

STATE OF CALIFORNIA



PART C ANNUAL PERFORMANCE REPORT FOR FFY 2007 (2007-2008)

Part C Annual Performance Report for FFY 2007

Table of Contents

		Page
List	Acronyms and Definitions	i
Overview	Annual Performance Report Development	ii
Indicator 1	Services Provided In A Timely Manner	1
Indicator 2	Services In The Home or Programs For Typically Developing Children	4
Indicator 3	Child Outcomes	10
Indicator 4	Family Rights	27
Indicator 5	Percent Served Under Age 1	29
Indicator 6	Percent Served Under Age 3	36
Indicator 7	Evaluation and Assessment And Initial IFSP Meeting Conducted Within 45-Day Timeline	37
Indicator 8	Timely Transition Planning	41
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	47
Indicator 10	Complaints with Reports Issued That Were Resolved Within 60 Days	63
Indicator 11	Due Process Hearing Requests That Were Fully Adjudicated Within The Applicable Timeline	68
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	70
Indicator 14	Timely State Reported Data (618, State Performance Plan, And Annual Performance Report	73

Acronyms and Definitions

Acronym, Word, Phrase	Definition
ALJ	Administrative Law Judge
APR	Annual Performance Report
ARCA	Association of Regional Center Agencies
CAPTA	Child Abuse Prevention and Treatment Act
CCS	California Children's Services
CDE	California Department of Education
CDSS	California Department of Social Services
CPS	Child Protective Services
DDS	Department of Developmental Services
ESR	Early Start Report form used for universal reporting by local programs on individual infant/toddler key program and demographic elements
HRIF	High Risk Infant Follow-Up
LEA	Local Education Agency/School District
Local Program	Regional Center unless otherwise defined to include school districts (LEA)
NCSEAM	National Center for Special Education Accountability Monitoring
NICU	Neonatal Intensive Care Unit
OAH	Office of Administrative Hearings
OHRAS	Office of Human Rights and Advocacy Services
OSEP	Office of Special Education Programs
Part C Lead Agency	Department of Developmental Services
PCP	Primary Care Physician
RC	Regional Center – Local program unless otherwise defined to include school districts (LEA)
SEECAP	Special Education Early Childhood Administrators Project
SEEDS	Supporting Early Education Delivery Systems
SELPA	Special Education Local Plan Area
SLPA	Speech and Language Pathology Assistant
SPP	State Performance Plan
WestEd	DDS' contractor for training and technical assistance
WRRC	Western Regional Resource Center

Part C State Annual Performance Report (APR) FFY 2007 Development

Introduction

California's Annual Performance Report (APR) for FFY 2007 (2007-2008) 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 6, 2008. DDS would like to thank its representative and others in OSEP, and the Western Regional Resource Center (WRRC) and its consultants, who have worked hard this year to assist California with not only its report, but with various State processes and procedures related to reporting requirements in some of the indicators.

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, Managed Care, and Health Services. Additionally, appointed community representatives include parents, educators, legal advocates, social service agency managers, consultants, and family support professionals. In last year's APR, California reported that the ICC was working on the completion of new recommendations for the Lead Agency. The work was completed during the last ICC meeting held November 20-21, 2008, and a total of 21 new recommendations were approved by the Executive Committee.

DDS has been sharing the critical indicator and other data with the ICC. This has resulted in an ongoing dialogue on lead agency governance as well as program strengths and weaknesses. The ICC will convene on February 19, 2009, to build on the completed APR, discuss related SPP changes, and commence the next strategic planning cycle. This planning activity includes the ICC and over three dozen community representatives who will determine the top priorities, organize committees, and develop recommendations for the lead agency. Further, DDS will continue to 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 (CDE) received a Verification Visit during the first week of October 2006. Since then, the Lead Agency has submitted two APRs based on continuing OSEP guidance and responses to each APR. For both FFY 2005 and FFY 2006, SPP revisions were submitted in addition to the APRs. For the current report, DDS has referenced OSEP's memorandum titled *Submission of Part C Annual Performance Report and Revision to the Part C State Performance Plan by February 2, 2009*, dated August 20, 2008, and as previously mentioned, OSEP's APR response letter and

table dated June 6, 2008. These two documents provided guidance and instructions for development of this report.

DDS also referenced OSEP memorandum 09-02 titled "Reporting on Correction of Noncompliance in the Annual Performance Report Required under Sections 616 and 642 of the Individuals with Disabilities Education Act" and dated October 17, 2008. Discussion of the requirements mandated by this memorandum is located under Indicator 9. DDS understands OSEP's objectives and the requirement to follow up on each individual case where non-compliance was discovered. Since the development of this report, DDS continues to apply all available resources to accomplish what is being required.

The challenges continue to be significant as large states continue to wrestle with growing caseloads and the disproportionate impact of increases in the percentage served. For example, if a small state increases its percentage served by one tenth of one percent, they will serve 75 to 80 more children annually. When California increases our percentage served by one tenth of one percent, our annual caseload increases by 550. Please refer to Indicator 9 for the complete discussion.

The challenges have been exacerbated by a continued national shortage of qualified therapists, the national and state budget crisis, and a reduction in federal funding support despite increases in California's caseload. Nonetheless, California continues to exhaust every effort to provide the necessary services to these children and their families. These efforts include service rate waivers to better compete in certain high-demand regions, regional training institutes for early intervention programs, training partnerships with the UC Medical Schools, focused technical assistance efforts in regions with particular challenges, explorations of other sources of funding, review of eligibility criteria, continued development of computer-based universal reporting for most indicators, and initiation of new partnerships regarding service delivery options.

DDS was also aware that for this year's report, states had a choice to report findings as either grouped by category or by individual findings. As will be noted, DDS opted to continue reporting findings by category for this year's report because it has not yet fully analyzed the impact of the options and also because it believes that doing so prior to the development and implementation of its general supervision system through focused monitoring, would be premature. DDS will revisit the options as it continues to work on its new system of focused monitoring.

Report Highlights

1. California expended a significant amount of time and resources over the past 15 months addressing the amount and quality of manually-collected data for indicators in the APR. Additionally, DDS also reviewed FFY 2005 findings that were out of compliance and for which DDS had reported non-correction, in order to determine if these findings had subsequently been corrected (see Indicator 9). Both of these activities were performed based on concerns expressed by OSEP in its response table to last year's report and discussion with the State's OSEP representative.

We conducted monitoring reviews on 17 regional centers that included a random sample of records that provided part of the data for this report. This is a significant increase from the five programs reviewed in the prior year. Additionally, since the end of FFY 2007, DDS has already reviewed another 245 files across nine local programs for both new reviews and follow-up on correction of non-compliance. Regarding transition, last year's results were based on 20 files across five local programs while this year, 105 files were

reviewed across 14 local programs. Since the end of FFY 2007, an additional 260 files across 14 local programs have been reviewed for transition.

Regarding child outcome measures, last year DDS initiated an interim manual data collection process across two local programs for child outcome measures. This year, we quadrupled the number of charts for manual data extraction for child progress data and increased to 17 the number of local programs included in this effort. Please refer to the data and discussion for Indicator 3.

2. As is noted in some of the report's indicators, California is experiencing an issue related to "access to services", which it believes may adversely impact the amount and quality of services provided in the future under the program and to which it attributes the cause to several factors: (1) the state of the economy and subsequent state budget; (2) lack of professionally qualified vendors in services such as speech and other ancillary therapies, serving the population in some local program catchment areas; (3) continued, significant increase in the annual number of infants/toddlers served; (4) vendor rates that are impacted by the state of the economy and subsequent unwillingness of vendors to work for lower rates than counterparts in private practice or in higher paying, public positions.

DDS believes that this issue and the inter-related causes above are national in scope but more severe for states with large programs. DDS also believes that the factor addressed above - "lack of professionally qualified vendors" – must be addressed from a national perspective in that education and funding for these critical areas have not kept pace with state/program needs. States are increasingly expected to deal this national problem at the state level and resources to do so are becoming scarce.

3. Early Start Report (ESR) Form: California is still working with stakeholders, specifically regional centers, in the re-design of the ESR (see Indicator 9 and Attachment 1 for the form and full discussion). The purpose of this project is threefold: (1) universal data reporting from regional centers to DDS; (2) universal data collection for reporting to OSEP; and (3) provision to DDS of the data necessary to re-design its current general supervision system to general supervision through focused monitoring (discussed in 4 below). Since last year's report, there have been several exchanges with regional center representatives on several data element revisions and additions. DDS expects to complete the form, pilot it with designated regional centers, and fully implement it by mid FFY 2009. Data obtained through the use of the new form will not be available for next year's report. Data availability for the FFY 2009 report will be determined, analyzed, and if sufficient, used in part or whole, depending on the item being reported.
4. General Supervision through Focused Monitoring Project: Due to the workload associated with OSEP's priority of data collection for reporting purposes, this project was impacted and progress slowed during the reporting period. Since November 2008, DDS determined that the best way to effectively expedite this new process would be to draft the protocol for review and feedback by all stakeholders instead of working with individual stakeholders. To that end, DDS has begun working with WestEd on the first draft of the total revision. Once the APR is completed and submitted, this project will be a top priority for completion. This includes the ESR form discussed above.
5. National Early Childhood Transition Initiative: DDS has partnered with CDE on this project and is making progress, albeit slowly because of competing priorities, on addressing

statewide transition concerns and priorities. Western Regional Resource Center staff and consultants have provided the State with superior advice and guidance and as a result, a plan for project products has been developed and implemented. To date, DDS and CDE issued a joint letter to all regional centers and school districts highlighting the project and the expected outcomes (refer to Indicator 8, Attachment 1). DDS and CDE representatives have also been working on a “transition bridging document” with the express purpose of providing all stakeholders with one document, versus DDS’ “Service Coordinator Handbook – Transition” and CDE’s “Transition Handbook”, to use for understanding and implementing transition.

