Outcomes	9
Indicator 4	Family Rights	12
Indicator 5	Percent Served Under Age 1	14
Indicator 6	Percent Served Under Age 3	18
Indicator 7	Evaluation and Assessment And Initial IFSP Meeting Conducted Within 45-Day Timeline	19
Indicator 8	Timely Transition Planning	22
Indicator 9	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	25
Indicator 10	Complaints with Reports Issued That Were Resolved Within 60 Days	39
Indicator 11	Due Process Hearing Requests That Were Fully Adjudicated Within The Applicable Timeline	41
Indicator 12	Hearing Requests That Went To Resolution Sessions (Applicable If Part B Due Process Procedures Are Adopted) – Not Applicable For California Part C	NA
Indicator 13	Percent of Mediations Held that Resulted in Mediation Agreements	45
Indicator 14	Timely State Reported Data (618, State Performance Plan, And Annual Performance Report	50

Part C State Annual Performance Report (APR) FFY 2006 Development

Introduction

California's Annual Performance Report (APR) for FFY 2006 (2006-2007) provides the Office of Special Education Programs (OSEP) with the progress of the State's Early Start Program against the established targets for each of the indicators listed in its State Performance Plan (SPP). This report provides not only the status of indicator targets, but also responds to questions and requests for clarification of items in OSEP's APR response letter and table dated June 15, 2007.

Stakeholder Input and Dissemination

DDS partners with the State Interagency Coordinating Counsel (ICC) to facilitate ongoing stakeholder input and participation in strategic planning and priority setting for early intervention services in California. Participating state departments include Education, Social Services, Mental Health, Alcohol and Drug Programs, and Health Services. Additionally, appointed community representatives include parents, educators, legal advocates, social service agency managers, consultants and family support professionals. Over the past five years, the ICC has developed priorities and recommendations focusing on timely evaluation and services, percentage served, child outcome measures, family involvement and satisfaction, Individual Family Service Plans (IFSPs), transition, program monitoring, complaints and due process, and data accuracy. For example, in September 2005, the ICC provided DDS with 33 recommendations addressing these priority areas. The ICC is again poised to provide DDS with recommendations in selectively different priority areas in early FFY 2007.

DDS will convene with the ICC on February 21-22, 2008, and present the APR and related SPP changes for additional stakeholder review and input. Further, DDS will refer the public to the following website location where it will be posted as part of our statewide dissemination efforts:
<http://www.dds.ca.gov/EarlyStart/ResourceMaterials.cfm>.

Development Background

California began development of its SPP in September 2005 and through work with its ICC, established recommended monitoring processes/procedures for the indicator targets and improvement activities required under the plan. California submitted the SPP to OSEP in January 2006. Subsequently both DDS and the California Department of Education received a Verification Visit during the first week of October 2006. DDS received OSEP's memorandum entitled, *Part C State Performance Plan (Part C – SPP) and Annual Performance Report (Part C – APR)*, dated December 15, 2006, on December 17, 2006, which provided guidance and instructions for development of the FFY 2005 report. Finally, on June 15, 2007, DDS received OSEP's APR response letter and table to its FFY 2005 APR/SPP submission. The two documents provided guidance and instructions for development of this report.

Summary of Proposed Changes

1. Indicator 1: California implemented the methodology described in the FFY 2005 SPP with modifications that further enhance data validity and reliability. An SPP change will be submitted accordingly.
2. Indicator 2: The new data collection methodology described in the revised FFY 2005 SPP and the FFY 2005 APR was implemented. No further SPP changes will be submitted.
3. Indicator 3: From discussions with OSEP representatives, DDS determined and OSEP agreed on, an appropriate strategy and methodology necessary for achieving the goal of baseline

establishment for FFY 2009. The SPP change for this indicator reflects this strategy and methodology.

4. Indicator 4: OSEP stated in its June 15, 2007 APR response letter and table that it accepted the targets and improvement activities but that the sampling activities were not sound. After review and discussion, it was agreed that the sampling activities were sound but that the low response rate from families of solely low incidence children was too low for adequate representation of that population. DDS determined from further review that even though OSEP accepted the targets and improvement activities in the SPP, the baselines might be impacted by additional surveys and that additional activity for the indicator could not occur until the final baseline was established. It was agreed that DDS would re-sample that population to complete the survey and provide final Indicator 4 results in the FFY 2007 APR.
5. Indicator 7: DDS has drafted changes to its Early Start Report form and is in the process of submitting it to stakeholders for review and feedback. This form resides in the San Diego Information System (SANDIS) and is the data tracking tool used for all Early Start participants. The State has added the *Child's Referral Date* to the list of data elements on the form. An SPP change will be submitted accordingly.
6. Indicator 8: Two new activities that will have a significant impact on this indicator are included and will be reflected in an SPP change.
 - a. DDS has drafted changes to its Early Start Report form and is in the process of submitting it to stakeholders for review and feedback. This form resides in the San Diego Information System (SANDIS) and is the data tracking tool used for all Early Start participants. The State has added date data fields for *Parent Notification*, *LEA Notification*, *First Transition Meeting*, and *Last Transition Meeting* to the list of data elements on the form.
 - b. Both DDS and CDE committed to participate in the National Early Childhood Transition Initiative through the Western Regional Resource Center, in order to improve transition outcomes in California. This is a long term project that has not yet moved beyond initial discussions but is expected to assist in the development of State and local area policies and procedures.
7. Indicator 9: DDS has made significant strides with its General Supervision System and monitoring for non-compliance since the last APR. Key changes to this Indicator include the activities below that were highlighted in the State's 2005 APR. An SPP change will be submitted accordingly.
 - a. DDS revised how it processes findings requiring corrective action.
 - b. DDS has reviewed its policy regarding the number of findings that should be considered accountable for reporting purposes (definition of finding) and revised this indicator per OSEP guidance and requirements. An SPP change will be submitted accordingly.
 - c. DDS has drafted changes to its Early Start Report form, the data tracking tool used for all Early Start participants, which will result in more universal reporting for some Indicators if adopted by stakeholders. Due to the large size of California's program, system complexities, and the time element involved with changing the report and reporting at the local program level, data extraction from the system form is not expected to be available for reporting purposes until at least the FFY 2009-2010 reporting period.
 - d. DDS has reconfigured its database to more effectively track and monitor timeliness of corrective actions by the local programs.
8. Indicators 11 and 13: DDS is conducting contract negotiations with the OAH in order to add and/or clarify information/data in its submissions of reports to DDS. Negotiations include the general streamlining of information/data and language regarding the mailing of settlements and decisions, and the legal implications and impact of changing the current definition of "exceptional family circumstances".

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

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

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100% of participants receive services in a timely manner

Actual Target Data for FFY 2006 (2006-2007): As reported in California’s FFY 2005 APR, the State has investigated use of different data elements for measuring this indicator and will implement the methodology described in the FFY 2005 SPP with modifications that are designed to further enhance data validity and reliability. An SPP change will be submitted accordingly. Data extracted per the new methodology indicate that for FFY 2005 and 2006, 91.50 percent (7,734 divided by 8,485 times 100) and 94.6 percent (11,541 divided by 12,200 times 100) of the infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner, respectively. No instances of documented delay due to exceptional family circumstances were included in the methodology or noted for this indicator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-2007): Data analysis indicates that since FFY 2004, there has been steady progress in California reaching the 100 percent target of infants and toddlers receiving services in a timely manner. This is most significant, given the large increase of initial IFSPs from FFY 2005 to FFY 2006. DDS attributes the large number of IFSPs in FFY 2006 to a significant population increase that year, heightened awareness among health experts and local programs regarding early intervention across a spectrum of federal and state-level programs, emphasis from the State to local programs on hearing and vision screening, and enhanced attention by local programs on data reporting resulting from increased monitoring efforts by DDS and its partner agency, the California Department of Education.

Improvement activities cited in the State’s FFY 2005 APR and SPP have contributed to the steady improvement of meeting the 100 percent target over the last three years. Of particular note are the statewide training institutes and the use of the Early Start specialized therapeutic service code. Another activity not previously reported, but nonetheless significant for this indicator, is the authorization by DDS for local programs, upon written request, to use speech language pathology assistants pending statutory and regulatory changes. Each of these is discussed below.

Three sessions of statewide training institutes presented during each reporting year (FFY 2005 and FFY 2006) had training topics (six) directly related to the provision of timely services. The core audience for these particular sessions is local program early intervention service coordinators and program managers. The topics presented and the number of people from the local areas attending is highlighted below.

1. Core II Institute: The major topic for these sessions was “IFSP Basics/Linking Evaluation and Assessment to Early Intervention Services”. Course content included an overview of the planning process, described the multidisciplinary team, explained the link between assessment findings, development of outcomes, and implementation of direct services. A total of 71 people were trained.
2. Service Coordination Institute (IFSP): Several topics presented during these sessions were related to timely services. A total of 91 people were trained.
 - a. Child Find and Referral: Key concepts and creative ideas for identifying resources and connecting with interagency partners to locate, identify, and refer young children were the major areas participants received training in.
 - b. Eligibility for Early Start: The criteria and process for establishing Early Start eligibility were taught.
 - c. From Outcomes to Services: Provided an introduction to regulations pertaining to early intervention services. Discussion and activities addressed strategies for identifying services to address child and family outcomes in natural environments.
 - d. Periodic Reviews/Monitoring Services: Procedures and implementation ideas for facilitating annual and periodic reviews for the ongoing monitoring of Early Start services were the major topics of instruction.
3. Service Coordination Institute (Assessment): The major topic for this session included “Early Start Evaluation and Assessment”. This consisted of key concepts and requirements for evaluation for eligibility and assessment for service planning, with a focus on the role and responsibilities of service coordinators. It also facilitated exploring ideas for integrating infant/toddler assessments, Early Start reporting, health status review, and family assessment. A total of 58 people were trained.

The implementation and statewide use of the Early Start specialized therapeutic service code, as discussed in the FFY 2005 APR, has contributed to the improvement of this indicator. This service code was designed specifically to purchase services in cases where application of existing reimbursement rates would result in delays in the provision of early intervention services. Regional centers must request, in writing, use of this service code and to date, 16 of the 21 local programs have requested and been authorized to use it. As of December 2007, the following expenditures for the last three fiscal years were recorded for this service code. Most of the expenditures were dedicated to consumer evaluation for eligibility, assessment for service planning, and direct service provision of other ancillary therapy services.

FFY 2004: \$9,386,000

FFY 2005: \$18,531,000

FFY 2006: \$26,500,000

California law and business and profession codes restrict the use of speech language pathology assistants as direct service providers. Because of the critical shortage of speech pathology service providers in California, DDS has authorized the use of these professionals upon written request for waiver. Use of a waiver for reasons of health and safety was granted by state statute. Speech language pathology assistants can provide direct services only, and must be under the direct supervision of a speech pathologist. They cannot provide evaluation services. To date, three of the 21 local programs have requested and been authorized use of this waiver.

Refer to APR Indicator 14 for activities regarding data accuracy, reliability, and validity for this indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 (2006-2007): DDS is currently in the process of developing and/or

implementing one new activity that will further improve the overall performance of the State and local programs in meeting the indicator target of 100 percent. This activity will also enhance data validity, accuracy, reliability and will further refine the State's ability to monitor the timely provision of services to infants and toddlers. This activity is described below. Changes to the State Performance Plan will be submitted to reflect this revision.

Group Contract Services Verification: Some local programs contract with vendors who provide services to infants and toddlers and submit claims to the regional center on a group basis. In these instances, the local programs have found that services have been provided more expeditiously. Contracted claims are billed to DDS as a group and not as individual billings for each infant and toddler. This billing procedure uses far fewer resources in comparison to the customary billing process of "fee-for-service", which is on a client-by-client basis.

Local programs that were identified as using the contract services model will be queried to determine the level (percentage) of contract services used for infants and toddlers and the responses obtained will be used to determine an adjusted percentage of timely services provided for the program. DDS piloted and tested the validity of this new method with one local program known to use cost-effective, contracting services by using a two-thirds random sample, in this case 25 of the 37 services provided that appeared to not meet the timeliness standard per new methodology. The results indicated that about three-fourths (18 of 25) of the infants and toddlers with at least one fee-for-service billing in the system, had received a substantial portion of their IFSP services via the expedited contract services model. Additionally, about one-third (8 of 25) received their full array of therapeutic services from three different infant development programs using the contract services model.

DDS intends to assess the use of contract services at each of these local programs through a self-assessment instrument. DDS will verify the accuracy of responses during "focused monitoring" at the local level when implemented. "Focused monitoring" is an improvement activity discussed under Indicator 9. Performance scores for the regional centers and the State will be adjusted where necessary and reported in subsequent APRs to OSEP.

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.
(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or in programs for typically developing children divided by the infants and toddlers with IFSPs times 100.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	76.3% of infants and toddlers served will receive services in the natural environment.

Actual Target Data for FFY 2006 (2006-2007): The target established in the SPP for FFY 2006 of 76.3 percent was met and exceeded. In FFY 2006, Early Start infants and toddlers primarily received services in natural environments 86.33 percent of the time (29,648 divided by 34,343 times 100). An additional 11.0 percent of infants were served in settings other than natural environments with appropriate justification in the case records. Combined, the percent of children in Early Start who either received services in a natural environment or had justification for services in another environment was 97.33 percent (86.33 plus 11.0).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-2007): An analysis of the FFY 2005 and FFY 2006 data indicates that there was an overall 6.7 percent increase from the previous year in the number of children served in natural environments or had documented justifications (97.33 minus 90.63). Overall, there has been significant improvement in the delivery of services in natural environments. Improvement activities in the State's FFY 2005 APR and SPP have contributed to this improvement. Of particular note are training activities, technical assistance, service rate increases, and improved data collection. Each of these is discussed below.

1. The Early Start Section was unable to hire and fill all personnel vacancies in its monitoring unit as planned. This was needed to establish a complete monitoring baseline of indicators described in Indicator 9. Progress was subsequently lower than might have been achieved with full staffing. Refer to Indicator 9 for more information.
2. Training: California's Comprehensive System of Personnel Development continues to include the Early Start Institute Series for service providers, service coordinators, family support personnel and other interested parties. DDS contracts with West Ed Center for Prevention and Early Intervention to coordinate implementation of these personnel development activities. During FFY 2006, 11 Institutes and related training events were held at various locations throughout the State resulting in 746 personnel trained in various early intervention topics. All institutes included requirements and examples for delivering services in natural environments in the curriculum. Two institutes also

included curriculum specifically related to natural environments. Those institutes were Core III: Putting It All Together and Service Coordination Institute; Partnering; and the Regional Center Managers' Symposium. Almost 38 percent of attendees received Personnel Development Scholarship Funds to supplement the costs of attending the Institutes. The California Department of Education (CDE) also provided training on natural environments through their contractor, SEECAP, to education's early childhood administrators. During the next five years, DDS will continue to provide the Early Start Institute series and other related trainings annually, updating curriculum as needed to support the delivery of services in natural environment.

3. **Technical Assistance:** DDS Early Start Liaisons continued to work collaboratively with local programs to improve performance through standardization of requirements, targeted training, and technical assistance provided during nine on-site visits and teleconferences with local programs. Early Start Manager meetings in Southern and Northern California were conducted during which the State provided technical assistance on natural environments to the managers at the local programs. "Supporting Early Education Delivery Systems" (SEEDS), a contractor with the Lead Agency's partner CDE, continues to provide technical assistance on natural environments to early childhood service providers and has six exemplary sites that exhibit research-based, best practices regarding natural environments.
4. **Service rate increases to center based programs:** 89.6 percent of Infant Development Programs received a rate increase. The rate increase was an incentive for the programs to alter their service delivery model with the agreement that they would provide at least 51 percent of their services in a natural environment.
5. **Data Collection:** The new data collection methodology described in the revised SPP and the FFY 2005 APR was implemented. Refer to Indicator 14 for activities surrounding data accuracy, reliability, and validity.

Two activities discussed in the FFY 2005 APR and SPP that have not been completed but for which progress has been made are "Natural Environment Resources" and the "Program Advisory". Both reinforce and increase the use of services in natural environments when completed.

1. **Natural Environment Resources:** In preparation for developing a campaign to inform local communities about resources that are available to support the transition from center based service provision to natural environments, California submitted an application to send an interagency team in August 2008 to the NECTAC Inclusion Institute and the Special Quest Training of Trainers. The team will develop a vision and a training action plan to DDS and CDE for consideration. Under the Early Start Personnel Development Scholarship Fund, local communities can access start up monies to develop service delivery models in natural environments. The start up monies may support use of a consultant or model site, research into implementation strategies and training for personnel.
2. **Program Advisory:** DDS has submitted a draft Program Advisory for administrative approval. This Program Advisory clarifies natural environments settings, selection of settings and the process to document justifications for service delivery in other than a natural environment when the IFSP team agrees that the outcomes cannot be met in a natural environment. Follow up technical assistance will be provided to service providers and service coordinators to ensure compliance with the natural environment requirements.

Although not an improvement activity for this indicator, the Early Start specialized therapeutic service code discussed under Indicator 1, "Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-2007)" probably had a positive impact on this indicator. This service code is considered by many local programs as a key component in the expansion of services to infants and toddlers in the natural environment. In areas where resources are insufficient or the population is dispersed over a large area, service providers incur higher costs that cannot be covered by established rates.

Another activity that should be mentioned is in regards to the State's Interagency Coordinating Council (ICC). The ICC is updated at each quarterly Council meeting on the State's progress toward implementation of SPP improvement activities. The Family Resources and Supports committee has focused on developing recommendations for supporting children and families in natural environments. Throughout the year they have received and evaluated best practices from around the State and are tentatively scheduled to issue their recommendations in September 2008.

Refer to APR Indicator 14 for activities regarding data accuracy, reliability, and validity for this indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 (2006-2007): California does not propose any revisions to this indicator.

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services in Natural Environments

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.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

- A. Positive social-emotional skills (including social relationships):
 - a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.
- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy)
 - a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it divided by (# of infants and toddlers with IFSPs assessed)] times 100.

- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- If a + b + c + d + e does not sum to 100%, explain the difference.
- C. Use of appropriate behaviors to meet their needs:
- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
 - c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
 - d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
 - e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- If a + b + c + d + e does not sum to 100%, explain the difference.

FFY	Measurable and Rigorous Target
<i>(Insert FFY)</i>	<i>(Insert Measurable and Rigorous Target.)</i>

Actual Target Data for FFY 2006 (2006-2007): Refer to the FFY 2006 SPP Indicator 3 submitted change for target data.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-2007):

California dedicated a significant amount of time and effort in submitting preliminary baseline data for this indicator in the FFY 2005 APR. OSEP determined, per its letter of June 15, 2007, that California had not reported the required entry data and activities because the sampling methods were not technically sound. It recommended contacting the federal representative for technical assistance.

California contacted its representative as requested and conducted several discussions on this indicator with not only the OSEP state contact, but several other representatives as well. From the discussions and several national conferences/teleconferences that State representatives attended, DDS determined,

and OSEP agreed on, an appropriate strategy and methodology necessary for achieving the goal of baseline establishment for FFY 2009. The SPP change for this indicator reflects this strategy and methodology.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 (2006-2007): Refer to the FFY 2006 SPP Indicator 3 change.

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

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.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

- A. Percent equals number of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the number of respondent families participating in Part C times 100.
- B. Percent equals number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the number of respondent families participating in Part C times 100.
- C. Percent equals the number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the number of respondent families participating in Part C times 100.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	To be developed once baseline is known.

Actual Target Data for FFY 2006 (2006-2007): There is no actual target data submitted by California for this FFY (see below).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-2007): California submitted its Family Rights survey data results and subsequent year follow up actions to OSEP last fiscal year. The State used all items on the National Center for Special Education Accountability Monitoring (NCSEAM) *Family-Center Services Scale* and *Impact of Early Intervention Services on Your Family Scale* as well as additional demographic and open-ended questions. Independent contractor(s) conducted the survey and the data analysis for reporting in the FFY 2005 APR.

DDS reported in the "Sampling Plan and Methodology" that the response rate from families of solely low incidence children was only 57 percent. As a result, OSEP stated in its June 15, 2007 APR response letter and table that it accepted the targets and improvement activities but that the sampling activities were not sound. OSEP requested the State to contact its representative for technical assistance and indicated that the required data would have to be provided in the FFY 2006 report.

California contacted its OSEP state contact and discussed OSEP's response that, "the sampling activities were not sound." After review and discussion, it was agreed that the sampling activities were sound but

that the low response rate from families of solely low incidence children was too low for adequate representation of that population. DDS determined from further review that even though OSEP accepted the targets and improvement activities in the SPP, the baselines might be impacted by additional surveys and that additional activity for the indicator could not occur until the final baseline was established. It was agreed that DDS would re-sample that population to complete the survey and provide final Indicator 4 results in the FFY 2007 APR.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 (2006-2007): DDS and CDE have discussed and agreed to re-sample the families of solely low incidence children for reporting in the FFY 2007 APR.

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision

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.

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement:
Percent compared to the most nearly comparable state with a Broad definition of eligibility.
The percent in the national data.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	.95% of infants and toddlers birth to one in California will have IFSPs.

Actual Target Data for FFY 2006 (2006-2007): The percentage of California’s population served under one year of age equaled 1.15 percent (6,361 divided by 555,240, times 100), at baseline. This exceeds the 0.95 percent target for FFY 2006 and compares favorably to the Texas 0.90 percent and the national percentage of 1.04 percent (43,048 divided by 4,165,404, times 100). Texas and national averages data are derived from OSEP Table C-9 titled “Percent of Infants and Toddlers Receiving Early Intervention Services under Individuals with Disabilities Education Act (IDEA), Part C, by Age and State: 2006.”

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-2007): California has met and exceeded the national data for Indicator 5 (1.04 percent), by 0.11 percent. Factors that may have contributed to the increase in numbers served are listed below. They include a more expanded effort and focus on interagency activities throughout the state, regions, and counties on Child Find activities such as education, screening, assessment, referral, and case management.

As part of the State’s child find efforts regarding education and resource development/dissemination, the *State Performance Plan, Annual Performance Report and Reasons for Concern* brochure are located on DDS’ Early Start website at www.dds.ca.gov/EarlyStart. Hard copies of the brochure can be ordered in five languages at the website listed above and at CDE’s website, DDS’ partner for Part C in California, at the <http://www.cde.ca.gov/sp/se/ep/concerns.asp>. Posting on both websites was implemented as part of the State Interagency Coordinating Council on Early Intervention (ICC) Priorities, Outcomes and Recommendations for 2006. A partial inventory of DDS Early Start Product Reprints (in different languages) shows a focus on outreach and referral information as well as an emphasis on providing material to our immigrant population. The following is a list of publications and numbers of reprints distributed:

- Annual Performance Report – 86
- Central Directory 2,649
- *Starting Out Together* is published in English and two other languages – 17,487
- *Early Start Statutes and Regulations* – 1,093

- *Family Introduction to Early Start* is published in English and four other languages– 64,694
- *Family Resource Center* brochure – is published in English and three other languages and was recently updated per ICC request – 447
- *Parents’ Rights* is published in English and three other languages – 26,783
- *Early Start Poster* – 628
- *Early Start Fact Sheets* (seven individual handouts) – 31,114
- *Early Start Community College Personnel Preparation* brochure – 121
- *Early Start Folders* (all the inserts, English only) – 3,252
- *Reasons for Concern* is published in English four other languages – 59,323

With the addition of *Reasons for Concern*, the Early Start program disseminates a total of 46 products. During FFY 2006, 222,845 Early Start materials were ordered. Review of data regarding materials distributed indicates that the top three local programs ordered a total of 22,496, 17,424, and 16,799 materials respectively. Local Education Agencies and Family Resource Centers ordered a total of 25,254 and 21,492 materials respectively.

Based on ICC recommendation, DDS revised the brochure entitled *The Role of the Health Care Provider* in order to address the importance of the role of the health care provider in the development of the infant and toddler’s IFSP. DDS staff and ICC members participated in a workgroup facilitated by DDS’ contractor WestEd and produced a desktop teaching chart to be sent to pediatricians and medical schools as a family and staff teaching/training medical tool. A total of 985 of these brochures were distributed 2006-2007.

The “BEST PCP (Primary Care Physician) Project”: The *BEST PCP Project* in California is now part of the National Assuring Better Child Health and Development (ABCD) Consortium, which is a stakeholder group for the National Academy for State Health Policy (NASHP). It is hosted by the Maternal Child and Adolescent Health Branch within the California Department of Public Health (CDPH), partnering with the California Department of Mental Health (CDMH), CDE, DDS, as well as California Childrens Services (CCS), and Healthy Families, which provides State Children Health Insurance Program benefits on the state level. California is one of 22 states that are receiving technical assistance from the NASHP within the National ABCD Screening Academy. Each participating state team is charged with developing and implementing policies that encourage developmental screening. Each state is also expected to come up with several policy changes during their participation in the National Academy during FFY 2007. NASHP offers technical assistance that focuses largely on implementing previously tested state strategies in the areas of accountability (clear expectations in care), quality measurement, and financing/billing for developmental and psychosocial screening. DDS continues to participate and monitor the progress of this group.

As discussed in California’s State Performance Plan (SPP), the Los Angeles County Early Intervention and Identification Group (EDSI), along with Orange County, hosts two of the ABCD Consortium state team projects, which are now using a standardized assessment tool for pediatric patients. DDS expects increased referrals to regional centers based on the use of the instrument. Evaluation data for the project is being tracked and more information can be viewed on the California First 5 website at the Internet location <http://www.first5caspecialneeds.org/about.htm>. The collaborative uses a structured screening tool in well-child visits for children ages 9 months, 18 months, and 24 months of age among participating medical practices. DDS continues to monitor the progress of this project.

Newborn Hearing Screening Program: According to the Early Hearing Detection and Intervention (EHDI) Program Coordinator for California, the State is providing hearing screening for approximately 75 percent of all newborns. The existing Newborn and Infant Hearing Screening, Tracking, and Intervention Act requires that every approved California Children’s Services (CCS) hospital offers screening to newborns. The Legislature is working to expand this program, which requires that screening be offered, on or after January 1, 2008, to every newborn by every general acute care hospital with licensed perinatal services. DDS expects increased referrals because of the expansion. On July 30, 2007 Children’s Medical Services, CDE, and DDS signed a Data Sharing Memorandum of Understanding after several

interagency meetings that addressed data sharing policy and protocol concerning referrals to CDE and Part C local programs for compliance with state and federal privacy laws. During FFY 2006, California provided hearing screening for approximately 79 percent of all newborns and 21 of those infants referred received Individualized Family Service Plans. Further program information is found at this website: www.dhs.ca.gov/pcfh/cms/nhsp.

Newborn Genetic Screening Program (NBS): The NBS Program, which was expanded, screens for the most common treatable diseases recommended by the American College of Medical Genetics and March of Dimes. Screening expansion was approved as part of the budget trailer bill, which will impact the Early Start program. Expansion of the program began in July 2007, and the growth is being tracked. Approximately 100 babies are born each year in California with cystic fibrosis, and there are currently approximately 3,000 people with cystic fibrosis in the State. About 7-8 babies are born each year in California with biotinidase deficiency. DDS will be working with the Genetic Disease Branch on screening, referral protocols, and policies and will be tracking this program change. More information can be found at the website: www.dhs.ca.gov/pcfh/gdb/html/NBS.

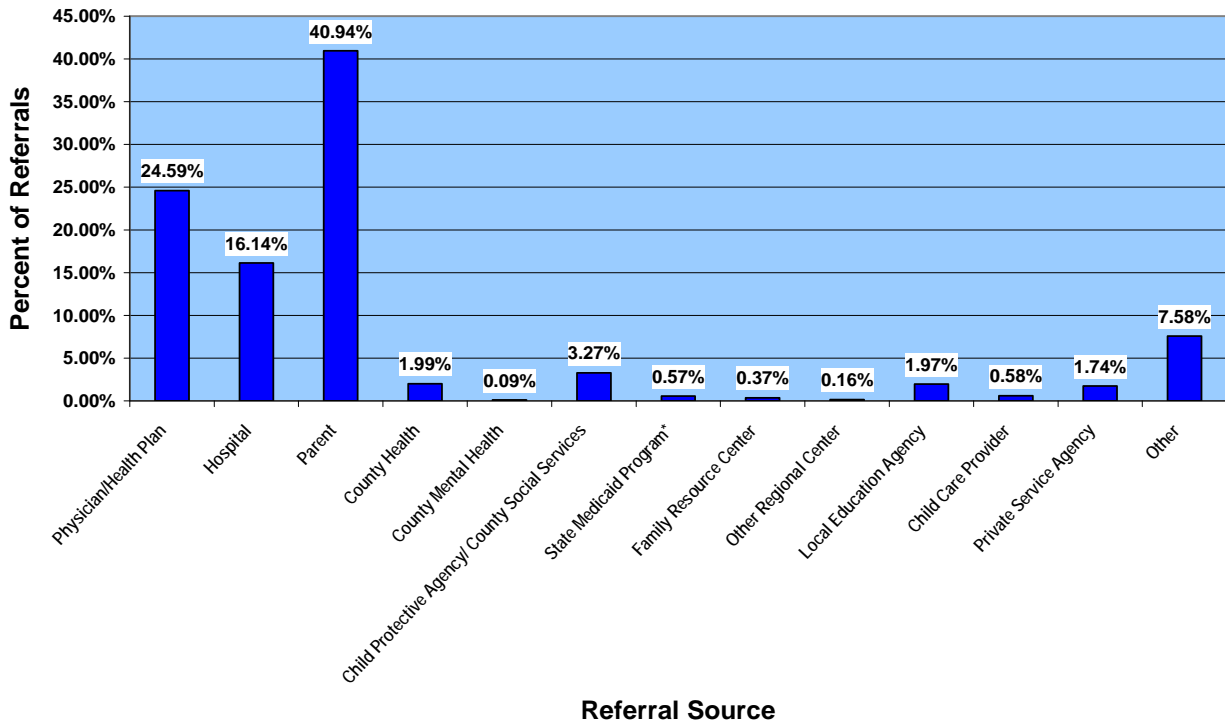
Child Abuse Prevention and Treatment Act (CAPTA): DDS continues working with the California Department of Social Services (CDSS) on improving the policies and procedures for making and receiving referrals from Child Protective Services. County Welfare Departments are mandated under CAPTA to consider for referral those children under the age of 3 who are involved in a substantiated case of child abuse or neglect who may be eligible for early intervention services funded under Part C of the Individuals with Disabilities Education Act. CAPTA requires that the State assure there are provisions and procedures in place to refer these children. With DDS/CDSS collaboration, CDSS recently released *All County Letter 06-54* to guide locally-coordinated processes and strategies that identify multiple pathways to the provision of early intervention services for this population. The impact of the letter on the regional center system is being monitored by both Departments. DDS and CDSS are preparing to respond to request for local training on referral procedures. A copy of the *All County Letter 06-54* can be found at the CDSS website: http://www.dss.cahwnet.gov/lettersnotices/2006AllCou_2304.htm.

Due to CDSS statewide initiatives in Kinship Care and adoptions, there has been a drop in the numbers of children in the child welfare system under the age of 3. In this reporting period there are approximately 12,000 children under the age of 3 in the welfare system. For this year, DDS data shows approximately nine percent of the Early Start population served by DDS was in the Child Welfare System Data. An average of 9.2 percent of new referrals each month to the regional centers comes from Child Protective Services (CPS) or from Foster care. The data is published on the following website: http://cssr.berkeley.edu/ucb_childwelfare/PIT.aspx.

Neonatal Intensive Care Unit (NICU) Liaisons: California reported in the State Performance Plan (SPP) submitted for FFY 2004, all 21 regional centers have liaison activities with Neonatal Intensive Care Units (NICU). Liaison activities include discharge planning with hospital staff to provide continuity of care between hospital and home. Recent studies from Office of State Health Planning and Development (OSHPD) show that in 2004 there were 50,806 NICU discharges; in 2005 there were 54,695 NICU discharges and, in 2006 the total was 54,906. There has been an 8.07 percent increase from 2004 to 2006 in NICU discharges. However, DDS has noted a slowing of the upward trend over the past two years of hospitals discharges as the referral source. This trend may reflect a slowing rate of growth in NICU discharges in 2005 to 2006. DDS will continue to track these changes. More information is found at www.oshpd.state.ca.

The following chart is a 2006-2007 presentation of regional referral sources for all children receiving Part C services. Physician (24.9 percent) and family (40.94 percent) referrals represent more than half of the total number referred. This annual data report is consistent with the education and resource dissemination as well as the collaborative cooperative partnering with the different partners and Child Find activities as described above.

FY 06/07 Referral Source of Annual Children Served (n=61,134) by RCs %



DDS maintains a toll-free telephone line 1-800-515-BABY (2229) where it provides information in English and Spanish on Early Start, including resources and referral information regarding children birth to age 3. This information is also posted on the Early Start website at <http://www.dds.ca.gov/EarlyStart/EShome.cfm>. In response to ICC recommendations, DDS expanded the monitoring protocol for child find activities to include questions regarding inquiry and intake procedures during calls coming from the toll free number. WestEd tracks calls initiated through the Babyline that concern resources. WestEd has a 1-800 line and received 161 total calls for Early Start resources. Of those, 57 callers identified themselves as having called via the Babyline. DDS staff continued to develop a system to provide data during 2006-07 via an Access database. During the period May – November 2007, DDS staff had 243 calls. August and September had the greatest call rate.

Refer to APR Indicator 14 for activities regarding data accuracy, reliability, and validity for this indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 (2006-2007): California does not propose any revisions to this indicator.

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

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.

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

- A. Percent infants and toddlers birth to 3 with IFSPs the population of infants and toddlers birth to 3;
- B. The national baseline.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	1.80% of infants and toddlers birth to three in California will have IFSPs.

Actual Target Data for FFY 2006 (2006-2007): The percent of California’s population served birth to 36 months of age equals 2.11 percent (measurement formula: 34,343 divided by 1,626,402, times 100.) Texas’ percent equaled 1.99 percent (23,232 divided by 1,166,843, times 100.) California continued to progress towards the national baseline which was 2.43 percent, by .32 percent. (Source: table C-9 titled “Percent of Infants and Toddlers Receiving Early Intervention Services under IDEA, Part C, by Age and State: 2006”).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-2007): The State has made progress from FFY 2004-2005 as California’s percent served birth to 36 months of age, then equaled 1.93 percent. The State’s target for FFY 2006 was 1.80 percent served birth to 36 months. California graduates successful infants and toddlers as they progress and no longer need services, or when they reach 3 years of age. The “point-in-time” calculation formula may serve to underestimate the percent of children served. When annual figures are used instead of point in time data, California served 10.51 percent. Progress for this indicator is determined by DDS to be attributable to the same factors as those listed for Indicator 5.