6. State Complaints and Mediation: As a result of a technical assistance visit from OSEP September 3 – 5, 2008, DDS understands that its current State complaint system is not in compliance with federal laws and regulations. Under federal statute and regulation, a State complaint can be filed for any violation of Part C and mediation, as an alternative method of resolution, must be available. Last year, California was informed that the offer of mediation was a requirement for complaints and DDS provided a new improvement activity to address it. California’s regional center system has several additional provisions for the resolution of family concerns or complaints. For example, state law requires the regional center to conduct or at least offer to the family an “informal conference” as a means to dialogue and share additional information prior to moving forward with formal proceedings. These informal conferences typically resolve most of the concerns of families served by regional centers. California’s current formal State complaint process does not allow mediation for settlement and can only be used for violations of statute or regulation. As the extent of required system changes are now based on OSEP’s technical assistance, DDS is revising the new improvement activity submitted last year to address all necessary changes under a new improvement activity for Indicator 10.

Part C State Annual Performance Report (APR) for FFY 2007

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
2007 (2007-2008)	100% of participants receive services in a timely manner

Actual Target Data for FFY 2007 (2007-2008): Data indicates that for FFY 2007, 94.67 percent (13,349 divided by 14,100 times 100) of the infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner. This represents a marginal increase (0.07 percent) from last year’s 96.6 percent. However, the total number of files meeting the criteria for evaluation and inclusion in the statistic increased significantly from last year, 12,200 to 14,100, a difference of 1,900 infants and toddlers. 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 2007 (2007-2008): Again, DDS attributes the increase in the number of IFSPs for this reporting period to the general increase in State population, heightened awareness and collaboration among health experts and local programs regarding early intervention, increased emphasis and collaboration among partners and local programs on hearing/vision screening and referral, and several other initiatives that are highlighted under Indicator 5, “*Percent of infants and toddlers birth to 1 with IFSPs*”. Of particular note are the activities and statewide collaboration efforts highlighted under the child find activity titled “*Child Abuse Prevention and Treatment Act (CAPTA)*”.

As in previous years, since FFY 2004, California has demonstrated progress in meeting the 100 percent target for this indicator. It should be noted however, that DDS believes the marginal

increase this year reflects a potential trend in future years that may reverse the gains over the past four years. As also reported in Indicator 2, California believes that the increasing divide between the significant, annual increase of program infants/toddlers and professional resources, such as physical therapists, speech pathologists, and occupational therapists, will adversely impact this indicator in subsequent years. Given the current economy and California's budget situation, accessing resources in a timely manner is estimated to become increasingly more difficult. The State Part C Lead Agency has aggressively pursued improvement activities for the past several years to alleviate the strain on access to these resources. We believe the ultimate solution will need to include the efforts of agencies such as OSEP, the Department of Health and Human Services, and the Department of Education to address this nationwide issue. Meanwhile, California will exercise all due diligence to meet the compliance target of 100 percent.

Updates on the improvement activities are as follows:

Three sessions of statewide institutes presented during the reporting year included training topics directly or indirectly related to the provision of timely services. The intended audience for statewide institutes include Early Start service coordinators, early intervention direct service providers working in regional center vendor programs and local education agencies, educators and home visitors, staff, including therapists, who are new to working with children with disabilities, ages birth to 3, and their families, and assistants/aides/paraprofessionals.

1. Early Start Essentials: There were a total of 136 attendees. Workshops and related topics to the indicator were:
 - a. *Service Coordinator's Role in Quality Assurance and Data Collection*: Significant topics included a demonstration of local program performance across several indicators, including timely services; how timely services data are derived; and the service coordinator's role in initiating the data and why it should be monitored for quality assurance.
 - b. *The Family*: Significant topics included Identification of federal and state laws related to early intervention services; roles of agencies responsible for administering Early Start in California; and the purpose and structure of the IFSP
 - c. *The Child*: Significant topics included Early Start eligibility and referral and the evaluation and assessment process.
 - d. *The Building Blocks of an Effective IFSP*: Significant topics included delineating differences between evaluation and assessment processes and required/non-required/other early intervention services.
 - e. *The IFSP Process*: Significant topics included the IFSP process, required timelines, and the interagency coordination process

2. SkillBuilder II: There were a total of 103 attendees. Workshops and related topics to the indicator were:
 - a. *Coordinating Services for Infants and Toddlers with Challenging Behavior*: Focus was on research, evidence, and effective options for addressing positive behavior supports for infants and toddlers, including a multidisciplinary team approach for service planning and referrals.
 - b. *Coordinating Services for Children with Autism*: Focus was on complexities of planning and purchasing services for children with autism and the impact of providing the services in the natural environment.

3. Advanced Practice Institute: There were a total of 37 attendees. Workshops and related topics to the indicator were:
- Capacity Building – Capacity Balancing Presentation*: Focus was on a community-based early intervention model embracing parent training, services in natural environments, and self-directed strategies for enhancing program quality and capacity.
 - Enhancing Capacity*: Focus was on strategies for rural and urban, community-based program enhancements.
 - Building Alliances for Community-Based Parent Training and Support*: Focus was on collaborative models to build capacity and promote effectiveness of parent training and support to enhance child and family outcomes.

The use of the Early Start specialized therapeutic service code continues to contribute to the improvement of this indicator. As noted in previous reports, 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, 17 of the 21 local programs are now using it. As of December 2008, the following expenditures for the last four fiscal years were recorded for this service code. There was a 74.44 percent increase in expenditures from the first year up through fiscal year 2007/08. Data also indicates that 5,610 infants/toddlers were served in fiscal year 2004/05 with this service code compared to 15,487 in 2007/08. The difference represents an increase of 176 percent of the population served with the service code between 2004/05 and 2007/08. Most of the expenditures were dedicated to consumer evaluation for eligibility, assessment for service planning, and direct service provision of other ancillary therapy services.

FY 2004: \$ 9,386,000
 FY 2005: \$18,541,243
 FY 2006: \$26,773,024
 FY 2007: \$36,717,403

DDS does not have any changes regarding the use of Speech and Language Pathology Assistants (SLPA) from what was reported last year. Three local programs applied for waivers to State requirements and were authorized to use SLPAs in the Early Start Program. Until regulations are changed, others have been encouraged to do the same when needed. Refer to Indicator #7 for the status of state regulation changes, which include the use of SLPAs.

DDS was unable to expand implementation of the new activity described last year, *Group Contract Services Verification*, for enhancing indicator performance and reporting. The overall number of infants/toddlers estimated to receive the majority of their services through contractual obligations between the local program and vendors is believed to be small and the impact for reporting under this indicator, although important, will be negligible. DDS hopes to complete the expanded implementation of the verification process for the next reporting period.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 (2007-2008): California does not propose any new revisions to the Indicator.

Part C State Annual Performance Report (APR) for FFY 2007

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
2007 (2007-2008)	79.7% of infants and toddlers served will receive services in the natural environment.

Actual Target Data for FFY 2007 (2007-2008): The target established in the SPP for FFY 2007 was 79.7 percent, and as noted in California’s response, over 85.89 percent (33,092 divided by 38,530 times 100 equals 85.89 percent) of the services provided met the criteria. An additional 2.86 percent 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 88.75 percent (85.89 plus 2.86).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007 (2007-2008): An analysis of the FFY 2006 and FFY 2007 target data indicates that there was a small decrease (.44 percent) in the percentage of children served in natural environments(86.33 percent less 85.89 percent). The target of 79.7 percent however, was met. Overall, the percentage reported for FFY 2007 exceeded the target by 9.05 percent (85.89 percent plus 2.86 percent minus 79.7 percent).

Based on visits to local programs and the States’ continued efforts to validate universal data, it was determined that an additional 2.86 percent of infants served had appropriate justifications for settings in other than a natural environment. This represents a slippage from the 11.0 percent of justified services outside of a natural environment that was reported in the FFY 2006 APR. After review, it was determined that this slippage was due to a variety and combination of variables including lack of training on justifying services outside of the natural environment, personnel turnover at the local program level, inadequate vendor rates (vendors citing the cost effectiveness of delivering services in center-based settings), and the growing population served.

DDS staff has increased educational efforts targeting compliance with natural environment mandates throughout the state to both regional centers and vendors through local training and technical assistance activities. Activities that California continues to report on are as follows:

1. **Technical Assistance:** DDS Early Start Liaisons continue to work collaboratively with local programs to improve performance through targeted training and technical assistance. Discussions at Early Start manager's meetings both in southern California and northern California were held to provide technical assistance, in addition to ongoing teleconferences. DDS staff has begun providing technical assistance to regional centers by providing natural environment-specific presentations. CDE's contractor, Supporting Early Education Delivery Systems (SEEDS), continues to provide technical assistance on natural environments to early childhood service providers and provides opportunities to visit exemplary program sites that exhibit research-based best practices regarding natural environments.
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 WestEd Center for Prevention and Early Intervention to coordinate implementation of these personnel development activities. During 2007-08, 11 Institutes and related training events were held at various locations throughout the State resulting in 777 personnel trained. All institutes included requirements and examples of natural environments embedded into the curriculum.

DDS also redesigned its institute training programs. The redesign involved rewriting the curriculum to include elements of the previous Core trainings with up-to-date, evidence-based practices in delivering early intervention services. Natural environments have been incorporated into all the institutes with special emphasis in the three-day Early Start Essentials Institute. This institute is designed to inform service coordinators and service providers who are new to the field of early intervention on the latest evidence-based practices for delivering services in the natural environment. Data gathered from the attendees at the Early Start Essentials indicate that 75 percent have worked in the early intervention field for less than five years and that 64 percent of attendees received Personnel Development Scholarship Funds to offset the costs of attending the Institutes. CDE also provided trainings on natural environments through their contractor Special Education Early Childhood Administrators Project (SEECAP), to education's early childhood administrators. During the next four 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. **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, an interagency team representing California was selected to attend the training of trainer Special Quest meeting in Chapel Hill, North Carolina August 1-2, 2007. The team collaborated to develop a vision for inclusion and blueprint plans to initiate interagency work upon return to California.
4. **Program Advisory:** In June, 2008, DDS submitted a Program Advisory to all regional centers on natural environments (Attachment 1). This Program Advisory clarified 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. DDS staff conducted trainings for service providers and service coordinators to ensure compliance with the natural environment requirement.

5. Rate increases to center-based programs: Infant Development Programs continue to receive an increased rate as an incentive for providing at least 51 percent of their services in natural environments. However, new programs originating after California's 2006 budget year will not receive an increase in rates, as rates were frozen as one method for the state to help manage the budget crisis.
6. General Supervision and Focused Monitoring: DDS continues the redesign of its monitoring process. The general supervision through focused monitoring approach will allow targeted monitoring to identify local program strengths and areas needing training, technical assistance, or additional resources to increase opportunities for children and families to receive services alongside their peers who are typically developing. Refer to Indicator #9 for more discussion on general supervision through focused monitoring.

As reported last year, an activity not specifically listed as an improvement activity for this indicator but which probably has had an indirect, positive impact on service provision in the natural environment, is the utilization of the Early Start specialized therapeutic service code (refer to Indicator #1). Expenditures for the service code increased dramatically and as reported last year, the service code is still considered by many local programs as a key component in the expansion of services to infants/toddlers in the natural environment.

Another indirect activity reported last year was in regards to the planning and work of the State's Interagency Coordinating Council (ICC). The ICC is updated at each Council meeting on the progress toward implementation of SPP improvement activities. The Family Resources and Supports Committee of the ICC has focused on strategies to support children and families in natural environments. Throughout the year they have received and evaluated best practices from around the state and issued their proposed recommendations in June 2008. The recommendations were voted on by the full ICC at the November 2008 meeting and approved.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 (2007-2008): California does not propose any new revisions to the Indicator.



DEPARTMENT OF DEVELOPMENTAL SERVICES

COMMUNITY SERVICES AND SUPPORTS DIVISION PROGRAM ADVISORY

CFSB 08-02

June 2008

PROVISION OF EARLY START SERVICES IN NATURAL ENVIRONMENTS INTRODUCTION

The provision of Early Start services in natural environments is neither a new concept nor a new requirement. Questions continue to arise regarding what is considered a natural environment and how to justify the provision of services when the child's outcome(s) cannot be met in a natural environment. Research has demonstrated that there is a correlation between achieving positive, measurable outcomes and the delivery of services in natural environments.

The Department of Developmental Services (DDS) actively supports the provision of early intervention services in the child's natural environment, as specified under Part C of the Individuals with Disabilities Education Act (IDEA).

BACKGROUND

In 1989, the federal Department of Education, Office of Special Education Programs (OSEP) initially required that, to the extent appropriate, early intervention services take place in settings in which children without disabilities participate. In 1991, Congress added the requirement of "natural environments" as part of the definition for early intervention services as well as making it a required element of the Individualized Family Service Plan (IFSP).

The IDEA 1997 amendments further strengthened the requirements related to provision of services in the natural environment by requiring states to: 1) develop and articulate specific policy and procedures for the provision of early intervention services in natural environments (34 CFR 303.167 (c)) and, 2) include in the IFSP a justification of the extent, if any, to which the services will not be provided in a natural environment (34 CFR 303.344 (d) (1) (ii)).

Specifically, IDEA, Part C, requires, that "to the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate" (34 CFR 303.12(b)). By federal definition, natural environments mean "settings that are natural or normal for the child's same age peers who have no disabilities" (34 CFR 303.18). Therefore, the provision of early intervention services in natural learning environments is not just a guiding principle but also a requirement of the law.

In November 2000, DDS issued a program advisory informing regional centers of the availability of funding to assist center based infant development programs to transition to service delivery models in the child's natural environment.

Service rate increases, effective July 1, 2006, were offered by DDS to center-based programs as 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. As many as 89.6 percent of infant development programs received a rate increase.

The IDEA 2004 further amended Section 635(a) (16) (B) to read: "The provision of early intervention services for any infant or toddler *with a disability* occurs in a setting other than a natural environment *that is most appropriate, as determined by the parent and the individualized family service plan team*, only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment." (*Italicized* words denote amendments to the IDEA).

DDS is monitoring the proposed Part C regulations of the 2004, Reauthorization of IDEA in anticipation of the potential impact on California's Early Intervention Services Act and current California Code of Regulations, Title 17, Section 52106. It is anticipated that the final federal regulations will be released in the summer or fall of 2008.

PURPOSE

The purpose of this advisory is to clarify federal requirements for serving children under age three in their natural environments.

IMPLEMENTATION

Natural environments include, but are not limited to, the following: home, community parks, neighbors' homes, gymnastics programs, libraries, swimming

pools, mommy and me classes, child care, birthday parties, restaurants, places of worship, family hikes, grocery stores, and public and private transportation options.

California also defines natural environments as everyday routines, relationships, activities, places and partnerships (known in the field as ERRAPP), recognizing that there are naturally occurring learning opportunities in the home and community and during social interactions. Learning opportunities may include meal time, bathing, playing with siblings, watching television, personal grooming, reading stories, nap time and playing with neighbors. Through the family assessment conducted by the service coordinator, the family's concerns, priorities, daily routines and activities are identified and incorporated into the IFSP. Every family is unique and what may be a natural environment for one family may be different for another.

Environments are considered not natural when they are designed exclusively to serve children with special needs. OSEP stated in a letter (see attached) to a member to the House of Representatives, Ike Skelton, dated June 14, 2001, that medical treatment centers including those for speech, occupational therapy and physical therapy would not be considered natural environments.

OSEP and DDS recognize that occasionally there are times when outcomes can only be met in a center-based program especially for children with hearing and/or visual impairments or severe behavioral concerns as agreed to by the IFSP team. The focus of these types of programs provide for innovative skill development which can later be generalized to the child's natural environment and foster community inclusion.

OSEP has had a longstanding interpretation of the IDEA that early intervention services must be provided in a natural environment, unless a written justification exists for providing these services in other settings. Because Part C services must be tailored to the unique needs of the individual child and family (34 CFR 303.344 (d)), no one setting or justification is appropriate for all infants and toddlers. However, if a determination is made by the IFSP team that, based on a review of all relevant information regarding the unique needs of the child, the child cannot satisfactorily achieve the identified early intervention outcomes in natural environments, then services could be provided in another environment. Documentation in the IFSP should include a description of what services in a natural environment were explored and why the services were not able to allow the child to attain the outcomes identified. Justification for services outside of a natural learning environment should incorporate a plan to transition interventions into natural settings.

If the parent(s) disagrees with the IFSP team and does not consent to the natural environment where services would be delivered as identified on the IFSP, the state may not use Part C funds to provide that service. After refusing a service on the IFSP, (e.g., service location) parents are free to independently select and/or fund services or a service location of their choice for their child. The state is not responsible for services selected exclusively by the parent, however, the state must still provide all other services on the IFSP for which the parents did consent.

IMPLEMENTATION RESOURCES

DDS contracts with WestEd Center for Prevention and Early Intervention which provides training, technical assistance, and resource development for personnel and programs who provide early intervention services. The natural environment requirement is addressed in all of the Early Start institutes. The Early Start Resource Library has many articles, videos and other materials related to providing services in natural environments which may be borrowed without charge. Additionally, West Ed administers a scholarship fund to assist with redefining service delivery models consistent with the natural environment requirements. Under the Start Up Grant, an agency in collaboration with community partners may access up to \$5,000 to support transition efforts that result in services being delivered in natural environments.

In addition, the California Department of Education contracts with Supporting Early Education Delivery Systems which provides technical assistance to early childhood programs. They have consultants and model sites that have been recognized as exemplary.