Refer to APR Indicator 14 for activities regarding data accuracy, reliability, and validity for this indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 (2006-2007): California does not propose any revisions to this indicator.

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent 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

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

Percent equals number of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline divided by number of eligible infants and toddlers evaluated and assessed times 100.

States must also account for untimely evaluations.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100% of children have evaluation, assessment and IFSP meeting within 45 days.

Actual Target Data for FFY 2006 (2006-2007): Data from FFY 2006 indicates that 90.28 percent of children in the data sample had their evaluation and assessment completed and had an initial IFSP meeting held within 45 days of referral (65 divided by 72, times 100 equals 90.28 percent). This is in comparison to the data from FFY 2005 which indicated that 90.43 percent of children had their evaluation and assessment completed and had an initial IFSP meeting held within 45 days of referral (104 divided by 115, times 100 equals 90.43 percent).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-2007): Activities that continue to support California’s ability to evaluate, assess and develop the IFSP within 45 days from the initial referral include the following:

1. Specialized Therapeutic Service Code: California, as does the rest of the nation, continues to be challenged in accessing specialized therapeutic services. However, data indicates that 16 of the 21 regional centers are now using the Early Start specialized therapeutic code, which exempts them from standard rate formularies to pay higher reimbursements as necessary. The expenditures from the use of the specialized therapeutic code continue to increase rapidly and reached \$26,500,000 in FFY 2006 (refer to Indicator 1). The use of this service code has allowed California to continue to meet the service needs of infants and toddlers enrolled in Early Start in a timely manner.
2. Interagency Coordinating Council (ICC): The Quality Service Delivery System committee on the State’s ICC provided 10 recommendations to DDS that were designed to improve the timeliness of evaluation, assessment, and the completion of the IFSP within the 45 day timeline. DDS has been working on these recommendations from the ICC to help improve the statewide system with continued input from the stakeholders.

Also in collaboration with the ICC and other stakeholders, DDS revised the Physician Brochure to include the physician’s role in the IFSP process including evaluation, assessment within the 45 day

timeline. DDS developed a distribution plan to evaluate the effectiveness of the brochure in relation to referral rates from the medical community.

3. Partner with the University of California Medical Schools (UCMS): DDS continues to partner with the University of California Medical Schools (UCMS) to improve the professional expertise of community clinicians to promote increased access to quality services. It does so by funding selected UCMS Continuing Medical Education Departments and the Schools of Nursing to provide statewide training to community physicians and other healthcare professionals who serve individuals with developmental disabilities. Continuing medical education credits are offered and serve to encourage other healthcare professionals to become more knowledgeable about this vulnerable population. During FFY 2006, DDS sponsored or co sponsored six conferences for health care providers in California. The conferences focused on issues facing people with developmental disabilities and the role of the health care provider. A total of 566 participants were trained on the specialized topics, increasing California's capacity to meet the needs of the children with developmental disabilities.

DDS also sponsors fellowships to provide specialized training in the area of developmental disabilities. Graduates of these programs continue to serve individuals with developmental disabilities in their local communities. Additionally, DDS works in collaboration with the University of California, San Diego to provide a web-based digest of developmental disabilities for reference to identify common developmental disabilities, clinical presentations, and treatments for healthcare providers. This digest can be found at www.ddhealthinfo.org. During FFY 2006, DDS sponsored pediatric fellowships at the University of California medical schools.

4. California's Comprehensive System of Personnel Development: (Refer to Indicator 2). During FFY 2006, 11 Early Start Institutes were held throughout California during and in which 746 personnel in the field of early intervention were trained. During other training events sponsored by DDS throughout the state, an additional 1,938 staff were trained. All institutes included requirements of the 45-day timeline for evaluation, assessment and completion of the IFSP embedded into the curriculum. Approximately 49 percent of the attendees received Personnel Development Scholarship Funds to supplement the costs of attending the Institutes.

Another initiative undertaken in partnership with WestEd and stakeholders during FFY 2006 was the redesign of the Early Start Institutes with an increased focus on skill building workshops. The curriculum, developed for the institutes, was created by leading experts and stakeholders from around the state. The Service Coordinator Handbook, which contains regulatory requirements along with resources and ideas for implementation, is given to all participants at the Early Start Institutes and contains information regarding evaluation, assessment and IFSP development within 45 days from the initial referral.

5. Speech and Language Pathology Assistant Efforts: Approximately 40.32 percent, or 17,700, of the infants and toddlers enrolled annually in California's Early Start Program have communication delays requiring speech therapy as an early intervention service. As is the case across the nation, there is a severe shortage of speech and language pathologists and audiologists. California stakeholders and DDS are currently working to address this shortage and are proposing a change to state regulations that will allow the use of speech and language pathology assistants (SLPA) to serve under the supervision of Speech Pathologists, thereby creating better access to services by the population being served. The use of SLPA's to provide direct services will allow the licensed speech and language pathologists to complete evaluations and assessments in a timelier manner. Presently, three local programs have applied for waivers to State requirements that allow the use of speech and language assistants in the Early Start Program. Until regulations are changed, others have been encouraged to do the same when needed.
6. Early Start Specialized Therapeutic Service Code: (Refer to Indicator 1 for complete description). As of December 2007, the following expenditures for the last three fiscal years were recorded for this service code. Most of the expenditures were dedicated to consumer evaluation for eligibility,

assessment for service planning, and direct service provision of speech and therapy services. These activities are critical for ensuring the timeliness requirements of this Indicator are met.

FFY 2004: \$9,386,000
 FFY 2005: \$18,531,000
 FFY 2006: \$26,500,000

Other activities and events in California that have had, or will have, an impact on this indicator include revision of DDS' record review database, and increased on-site monitoring activity by the State.

1. Revision of Record Review Database: DDS continues to revise and validate the record review database. A key change for monitoring timely correction of non-compliance at the local program level, which is used for reporting purposes under General Supervision (refer to Indicator 9), was to include the date of "notification of findings to regional centers" based on OSEP findings and recommendations.
2. On-Site Monitoring Activity: Until universal reporting is available for this Indicator, DDS will continue to manually collected data for reporting within available resources. During the reporting period and in to FFY 2007, DDS made a concerted effort to review more consumer records and since March of 2007, has reviewed 281 records at 12 local programs. Results from these record reviews will be reported in the APR for FFY 2007.

Refer to APR Indicator 14 for activities regarding data accuracy, reliability, and validity for this indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 (2006-2007): DDS is currently in the process of developing and/or implementing one new activity that will further improve the overall performance of the State and local programs in meeting the indicator target of 100 percent. This activity will also enhance data validity, accuracy, reliability and will further refine the State's ability to monitor the timely provision of services to infants and toddlers. This activity is described below. Changes to the State Performance Plan will be submitted to reflect this revision.

DDS has drafted changes to its Early Start Report form and is in the process of submitting it to stakeholders for review and feedback. This form resides in the San Diego Information System (SANDIS) and is the data tracking tool used for all Early Start participants. The State has added the *Child's Referral Date* to the list of data elements on the form. With the IFSP date that is already reported on the form, California will be able to universally report for this Indicator when completed. Use of the data in the form will not be available for reporting purposes until at least the FFY 2009-2010 reporting period. (Refer to Indicator 9 for a description and SSP Indicator 3 change for the form).

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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.

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

- a. Percent equals number of children exiting Part C who have an IFSP with transition steps and services divided by number of children exiting Part C times 100.
- b. Percent equals number of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the number of children exiting Part C who were potentially eligible for Part B times 100
- c. Percent equals number of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the number of children exiting Part C who were potentially eligible for Part B times 100.

FFY	Measurable and Rigorous Target		
	Transition Steps	LEA Notification	Transition Conference
2006 (2006-2007)	100%	100%	100%

Actual Target Data for FFY 2006 (2006-2007):

- 8A: Transition Steps = 90.00 percent (18 divided by 20 times 100 equals 90.00 percent).
- 8B: LEA Notification = 100 percent (20 divided by 20 times 100 equals 100 percent).
- 8C: Transition Conference with LEA = 100 percent (20 divided by 20 times 100 equals 100 percent).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-2007):

Explanation of Progress or Slippage: For discussion of progress or slippage, the data reported in California’s APR for FFY 2005 (2005-2006) was:

- 8A: Transition Steps = 85.71 percent (12 divided by 14 times 100 equals 85.71 percent).
- 8B: LEA Notification = 92.86 percent (13 divided by 14 times 100 equals 92.86 percent).
- 8C: Transition Conference with LEA = 92.86 percent (13 divided by 14 times 100 equals 92.86 percent).

Based upon comparison of data between the two fiscal years, California’s performance improved on all three Indicators. DDS reviewed 20 transition plans this year as in comparison to last fiscal year where 14

transition records were reviewed. DDS's practice to include a higher proportion of transition age records in record reviews has been implemented. Since March of 2007, the Early Start Section's Monitoring Unit has reviewed 281 records, 65 records of which are for children of transition age, at 12 local programs. The State will continue to review a greater number of records and results from will be reported in the APR for FFY 2007.

Improvement Activities: The following activities and actions conducted during the period may have had a positive impact on this Indicator:

1. California's Comprehensive System of Personnel Development: (Refer to Indicator 2). During FFY 2006, 11 Early Start Institutes were held throughout California and in which 746 personnel in the field of early intervention were trained. All institutes included requirements of transition in the curriculum. Approximately 49 percent of the attendees received Personnel Development Scholarship Funds to supplement the costs of attending the Institutes. Approximately 18 percent of participants at the Early Start Institutes and CORE trainings were representatives from Local Education Agencies providing Part C and Part B services. During other training events sponsored by DDS throughout the state, an additional 1,938 staff were trained.
2. Two training events that occurred in FFY 2006 that may have had a significant impact on transition, were:
 - a. Supervisor's Symposiums sponsored by DDS and coordinated by WestEd, which included topics on Part B eligibility and transition from Part C to Part B. The events were attended by administrators within the Early Start community. As part of these events, forums were offered allowing for a systematic exchange of ideas regarding model transition programs and best practices.
 - b. Collaborative presentations were made during multiple sessions of the Special Education Early Childhood Administrators Project (SEECAP) conference in 2007. These presentations provided the State an opportunity to address the specifics and importance of transition between Parts C and B. Attendance at the SEECAP conferences includes administrators and parent or professional leaders from all agencies serving children birth through age five and their families.
3. Continuous improvement actions undertaken by DDS and its partner Agency CDE to jointly address transition from Part C to Part B in the State include the following:
 - a. There is a designated Early Start Program, CDE representative for all transition issues that surface between local programs and SELPAs/LEAs.
 - b. CDE and SEEDS (Supporting Early Education Delivery Systems) representatives actively participated in Site Monitoring visits. The SEEDS Project is contracted through the CDE and assists in providing technical assistance to early childhood special education programs.
 - c. Continuous communication and meetings between Part C and Part B program representatives occur to discuss issues around transition, specifically, data sharing. Efforts in this area resulted in the successful exchange of child find information with CDE's California Special Education Management Information System (CASEMIS), which was a major breakthrough in the ability of both agencies to assess the effectiveness of transition to Part B.
4. NCSEAM'S Family Survey: In FFY 2005, DDS conducted the National Center for Special Education Accountability Monitoring (NCSEAM) *Family-Center Services Scale* and *Impact of Early Intervention Services on Your Family Scale* as well as additional demographic and open-ended questions. Independent contractor(s) conducted the survey and the data analysis. Overall, families reported that the local programs satisfactorily gave them information to help them prepare for their children's transition.

Refer to APR Indicator 14 for activities regarding data accuracy, reliability, and validity for this indicator.

Revisions, with *Justification*, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 (2006-2007): DDS is currently in the process of developing and/or implementing two new

activities which will further improve State monitoring and overall performance reporting of transition activities at local programs. These activities are described below.

1. Universal Reporting: DDS has drafted changes to its Early Start Report (ESR) form and is in the process of submitting it to stakeholders for review and feedback. This form resides in the San Diego Information System (SANDIS) and is the data tracking tool used for all Early Start participants. Revisions to the existing system to universally report on transition planning were made in collaboration with CDE to better address the national transition issue. Changes to the ESR form that DDS is proposing to stakeholders include not only adding a *Part B Referral Date* data field, but date data fields for *Parent Notification*, *LEA Notification*, *First Transition Meeting*, and *Last Transition Meeting* as well. CDE is adding separate referral and evaluation data fields to its CASEMIS system. With the changes made to both agencies' systems, DDS and CDE are planning to target correction of noncompliance in a more appropriately and more effective manner. Use of the data in the ESR form will not be available for reporting purposes until at least the FFY 2009-2010 reporting period. (Refer to Indicator 9 for a description and SSP Indicator 3 change for the form).
2. Both DDS and CDE committed to participate in the National Early Childhood Transition Initiative through the Western Regional Resource Center, in order to improve transition outcomes in California. This is a long term project that has not yet moved beyond initial discussions but is expected to assist in the development of State and local area policies and procedures.

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: 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.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:
 Percent of noncompliance corrected within one year of identification:
 a. # of findings of noncompliance.
 b. # of corrections completed as soon as possible but in no case later than one year from identification.
 Percent = [(b) divided by (a)] times 100.
 For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100% of noncompliance findings are corrected within one year of identification

Actual Target Data for FFY 2006 (2006-2007): During the FFY 2005 (2005-2006) reporting period, DDS conducted a total of nine on-site monitoring visits to local programs. Refer to Tables 9A, 9B, 9C and their respective summaries for the detail of findings identified during the visits and results of data extraction from the State’s SANDIS/UFS system. Overall, there were a total of 24 findings across the programs requiring corrective action with 21 validated as having been corrected within the one-year time period. This is an overall 87.5 percent performance rating for timely correction of non-compliance, which demonstrates a significant improvement from the 1.43 performance rating reported in the FFY 2005 APR.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-2007):

Improvement Activities: DDS has been actively working with all stakeholders, local programs, and its federal Liaison to effectively implement OSEP standards for general supervision of the State’s Early Start Program. Changes for a state with such a large program, numerous stakeholders, and complex system require time to implement. California is proceeding, such as with its focused monitoring initiative discussed below, with the recognition that the SPP is a living document and subject to change when change is necessary to meet OSEP mandates.

As stated in the California’s FFY 2005 APR under Indicator #9, “Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2005 (2005-2006)”, the following provide updates on the State’s improvement activities.

1. DDS revised how it processes findings requiring corrective action. Letters are sent to local programs when corrective action is required as a result of findings discovered during monitoring visits. DDS provides optional, prescriptive actions for clearing findings that a local program can use, informs programs in the letter of the one-year timeline requirement to clear findings, and requests that local programs inform DDS when findings are cleared and how they were cleared. DDS will use this information for validation purposes. The target data reported above is based on verifying local programs' cleared findings through subsequent on-site reviews, State follow up requesting local program self-assessment, and data. This is noted for each indicator finding for the three tables below in "Explanation of Progress". This potential methodology revision was addressed in the FFY 2005 APR under "Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources" and California has adopted it for this and future reports. As this not a new improvement activity, it will not be addressed as such. An SPP change for Indicator 9 will be submitted however, to update the process the FFY 2005 APR activity discussed.
2. DDS has reviewed its policy regarding the number of findings that should be considered accountable for reporting purposes (definition of finding) and revised this indicator per OSEP guidance and requirements. Each finding is not necessarily considered a reportable finding, as was previously the case. Findings are now categorized for reporting purposes, are not considered a finding unless the number of occurrences for a specific category of a specific local program falls under 85 percent. This includes findings obtained from both site monitoring visits and review/analysis of data for critical indicators but does not include findings for the performance indicators that do not have targets of 100 percents. Complaints or due process findings associated with the various SPP indicators that are reported are also not included. As this not a new improvement activity, it will not be addressed as such. An SPP change for Indicator 9 will be submitted however, to update the process the FFY 2005 APR activity discussed.
3. The Early Start Section was unable to hire and fill all personnel vacancies in its monitoring unit as planned to assist in conducting record reviews at all 21 local programs, as stated in last year's APR. Even though the State has completed 19 reviews to date, not all were conducted, or letters requiring corrective action sent, in FFY 2006. DDS hopes to hire personnel after January 2008, as eligibility examinations for the positions are scheduled to be held that month.
4. DDS has drafted changes to its Early Start Report form and is in the process of submitting it to stakeholders for review and feedback. This form resides in the San Diego Information System (SANDIS) and is the data tracking tool used for all Early Start participants. Changes included are the child's referral date, data fields regarding transition meetings, steps and services, notification dates, and data fields necessary for reporting child outcomes. These changes will address not only Indicators 3 and 7 as reported in the FFY 2005 APR, but Indicator 8 as well. Data using this system form will not be available for reporting purposes until at least the FFY 2009-2010 reporting period, as system change and data element population takes a significant amount of time due to the large size of California's program, system complexities, and the time element involved with changing the report and reporting at the local program level. This activity was discussed under the FFY 2005 APR, "Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources", Improvement Activity #4.
5. DDS has reconfigured its database to more effectively track and monitor timeliness of corrective actions by the local programs. The database now includes the date of the site monitoring visit and/or record review, the date the report was sent to the local program, and the next scheduled record review date for corrective action validation purposes by DDS within the one-year required timeline. Corrective actions may also be verified through data in the State's SANDIS/UFS and other sources of data and information.