DDS liaisons are also available to provide local training and technical assistance on the federal requirements. If you have any questions, please contact your liaison or Kevin Brown, Chief, Early Start Section at (916) 654-2767.

Part C State Annual Performance Report (APR) for FFY 2007

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 = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
 - b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
 - c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
 - d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
 - e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

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 = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
 - 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.

CALIFORNIA'S RESPONSE:

Overview of Issue/Description of System or Process:

California continues to develop a comprehensive universal reporting system for child progress data per Indicator 3. For this reporting period, California conducted a stratified random sample

including 17 of the 21 regional centers including factors of ethnicity, geography (urban, rural, frontier as well as north, central and southern), and large and small regional centers.

California continues to work with stakeholder groups in planning for universal reporting for Indicator 3 and other data elements. However, the progress data in this cycle's sample can serve as California's initial baseline data, with the intent of establishing our formal baseline and targets in the 2010 APR. It is possible that California will have additional progress data prior to 2010 if the universal data system is implemented to capture entrance and exit data for children prior to the 2010 APR. This APR change replaces Indicator 3 in the SPP submitted for FFY 2006.

1. **Revamping the California data collection system:** California is currently in a "phase-in" period of the state's early intervention data system to
 - a. Most accurately capture data per OSEP requirements;
 - b. Implement universal reporting on OSEP designated child outcome and compliance measures; and
 - c. Develop analysis protocols on data elements that are critical for a detailed analysis of program performance.

We believe that this new system, once universal, will provide unparalleled capacity for data collection and program analysis.

2. **Background: Existing infrastructure and current data capacity:** California has a longstanding infrastructure of region-based service agencies that purchase services, provide various family supports and provide service coordination. These 21 "regional centers" are nonprofit private corporations that are under contract with the Department of Developmental Services to provide or coordinate services and supports for eligible individuals and their families. These activities focus not only on infants and toddlers in early intervention and their families, but also for children over 3 years and others throughout adolescence and adulthood who have developmental disabilities and who are substantially handicapped.

In the early intervention program alone, California currently serves 38,530 children at any point in time and annually close to a total of 50,000 infants and toddlers. The current data system includes child outcomes on each of these children served in Early Start, in hard copy only in each file at the local regional center office.

3. **Data system under development:** California is now developing a universal data system for early intervention that will include the revised measures required by OSEP. This shift to universal reporting will capture key client measures, including pre- and post- functional ages. These data will complement our existing comprehensive database of services and costs.

The Early Start Data System includes all critical factors needed for a thorough analysis of child progress. Child outcomes are analyzed in the context of key factors such as diagnosis, age at entry, length of time in the program, and the specific types of services received. It is only upon thorough analysis considering these key factors that California can determine the effectiveness of early intervention for different infants with specific conditions who received certain types and amounts of services.

4. **Recent activity in the development of the data system:** California progressed from isolated "field test" activity in reporting 06/07 data to a detailed stratified random sample

for reporting of 07/08 data. Specifically, random sampling was conducted across regions considering such factors as urban/rural/frontier, north/south/central state service regions, ethnicity, and length of time in the program. This methodology allows us to

- a. Evaluate demonstrated progress considering such factors as primary diagnosis, co-occurring conditions, specific regional center as point of service, the type, duration and intensity of services rendered, age at entry, and length of time in the program.
- b. Evaluate progress across developmental domains including social/emotional, cognitive, communication – both expressive and receptive skills, self-help/adaptive, and physical development – both fine and gross motor.

5. Data system elements for outcome data input, maintenance and outcome data analysis: California continues to improve its data efforts to:

- a. Develop universal data elements and universal reporting procedures to align with new OSEP requirements. Please refer to the draft of the new data input form, attached.
- b. Collect necessary data elements to maximize its capacity for thorough analysis of child outcomes, including but not limited to primary diagnosis and co-occurring conditions.

**ETHNICITY DISTRIBUTION FOR CALIFORNIA
FOR CHILDREN 0-3 YEARS OLD**

	California (Statewide: 0 – 3)	Regional Center Ethnicity (all ages)	Early Intervention Population	Sample
White	30.46%	27.65%	40.43%	30.0%
Black/African American	5.92%	5.47%	3.83%	7.0%
Hispanic	52.18%	44.32%	29.79%	41.0%
Native American	0.46%	0.21%	.43%	0.6%
Other	N/A	4.82%	17.02% (includes those that are bi- or multi-racial, an ethnicity not listed, or chose not to report)	16.3% (includes those that are bi- or multi-racial, an ethnicity not listed, or chose not to report)
Unknown	N/A	13.42%		
Polynesian/Pacific Islands/Filipino/ Asian	10.97%	7.78%	8.51%	4.81%
Total	1, 626,780	232,100	38,530 (pt. in time)	650

6. Policies and procedures to guide assessment and measurement practices: There has been increased emphasis on the improved precision of the “informed clinical judgment” of each program’s clinical team for its oversight of evaluation and assessment for eligibility and program implementation. This is the standard for all eligibility decisions at regional centers. Regional centers not only ensure services are provided for early

intervention, but also provide a lifetime of necessary services to persons with developmental disabilities, often totaling \$4 million dollars over a person's lifespan. Accordingly, the regional centers set practice standards for licensure and certification, demonstrated expertise, and evaluation reports.

There are professional meetings that include focused discussion on assessment and measurement practices. Early intervention managers from California's lead agency meet with the following specialty groups for the stated purposes:

- a. Local early intervention managers, both Southern California and Northern California groups, convene locally as well as at statewide meetings to:
 - 1) Review updates on new methodologies and the use of various instruments on targeted populations
 - 2) Survey continuing professional education needs and training available for community practitioners.
 - 3) Problem solve on current challenges experienced in evaluation and assessments in specific regions, with certain populations, and with specific professional disciplines.
- b. The Regional Centers Clinical Directors Group meets statewide as a group to:
 - 1) Review diagnostic and predictive precision in "Delay", "Established risk" and "High risk" categories.
 - 2) Discuss methods to analyze cost effective utilization of community clinical resources for effective measurement practices for evaluation of progress.
 - 3) Promote local partnerships for training and technical assistance
- c. The Association of Regional Center Agencies Early Intervention Committee meets quarterly to:
 - 1) Discuss roles and responsibilities of the lead agency as well as the regional centers.
 - 2) Promote participation by the regional centers in making necessary changes for federal compliance.
- d. DDS as the California lead agency for Part C partners with the University of California Medical Schools to provide continuing medical education events for community clinicians to:
 - 1) Improve diagnostic skills and referral practices.
 - 2) Improve collaborative practices with other agencies providing early intervention services.

7. Provision of training and technical assistance supports to administrators and service providers in outcome data collection, reporting and use:

- a. Formal training events included but were not limited to the following:
 - 1) "Child Outcomes in Natural Environments" – writing outcomes set in natural environments, Early Start Essentials, October 18, 2007
 - 2) "Supports and Outcomes for Children with Special Health Care Needs" – safe and medically-indicated outcomes for high-risk and at-risk populations, Early Start Essentials, October 17, 2007
 - 3) "Safe and medically-indicated outcomes for high-risk and at-risk populations, Early Start Essentials, October 17, 2007
 - 4) "Medical Equipment & Assistive Technology Faire" - Outcome writing, funding, and referrals to assist with medical and assistive devices, Early Start Essentials, October 17, 2007
 - 5) "Assessment/services for high-risk and at-risk infants/toddlers", Early Start Essentials, October 17, 2007

- 6) “Child Outcomes for motor/neuro challenges”, Early Start Essentials, October 18, 2007
 - 7) “Identifying health related outcomes and intervention strategies”, Early Start Essentials, October 18, 2007
 - 8) “Assessment and relationship-based strategies for neuro-motor delay”, Early Start Essentials, October 18, 2007
 - 9) “Child and Family Outcomes: Building Relationships” – The role of the multidisciplinary team; referrals, Early Start Essentials, October 17, 2007
 - 10) “Multidisciplinary Team & Referral”, Early Start Essentials, October 18, 2007
 - 11) “Behavior And Self-Regulation Workshop” – Monitoring behavioral changes, Early Start Essentials, October 18, 2007
 - 12) “Desired Outcomes for Effective Transition Planning”, Early Start Essentials, October 17, 2007
 - 13) “Assessing cognition in children with motor and sensory challenges”, Early Start Essentials, October 17, 2007
 - 14) “Children with Sensory Challenges: Writing Outcomes and Negotiating Services” – Writing outcomes; monitoring progress, Early Start Essentials, October 18, 2007
 - 15) “Effective Strategies For Working With Infants/Toddlers With Vision Deficits” – Assessment and referral for vision deficits; Impact of visual perceptions deficits, Early Start Essentials, October 18, 2007
 - 16) “Achieving Child and Family Outcomes Through Effective General Supervision: A National Perspective” – Focusing on the rational of the current emphasis in federal legislation and policy on accountability for results and the long-term impact and implications for local implementation of early intervention programs, Early Start Essentials, April 10, 2008
- b. Target Child Outcome Data collection for the development of universal reporting for 1) data capacity, 2) data collection protocol; 3) Early look at longitudinal data

Program	M/Yr	Program	M/Yr
ACRC	11/08	RCRC	11/08
CVRC	11/08	RCOC	11/08
ELARC	11/08	RCEB	11/08
FNRC	11/08	SDRC	11/08
HRC	11/08	SGPRC	10/0/
IRC	10/08	SCLARC	12/08
KRC	11/08	TCRC	12/08
NBRC	12/08	VMRC	11/08
NLARC	12/08		

- c. The lead agency routinely provided to regional centers the necessary overviews and progress reports in meeting outcomes requirements, solicited input from regional programs regarding required changes in data systems, and continued to convey the benefits of increased data capacity, including universal reporting.