Explanation of Progress: Much of the State's progress can be explained through discussion of the improvement activities above. Key among them is the following:

1. The low performance rating (1.43 percent) for FFY 2005 was partially due to the significant personnel turnover in the Early Start Section (80 percent). Combined with the fact that program and reporting requirements were still evolving at the federal and state levels, the personnel turnover of all key positions involved with monitoring and reporting at the time adversely impacted the immediate needs for reporting, due to a lack of knowledge and experience regarding APR/SPP requirements. Although some key positions remain unfilled and the processes for reporting requirements are still evolving, personnel are more trained, experienced, and knowledgeable than the previous year and fully understand correction of non-compliance reporting.
2. Even though reporting requirements for Indicator #9 in FFY 2005 had not yet fully evolved at the federal level, California re-structured and implemented its new system for reporting the correction of non-compliance. It was a significant difference from what was reported in FFY 2004 and was based on OSEP’s verification visit in 2006. The state-reported 1.43 percent performance rating for correction of non-compliance reflected the lack of an established system for reportable requirements, which was further exacerbated by the lack of knowledgeable personnel. These two items have been corrected, as has been reported in the improvement activities above.
3. The reconfiguration of the State’s database for tracking and monitoring correction of findings and potential non-compliance of corrective actions, was a major factor in the increased performance rating for FFY 2006. Dates when reviews were conducted at local programs, when letters of results were sent to the programs, and when follow up reviews will be conducted for verification of corrections are integrated in the Monitoring Unit’s schedule. Required actions for verification during follow up reviews will be identified well in advance of the review and will take place upon notification by local programs that correction of findings and how findings were corrected have been completed.

During FFY 2006, OSEP provided further guidance and instructions to states on the appropriate reporting of items under this indicator that the State has incorporated in this APR. DDS reported corrections of non-compliance for FFY 2005, as reported, and not FFY 2004, which was required. OSEP and California have concluded that attempting to report on the correction of non-compliance for FFY 2004, as stipulated in OSEP’s letter of June 15, 2007, would be problematic as an appropriate system had not yet been established in the state. This was verified by OSEP during its Verification Visit that was conducted the week of October 2, 2006.

Based on OSEP’s requirements and subsequent discussions with the state’s federal representative, DDS now reports correction of non-compliance using three tables – Table 9A, Table 9B, and Table 9C. The information and data presented in these tables exceeds the federal, regulatory reporting requirements. California has devoted a tremendous amount of work in this area, has made some changes since the FFY 2005 APR, has presented the information and data in this indicator more clearly than in the FFY 2005 APR, and will submit an SPP change, as mentioned in “Improvement Activities” above, that reflects current practice. California is also in the process of re-designing its general supervision vision system through the use of focused monitoring, which is a long term project tentatively scheduled for completion by the beginning of FFY 2009.

The following table represents a summary of all information and data represented in Tables 9A, 9B, 9C and indicates an overall timely correction of non-compliance rate of 87.5 percent.

Indicator 9 Summary

	# of findings of noncompliance	# of corrections verified within one year	Percent corrected
A. Monitoring Priorities	11	9	81.8%
B. Other	12	11	91.7%
C. Other	1	1	100%

mechanisms			
TOTAL	24	21	24/21 = 87.5%

Table 9A – Monitoring Priorities

This table is comprised of the indicators specified in the “Table 9A – Worksheet” below, which was previously entitled “Compilation Table” in the FFY 2005 APR. Indicators 3 and 4 are not reported, as the baselines for each have not yet been established. Indicator 4, Family Rights, was submitted in the FFY 2005 APR but OSEP indicated in its June 15, 2006 APR response letter and table that the sampling activities were not sound. Although OSEP accepted the targets and improvement activities, these would be impacted by required follow up by the State and subsequently, additional activity for the indicator cannot occur until the final baseline is established (See Indicator 4).

Indicator	Findings	Number Verified Corrected	% Corrected in Timelines
Services Are Provided in a Timely Manner	4	4	100%
Services Are Provided in Natural Environment	1	0	0.0%
Infants & Toddlers Birth to Age 1 with IFSPs	0	0	NA
Infants & Toddlers Birth to Age 3 with IFSPs	0	0	NA
IFSPs Are Established Within the 45-Day Timeline	4	3	75.0%
Timely Transition Planning Part C to Part B	2	2	100%
Total	11	9	81.8%

Table 9A - Worksheet

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Self-Review	NA				NA
	On-site Visit	NA				NA
	Data Review	8,485	751	3	3	100%
	Other: Complaints	8	1	1	1	100%
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing	Self-Review	NA				NA
	On-site Visit	164	4	0	0	NA
	Data Review	32,268	3,024	1	0	0.0%
	Other: Specify	NA				NA

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
children.						
3. Percent of infants and toddlers with IFSPs who demonstrate improved: positive social-emotional skills, acquisition and use of knowledge and skills; use of appropriate behaviors to meet their needs.	Self-Review					
	On-site Visit					
	Data Review					
	Other: Specify					
4. Percent of families participating in Part C who report that early intervention services helped the family: know their rights; effectively communicate their children’s needs; and help their children develop and learn.	Self-Review					
	On-site Visit					
	Data Review					
	Other:					
5. Percent of infants and toddlers birth to 1 with IFSPs.	Self-Review	NA				NA
	On-site Visit	NA				NA
	Data Review	6,361	0	0	NA	NA
	Other: Specify	NA				NA
6. Percent of infants and toddlers birth to 3 with IFSPs.	Self-Review	NA				NA
	On-site Visit	NA				NA
	Data Review	34,343	0	0	NA	NA
	Other: Specify	NA				NA
7. Percent 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.	Self-Review					NA
	On-site Visit	164	4	4	3	0%
	Data Review	NA				NA
	Other: Specify	NA				100%
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	Self-Review	NA				NA
	On-site Visit	26	2	2	2	100.00%
	Data Review	NA				NA
	Other: Specify	NA				NA

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
their third birthday.						
TOTALS	SUM COLUMNS A AND B	83,880	1,677	11	10	90.9%

In addition to the data contained in the Table 9A Worksheet above, the following information is intended to provide additional disaggregation of the data associated with each of the indicators in the table and to also provide information on the monitoring processes and procedures used for general supervision of the indicators.

- Indicator 1: This indicator is currently monitored using universal data and the number of files reviewed electronically is for all 21 local programs (refer to indicator 1 for description). Of the 8,485 files reviewed and checked, there were a total of 751 potential findings. Three local programs did not meet the State’s 85 percent rating for this indicator during FFY 2005 and a finding was established. The correction of non-compliance was completed in a timely manner and was verified by review of subsequent FFY data.

There was one complaint in which non-compliance by the local program was discovered and a finding established. The finding was in regards to a complaint filed through OHRAS against a local program alleging a violation of regulations for the monitoring priority “percent 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.” The local program was determined to be out of compliance but corrected the non-compliance in a timely manner. Timely correction was verified by DDS during an on-site record review and corrective action taken by the local program and reported to OHRAS within appropriate timelines (self-assessment).

- Indicator 2: This indicator is currently monitored using universal data and on-site monitoring/record reviews. The 32,628 files reviewed electronically are for all 21 local programs while the on-site results are for the nine local programs visited during the year. A total of 164 records at nine local programs were reviewed on site. Of the potential 3,024 findings for electronic data, one local program did not demonstrate the required 72.1 percent performance rating and a finding was established. This lower rating may be the result of using “Group Contracted Services” (refer to Indicator 1), which DDS will research and update in next year’s APR. Of the local programs reviewed on-site during FFY 2005, all met the 72.1 percent performance rating.

- Indicator 7: This indicator is currently monitored using on-site monitoring/record reviews. A total of 164 records for nine local programs were reviewed on site. Of the local programs reviewed on-site during FFY 2005, four did not meet the State’s 85 percent rating for this indicator and findings were established. One program did not correct the non-compliance in a timely manner and in this instance, technical assistance by the DDS was provided. Corrected non-compliance for the three programs was verified through self-assessment. DDS also received one complaint for one local program during FFY 2005 regarding this indicator and it was corrected in a timely manner as verified by regional center actions taken (written) and the lack of subsequent complaints for this indicator. This indicator is reported under Table C.

- Indicator 8: This indicator is currently monitored using on-site monitoring/record reviews. A total of 26 records for nine local programs were reviewed on site. Of the records reviewed, two programs did not meet the State’s 85 percent rating for this indicator and findings were established. Both programs corrected the non-compliance, which was verified through program self-assessment. DDS understands from OSEP’s letter of June 15, 2006, that the size of the sample being used for

this indicator is small and is working to increase it for on-site reviews while awaiting the changes to the ESR that will provide universal data for future monitoring purposes.

Table 9B - Other

This table is comprised of the other indicators specified in the “Table 9B – Worksheet” below. This worksheet is the same form as the worksheet used for Table 9A above and replaces that provided by OSEP used in last year’s APR because of its ease of use and clarity. The worksheet provides disaggregation of the data in accordance with OSEP guidance and will be included in the SPP change to be submitted for this indicator.

Indicator	Findings	Number Verified Corrected	% Corrected in Timelines
IFSP Contains 5 Domains	3	3	100%
IFSP Meeting Notice Provided to Family	2	2	100%
Outcomes Contain Procedures, Criteria, Timelines	1	1	100%
Services Contain Method, Frequency, Intensity, Duration	0	NA	NA
IFSP Contains Family Concerns, Priorities, Resources	0	NA	NA
Evaluations Are Conducted in Timely Manner	6	5	83.3%
Total	12	11	91.7%

Table 9B - Worksheet

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
1. Percent of IFSPs that contain present levels of development in five domains.	Self-Review	NA				NA
	On-site Visit	164	3	3	3	100%
	Data Review	NA				NA
	Other: Specify	NA				NA
2. Percent of IFSPs with documented and timely written notification to families of IFSP meeting.	Self-Review	NA				NA
	On-site Visit	164	2	2	2	100%
	Data Review	NA				0.0%
	Other: Specify	NA				NA
3. Percent of IFSPs with outcomes that contain procedures, criteria, and	Self-Review	NA				NA
	On-site Visit	164	1	1	1	100%

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
timelines used to determine the degree to which progress toward achieving outcomes is being made.	Data Review	NA				NA
	Other: Specify	NA				NA
4. Percent of IFSPs that list services for the child that contain method, frequency, intensity, and duration.	Self-Review	NA				
	On-site Visit	164	0			NA
	Data Review	NA				
	Other:	NA				
5. Percent IFSPs that contain family concerns, priorities, and resources.	Self-Review	NA				NA
	On-site Visit	164	0			NA
	Data Review	NA				NA
	Other: Specify	NA				NA
6. Percent of IFSPs in which evaluations were conducted in a timely manner.	Self-Review	NA				NA
	On-site Visit	164	6	6	5	83.3%
	Data Review	NA				NA
	Other: Specify	NA				NA
TOTALS	SUM COLUMNS A AND B			12	11	91.7%

In addition to the data contained in the Table 9B Worksheet above, the following information is intended to provide additional disaggregation of the data associated with each of the indicators in the table and to also provide information on the monitoring processes and procedures used for general supervision of the indicators.

- Indicator 1: This indicator is currently monitored using on-site monitoring/record reviews. A total of 164 records for nine local programs were reviewed on site. Of the local programs reviewed on-site during FFY 2005, three did not meet the State’s 85 percent standard for this indicator and findings were established. All three programs corrected the non-compliance in a timely manner, which were validated through self-assessment. Additionally, one program’s correction was also verified through on-site verification.
- Indicator 2: This indicator is currently monitored using on-site monitoring/record reviews. A total of 164 records for nine local programs were reviewed on site. Of the local programs reviewed on-site during FFY 2005, two did not meet the State’s 85 percent standard for this indicator and findings were established. Both programs corrected the non-compliance in a timely manner, which were validated through self-assessment.
- Indicator 3: This indicator is currently monitored using on-site monitoring/record reviews. A total of 164 records for nine local programs were reviewed on site. Of the local programs reviewed on-site during FFY 2005, one did not meet the State’s 85 percent standard for this indicator and a finding was established. The local program corrected the non-compliance in a timely manner, which was validated through self-assessment.

4. Indicator 4: This indicator is currently monitored using on-site monitoring/record reviews. A total of 164 records for nine local programs were reviewed on site. Of the local programs reviewed on-site during FFY 2005, all met the State's 85 percent standard for this indicator.
5. Indicator 5: This indicator is currently monitored using on-site monitoring/record reviews. A total of 164 records for nine local programs were reviewed on site. Of the local programs reviewed on-site during FFY 2005, all met the State's 85 percent standard for this indicator.
6. Indicator 6: This indicator is currently monitored using on-site monitoring/record reviews. A total of 164 records for nine local programs were reviewed on site. Of the local programs reviewed on-site during FFY 2005, six did not meet the State's 85 percent standard for this indicator and findings were established. The local program corrected the non-compliance in a timely manner, which was validated through self-assessment. One program did not correct the non-compliance in a timely manner. Corrected non-compliance for the five programs was verified through self-assessment.

Table 9C – Other Mechanisms

This table is comprised of the data in which non-compliance was identified through California's complaint and dispute resolution processes. California's complaint/resolution process involves procedures that are distinct from the system for resolving disagreements under due process (Refer to SPP Indicators 10, 11, and 13). The two agencies/entities that provide data for the measurement of this indicator are the Lead Agency's Office of Human Rights and Advocacy (OHRAS) and an independent contractor for the Lead Agency, the Office of Administrative Hearings (OAH). Alleged violations of statute or regulations are investigated by OHRAS, where as due process filings are resolved by OAH. If a complaint is received by OHRAS that addresses a disagreement regarding the denial or change in eligibility or services, it is referred to the OAH for adjudication. Informal local resolution is encouraged but not required. Many issues are resolved in this informal, local manner.

Indicator	Findings	Number Verified Corrected	% Corrected in Timelines
Agencies in Which Noncompliance Was Identified (Two Agencies)	1	1	100%

DDS has reviewed all actions filed with OHRAS and OAH and has determined that there was only one instance in which non-compliance by the local program was discovered and a finding established. The finding was in regards to a complaint filed through OHRAS against a local program alleging a violation of regulations for the monitoring priority "percent 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." The local program was determined to be out of compliance but corrected the non-compliance in a timely manner. Timely correction was verified by DDS during an on-site record review and corrective action taken by the local program and reported to OHRAS within appropriate timelines (self-assessment).

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 (2006-2007):

As a result of the activities conducted regarding this indicator and the results obtained and identified above, DDS will submit an SPP change to OSEP to reflect the adoption of new processes and procedures. These changes reflect actions proposed under the FFY 2005 APR under "Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources", and as such, are not new activities to be listed in the section. One new improvement activity is being added that will

significantly improve Lead Agency general supervision monitoring, reporting, and assistance to local programs – General Supervision through Focused Monitoring.

DDS has explored the potential of general supervision through focused monitoring and has since developed a stakeholder workgroup with the intent of re-designing its current general supervision system. The current general supervision system consists of reviewing/analyzing data extracted from SANDIS/UFS, conducting triennial Site Monitoring Visits, and conducting periodic on-site record reviews of individual infants and toddlers as a follow up activity to the more comprehensive Site Monitoring Visits. From these activities, DDS determines the status of local programs in meeting indicator targets, identifies statewide and local program strengths and weaknesses, plans improvement activities and takes enforcement actions where needed, and reports to OSEP each year.

The stakeholder workgroup has the long term goal of completing the State's new general supervision through focused monitoring system in time for FFY 2009. The concept behind the new system is to identify and use all available data and information (statewide and local) in the planning and implementation of on-site visits to local programs given available resources, creating new sources or acquisition methodologies if needed. Visits will be planned using a desk audit to focus on specific aspects of programs, policies, and/or procedures designed to yield results for local program improvement, APR indicator reporting, and corrective action planning. The status of this activity will be updated in next year's APR.