8. Quality assurance and monitoring procedures to ensure the inter-rater reliability, accuracy and completeness of the outcome data:

- a. Developed precise data extraction tools to ensure the provision of necessary data from each child’s record.

- b. Conducted inter-rater reliability training sessions with data extractors to ensure accuracy and consistency in data recording.
- c. Developed data sorting formulas to accuracy sort and sum individual child progress across the five OSEP improvement categories.
- d. Trained regional center staff during on site data collection visits to ensure their reporting accuracy and to help them appreciate the various data elements needed to analyze child progress.
- e. Conducted data sampling drills to test the tools, computer formulas and analysis potential of the data being collected.
- f. Developed and circulated a ‘Frequently asked questions’ information sheet to maximize inter-rate reliability across all data extractors.
- g. Expanded data sampling efforts to 17 of the 21 regional centers. In our joint planning with OSEP staff, we agreed to pull a representative random sample of at least 400 records. A stratified random sample was drawn from the 17 regional centers and their surrounding offices representing 52 of California’s 58 counties. We pulled 650 records that met the sample criteria (6 months in the program, entrance and exit evaluations). Please refer to the following table for FFY 2007-2008 baseline data.

Baseline (Progress) Data for Federal Fiscal Year (FFY) 2008 (2007-2008): DDS labels the following data as “progress data” and not “baseline data” as baseline and targets for this Indicator will be reported in the FFY 2009 APR/SPP reporting period.

Progress Data		
	Number of children	% of children
A. Positive social-emotional skills:		
a. Did not improve functioning	38	5.84%
b. Improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	118	18.15%
c. Improved functioning to a level nearer same-aged peers, but did not reach same-age level	7	1.11%
d. Improved functioning to reach a level comparable to same-aged peers	93	14.31%
e. Maintained functioning at a level comparable to same-aged peers	394	60.61%
Total	N = 650	100%
B. Acquisition and Use of knowledge & skills:	Number of children	% of children
a. Did not improve functioning	25	3.8 %
b. Improved but did not move nearer comparable to same-aged peers	193	30%
c. Improved and moved nearer same-aged-peers, but did not reach same-age	17	2.5%

level		
d. Reached level of same-aged peers	133	20.3%
e. Maintained level of same-aged peers	282	43.4%
Total	N = 650	100%
C. Use of appropriate behavior to meet needs:	Number of children	% of children
a. Did not improve functioning	37	5.69%
b. Improved but did not move nearer same-aged peers	148	22.77%
c. Improved and moved nearer same-aged-peers	5	0.77 %
d. Reached level of same-aged peers	97	14.92%
e. Maintained level of same-aged peers	363	55.85%
Total	N = 650	100%

Discussion of Baseline (Progress) Data

The 3 developmental areas designated by OSEP were included in the data collected at entrance into and exit from California’s Early Start program for the targeted sample. Interestingly, the vast majority of children showed some improvement or maintained functioning in each of the 3 indicator categories. That is, 94% showed improvement or maintained functioning in “Positive social/emotional skills”; 96% in “Acquisition and use of knowledge & skills”; and 94% showed improvement or maintained functioning in the category “Use of appropriate behavior to meet needs”. Generally, across the three developmental areas, the largest numbers of children were in the “Maintained level of same-aged peers” category. The smallest percentage of children in each category was in the “Did not improve” category.

1. In analyzing this preliminary data, the following questions emerge:

What were the primary diagnoses of those children who did not improve?

- a. In the **Self Help/Adaptive** category, the children not improving had the following diagnoses:
 - i. Language delay (11),
 - ii. Autism (9),
 - iii. Mental Retardation (8)
- b. In the **Communication** category, we averaged the expressive and receptive functional age for each child. The children not improving had the following diagnoses:
 - i. Mental Retardation (6),
 - ii. Autism (5), and
 - iii. Language delay (3).

- c. In the **Cognitive** category, the three top ranking diagnoses were
 - i. Language delay (8),
 - ii. Mental Retardation (7) and
 - iii. Autism (6).
- d. In the **Social-emotional** category, the three top ranking diagnoses were:
 - i. Language delay (13)
 - ii. Autism (8)
 - iii. Mental Retardation (8)

This count is not necessarily unduplicated. For example, an infant or toddler could have a diagnosis of Mental Retardation, Autism, or Language delay and be counted in all three domains if that infant or toddler did not improve in all three domains. Interestingly, the graduates from the Neonatal Intensive Care Units who were profoundly medically involved were not evident in this group. They were also not children who entered the system late and who just met the 6 months in program criterion. Please refer to the first attached table: CA 2009 Data Collection -Table of Improvement by Delay Diagnosis.

What were the characteristics of those children who improved in one particular area yet maintained their skills in the other indicator categories?

This is currently under review for analysis and will be discussed with the State ICC and other stakeholders.

2. What we have learned thus far:

- a. Restricting the age intervals in the outcomes sample biases the results. That is, confining the sample population to older children (via any stipulation that the children must have entered and exited within the past 24 months), typically restricts the sample to children with fewer disabilities (e.g. speech delays only).
- b. Often, the younger the child enters the program, more delayed the child is, and the less the improvement.
- c. Conversely, a predominantly developmentally delayed or disabled sample (D.D.) would be much more likely to enter the Early Start program as newborns, or at least within their first six months of life, especially those who exhibit dysmorphic anomalies.
- d. Language delay is a broad diagnosis. It may also be counted in Mild Developmental Delay (3 or less domains), or More Global Delay (4 or 5 domains). Mild Developmental Delay (3 or less domains) may or may not include the language delay and requires more specific definition for data collection, data entry as well as in assessment of the child.

3. Measurement strategies used to collect data:

- a. Who is included in the measurement, i.e. what population of children? As discussed earlier, the sample used for the development of the data system was a stratified random sample from 52 counties out of a 58 county area that reflects the ethnic distribution of the state as a whole and includes urban, rural and frontier locales.
- b. What assessment/measurement tool(s) and/or other data sources were used? The various instruments used, often as part of a battery of tests, include the Vineland Adaptive Behavior Scales, Receptive-Expressive Emergent Language Test (REEL), Peabody picture Vocabulary Test, Ages & Stages Questionnaire, and numerous others. The variety of instruments reflects the various diagnoses, developmental

- areas being assessed, the age of the child, and any language/literacy barrier in the family.
- c. Who conducted the assessments? The assessments were conducted by regional center staff, intake coordinators or Early Start Service Coordinators, or licensed clinical practitioners who met vendor criteria and standards set by the regional center.
 - d. When did measurement occur? Entrance measurements typically occurred within 45 days of initial referral, unless complex conditions necessitated subsequent evaluations by specialists (e.g. speech therapist specializing in dysphagia for a child with a feeding disorder). Exit evaluations occurred between 30 and 36 months, unless the parents specifically requested early discharge (prior to age 36 months).
 - e. If multiple data sources were used, what method was used to summarize the data for each child? As part of the “informed clinical judgment” emphasis, clinical practitioners were encouraged to use used multiple sources of information. These include direct observation, formal evaluation instruments, parent interviews, and review of current records and evaluations. If the different instruments produced different functioning levels in a particular developmental domain and were recorded, the scores were averaged.
 - f. What data was reported to the state, and how was the data transmitted? As mentioned previously, the targeted sample was collected on a chart by chart, physical extraction approach conducted by the lead agency in coordination with each regional center.
 - g. What data analysis methods were used to determine the progress categories? Generally, progress was determined by comparing entrance and exit functioning levels, focusing on the percentage of progress toward “same age” levels. That is, the functioning age in each developmental area was measured against the chronological age, or expected level of functioning. Because of the wide range of functioning considered in developmental research to fall within “normal development”, functioning levels were determined to be at “same age” levels if the functioning level was evaluated to be 66% or higher compared to chronological age. Specifically, the calculation formulas for each of the performance categories are as follows:

PERFORMANCE CATEGORY	PERFORMANCE CATEGORY FORMULAS
General success measure	<p>Data formulas compared the level at which the child is performing compared to same age peers.</p> <p>A child is eligible for Early Start under the “delay” criterion if he/she is functioning with at least a 33% delay compared to same-aged peers in one of the five developmental domains. Upon exit, a child is considered “typically developing” if he/she is functioning within 25% of his/her chronological age. These entrance/exit criteria for the “delay” eligibility category allows for the tremendous range of individual differences within what is considered “normal” development.</p> <p>For the calculation formulas:</p> <p>A = entrance chronological age B = entrance functional age C = exit chronological age D = exit functional age</p>

<p>I = Did not improve or no evidence of improvement</p>	<p align="center">“I – Did Not Improve”</p> <p>Percent of children who did not improve functioning = [(# of children who did not improve functioning) divided by (# of children assessed)] times 100. <i>Formula: $(D \leq B)$</i></p>
<p>II = Improved but No Nearer Same-Age Peers</p>	<p align="center">“II – Improved but No Nearer Same-Age Peers”</p> <p>Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of children who improved functioning but not sufficient to move nearer to functioning comparable to same aged peers) divided by (# of children assessed)] times 100. <ul style="list-style-type: none"> ▪ <i>Formula: $(D > B) \text{ AND } (C - D) \geq (A - B)$</i> </p>
<p>III = Improved and Moved Nearer Same-Aged Peers</p>	<p align="center">“III – Improved and Moved Nearer Same-Aged Peers”</p> <p>Percent of children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of children assessed)] times 100. <ul style="list-style-type: none"> ▪ <i>Formula: $(D > B) \text{ AND } D < (0.75 \times C) \text{ AND } (A - B) > (C - D)$</i> </p>
<p>IV = Improved and Reached Same-Aged Peers</p>	<p align="center">“IV – Improved and Reached Same-Aged Peers”</p> <p>Percent of children who improved functioning to reach a level comparable to same-aged peers = [(# of children who improved functioning to reach a level comparable to same-aged peers) divided by (# of children assessed)] times 100. <ul style="list-style-type: none"> ▪ <i>Formula: $(D > B) \text{ AND } D \geq (0.75 \times C)$</i> </p>
<p>V = Maintained Level of Same-Aged Peers</p>	<p align="center">“V – Maintained Level of Same-Aged Peers”</p> <p>Percent of children who maintained functioning at a level comparable to same-aged peers = [# of children who maintained functioning at a level comparable to same-aged peers) divided by (# of children assessed)] times 100. <ul style="list-style-type: none"> ▪ <i>Formula: $B \geq (0.67 \times A) \text{ AND } D \geq (0.75 \times C)$</i> </p>

The following are operational definitions of the indicators applied by DDS:

1. In determining a child’s functioning level in various developmental areas, an emphasis was placed on “informed clinical judgment”. Indeed, this concept is referenced in California State law. This clinical judgment is often based on parent interviews, record review, direct observation, and a formal evaluation using standardized instruments. All Early Start entrance and exit data were based on informed clinical judgment that included normed and standardized instruments.
2. Premature infants were defined as those born prior to 37 weeks’ gestation. Because standardized evaluation instruments vary significantly in adjusting for prematurity, including adjusting for prematurity up to a child’s third birthday, we adjusted for prematurity regarding chronological age up to 36 months of age.
3. California believes that to accurately evaluate child outcomes, we must analyze the efficacy of services in light of an evaluation of the child across all developmental areas and in the context of the child’s primary diagnosis (cerebral palsy, autism, level of mental retardation, severe abuse and neglect, etc.). Therefore, we believe our families are best served by compiling the necessary data elements that are currently recorded by regional centers in the children’s’ records. Accordingly, our data on child functioning at entrance and exit include the following data elements:
 - a. Diagnoses (medical, syndromes, co-occurring conditions, etc.)

- b. Developmental areas:
 - 1) Social –emotional
 - 2) Cognitive
 - 3) Communication
 - a.) Expressive
 - b.) Receptive
 - 4) Adaptive/self-help
 - 5) Physical
 - a.) Fine motor
 - b.) Gross motor

- 4. For the purpose of federal reporting, it is necessary to match the standard developmental areas with OSEP measurement categories as follows:
 - a. California’s measure of social-emotional functioning was determined to be equivalent to the OSEP measure of “Positive Social-emotional skills.”
 - b. California’s measures of cognitive abilities and receptive and expressive language skills were combined into the OSEP domain of “Acquisition and use of knowledge and skills.” Scores for receptive and expressive language skills were averaged and compared to the cognitive ability score. For any cases where improvement in cognitive abilities was different from improvement measured in language skills, the lower improvement score was used, since OSEP’s measure combines the two areas.
 - c. California’s Self-help/Adaptive functioning scores were used to measure “Use of appropriate behaviors to meet their needs.” These tests typically combine a parent interview or parent-report questionnaire along with direct testing of the child for corroboration. Some of the self-help/adaptive tests also have a “Teacher” or “Clinician” corroboration component, consisting of having a teacher or clinician who is familiar with the infant or toddler complete an inventory of the child’s functional abilities.
 - d. Language/Communication was assessed in two distinct areas -- Receptive and Expressive Language skills. The two language areas were averaged into one functional age for the overall Language domain.

- 5. It is important to note that California continues to serve “High risk” children in the Part C program. These children are defined as those having the following characteristics: very low birth weight (1500 grams); born prior to 37 weeks—prematurity; metabolic problems i.e. hypoglycemia, hypocalcemia; CNS infection/abnormality; seizure activity during first week of life; serious biomedical insult, i.e., CNS bleeds; multiple congenital anomalies requiring special services; positive neonatal toxin screen/drug withdrawal; significantly SGA; prolonged hypoxemia; hyperbilirubinemia; prenatal exposure to teratogens; significant failure to thrive; infant born to DD parent; or persistent tonal problems. To qualify for admission to the Early Start program based on “high risk” factors alone, an infant or toddler must have two of the above-risk factors present.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	N/A

<p>2006 (2006-2007)</p>	<p>N/A</p>
<p>2007 (2007-2008)</p>	<p>N/A Benchmarks being developed.</p>
<p>2008 (2008-2009)</p>	<p>N/A Target to be established during this reporting period.</p>
<p>2009 (2009-2010)</p>	<p>N/A Target will be established during the 2009 reporting period.</p>
<p>2010 (2010-2011)</p>	<p>N/A Target will be established during the 2009 reporting period.</p>

Improvement Activities/Timelines/Resources:

1. Completed and Ongoing Improvement Activities
 - a. Professional development partnerships. Accurate and valid evaluations are key to any effort to assess child progress via child outcome measures. In this regard, the local practitioners conducting these evaluations must have the requisite expertise to evaluate infants and toddlers upon entrance and also at exit from early intervention services. DDS as the lead agency has an active partnership with each of the five University of California Medical Schools to assist in training local practitioners in formal continuing medical education sessions. Further, regional center psychologists, physicians and clinical directors meet regularly in specialty groups including discussion of functional evaluation for developmental progress.

2. Planned Improvement Activities
 - a. Revision of California’s early intervention data form. California has continued development of our system for child outcome measures per feedback from the previous APR/SPP and ongoing discussion with OSEP. Specifically we revised the State’s Early Start Report form for universal reporting of child functioning levels at entrance and upon exit from the early intervention program (refer to draft form attached). We expanded the form to include more compliance and program evaluation data elements in accordance with the increased OSEP reporting requirements. DDS as the lead agency will collaborate with representatives from the regional centers to ensure data completeness, utility, and expediency.

CA 2009 Data Collection -Table of Improvement by Delay Diagnosis

	Social Emotional	Self Help/Adaptive	Cognitive	Communication	Physical	
I. Did not improve	-Language (13)	-Language (11)	-Language (8)	-Mental Retardation (6)	-Language (7)	
	-Autism (8)	-Autism (9)	-Mental Retardation (7)	-Autism (5)	-Autism (5)	
	-Mental Retardation (8)	-Mental Retardation (8)	-Autism (6)	-Language (3)	-Mental Retardation (3)	
	-Pervasive Developmental Delay NOS (2)	-More Global Delay- 4 or 5(3)	-More Global Delay- 4 or 5 (3)	-More Global Delay- 4 or 5 (2)	-More Global Delay- 4 or 5 (3)	
	-Mild Delay- 4 or 5 (2)	-Mild Delay-3 or < (2)	-No Diagnosis Entered (2)	-Down Syndrome (2)	-No Diagnosis Entered (1)	
	-Mild Delay-3 or < (1)	-Cerebral Palsy (1)	-Mild Delay-3 or < (1)	-Epilepsy (1)	-Pervasive Developmental Delay NOS (1)	
	-Down Syndrome (1)	-Down Syndrome (1)	-Epilepsy (1)	-No Diagnosis Entered (1)	-Epilepsy (1)	
	-Epilepsy (1)	-Epilepsy (1)	-Cerebral Palsy (1)	-No Diagnosis Entered (1)	-Cerebral Palsy (1)	
	-No Diagnosis Entered (1)	-No Diagnosis Entered (1)	-Pervasive Developmental Delay NOS (1)			
	-Other Developmental Delay (1)					
	II. Improved but no nearer same age as peers.	-Mental Retardation (23)	-Mental Retardation(26)	-Mental Retardation(32)	-Language (54)	-Mental Retardation (31)
		-More Global Delay- 4 or 5(18)	-Language (22)	-Language (23)	-More Global Delay- 4 or 5 (39)	-Down Syndrome (24)
-Autism (17)		-Down Syndrome (21)	-Down Syndrome (22)	-Mental Retardation (35)	-More Global Delay-4 or 5 (22)	
-Cerebral Palsy (17)		-Cerebral Palsy (19)				
- Down Syndrome (16)		-Autism (16)	-More Global Delay-4 or 5(17)	-Down Syndrome (21)	-Cerebral Palsy (20)	
-Language (9)		-More Global Delay 4 or 5 (16)	-Cerebral Palsy (17)	-Cerebral Palsy (21)	-Language (14)	
-No Diagnosis Entered (9)		-No Diagnosis Entered (16)	-Autism (13)	-Autism (20)	-No Diagnosis Entered (13)	
-Mild Delay-3 or < (4)		-No Diagnosis Entered (16)	-No Diagnosis Entered (13)	-No Diagnosis Entered (20)	-Autism (10)	
-Motor Delay (2)		-Mild Delay 3 or < (4)	-Motor Delay(4)	-Motor Delay (5)	-Mild Delay-3 or < (6)	
-Pervasive Developmental Delay NOS (2)		-Pervasive Developmental Delay NOS (3)	-Other Developmental Delay (4)	-Other Developmental Delay (4)	-Other Developmental Delay (4)	
-Epilepsy (1)		-Other Developmental Delay (NOS)(2)	-Pervasive Developmental Delay NOS (3)	-Other Developmental Delay (4)	-Motor Delay (1)	
		-Motor Delay (1)				
			-Mild Delay-3 or < (2)	-Pervasive Developmental Delay NOS (4)	-Pervasive Developmental Delay NOS (1)	
			-Epilepsy (1)	-Epilepsy (1)	-Epilepsy (1)	
				-Cognitive Delay(1)	-Cognitive Delay (1)	