EARLY START REPORT – DRAFT

<p>1. Report date: <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> M M D D Y Y Y Y</p> <p>2. Early Start Report reason [] 1 - Initial Report 2 - Annual Review 3 - Periodic Review 4 - Early Exit Final Report 5 - Initial Transition Plan Report (e.g. 30 mos.) 5 - Final Transition (usually 36 months)</p> <p>3. Primary Service Coordinator Regional Center: <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>4. Unique Client Identifier <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>5. Birth date <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> M M D D Y Y Y Y</p> <p>6. Sex: <input style="width: 15px; height: 15px;" type="checkbox"/></p>	<p>7. Date of Initial Referral <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> M M D D Y Y Y Y</p> <p>8. Initial Referral Source <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>(If not Regional Center, use codes below) 001- Parent 002 - Physician/Health Plan 003 - County Health Dept. 004 - County Mental Health 005 - DPSS/County Welfare 006 - CA Children Services 007 - CHDP 008 - Local Education Agency 009 - Private Service Agency 010 - Child Care Provider 011 - MCH Contract Project 012 - Child Protective Agency 013 - Hospital 014 - Family Resource Center 015 - Other</p> <p>9. IFSP Last date <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> M M D D Y Y Y Y</p>
<p>10. Mother's Disability [] [] [] 1 - None 2 - Developmental Disability 3 - Physical Disability 4 - Mental Disorders 5 - Disability Exists, Type Unknown 6 - Mother's History Unknown</p>	<p>11. Father's Disability [] [] [] 1 - None 2 - Developmental Disability 3 - Physical Disability 4 - Mental Disorders 5 - Disability Exists, Type Unknown 6 - Father's History Unknown</p>
<p>12. Mother's maiden name: <input style="width: 100%; height: 15px;" type="text"/></p>	

<p>13. HIGH RISK FACTORS (Mark an "X" in all factors that apply)</p> <p>(a) Medical</p> <p><input type="checkbox"/> Very low birth weight (1500 grams)</p> <p><input type="checkbox"/> Prematurity (<32 weeks) number of weeks premature: [] [] []</p> <p><input type="checkbox"/> Metabolic problem, i.e., Hypoglycemia, hypocalcemia</p> <p><input type="checkbox"/> CNS infection/abnormality</p> <p><input type="checkbox"/> Non-febrile seizure activity during first week of life</p> <p><input type="checkbox"/> Serious biomedical insult, i.e., CNS bleeds</p> <p><input type="checkbox"/> Multiple congenital anomalies or genetic disorders req. spec. srvc.</p> <p><input type="checkbox"/> Positive neonatal tox screen/drug withdrawal</p>	<p><input type="checkbox"/> Significantly SGA</p> <p><input type="checkbox"/> Prolonged Hypoxemia and/or assisted ventilation for 48 hrs or more during 1st month of life</p> <p><input type="checkbox"/> Hyperbilirubinemia</p> <p><input type="checkbox"/> Prenatal exposure to terratogens</p> <p><input type="checkbox"/> Significant failure to thrive</p> <p><input type="checkbox"/> Persistent tonal problems</p> <p>(b) Clinical/Behavioral Factors</p> <p><input type="checkbox"/> Infant born to DD parent</p>								
<p>14. Developmental Delay (Mark an "X" in all that apply)</p> <p><input type="checkbox"/> Cognitive (acquisition and use of knowledge and skills)</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Communication</p> <p><input type="checkbox"/> Social/Emotional</p> <p><input type="checkbox"/> Adaptive/Self-Help Skills (Use of appropriate behaviors to meet their needs)</p>	<p>15. Type of Developmental Disability (Mark an "X" in all that apply)</p> <p><input type="checkbox"/> Mental Retardation <input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Autism</p> <p><input type="checkbox"/> Other Developmental Disability</p>								
<p>16. Established Risk Condition(s) and Diagnosed Condition(s) List below conditions and major medical problems that will impact developmental growth or service provision.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%; text-align: center;">ICD-9-CM Code</th> <th style="text-align: center;">Condition Type(s)/Specify</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; height: 20px;"> </td> <td style="border: 1px solid black; height: 20px;"> </td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"> </td> <td style="border: 1px solid black; height: 20px;"> </td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"> </td> <td style="border: 1px solid black; height: 20px;"> </td> </tr> </tbody> </table>		ICD-9-CM Code	Condition Type(s)/Specify						
ICD-9-CM Code	Condition Type(s)/Specify								
<p>17. Vision Status <input type="checkbox"/></p> <p>0 - No vision loss</p> <p>1 - Near normal</p> <p>2 - Moderate impairment</p> <p>3 - Severe impairment (legally blind)</p> <p>4 - Total blindness (no light perception)</p> <p>5 - Vision loss, one eye</p> <p>6 - Vision loss diagnosed, severity undetermined</p> <p>7 - Vision loss suspected, not diagnosed</p> <p>8 - Not tested</p>	<p>18. Hearing Status <input type="checkbox"/></p> <p>0 - Hearing within normal limits</p> <p>1 - Mild to moderate hearing loss</p> <p>2 - Severe hearing loss</p> <p>3 - Profound hearing loss</p> <p>4 - Hearing loss - one ear</p> <p>5 - Hearing loss diagnosed, severity undetermined</p> <p>6 - Hearing loss suspected, not diagnosed</p> <p>7 - Not tested</p>	<p>19. Ambulation <input type="checkbox"/></p> <p>1 - Newborn</p> <p>2 - Has head control</p> <p>3 - Sits with support</p> <p>4 - Stands with support</p> <p>5 - Walks with support (i.e., hand holding, normal development)</p> <p>6 - Walks without support</p> <p>7 - Walks well</p> <p>8 - Unknown</p>							

20. Special Aids or Equipment (Mark an "X" in all that apply)

- None Apnea Monitor Splints, casts, braces Feeding Tube (N.G.)
 Oxygen equipment Gastrostomy Tube Feeding devices Tracheostomy equipment
 Positioning equipment Other assistive devices Other Ostomy Equipment

21. TYPE OF SERVICE (Mark an "X" in the appropriate boxes in column 1)

- Medical Assessment/Consultation
 Nutrition Assessment/Consultation
 Nursing Assessment/Intervention
 Developmental/Psychological Assessment
 Social Work Services
 Family Training and Counseling
 Occupational Therapy
 Physical Therapy
 Language/Speech Services
 Audiology
 Vision Services
 Assistive Technology Services
 Respite Care
 Infant Development Program
 Service Coordination/Case Management
 Transportation
 Health Service/Intervention
 Behavior Intervention

22. LOCATION: Location of Primary Service(s) or Program(s): (Mark an "X" in the boxes that apply)

- Early Intervention classroom/program/center
 Hospital, Inpatient
 Residential Facility
 Family child care
 Outpatient Service Facility
 Other Setting
 Home
 Regular Nursery School/Child Care Center

 Justification documented in family record for all settings not considered a "natural environment".

Transition Planning

23. Parent Notification date:

M	M	D	D	Y	Y	Y	Y

24. LEA notification date:

M	M	D	D	Y	Y	Y	Y

25. First Transition Meeting:

M	M	D	D	Y	Y	Y	Y

26. Last Transition Meeting:

M	M	D	D	Y	Y	Y	Y

27. Referral to: Mark an x in the boxes that apply

- School program
 Private Agency
 Family Resource Center
 Regional Center Services
 None required
 Parent refusal

Referral Date (if applicable):

M	M	D	D	Y	Y	Y	Y

28. Child Outcomes Record all ages in months

Developmental Areas	ENTRANCE		Functional Age [FA1] (in months)	ENTRANCE		Functional Age [FA2] (in months)
	Eval Date: [] same date for all areas	Instruments Used- list primary first		Eval Date: [] same date for all areas	Instruments Used- list primary first	
Social-Emotional	<input type="text"/> M M D D Y Y Y Y	[][]	<input type="text"/> M M D D Y Y Y Y	[][]		
Cognitive (acquisition and use of knowledge and skills)	<input type="text"/> M M D D Y Y Y Y	[][]	<input type="text"/> M M D D Y Y Y Y	[][]		
Communication (Expressive)	<input type="text"/> M M D D Y Y Y Y	[][]	<input type="text"/> M M D D Y Y Y Y	[][]		
Communication (Receptive)	<input type="text"/> M M D D Y Y Y Y	[][]	<input type="text"/> M M D D Y Y Y Y	[][]		
Self-Help (Use of appropriate behaviors to meet their needs)	<input type="text"/> M M D D Y Y Y Y	[][]	<input type="text"/> M M D D Y Y Y Y	[][]		
Physical (Fine Motor)	<input type="text"/> M M D D Y Y Y Y	[][]	<input type="text"/> M M D D Y Y Y Y	[][]		
Physical (Gross Motor)	<input type="text"/> M M D D Y Y Y Y	[][]	<input type="text"/> M M D D Y Y Y Y	[][]		

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:
 Percent equals (1.1(b) plus 1.1(c)) divided by (1.1) times 100.
 Percent equals (number of reports within timeline plus number of reports within extended timelines) divided by total number of complaints with reports issued times 100.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100% of cases will be complete within 60 days.

Actual Target Data for FFY 2006 (2006-2007):

Complaints	<u>2006-2007</u>
(1) Signed, written complaints total	12
(1.1) Complaints with reports issued	9
(a) Reports with findings	6
(b) Reports within timeline	9
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	3
(1.3) Complaints pending	0
(a) Complaints pending due process hearing	1

The current data indicates that of the 12 complaints filed during the reporting period 100 percent were resolved within the 60 day timeline (9 plus 3 divided by 12, times 100 equals 100 percent). No complaints were filed against local education agencies, which CDE would have been required to investigate. California had a unique complaint experience where one parent chose to file five separate complaints -- one for each issue instead of the typical practice of filing one complaint listing all issues. In California complaints cover procedural issues. Had this event not occurred, this year's number of complaints would

have been exactly the same as last year's small number (8) despite the State's caseload increase being the highest in the nation.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-2007):

California's complaint resolution process involves procedures apart from the system for resolving disagreements under due process. Violations of statute or regulations (complaints) are investigated by the Lead Agency's Office of Human Rights and Advocacy (OHRAS), whereas due process filings are resolved by an independent contractor, the Office of Administrative Hearings (OAH). If a complaint is received by OHRAS that addresses a disagreement regarding the denial or change in eligibility or services, it is referred to the OAH for adjudication. Informal local resolution is encouraged but not required. Many issues are resolved in this informal local manner. In FFY 2006, one complaint had issues requiring referral to the OAH; that complaint is counted in the due process filings.

California received a total of 12 complaints in FFY 2006, which are four more complaints than the eight complaints filed in FFY 2005. This increase is attributable to one family filing separate complaints for each of five issues versus one complaint with five issues. All complaints continue to be completed within the required timeframe 100 percent of the time.

DDS will continue to meet the 100 percent target for investigating and completing complaints in a timely manner by continuously monitoring the complaint process using the established tracking system. Any deviation will be noted and corrected. DDS will also continue to inform families of their right to file a complaint by distributing the booklet "*Parents' Rights: an Early Start Guide for Families*" to parents at least annually and by posting on the DDS website in downloadable format. It can now be found at http://www.dds.ca.gov/EarlyStart/docs/Parents_Rights_English.pdf.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 (2006-2007): California does not propose any revisions to this indicator.

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:
Percent equals (3.2(a) plus 3.2(b)) divided by (3.2) times 100.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100% of cases will be adjudicated within the 30-day timeline.

Actual Target Data for FFY 2006 (2006-2007): Data for FFY 2006 are as indicated in the table below.

Hearing Requests	<u>2006-2007</u>
(3) Hearing Requests total	77
(3.1) Resolution sessions	Not applicable
(a) Settlement agreements	Not applicable
(3.2) Hearing (fully adjudicated)	10
(a) Decisions within timeline	2
(b) Decisions within extended timeline	8
(3.3) Resolved without a hearing	67

For California, the measurement of this indicator is 100 percent (2 plus 8 divided by 10, times 100 equals 100 percent).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-2007):

The most frequent “good cause” cited by the Administrative Law Judges for time extension is relevant evidence, usually additional assessment or evaluation information germane to a dispute regarding appropriate range and/or intensity of IFSP services, which would not be available for parental review five days in advance of the original scheduled hearing date; of the eight cases with time extensions, five were for four to six days (four included days spanning 3-day weekends); one other involved a significant family member health episode and more than six inches of documents filed as evidence (lasted 1 month) and

one with voluminous translation requirements (2 weeks). One case was filed as an extension because although the decision was rendered within the timeline and both parties were aware of the decision, the ALJ did not sign the decision and mail it until three days later.

Based on Westat guidance and discussion with OSEP, data collection and interpretation methods by DDS have undergone revisions.

1. SPP Table C: (3.3) – Hearing requests are assigned in conjunction with the assignment of mediation requests and as such, the totals for both hearing and mediation requests are always the same. However, when technical assistance was provided by OSEP, DDS completed Table 4 in the 618 data for the mediation and due process hearing compliance measures. Cases resolved without a hearing have increased due to a data definition currently being applied to “Resolved without a Hearing”. This category will now includes cases withdrawn and/or withdrawn and resolved informally, but not cases that have been formally mediated and settled, and open cases - 10 fully adjudicated + 67 withdrawn + 0 open = 77.
2. SPP Table C: (3) Hearing requests decreased in number of cases filed and is attributable to successful advocacy training and efforts by all parts of the system to resolve issues prior to filing for due process hearings. In addition, informal meetings taking place between families and regional centers are reflected in the cases withdrawn or resolved without hearing (3.3).
3. OSEP Verification Visit Letter (6/15/07): Regarding documentation of extensions/continuance of the 30 day timeline. OAH grants continuance in cases “that affect the wellbeing of the child” or “if the family consents to an extension that is requested by the Regional Center”. The Administrative Law Judge (ALJ) determines this through the legal process and the continuance is documented as such by OAH consents.

As described under Indicator 10, California’s system for resolving disagreements under due process is distinct from the complaint resolution process. The systems are not intended to be progressive from one to the other. If a complaint is received by OHRAS that addresses a disagreement regarding the denial or change in eligibility or services, it is referred to the OAH for adjudication. Informal local resolution is encouraged but not required. Many issues are resolved in this informal local manner.

Parents are encouraged to resolve differences at the lowest administrative level possible. When differences between the parent and the local program (regional center/LEA) cannot be resolved, voluntary informal impartial mediation and due process hearings are available.

Due Process Hearing

1. An OAH ALJ issues a decision that is in compliance with federal and state law.
2. An impartial hearing officer considers both sides of the disagreement.
3. Counsel may be accompanied by the family/consumer.
4. The family files for due process.
5. A decision is mailed to each party after completion of the hearing within 30-days of receipt of the due process hearing request.
6. The due process hearing officer shall be a different person than the mediator when mediation does not resolve the disagreement.
7. The decision is final unless appealed.

Mediation and due process hearings are intended for issues dealing with change or identification of services and/or evaluation. The majority of cases filed with OAH are settled informally and/or withdrawn due to multiple factors. This process is an inherent part of the culture of the regional center system and is based on the mandatory, informal resolution process under the Lanterman Act which governs services for consumers over the age of 3 years and is offered to Early Start consumers and their families (on a voluntary basis) as a vehicle for settlement at the lowest possible administrative level.

All participants in the Early Start Program are informed of their right to use due process. Formal mediation is offered by the OAH ALJ as a voluntary part of the mediation and due process hearings system. If a case is not settled in formal mediation, then it will progress to a due process hearing. An ALJ will preside over the hearing and the subsequent decision is to be provided in writing to the family. OAH is contracted to provide an impartial adjudication of these issues. OAH concurrently schedules mediation and hearing dates within the 30-day timeline. OAH provides DDS with the results of the hearings, formal mediation agreements, and data on all cases pending, resolved, and dismissed. DDS monitors the results and data for compliance and provides technical assistance as appropriate.

As discussed with OSEP during its Verification Visit, an ALJ will authorize an extension to the mandated 30-day timeline only when it is in the best interests of the child/family. However, in California if a local program requests an extension and the family/child agree, then an ALJ grants the extension. If the local program requests an extension and the family does not agree to the request, then the extension is not granted. California considers this to fall within OSEP's "exceptional family circumstances" definition. Families are present during the hearings. Standard practice of OAH is to research statutes and regulation after the hearing, and render a decision via mail to the local program and child/family. The decision could take up to 2-3 weeks after the hearing.

DDS continues to monitor, report, and follow up due process activities at the local level through Site Monitoring Visits, record reviews, and technical assistance as explained in the state's SPP. The following describe additional actions that were taken for improvement during the reporting period.

1. Two separate databases are maintained; one by the OAH and one by DDS, providing a system of checks and balances. DDS receives reports from the OAH, enters appropriate data into its database, tracks the data entered for timelines and systemic issues, and annually distributes reports to the Interagency Coordinating Council (ICC) and for monitoring functions. Any discrepancies noted during review are now addressed directly with the OAH and followed up to determine if all actions were appropriate.
2. Training was presented to Administrative Law Judges by DDS and OAH that included the state requirement that cases be heard within 30 days of filing and decisions rendered and mailed. As previously discussed, OAH judges make determinations when a legal continuance/extension is granted based on the best interest of the child and the family.
3. Trend data from monitoring visits, complaints, and due process are considered when developing the contents of the state's training Institutes and technical assistance efforts.
4. DDS Liaisons track the mediation and due process hearing data for each local program catchment area in their monitoring and follow-up reports. An integral component of this monitoring includes the documentation of the review of parent's rights to due process.
5. DDS posts and updates all information and forms regarding mediations and hearings to the DDS Early Start website and offers technical assistance to the community.
6. To increase quality, accessibility of hearing locations for families, and ensure accuracy of recordings from OAH hearings, DDS purchased high definition recorders to be located at each regional center.
7. DDS will continue to negotiate with OAH to receive more detailed information pertaining to requested and granted extensions in the future.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 (2006-2007): As a new activity for this Indicator, DDS proposes to conduct contract negotiations with the OAH in order to add and/or clarify information/data in its submissions of reports to DDS. Negotiations will also include the general streamlining of information/data and language

regarding the mailing of settlements and decisions, and the legal implications and impact of changing the current definition of “exceptional family circumstances”.