	Social Emotional	Self Help/Adaptive	Cognitive	Communication	Physical
III. Improved and reached same age as peers.	-Mental Retardation (3) -Autism (2) -More Global Delay-4 or 5 (2)	-Autism (2) -More Global Delay 4 or 5 (2) -Mental Retardation (1)	-Autism (3) -More Global Delay- 4 or 5 (3) -Mental Retardation (1) -Cerebral Palsy (1)	-Language (9) -More Global Delay- 4 or 5 (6) -Autism (4) -Mental Retardation (2) -No Diagnosis Entered (2) -Mild Delay- 3 or < (1)	-More Global Delay-4 or 5 (4) -Autism (2) -Mental Retardation (1) -No Diagnosis Entered (1)
IV. Improved and reached same age as peers.	-More Global Delay- 4 or 5(47) -Language (16) -No Diagnosis Entered (11) -Autism (6) -Mild Delay- 3 or < (3) -Mental Retardation (3) -Down Syndrome (2) -Motor Delay (2) -Other Developmental Delay (2) -Cerebral Palsy (1)	-More Global Delay 4 or 5 (48) -Language (19) -No Diagnosis Entered (14) -Autism (5) -Cerebral Palsy (3) -Mild Delay 3 or < (3) -Mental Retardation (2) -Motor Delay (1) -Other Developmental Delay (1) -Pervasive Developmental Delay NOS (1)	-More Global Delay- 4 or (46) -Language (27) -No Diagnosis Entered (19) -Autism (6) -Mental Retardation (4) -Motor Delay (3) -Cognitive Delay (3) -Down Syndrome (1) -Other Developmental Delay (1)	-Language (66) -More Global Delay- 4 or 5 (48) -No Diagnosis Entered (18) -Autism (8) -Mild Delay- 3 or < (7) Motor Delay (4) -Mental Retardation (1) -Down Syndrome (1)	-More Global Delay- 4 or 5(42) -Language (16) -No Diagnosis Entered (12) -Motor Delay(10) -Mental Retardation (6) -Mild Delay- 3 or < (3) -Autism (3) -Other Developmental Delay (1) -Cerebral Palsy (1)
V. Maintained Level of peers.	-Language (188) -No Diagnosis Entered (70) -More Global Delay- 4 or 5(50) -Mild Global Delay- 3 or <(26) -Motor Delay(25)	Language(174) -No Diagnosis Entered (60) -More Global Delay 4 or 5 (50) -Motor Delay (27)	-Language(168) -No Diagnosis Entered (57) -More Global Delay- 4 or5(50) -Mild Global Delay- 3 or<(29)	-Language (94) -No Diagnosis Entered (50) -More Global Delay- 4 or 5 (24) -Motor Delay (20)	-Language (189) -No Diagnosis Entered (64) -More Global Delay- 4 or 5(48) -Mild Delay- 3 or <(25)
	-Mental Retardation (10) -Cerebral Palsy (7) -Cognitive Delay (5) -Down Syndrome (5)	-Mild Delay 3 or < (25) -Mental Retardation(10) -Autism (5) -Cognitive Delay (4)	-Motor Delay (22) -Autism (9) -Cerebral Palsy (6) -Mental Retardation (3) -Cognitive	-Mild Delay- 3 or < (15) -Cerebral Palsy (4) -Cognitive Delay (4) -Mental Retardation (3)	-Motor Delay (18) -Autism (17) -Mental Retardation (7) -Cognitive Delay (4) -Pervasive

Social Emotional	Self Help/Adaptive	Cognitive	Communication	Physical
-Autism (4)	-Other Developmental Delay (3)	Delay (2)	-Other Developmental Delay (2)	Developmental Delay NOS (3)
-Other Developmental Delay (3)	-Down Syndrome (2)	Syndrome (1)		-Cerebral Palsy (3)
- Pervasive Developmental Delay NOS (1)	- Cerebral Palsy (2)	Developmental Delay (3)		-Other Developmental Delay (1)
	- Pervasive Developmental Delay NOS (1)	-Pervasive Developmental Delay NOS (1)		

Part C State Annual Performance Report (APR) for FFY 2007

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
2007 (2007-2008)	Target to be developed once baseline is known.

Actual Target Data for FFY 2007 (2007-2008): No target data is submitted by California for this FFY (see below).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007 (2007-2008): California submitted its Family Rights survey data results and succeeding year follow-up actions to OSEP during the FFY 2005 reporting period in its amended State Performance Plan (SPP). At the time, there was disagreement between OSEP and DDS as to the “soundness” of the sampling activities because of the low response rate to the survey by families of a small portion of California’s infant and toddler population served, the solely low-incidence infants/toddlers. Since then, several events and subsequent discussions with OSEP have occurred which indicate that the survey results may perhaps be used by the Lead Agency in establishing the baseline and annual targets. DDS is awaiting final analysis/guidance by OSEP and its consultants on moving

forward with the results as submitted in FFY 2005. The following is a brief description of the historical events surrounding this indicator.

1. During FFY 2005, the Lead Agency's main contractor (WestEd) and an additional independent contractor worked with DDS to develop and conduct the survey, analyze the subsequent data, and assist in the preparation of developing the required baseline and annual targets. This effort included work and collaboration with many stakeholders, including the California Department of Education (CDE), in capturing the solely low-incidence infant/toddler families, the small Part C population served only by CDE. As recommended by OSEP, 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* but included additional demographic and open-ended questions as well.
2. California completed and submitted the results of its survey in the State's FFY 2005 SPP, along with summary information from the NCSEAM survey and independent contractor analysis. 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 due to the low response rate (57 percent) of the solely low-incidence families. 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.
3. California contacted OSEP following receipt of the June 2007 APR letter to discuss its response that, "the sampling activities were not sound." After review and discussion, it was agreed that the sampling activities were sound. The issue was the low response rate from families of solely low-incidence children. DDS determined from further review that even though OSEP accepted the targets and improvement activities in the amended SPP for Indicator #4, the baselines might be adversely impacted by additional surveys and subsequently, the entire analysis conducted by the contractors would be void and would require a complete re-work of all previous activity. However, it was agreed at that point that DDS would re-sample the solely low-incidence population.
4. During the OSEP Data Meetings for Part B and Part C conducted June 8-12, 2008, it was reported in a presentation to states that "representativeness" and not the "response rate" to surveys was the critical factor in determining whether or not the results of a survey were valid. Following this new information, DDS conferred with OSEP and with OSEP's statistical representative about moving forward with the results of its survey. DDS was requested to forward all documentation regarding the survey for review, which was done. The amount of data and information submitted was significant as DDS had used both the results of the NCSEAM survey and an independent analysis of the data by the independent contractor.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 (2007-2008): Upon approval to use survey results by OSEP, DDS proposes the following activities:

1. Restructure the targets submitted in the FFY 2005 SPP for remaining years in the current plan and extend for two years into the new plan, which will be developed for the six-year period beginning with FFY 2011 (2011 – 2012).
2. Conduct follow-up sample surveys across local programs through the State's Family Resource Centers to determine the impact of the State's efforts at improving the results for not only the major measurements of this indicator where necessary, but other items identified in the independent contractor's analysis as well.

Part C State Annual Performance Report (APR) for FFY 2007

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
2007 (2007-2008)	.95 % of infants and toddlers birth to one in California will have IFSPs.

Actual Target Data for FFY 2007 (2007-2008): The percentage of California’s population served under one year of age equaled 1.26 percent (6,782 divided by 537,178, times 100). This exceeds the 0.95 percent target for FFY 2007 by 0.31 percent and compares favorably to the Texas 0.92 percent and the national percentage of 1.06 percent (44,974 divided by 4,257,020, times 100). Texas and national averages data are derived from Office of Special Education 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: 2007.”