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

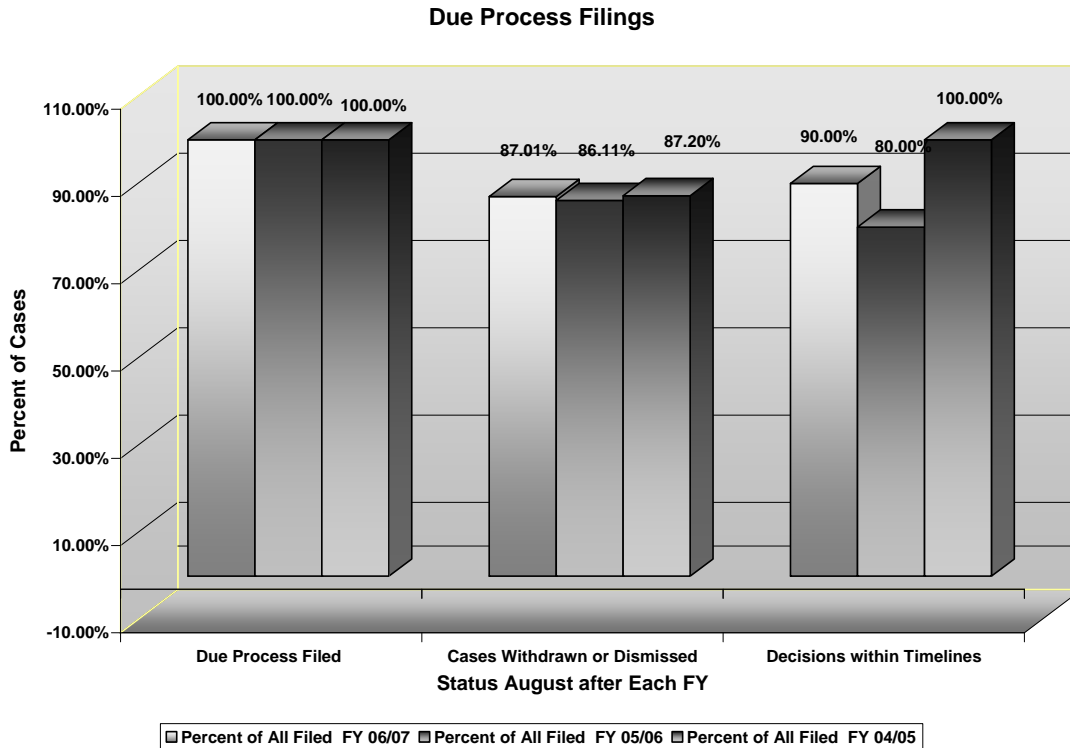
Measurement:
 Percent equals (2.1)(a) (i) plus (2.1)(b) (i)) divided by (2.1)(a) times 100.
(Percent equals (number of mediations not related to due process plus number of mediation agreements) Divided by total number of mediations times 100)

FFY	Measurable and Rigorous Target
2006 (2006-2007)	55% of mediations will result in agreements.

Actual Target Data for FFY 2006 (2006-2007): Data for FFY 2006 are as indicated in the table below. Data is obtained from OAH, the contractor for legal and data services with DDS. DDS maintains the database from which this information is obtained.

Mediation Requests Section B Table	<u>2006-2007</u>
(2) Mediation Requests total	38
(2.1) Mediations	38
(a) Mediations related to Due Process	38
(i) Mediation agreements	38
(b) Mediation not related to due process	Not applicable
(i) Mediation agreements	Not applicable
(2.2) Mediations not held (including pending)	0

For California, the measurement of this indicator is 100 percent (38 plus 0 divided by 38, times 100 equals 100 percent). The baseline proportion settled in mediation vs. hearing has grown from about one-half to more than two-thirds (see due process chart below). Almost all cases going to hearing are cases where at least one party to the dispute refused mediation, as is their right.



Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006-2007:

SPP Table B (2): The same paperwork starts both the due process and mediation requests processes ensuring that in all cases the parties are offered the option of formal mediation as required. Mediation requests are assigned in conjunction with the assignment of hearing requests and so the totals filed for both are always the same. In FFY 2006 there was a decrease in total requests, which California attributes to the local program efforts to mitigate at the lowest administrative level possible.

SPP Table B (2.1)(a): Mediations held and proportion of all cases settled formally increased from 51.52 percent in FFY 2004 to 100 percent in FFY 2005. This is largely attributed to the minor revisions regarding data interpretation explained in Indicator 11, as well as local program efforts to mitigate at the lowest administrative level possible.

The mediation and hearing processes are set and scheduled concurrently. Refer to Indicator 11 for a description of the differences and the processes involved. A formal mediation is offered by the Administrative Law Judge from OAH, which is a voluntary part of this process. Families are present during mediation. Standard practice of OAH is if mediation results in a settlement, a copy is provided to the family before they leave. If the case is not settled in formal mediation, then it proceeds to hearing.

The majority of cases filed with OAH are settled informally and withdrawn due to multiple factors. Westat's instructions indicate these cases should only be counted in the hearings' data. This process is an inherent part of the culture of the regional center system based on the mandatory informal resolution process of the Lanterman Act, which governs services for consumers over the age of 3 years and is offered to Early Start consumers and their families (on a voluntary basis) as a vehicle for settlement at the lowest possible administrative level. These cases are documented in indicator 11 as "Resolved prior to Hearing".

NOTE: OSEP’s “Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act Complaints, Mediations, Resolution Sessions, and Due Process Hearings” is included as Attachment 1 to this Indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 (2006-2007): Refer to Indicator 11 for Improvement Activities, as all activities expected to improve due process proceedings will inherently affect mediation.

**Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act
Complaints, Mediations, Resolution Sessions, and Due Process Hearings**

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	12
(1.1) Complaints with reports issued	9
(a) Reports with findings	6
(b) Reports within timeline	9
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	3
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	1
SECTION B: Mediation requests	
(2) Mediation requests total	38
(2.1) Mediations	38
(a) Mediations related to due process	38
(i) Mediation agreements	38
(b) Mediations not related to due process	Not applicable
(i) Mediation agreements	Not applicable
(2.2) Mediations not held (including pending)	0
SECTION C: Hearing requests	
(3) Hearing requests total	77
(3.1) Resolution sessions	Not Applicable
(a) Settlement agreements	Not Applicable
(3.2) Hearings (fully adjudicated)	10
(a) Decisions within timeline SELECT timeline used {30 day/Part C 45 day/Part B 45 day}	2
(b) Decisions within extended timeline	8
(3.3) Resolved without a hearing	67

Notes

1. Even though California served more than 10 percent more children in FFY 2006-2007, the number of filings for Due Process and Mediation actually decreased by about 14 percent. All filings are automatically scheduled for both mediation and fair hearing.
2. California attributes the low rates for filings of complaints, mediation, and due process to the organizational culture of resolving issues at the lowest level possible, and as soon as possible. Such cultural values are reflected in the local programs' (regional centers) policies and practices and also contribute to the majority of cases filed for mediation and/or due process being resolved informally.
3. Westat advised California that cases settled in mediation should not be counted as cases filed for due process and that cases settled informally (resolution by neither formal process) and withdrawn should be counted only under resolved without a hearing and not be included in mediation data at all. Cases where part of the issues were resolved in mediation and part via hearing get counted as filings and decisions in both mediation and due process.
4. Although California maintains logs and monitors all cases, including those filed in the prior year and settled in the following year, the data instructions for dispute resolution require those cases to be excluded from the data reported here and used in the APR. Westat confirmed these instructions are in accordance with the instructions dated Aug. 2006. Later instructions are not yet approved by OMB and are expected to first be used with the November 2008 reporting.

Part C State Annual Performance Report (APR) for FFY 2006

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:
 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
- b. Accurate (describe mechanisms for ensuring accuracy).

FFY	Measurable and Rigorous Target
2006 (2006-2007)	Tables and APR will be accurate and submitted on time.

Actual Target Data for FFY 2006 (2006-2007): Using the matrix recommended by OSEP’s technical assistance contractor and OSEP’s April 2007 assessment of California Part C, the accuracy and timeliness rating using, computed at 90.53 percent (see Attachment 1, “SCORING MATRIX”, to this Indicator for computation details.

The areas where points used in the computation were lost were for Indicator 1, where California revised its Part C SPP in accordance with instructions but did not yet have data to report with the February 2007 submission (3 points), late APR/SPP (5 points) due to revised instructions two weeks before due date, and child outcomes (2 points).

Tables 2 and 3 due November 1, 2006 were submitted both electronically and manually, and on time in accordance with the accuracy expectations communicated by OSEP during their October 3rd through 5th 2006 monitoring site visit. Data and methods for reporting Table 4 dispute resolution, originally announced as due November 2006, were also ready for submission but not submitted due to revised instructions from OSEP. However, Table 4 was included as an attachment in the February 2007 APR submission, as requested by OSEP in a technical assistance teleconference November 9, 2006, informing states that OMB had denied OSEP’s request as duplicative to include these data as an APR requirement.

California submitted its revised and complete SPP and APR, in as timely a manner as OSEP’s instruction practices permitted, on February 16, 2007. DDS considered the timeliness of the submission good, given that OSEP instructions for SPP and APR requirements changed mid-January 2007.

Given that staff prepares tabular data for the February APR/SPP and that measures in the SPP and APR are derived from Tables 1 and 2 that are also due February 1, 2007, California was still able to meet the challenge and submitted the Tables electronically, and on time. The manual submission was slightly later

due to California's practice of analyzing and using the data for planning and because comments addressing data trends and changes for the data notes had to be prepared for OSEP's Report to Congress concurrently, ahead of stated due dates.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2006-2007:

California expends considerable resources and efforts to ensure its Early Start data is valid and reliable. The processes used by the Lead Agency for development, revision, and implementation of data collection, and related-use or dissemination, consistently include stakeholder consensus regarding collection and accuracy standards. In California, data changes require revisions to technical and program-user manuals, software revisions at 21 regional centers (local programs) and Lead Agency, and training for all staff members who collect and report Part C data. Subsequently, for valid and reliable data to be generated, considerable lead-time is required whenever data definitions, categories for data collection, or new data elements are introduced.

California's Early Start data system is part of a larger system designed as a continuous improvement model. Statistical data meets or exceeds the federal criteria and standards for statistical data. DDS's existing technical infrastructure used by Early Start conforms to the general principles for quality data:

1. *Automation* with automated system back-ups;
2. *Interoperability* between DDS, regional centers and regional center vendors with seamless data mining within appropriate levels of access consonant with confidentiality requirements;
3. *Connectivity* with all regional centers networked to DDS for collection, reporting, and consumer record transfers;
4. *Capacity* at regional centers is preserved by transitioning the SANDIS to UFS pass-through from the local level to the State level. This permits SANDIS to have additional components, such as electronic referrals to generic agencies and other resource efficiencies to improve service delivery, accommodate the increased volume of records with caseload growth, and increased capacity for backup data storage. Capacity preservation is also ensured via archival methods at both the State and local levels;
5. *Utility* is ensured by DDS structuring all data systems around the needs of the users (regional centers). All processes and related changes are designed to ensure minimal impacts and create the least possible burden to users. Review and approval processes for proposed revisions ensure that changes without benefit to the users, and which impair users' ability to deliver services, are not instituted; and
6. *Reliability* conforms to strict, comprehensive, state policy and regulations that govern state information technologies requiring comprehensive system testing and performance monitoring, along with contingency plans that ensure continuity in case of disruptions (e.g., earthquakes).

The DDS Early Start data system further uses comprehensive data dictionaries, business rules, and data definitions which meet or exceed the identified federal criteria and are designed to facilitate delivery of quality services at the local level.

California planned, initiated, and/or completed 112 activities to improve its data collection system and ensure data accuracy, including reliability and validity, and timelines during FY 06/07:

1. 48 activities addressed 618 data and reporting validity and/or reliability; three also enhanced confidentiality requirements or timeliness efforts.
2. 47 activities addressed Compliance Measurement 1 (timeliness of IFSP services) data and reporting; one also enhanced confidentiality requirements' compliance and one enhanced timeliness efforts.
3. 49 activities addressed Performance Measurement 2 (natural environments) data and reporting; three also enhanced confidentiality requirements' compliance or timeliness efforts.

4. 43 activities addressed Performance Measurement 3 (child outcomes) data and reporting; five also enhanced confidentiality requirements' compliance or timeliness efforts.
5. 27 activities addressed Performance Measurement 4 (family rights and outcomes) data and reporting; two also enhanced timeliness efforts.
6. 42 activities addressed Performance Measurement 5 (percent served age 0-1) data and reporting; two also enhanced timeliness efforts.
7. 42 activities addressed Performance Measurement 6 (percent served age 0-3) data and reporting; two also enhanced timeliness efforts.
8. 41 activities addressed Compliance Measurement 7 (IFSP requirements within 45 days) data and reporting; three also enhanced confidentiality requirements' compliance and timeliness efforts.
9. 46 activities addressed Compliance Measurement 8 (transition plan Part C requirements) data and reporting; three also enhanced confidentiality requirements' compliance and timeliness efforts.
10. 91 activities addressed Compliance Measurement 9 (compliance and clearing of findings) data and reporting; five also enhanced confidentiality requirements' compliance and timeliness efforts.
11. 30 activities addressed Compliance Measurement 10 (complaints) data and reporting; one also enhanced compliance with confidentiality requirements and one enhanced timeliness efforts.
12. 22 activities addressed Compliance Measurement 11 (mediation) data and reporting; one also enhanced compliance with confidentiality requirements and one enhanced timeliness efforts.
13. 22 activities addressed Compliance Measurement 13 (due process hearings) data and reporting; one also enhanced compliance with confidentiality requirements and one enhanced timeliness efforts.
14. All 112 activities addressed Performance Measurement 14 (data accuracy and timeliness of reporting) data and reporting; three also enhanced compliance with confidentiality requirements and three enhanced timeliness.

A table identifying which of the 112 activities addressed which APR Performance Indicator/Compliance Measure, and/or 618 data, and activity descriptions for each is provided as Attachment 2, "INDICATOR ACTIVITIES", to this Indicator.

Although not in formal plans, California also discussed the conflicts in tabular data definitions and instructions received with OSEP's data contractor WESTAT on December 1, 2006, which should have been recorded and shared with OSEP based on information provided to states about such consultations. California observed that instructions for Table 2, settings, were revised addressing much of the conflict discussed for that table. Although California's related data notes were deleted in OSEP's Report to Congress disseminated at the July 2007 Data Managers' Meetings, similar notes from other states were included indicating that further improvements in instructional clarity are needed (618 Tables 1, 2, 3 and new 4).

California consulted WESTAT again in September and October 2007, culminating in a teleconference on October 3, 2007, which verified that California was correctly and accurately reporting new Table 4 data as instructed and intended for use in completing the dispute resolution APR performance indicators (Indicators 10, 11 and 13).

When invited to do so by OSEP's data contractor WESTAT, California provided input on methods and practices that would minimize conflicts in instructions, improve clarity of instructions, support timeliness of reporting, and suggested topics and training related to the accuracy, reliability and validity of data and performance measures. California subsequently noted that documents and other files with instructions and guidance being posted on OSEP's website, and on OSEP's technical assistance contractors' websites, are dated and that a single location website for linking all relevant instructions for meeting OSEP reporting requirements is under development (618 Tables 1, 2, 3 and new 4 and Indicators 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13 and 14). With OSEP 08-04 WESTAT (Data Accountability Center) California understands that detailed Question and Answer (Q&A) documents will be posted.

Considerable resources have been redirected to planning and involving stakeholders in alternative valid and reliable data reporting approaches and methods designed to better provide the majority of the data required for all performance indicators on the program population and to meet the additional statutory requirements of IDEA 2004. In order to ensure California adhered to instructions, used correct calculations, and met standards for reliability and validity consistent with expectations on the two compliance indicators OSEP indicated did not meet standards (Indicator 1 - timeliness of services, and Indicator - 3, child outcomes), DDS submitted plans in advance for approval of the methods used and, for child outcomes, the sampling plan used for this APR.

California believes much of the progress reflected in this APR, especially those relevant to timeliness and accuracy, can be attributed to the improved clarity of instructions and expectations for reporting 618 data, APR and SPP. The improved accessibility also facilitates timeliness.

Continuing the activities implemented and implementing those which have either just begun or are in planning phases should continue to meet the State's approved SPP targets.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 (2006-2007): Not Applicable.

SCORING MATRIX

618 State-Reported Data Submitted During FY 06/07					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1– Child Count Due Date: 2/1/07	1	1	1	1	4
Table 2- Program Settings Due Date: 2/1/07	1	1	1	1	4
Table 3– Exiting Due Date: 11/1/07	1	1	1	Hasn't been done yet	4
Table 4– Dispute Resolution Due Date: 11/1/07	1	1	1	1	4
Subtotal					16
618 Score Calculation			Grand Total (Subtotal x 3) =		48

Indicator #14 Calculation	
A. APR Grand Total =	38
B. 618 Grand Total =	48
C. APR Grand Total (A) + 618 Grand Total (B) =	86
D. Subtotal (C divided by 98)* =	.9053
E. Indicator Score (Subtotal (D) x 100) =	90.53%

Note: Any cells marked with N/A will decrease the denominator by 1 for APR and 3 for 618 data.

Definitions

Timely – All data for the APR are submitted on or before February 1, 2007. Data for tables for 618 are submitted on or before each tables' due date. No extensions.

Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Correct Calculation - Result produced follows the required calculation in the instructions for the indicator.

Instructions Followed - APR provides information required in the instructions for the indicator. For example, when required, explanation provided, raw data and/or definitions given, or response provided to previous OSEP APR analysis.

Complete Data – No missing sections. No placeholder data. Data submitted from all districts or agencies. For example, when the instructions for an indicator require data broken down into subparts, data for all subparts are provided.

Passed Edit Check - Tables submitted to Westat do not have missing cells or internal inconsistencies. (See <https://www.ideadata.org/TAMaterial.asp> regarding Westat edit checks.)

Responded to Data Note Requested - Provided written explanation to Westat in response to data note requests. California submits data notes concurrent with data submission for 618 data.

Calculation

(Number of cells checked for APR) plus (2 X Number of cells checked for 618 data) / 92 X 100 = percentage.

INDICATOR ACTIVITIES

ACCURACY ACTIVITIES	INDICATOR														
	618	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1 Validity	X		X												X
2 Reliability		X													X
3 Validity & Reliability		X	X							X					X
4 Validity & Reliability	X														X
5 Validity	X														X
6 Validity	X														X
7 Validity & Reliability						X	X			X					X
8 Validity & Reliability						X	X			X					X
9 Validity & Reliability						X	X			X					X
10 Reliability & Confidentiality	X									X	X	X		X	X
11 Validity & Reliability	X										X	X		X	X
12 Validity	X									X	X	X		X	X
13 Validity					X					X					X
14 Validity & Reliability				X						X					X
15 Validity & Reliability				X						X					X
16 Validity & Reliability				X						X					X
17 Validity & Reliability				X						X					X
18 Validity & Reliability	X														X
19 Validity	X														X
20 Validity & Reliability	X														X
21 Validity & Reliability	X									X	X	X		X	X
22 Validity & Reliability	X										X	X		X	X
23 Validity & Reliability								X	X	X					X
24 Validity & Reliability		X	X					X	X	X					X
25 Validity & Reliability						X	X		X	X					X
26 Validity & Reliability	X	X	X	X		X	X	X	X	X					X
27 Validity & Reliability	X	X	X	X		X	X			X					X
28 Validity & Reliability	X		X							X					X
29 Validity	X	X	X	X	X	X	X	X	X	X	X	X		X	X
30 Validity & Reliability		X	X	X	X			X	X	X					X
31 Validity & Reliability		X	X					X	X	X					X
32 Validity & Reliability										X		X		X	X
33 Validity & Reliability		X									X				X
34 Validity	X										X				X
35 Reliability	X		X								X				X
36 Validity & Reliability	X		X								X				X
37 Validity & Reliability				X							X				X
38 Validity & Reliability		X	X	X				X	X	X					X
39 Validity & Reliability				X							X				X
40 Validity & Reliability				X							X				X
41 Validity				X							X				X
42 Validity & Reliability				X							X				X
ACCURACY ACTIVITIES	618	1	2	3	4	5	6	7	8	9	10	11	12	13	14
43 Validity, Confidentiality & Reliability				X						X					X
44 Validity, Confidentiality & Reliability		X	X	X	X			X	X	X					X
45 Validity & Reliability					X					X					X
46 Validity & Reliability					X					X					X

ACCURACY ACTIVITIES	INDICATOR														
	618	1	2	3	4	5	6	7	8	9	10	11	12	13	14
47 Validity & Reliability					X					X					X
48 Validity						X	X			X					X
49 Validity						X	X								X
50 Validity & Reliability						X	X			X					X
51 Validity & Reliability						X	X			X					X
52 Validity & Reliability						X	X			X					X
53 Validity & Reliability						X	X			X					X
54 Validity & Reliability		X	X		X			X	X	X					X
55 Validity & Reliability		X	X		X			X	X	X					X
56 Validity & Reliability		X	X					X	X	X					X
57 Reliability	X								X	X					X
58 Validity	X					X	X		X	X					X
59 Validity & Reliability		X	X					X	X	X					X
60 Validity & Reliability	X									X	X	X		X	X
61 Validity & Reliability		X	X	X	X	X	X	X	X	X	X	X		X	X
62 Validity & Reliability	X	X	X			X	X		X	X					X
63 Validity & Reliability						X	X			X					X
64 Reliability		X	X					X	X	X					X
65 Validity & Reliability	X	X	X	X	X	X	X	X	X	X					X
66 Validity & Reliability	X	X	X	X	X	X	X	X	X	X	X	X		X	X
67 Validity & Reliability	X	X	X	X	X	X	X	X	X	X	X	X		X	X
68 Validity & Reliability	X	X	X	X	X	X	X	X	X	X					X
69 Validity & Reliability	X	X	X	X	X	X	X	X	X	X					X
70 Validity & Reliability						X	X			X					X
71 Validity & Reliability	X	X	X	X		X	X	X	X	X					X
72 Validity & Reliability	X	X	X	X		X	X	X	X	X					X
73 Validity & Reliability	X	X	X	X		X	X	X	X	X					X
74 Validity & Reliability		X	X		X			X	X	X					X
75 Validity, Reliability & Timeliness	X	X	X	X	X	X	X	X	X	X					X
76 Validity & Reliability	X									X	X				X
77 Validity & Reliability	X									X	X				X
78 Validity & Reliability	X									X		X		X	X
79 Validity & Reliability	X									X		X		X	X
80 Validity & Reliability	X									X		X		X	X
81 Validity & Reliability	X														X
82 Validity & Reliability				X						X					X
ACCURACY ACTIVITIES	618	1	2	3	4	5	6	7	8	9	10	11	12	13	14
83 Validity	X									X	X	X		X	X
84 Validity & Reliability					X					X					X
85 Validity & Reliability	X		X			X	X		X	X					X
86 Validity & Reliability	X	X	X	X	X	X	X	X	X	X	X	X		X	X
87 Validity & Reliability	X	X	X	X	X	X	X	X	X	X	X	X		X	X
88 Validity & Reliability	X	X	X	X	X	X	X	X	X	X	X	X		X	X
89 Validity & Reliability	X	X	X	X	X	X	X	X	X	X	X	X		X	X
90 Validity	X		X						X	X					X
91 Validity & Reliability		X	X					X	X	X					X
92 Validity		X	X					X	X	X					X
93 Validity		X	X	X		X	X	X	X	X					X
94 Validity & Reliability		X	X	X	X	X	X	X	X	X	X	X		X	X
95 Validity & Reliability	X	X	X	X		X	X	X	X	X					X

ACCURACY ACTIVITIES	INDICATOR														
	618	1	2	3	4	5	6	7	8	9	10	11	12	13	14
96 Validity & Reliability	X			X		X	X		X	X					X
97 Validity & Reliability		X	X	X		X	X	X	X	X					X
98 Validity				X						X					X
99 Validity, Reliability & Timeliness	X	X	X	X	X	X	X	X	X	X	X	X		X	X
100 Validity, Reliability & Timeliness				X						X					X
101 Validity & Reliability								X		X					X
102 Validity & Reliability		X	X					X		X					X
103 Validity		X	X					X		X					X
104 Validity		X	X	X	X	X	X	X	X	X					X
105 Validity & Reliability						X	X			X					X
106 Validity & Reliability		X	X		X	X	X	X	X	X	X	X		X	X
107 Validity & Reliability		X	X	X	X	X	X	X	X	X					X
108 Validity & Reliability		X	X					X	X	X					X
109 Validity				X						X					X
110 Validity & Reliability				X						X					X
111 Validity & Reliability		X								X					X
112 Validity & Reliability		X								X					X

The following describes the 112 routine, planned, and newly implemented efforts to ensure and enhance California's Part C data accuracy, including both validity and reliability efforts, and timeliness of reporting found in the table above:

1. DDS performed data validation tests of the new settings data source used for 618 tabular and APR reporting and retested based on the revised instructions for February 2007 tabular data (Refer to Indicator 2 and Table 2 submission for description).
2. Based on the findings of OSEP's verification and subsequent analysis by DDS, the timeliness of services data source used for APR/SPP reporting was changed (Refer to Indicator 1).
3. DDS began to implement an enhancement to the monitoring process to collect more accurate data in accordance with current OSEP guidance and instructions for future APR reporting, especially regarding justifications for non-natural environments (Indicators 1, 2 and 9).
4. DDS has negotiated with the California Department of Education (CDE) for the additional data file-match, which includes all children whether or not enrolled in Lanterman services, for appropriate Table 3 reporting, to become permanent (618 data).
5. DDS continued to review program audits and other monitoring results to affirm that regional centers provide referral information to families of children deemed ineligible for regional center services (618 Table 3).
6. DDS continues to review Early Start monitoring data to affirm that all Part C children whose records were reviewed received referrals to Family Resource Centers (FRCs). The foregoing constituted California's plan for ensuring that the State's exit data are accurate (618 Table 3).
7. DDS continued monitoring state population trends and began comparing the most recent year's prevalence for California, Texas, and the U.S. to the prior year in order to ascertain, explore, and analyze similarities and differences of change that might lead to the identification of additional outreach, or other efforts, to effectively meet the needs of Early Start Program families. However, the delay in the National Vital Statistics Birth Data with the revised data system and the testing trend of changes related to implementation of OMB's race and ethnicity reporting requirements (which included California's birth data), indicates capturing multiracial births can be expected to significantly alter trends and thus changes comparability of these data (Indicators 5, 6 and 9).
8. Percent served and child find performance evaluations is an activity that now routinely awaits OSEP's chosen technical assistance contractor to post the data on percent served, which

precludes state addressing any needed changes more than half-way into the following year. California again requested that these data be made available sooner and that the full sourcing of the related census data be provided if states are expected to perform comparable analyses at the local levels. These August 2007 data finally became available in November 2007 (Indicators 5, 6 and 9).

9. DDS again determined that a valid and reliable method for computing accurate regional center level data for percent served is problematic in California and subsequently, cannot be used for determinations or disseminated for review (Indicators 5, 6 and 9).
10. DDS again determined that complaints, due process hearings, and formal mediation sessions number too few to appropriately publish by regional center without risking confidentiality violations (Indicators 9, 10, 11 and 13 and 618 new Table 4).
11. DDS investigated the technical viability of automated data reporting by OAH for due process hearings and formal mediation sessions within relevant security and confidentiality requirements and identified a method and established related plans, which will be pursued in the next fiscal year (Indicators 9, 11 and 13 and 618 new Table 4).
12. DDS sought technical assistance from the accuracy data experts, Westat, for 618 new Table 4 (and related indicators 9, 10, 11 and 13) to ensure data provided and used is as instructed.
13. DDS validated Kinetic Flow Inc.'s Family Rights Survey (Indicator 4) results produced by NCSEAM personnel against the prior family survey's most comparable results applying NCSEAM's recommended methods for targets appropriate at both state and local levels (Indicators 4 and 9).
14. DDS conducted further testing for reliability and validity of its monitoring tool for child outcomes (Indicator 3) at additional program locations, on additional child profiles' populations, on additional instruments representing best practices in assessment and evaluation for eligibility determinations and services planning conforming to research-based and evidence-based practices. A special subset included testing for children from California's growing Asian and other populations requiring culturally appropriate instruments for validity and reliability.
15. DDS used a team consensus approach to ensure validity and reliability of child outcomes data continues. (Indicators 3 and 9)
16. DDS collected additional information about the standardized assessment and evaluation instruments used in California's Part C program, well-designed for eligibility determinations and service planning, and presented to, and engaged expert stakeholders to participate in further development of this key program component (Indicators 3 and 9).
17. DDS continued to derive, using information provided by the instrument developers, and validate developmental levels from standard scores and age equivalencies in accordance with each instrument found for a child in the new random samples, including instruments on the ESR and those used by other states with similar eligibility definitions where information about the instruments are provided on the States' Part C website (Indicators 3 and 9).
18. DDS began exploration to enhance data accuracy by aligning exit data categories with table categories for the Part C children that are exclusively served by CDE and conducted initial validation and reliability tests (618 Table 3).
19. DDS explored with CDE and periodically checked on progress of their effort to use a unique data identifier for children and other system enhancements to their file matching protocols in order to improve accuracy and minimize the number of records requiring manual validation; DDS also included plans to add the CDE identifier to the regional center data system records as an additional validation tool (618 Tables 1, 2 and 3).
20. DDS prepared its race/ethnicity Program Advisory for reissue to guide regional centers in appropriate coding of the up to 20 different ethnicity fields used in order to ensure provision of culturally appropriate services and OMB compliance. Some large centers with new staff redistributed the original to remind staff in response to on-going training and technical assistance provided by DDS (618 Tables 1, 2 and 3).
21. Although California's complaint and due process systems are distinctly separate and maintained by different parties, DDS has modified both to conform to the future 618 data table requirements and

has also constructed and piloted a reporting MS Access database that queries both databases to provide a blended report and reporting database. Testing was successfully completed this year (618 new Table 4 and Indicators 9, 10, 11, and 13). DDS consulted Westat for technical assistance on Table 4 data reporting and was authorized by OSEP in late October 2007 to report in accordance with that guidance.

22. DDS postponed negotiations with OAH to revise data definitions for due process and mediation so that the timelines are based on letter mailed and that DDS consistently receives information on resolution in cases withdrawn pending review of proposed regulations released for public comment to determine whether proposed requirements would alter this standard. The foregoing constituted California's plan for ensuring that the State's due process and mediation data are accurate. In addition, California continues to explore any viable method to improve practices. This year DDS database responsibilities were reassigned to a non-travel staff member, who became thoroughly trained. Current practices ensure timely identification of any changes in OAH practices and continuity of expertise about these important data. Negotiations regarding data with OAH are planned for next fiscal year to ensure data practice and performance continuity. Refer to Indicators 11 and 13 for the State's analysis of extensions granted (618 new Table 4 and Indicators 9, 10, 11, and 13).
23. DDS continues to revise and validate the record review database component of the Early Start Performance Measurement MS Access Database. One of the key revisions was changing the date of the data to reflect the date of "notification of findings to regional centers" from the date of "reviewing the records" to conform to OSEP's data definitions for compliance; however this year DDS decided to also preserve the date of the record review data element since that appears to be the proposed standard in the proposed regulations released for comment in May 2007 (Indicators 7, 8 and 9).
24. DDS explored and adopted a statistical model for defining a "finding" from record review data more commensurate with disciplines in the social sciences, including education, instead of the more stringent level previously used more appropriate to pharmaceutical research. Additional revisions enhancing timeliness and accuracy of these data include having begun automating dual yet separate reporting for both the federal standards and the higher state standards. Another initiative begun is adding the capacity to both enter the summary data via MS Access and by individual record reviewed to be compiled automatically; the latter will include the ability for data to be transmitted from the field via secure transport methods (Indicator 9 and Indicators 1, 2, 7, and 8).
25. DDS expanded the contents of the Early Start Performance Measurement database, which already contains all Early Start Statistics Report (ESSR) data and is updated monthly, to include caseload and intake 10 year trends and percent change data with updates as of each calendar and state fiscal year. Testing and validation has been completed (Indicators 5, 6, 8 and 9).
26. DDS completed exploration of on-line training capacity for training at both the state and local levels, including regional centers, vendors, professionals, Agency/Department employees, and others; the project transferred to department's information technology professionals to identify and obtain the appropriate technologies to implement (618 Tables 1, 2 and 3 and Indicators 1, 2, 3, 5, 6, 7, 8, 9).
27. DDS has posted its Early Start Report (ESR) manual and form on its website and drafted a Program Advisory for regional centers regarding their ESR reporting requirements ready for dissemination (618 Table 2, and Indicators 1, 2, 3, 5, 6, and 9).
28. With CDE's revised data collection system, implemented in late 2006, California further enhanced settings data accuracy by having settings data categories matching Table 2's categories for the Part C children exclusively served by CDE available. The foregoing constituted California's plan for ensuring that the State's setting data are accurate. DDS continues to collaborate with CDE regarding efforts to ensure the timeliness and accuracy of these data (618 Table 2, Indicators 2 and 9).
29. For timely reporting and training of personnel, DDS requested from OSEP the following data related items:
 - a. Identification of technical assistance contractor for development of the "National APR/SPP and 618 Data Manual for States."

- b. Provision of Data Manual related training beginning with the Part C Data Managers Meeting.
 - c. Posting of the manual on a single website with other key organizations, including OSEP, linking to the manual.
 - d. Manual development and changes consider state reporting due dates so that new data definitions do not require retroactive redefinition and collection.
30. The one planned enhancement still in the exploration phase is IFSP automation for related compliance and other elements (Indicators 1, 2, 3, 4, 7, 8 and 9).
 31. The Program Advisory on documenting exceptional circumstances and justifications for non-natural environments was drafted ready for release; and universal reporting of exceptional circumstances and justifications remains to be drafted (Indicator 1, 2, 7, 8 and 9).
 32. DDS provided training to the Administrative Law Judges (ALJ) OAH uses for hearing officers for due process hearings and for formal mediation sessions. Separate sessions were held for ALJs in Northern and Southern California since OAH ensures ALJs and hearing and mediation locations are geographically convenient for children and families.
 33. The Lead Agency examined alternate methods of extracting and collecting timeliness of services data via site monitoring (and is awaiting updated time definitions via regulations since implementation and selection of records are dependent on method and related requirements (e.g., length of time of delay would require selection from children who entered ES longer ago than current record review sampling definitions, change to date of consent requiring addition of a data element to all data systems, etc.) (Indicators 1 and 9).
 34. DDS conducted several analyses to assess construct validity of the 618 data definitions performed under all instructions, consulted stakeholders and programs about various data elements, and provided technical assistance and training during site monitoring, record reviews, and at ICC meetings, ARCA meetings, Northern California Early Start Supervisors meetings and Southern California Early Start Supervisors meetings (618 Tables 1, 2 and 3).
 35. DDS performed assessment of reliability of the measures via concordance at EI Program level of 618 data and record review data for natural environments (618 Table 2 and Indicators 2 and 9).
 36. DDS evaluated alternate measures that will be valid and reliable if proposed data definition changes to related 618 settings data are implemented making that data no longer appropriate for use in natural environments compliance measures (618 Table 2 and Indicators 2 and 9).
 37. Based on revised information received after APR/SPP submitted, DDS determined new definitions and created new source file for random sampling for improved accuracy of child outcome measures (Indicators 3 and 9).
 38. DDS developed schedule to sample at all 21 EI Programs during the FFY which required beginning data collection prior to receipt of OSEP response to last SSP/APR and summer OSEP meetings to ensure timeliness for child outcomes measures and other measures based on record review data (Indicators 1, 2, 3, 7,8 and 9).
 39. DDS began development and piloting of database for child outcomes data and essential design features to merge into existing MS Access Early Start Performance Measures monitoring and reporting database (Indicators 3 and 9).
 40. DDS collaborated with CDE for plans to receive child outcomes data from CDE for the Part C children served through LEAs/SELPA's (Indicators 3 and 9).
 41. DDS began considering and discussing with CDE approaches to validate the two child outcomes methods used by the two agencies via comparison of results for children dually served (Indicators 3 and 9).
 42. DDS re-evaluated what it would take to contract for and/or automate data for the child outcomes measures given changing guidance and data definitions. DDS also prepared tentative cost analyses (Indicators 3 and 9).
 43. The Lead Agency provided ongoing technical assistance and training to the psychologist loaned to the child outcomes project on FERPA and HIPPA confidentiality, documentation and other procedures for meeting State and OSEP standards for security, confidentiality, validity, reliability and accuracy of data (Indicators 3 and 9).

44. DDS sought expert FERPA, HIPPA and data security guidance for enhanced automation for record review data project to ensure compliance with State and federal standards (Indicators 1, 2, 3, 4, 7, 8 and 9).
45. DDS solicited contractor input for selection of NCSEAM validated family survey family rights and outcomes items to use in family focus groups as part of future routine monitoring (Indicators 4 and 9).
46. The Lead Agency began planning replication for 2010 (once per six years), as is currently proposed APR/SPP expected frequency, for family rights and outcomes (Indicators 4 and 9).
47. DDS negotiated with CDE to ensure a representative sample of Part C children served by CDE will complete the survey for family rights and outcomes measures (Indicators 4 and 9).
48. DDS verified with appropriate State and local agencies that appropriate census data by age is still not available for use at the EI Program level in California for percent served (Indicators 5, 6 and 9).
49. The Lead Agency collected and updated Texas demographic and other data to reaffirm Texas remains an appropriate comparison state for percent served on these factors (Indicators 5 and 6).
50. DDS updated available national, Texas and California data related to risks and relative expected need for services and percent served; noted California birth data now conforms to OMB race/ethnicity and includes a mixed category like several other states. California also reviewed federal National Vital Statistics analyses of major differences in relative risks for EI need between infants with two or more races/ethnicities and those with a single relevant to targeted and cost-effective outreach efforts (Indicators 5, 6 and 9).
51. The Lead Agency also identified data for monitoring and set baseline for homeless children to assess and evaluate outreach efforts (Indicators 5, 6 and 9).
52. DDS identified and piloted data for tracking CAPTA and foster children referrals and interagency coordination and also consulted extensively with local programs on this data area expected to impact data trends to ensure construct validity (Indicators 5, 6 and 9).
53. DDS evaluated existing automated data and identified data revision plans to monitor, assess and evaluate migrant, homeless shelter and domestic violence shelter outreach efforts (Indicators 5, 6 and 9).
54. The Lead Agency revised the record review database to distinguish historic findings that did not meet State standards but met OSEP's lower standard. This applies to Indicators 1, 2, 4, 7, 8 and 9.
55. DDS has developed database redesign to permit concurrent data entry with automated dual reporting of State and OSEP standards and automatic generation with special reports for OSEP's standards, in addition to the State's monitoring and statutory requirements' standards; implementation was halted when OSEP proposed to revise the related data definition for requisite time since either a different calculation formula or additional data fields will be required for proposed new standards to possibly be collected retroactively (such point in time of change requires marked trail for any future users of the database) to flag non-comparability of data for trends and other analyses. This applies to PIs 1, 2, 4, 7, 8 and 9.
56. Lead Agency examined alternate methods of collecting various data via site monitoring (and is awaiting updated time definitions via regulations since implementation and selection of records is dependent on method and related requirements (e.g., length of time of delay would require selection from children who entered ES longer ago than current record review sampling definitions). This applies to indicators 1, 2, 7, 8 and 9.
57. DDS analyzed trends in exit data and identified that vital statistics death data national requirements changes affected data availability at the state level due to the federally mandated conversion to the new death data system in this APR time period; those responsible for California's death data and national reporting believe this impact should not persist similarly for future years (618 Table 3 and Indicators 8 and 9).
58. DDS explored refinements in file match criteria with CDE, such as unique identifiers and more comparable syntax for match elements. DDS also periodically requested project status updates from CDE and shared examples (618 Tables 1, 2 and 3 and Indicators 5, 6, 8 and 9).

59. The Lead agency designated and trained non-traveling staff members to be responsible for maintaining and updating the record review database. The staff designations separated the staff doing record review data collection from the staff inputting and validating the data. Record review data collection was transformed to a process requiring at least two Early Start Program staff members to further ensure reliability and validity of the data collected during the year (Indicators 1, 2, 7, 8 and 9).
60. DDS ensured that the format of the new dispute resolution data reporting system is compatible for merging EI program level data into the consolidated Early Start Program Performance monitoring database. Plans to begin adding the dispute resolution data into the database were postponed pending reporting database requirement changes identified in case the revised Table 4, submitted shortly after proposed regulations were published, become required for November 2007 or February 2008 APR reporting (618 new Table 4 and Indicators 9, 10, 11, and 13).
61. The Lead Agency has attended a wide variety of stakeholder meetings to confer on SPP/APR revisions (Indicators 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 13).
62. DDS continues to perform the activities in accordance with State rules, regulations and policies for data projects to ensure the ESR revisions for 618 data planned for CADDIS are implemented as soon as possible in accordance with research-based and evidence-based practices for valid, reliable and accurate data (618 Tables 1, 2 and 3 and Indicators 1, 2, 5, 6, 7, 8 and 9).
63. State Early Start Program staff mined existing data and determined additional routine reports for homeless, CAPTA and for EI program use. Development plans ensure the report to be fully compatible with the ESSR, and include various data validity and reliability testing. Work on the new report will begin FFY 2007 (Indicators 5, 6 and 9).
64. DDS expanded automation and control of processes for ensuring uniformity in record review random sampling procedures by repeat use of a single computer program run for different locations and time periods with a designated staff member to ensure time period selection consistent across programs and samples (Indicators 1, 2, 7, 8 and 9).
65. A Program Advisory on correct coding for all data elements used for 618 data reporting and other Early Start Program data was drafted ready for review and dissemination (618 Tables 1, 2 and 3 and Indicators 1, 2, 3, 4, 5, 6, 7, 8 and 9).
66. DDS is in the process of developing a more focused approach to program monitoring and drafting of focused monitoring manual. Such documents will be useful in demonstrating to EI programs and other stakeholders the relevance of data validity and reliability efforts (618 Tables 1, 2, 3 and new 4 and Indicators 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 13).
67. DDS planned and partially completed ES Monitoring Resources and Technical Assistance Manual (both server-based and manual copies); this effort will be continuous as new data requirements, OSEP Policy Letters, model program and data practices, Program Advisories, regulations and other relevant requirements and documents are approved, implemented and/or released (618 Tables 1, 2, 3 and new 4 and Indicators 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 13).
68. DDS added and piloted routine automated trending data related to reaching transition age to Early Start Program Performance monitoring database (618 Tables 1, 2 and 3 and Indicators 1, 2, 3, 4, 5, 6, 7, 8 and 9).
69. DDS added automated routine, 10-year trending data related to caseload size at each EI program to Early Start Program Performance monitoring database to enhance child find effort performance reviews and planning (618 Tables 1, 2 and 3 and Indicators 1, 2, 3, 4, 5, 6, 7, 8 and 9).
70. DDS began effort to match data with newborn hearing screening program with data sharing in accordance with FERPA and HIPPA. (Indicators 5, 6 and 9).
71. The Lead Agency revised the draft ESR manual to remove CADDIS references and to align with the proposed federal regulations and incorporate the additional referral source options specified in IDEA 2004 (618 Tables 2 and 3, Indicators 1, 2, 3, 5, 6, 7, 8 and 9).
72. DDS revised the ESR training curriculum to be prepared to begin training as soon as implementation begins of ESR revisions (618 Tables 2 and 3, Indicators 1, 2, 3, 5, 6, 7, 8 and 9).

73. DDS continued to post current ESR form and manual on departmental website and to provide technical assistance and to answer questions on appropriate submission and data coding practices (618 Tables 2 and 3, Indicators 1, 2, 3, 5, 6, 7, 8 and 9).
74. DDS updated record review database documentation and history of revisions through the end of this plan year (Indicators 1, 2, 4, 7, 8 and 9); documentation of the data collection process planned to begin next plan year.
75. DDS refined settings and caseload count data extraction programs to increase efficiency towards ensuring timeliness of reporting, reduce costs, and reduce the significant human resources required for 618 data reporting (618 Tables 1, 2, and 3 and Indicators 1, 2, 3, 4, 5, 6, 7, 8 and 9).
76. DDS updated complaints database documentation (Indicators 9 and 10).
77. DDS OHRAS plans to identify useful additional database enhancements in the next plan year.
78. DDS updated OAH mediation and due process database documentation (Indicators 9, 11 and 13).
79. DDS updated dispute resolution reporting database to conform to revised instructions (Indicators 9, 10, 11 and 13) from OSEP; new revisions to conform to Westat's guidance will begin in the next plan year.
80. DDS updated dispute resolution reporting database documentation to reflect revised federal instructions (Indicators 9, 10, 11 and 13); a new update will begin in the next plan year to reflect changes to conform to Westat's guidance.
81. DDS revised and piloted data extraction programs to tabulate all data by gender as well as past requirements and validated the data against all other available similar gender distributions data. DDS determined the differences from general population distributions to be similar to expected developmental disability gender distributions, which are disproportionately male due to the disproportionate prevalence of male gender-related chromosomal anomalies associated with developmental delays and disabilities (618 Table 1).
82. State Early Start Program staff summarized OSEP's data accuracy standards and related procedures for child outcomes database and documentation requirements from all available guidance documents for that performance measurement project (Indicators 3 and 9).
83. DDS identified a need to identify an alternate valid measure of appropriate transition outcomes to 619 SPP/APR and dispute resolution tabular data since OSEP's instructions artificially eliminate cases filed and bridging fiscal years over the summer, a time period coinciding with school calendar likely negative impacts (618 new Table 4 and Indicators 9, 10, 11, and 13).
84. DDS used NCSEAM's method to assess earlier family satisfaction survey to identify similarity and differences for medians across family outcome and rights areas to more recent survey to further assess reliability and validity and developed method to measure future change (Indicators 4 and 9).
85. DDS analyzed CDE Part C age and ethnicity trends compared to the rest of Part C and general population age, birthrates and ethnicity trends as part of routine and ongoing data validity and reliability monitoring (618 Tables 1, 2 and 3 and Indicators 2, 5, 6, 8 and 9).
86. Early Start State Program team developed two year ES Program Data Plan based on OSEP's Data Accuracy guidance's four principals divided into 16 critical elements posted July 13, 2006 and continues efforts to garner approvals needed to implement (618 Tables 1, 2, 3 and new 4 and Indicators 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 13).
87. DDS continues ongoing special monitoring for quality assurance of ethnicity and age data and correction of any typographical errors. These analyses also provide information on how absence of multi-racial reporting can skew California's data when using the required estimation methodology (618 Tables 1, 2 and 3 and Indicators 1, 2, 3, 4, 5, 6, 7, 8 and 9).
88. The Early Start Program Manager established procedures to ensure consistency of data definitions used for ES queries to ensure comparable data is used and provided (618 Tables 1, 2 and 3 and Indicators 1, 2, 3, 4, 5, 6, 7, 8 and 9).
89. Early Start State Program staff provided staff training to all program staff and management related to the importance of accurate data sourcing on all data used or disseminated for Early Start or on the Early Start age population (618 Tables 1, 2 and 3 and Indicators 1, 2, 3, 4, 5, 6, 7, 8 and 9).

90. Early Start State Program staff identified methods conforming to evidence-based standards using program and performance data to identify and evaluate potential model practices for transition and natural environments (618 Tables 1, 2 and 3 and Indicators 2, 8 and 9).
91. Early Start State Program tested the record review tool for validity for samples that have been served for a longer time period at one location and identified additional useful revisions to further ensure data reliability and validity (Indicators 1, 2, 7, 8 and 9).
92. DDS worked with the stakeholders group to enhance data quality gathered via ES monitoring, especially related to construct validity used for determinations (Indicators 1, 2, 7, 8 and 9).
93. Early Start State Program provided technical assistance to EI program data staff to appropriately structure and to define data in SANDIS and UFS queries to plan and monitor various local initiatives (Indicators 1, 2, 3, 5, 6, 7, 8 and 9).
94. Early Start State Program staff began automation of telephone log data from technical assistance and information provided to families, EI programs and EI service providers; these data may enhance dispute monitoring. These data should also serve as a tool to further assess construct validity of other performance measures (Indicators 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, and 13).
95. Early Start State Program staff provided technical assistance to EI programs and interagency partners with a variety of data requested for self-assessment and planning (618 Tables 1, 2 and 3 and Indicators 1, 2, 3, 5, 6, 7, 8 and 9).
96. DDS provided training and technical assistance at Northern and Southern Early Start Supervisors' meetings on CMF case status codes, data definitions and expected usage with special emphases on those relevant to Early Start Program Exits used in 618 data reporting (618 Tables 1, 2 and 3 and Indicators 3, 5, 6, 8 and 9).
97. DDS discussed program data practices and quality issues at program supervisors meetings and disseminated related data. Also provided subsequent technical assistance (Indicators 1, 2, 3, 5, 6, 7, 8 and 9).
98. DDS presented Child Outcomes baseline data and plans to various stakeholders and to EI Programs while making arrangements for data collection and during data collection, to solicit feedback and other input regarding ensuring data quality, construct validity and utility (Indicators 3 and 9).
99. Early Start Program staff investigated relevant State statute, regulation and policies for complementary mechanisms to DDS resources for an Early Start Program data system meeting all such requirements (i.e., private contractor) with the ability for the system to be revised with the frequency and speed of requested OSEP data reporting changes (618 Tables 1, 2, 3 and 4 and Indicators 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 13).
100. Early Start Program staff investigated viable alternate mechanisms to DDS staff for meeting evolving Child Outcomes Performance measures requirements and began cost-effectiveness analyses of alternatives which could be done given the frequency of changes to methods and the small amount of time permitted to do the work between final instructions and reporting due dates (Indicators 3 and 9).
101. DDS investigated and identified additional data sources for further validation of record review data results. Such additional validation is essential should such a finding be used for determinations (Indicators 7 and 9).
102. State Early Start Program staff conducted an in-depth data mining and analysis to identify primary uses by EI programs of the 116 service code, geographical variations and patterns in usage, and rate patterns in order to better provide technical assistance and improve timeliness of assessments, evaluations and services data and validate the related record review data and relationships to technical assistance provided (Indicators 1, 2, 7, and 9).
103. State Early Start Program staff began exploring additional community partnership options, and identifying related data to assess effectiveness of efforts, to assist EI Programs in resource development in rural areas to both better serve families and provide additional validation to related monitoring and record review findings (Indicators 1, 2, 7 and 9).

104. Lead Agency staff conducted an in-depth review of the open-ended family survey question answers to identify comments and answers which would either validate or contradict record review data and other monitoring findings and found virtually all relevant to validate the data reported. These answers and comments were further analyzed and catalogued to identify additional avenues of strengthening available data, and other information, or to improve services as a component of stakeholder input for future reporting (Indicators 1, 2, 3, 4, 5, 6, 7, 8 and 9).
105. State Early Start Program staff began developing a database for California's 1-800 Babyline referral phone calls (Indicators 5, 6 and 9) and establishing related data collection procedures to ensure accuracy.
106. State program monitoring staff collected data for future analyses regarding telephone technical assistance provided to families, EI Programs and EI Providers in order to informally resolve issues, protect families' rights and thus maintain the rarity of complaints and due process filings and refined protocol on data completion to ensure the validity and reliability of the data recorded for use (618 new Table 4 and Indicators 1, 2, 4, 7, 8, 9, 10, 11 and 13).
107. State program staff began planning how best to obtain data documentation and descriptions of policies and procedures for data collection and compilation to ensure validity and reliability of training, professional development and technical assistance and resources provided under contract with WestEd when simple requests failed. (Indicators 1, 2, 3, 4, 5, 6, 7, 8 and 9).
108. State program staff identified revisions needed to the record review data collection tool and related database. State program staff also identified need for written data documentation for the record review data collection in the field. Changes will be incorporated with the shift in monitoring strategies. (Indicators 1, 2, 7, 8 and 9).
109. State program staff selected a regional center serving communities with similar diversity to the entire state and drew a stratified random sample representative of the State for child outcomes data collection (Indicators 3 and 9).
110. Child outcomes data was collected by a team of trained medical and clinical professionals, who also resolved emerging issues via consensus when possible. (Indicators 3 and 9).
111. Early Start State Program staff evaluated the new timeliness of services method at a detail level to ensure it was limited to IFSP services to refine the methodology and then evaluated the measure's stability over time for three fiscal years (Indicators 1 and 9).
112. Early Start State Program staff identified enhancements to the timeliness of services method to control for the disproportionate effects of EI Programs effective and cost-effective use of generic services and contract services (Indicators 1 and 9).