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007 (2007-2008): California has met and exceeded the national data for Indicator #5 (1.06 percent), by 0.31 percent. Factors that may have contributed to the increase in numbers served are listed below. As with last year, they include a continuing, aggressive 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.

1. **Materials Distribution:** As part of the State’s Child Find efforts regarding education and resource development/dissemination, the *Reasons for Concern* brochure is located on DDS’ Early Start website at www.dds.ca.gov/EarlyStart. Hard copies of the brochure can be ordered in five languages. The brochure is also posted on California Department of Education’s (CDE) website, DDS’ partner for Part C in California, at <http://www.cde.ca.gov/sp/se/fp/concerns.asp>. The number of hard copies distributed for the brochure during FFY 2007, was 59,323.

A partial inventory of other 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. DDS disseminates a total of 46 products for the Early Start program. During FFY 2007, 343,969 Early Start materials were ordered, including the brochure above. Eight of these products are printed in English as well as four other languages, including Spanish with 71,227 items distributed, Chinese with 6,431 items distributed, Vietnamese with 8,354 items distributed, and Hmong with a total distribution of 3,100 items. Total of all items distributed were:

- Annual Performance Report – 599
- Central Directory - 707
- *Starting Out Together* – 6,071 English, 7,830 Spanish, and 825 Vietnamese
- *Early Start Statutes and Regulations* – 1,339
- *Family Introduction to Early Start* - 41,386 English, 20,414 Spanish, 2,925 Vietnamese, and 1,100Hmong
- *Family Resource Center* brochure - 30,060 English, 14,104Spanish, 1,650 Vietnamese
- *Parents' Rights* - 23,020 English, 12,655 Spanish, 1,339Vietnamese
- *Early Start* Poster – 2,118
- *Early Start Fact Sheets* (nine individual handouts) – 60,157
- *Early Start Community College Personnel Preparation* brochure – 252
- *Reasons for Concern* - 37,552 English, 15,532 Spanish, 4,365 Vietnamese, and 2,000Hmong -
- *The Role of the Health Care Provider* - 18,922

Review of FFY 2007 data regarding materials distributed indicates that the top three regional centers ordered a total of 37,368, 28,146, and 22,965 materials respectively. The top three agencies ordering Early Start materials included regional centers (77,496), Family Resource Centers (46,735), and early intervention programs (32,829). These agencies ordered a total of 157,060 items, an increase of 3,828 from the last reporting period.

Companion posters to be used with the *Reasons for Concern* brochure are being developed by DDS in collaboration with the CDE. These companion posters display typical development from birth to 36 months and the *Reasons for Concern* brochure offers providers a comparison of potentially delayed development warranting further evaluation.

2. The “BEST PCP (Primary Care Physician) Project”: The *BEST PCP Project* in California, first reported on in the FFY 2005 Annual Performance Report, 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 (MCAH) Branch within the California Department of Public Health (CDPH), partnering with the California Department of Mental Health, CDE, the Department of Developmental Services (DDS), as well as California Children's Services (CCS), and Healthy Families, which provides State Children Health Insurance Program benefits on the state level. California is one of the states 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, financing and billing for developmental and psychosocial screening.

As discussed in California's State Performance Plan (SPP), the University of California, Los Angeles, Early Developmental Screening and Intervention, along with Orange County, hosts two of the ABCD Consortium state team projects, which continue to use a standardized assessment tool for pediatric patients. California First 5 County Commissions provided the funding for the pilots in ten counties. Evaluation data for the project is being tracked and the 2006/07 Annual Report posted at the following Internet location <http://www.ccfcc.ca.gov>, states that the Special Needs Project demonstration sites screened over 4,000 children. Approximately 40 percent were under the age three. Data for FFY 2007 is not yet available and will be reported as part of next year's Annual Performance Report. The demonstration sites use a structured screening tool in well-child visits among participating medical practices for children 9 months, 18 months, and 24 months of age. There were 15,234 referrals (point in time data), during FFY 2007, to California's Early Start Program in the regional centers. These projects have increased appropriate referrals to three of the regional centers receiving the largest numbers of referrals, according to regional center program staff.

The partnering between the State ABCD team and the two local pilots has become absorbed into the California ABCD/the Statewide Screening Collaborative. The Statewide Screening Collaborative works on a statewide developmental screening spread strategy. The plan is to use collaborative members' communication systems to disseminate information about the screening website and toolkit. The screening website is in the design stage, and the University of California, Los Angeles has been contracted to implement it. The website will have links for parents with developmental concerns about children and resources for providers. The tool kit will post screening tool resources and billing information on reimbursement for screening. The development of the toolkit and website has brought new partners to the table and they include:

- California Dept of Corrections: Juvenile Justice
- Administrative Office of the Courts
- Children Medical Services
- The Academy of Pediatrics at the University of California, Irvine and in San Diego
- Department of Alcohol and Drug Programs
- Managed Risk Medical Insurance Board
- California First 5 Association
- California Department of Social Services
- Family Resource Centers Network
- WestEd
- California Department of Managed Health Care
- Infant Development Association
- Senator Perata's Office

DDS continues to participate and monitor the progress of this group.

3. 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 76 percent of all newborns. The existing Newborn and Infant Hearing Screening, Tracking, and Intervention Act requires that every approved CCS hospital offer screening to newborns. In 2006, the Governor signed a bill expanding this program. This expansion 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. Last year California reported that hearing screenings were provided to approximately 79 percent of all newborns and that 21

percent of those infants referred received IFSPs. More current data was not yet available for this report but will be included as part of next year's Annual Performance Report. Further program information can be found at this website: www.dhcs.ca.gov/services/nhsp.

4. Newborn Screening Program (NBS): The NBS Program screens for the most common treatable diseases recommended by the American College of Medical Genetics and March of Dimes. Expansion of the program began in July 2007, and growth is being tracked. Newborns with positive screens are referred to a CCS-approved Metabolic Center. The Metabolic Center works with the primary care provider to arrange for confirmatory testing. DDS will be working with CCS and the Genetic Disease Branch on screening, referral protocols, and policies and will be tracking this program change. The NBS program does not track referral data. More information can be found at the website: www.cdph.ca.gov/programs/NBS.

5. 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 (CPS). In April 2008, DDS sent a program advisory to regional centers clarifying roles and responsibilities for referral under CAPTA (Refer to Attachment 1 for this section). County Welfare Departments are mandated under CAPTA to consider for referral those children under the age of three 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 IDEA. CAPTA requires that the State assure there are provisions and procedures in place to refer these children. With DDS/CDSS collaboration, CDSS 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. During 2007, DDS and CDSS responded to requests for local training on referral requirements for children under the age of 3 with substantiated cases of abuse and neglect by providing cross-training on this issue, including 1 statewide summit attended by 100 participants, and 2 partnership working sessions attended by 34 and 49 participants respectively. There were a total of 183 participants. 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.

In this reporting period there were approximately 12,859 children under the age of three in the welfare system. An average of 3.03 percent of new referrals each month to the regional centers comes from CPS or from foster care. The data is published on the following website: http://cssr.berkeley.edu/ucb_childwelfare/PIT.aspx.

6. Neonatal Intensive Care Unit (NICU) Liaisons: California reported in the State Performance Plan submitted for FFY 2004, all 21 regional centers have liaison activities with 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 (OSHDP) show that in 2005 there were 54,695 NICU discharges and in 2006 a total of 54,906. In 2007 there were 54,211 NICU discharges. However, DDS has noted a slowing of the upward trend over the past two years of hospitals discharges as the referral source. Although there was a small increase from 2006 to 2007, there was a decrease of 1.28 percent from 2007 to 2008. This may not be statistically significant. However, if the downward trend continues next year, the shift may indicate successful risk reduction programs for NICU conditions in California. DDS will continue to track these changes. More information is found at www.oshpd.ca.gov.

7. The California Children's Services (CCS) High Risk Infant Follow-Up (HRIF): This program was established to identify infants who might develop CCS-eligible conditions after

discharge from a CCS-approved NICU. CCS Program standards require that each CCS-approved NICU ensure the follow-up of discharged high risk infants and that each NICU either have an organized program or a written agreement for provision of these services by another CCS-approved NICU. The following are reimbursable diagnostic services: comprehensive history and physical examination with neurologic assessment; developmental assessment; family psychosocial assessment; hearing assessment; ophthalmologic assessment; and coordinator services (including assisting families in accessing identified, needed interventions and facilitating linkages to other agencies and services). The HRIF program was restructured in 2006 at which time data collection became a requirement of the programs. CCS is currently in the process of developing a HRIF Quality Improvement Initiative which includes an electronic data collection system. This program is scheduled to start in 2009. DDS is working with CCS to track the progress of this Quality Improvement Initiative, as the Health Status and Developmental Status Report used to report this data includes reporting the use of Early Start services for intervention. More information can be found at www.dhcs.ca.gov/services/ccs.

8. California regional centers and the State track referral sources for all children referred for Part C services. Physician referrals (34.26 percent) and family (32.48 percent) referrals represent more than half of the total numbered referred during FFY 2007. The following is an aggregate of referral data for FFY 2007:

- Department of Public Social Services /County Welfare (0.76%)
- Parent (32.48%)
- County Health Department (1.68%)
- California Children’s Services (0.38%)
- Local Education Agency (2.27%)
- Child Care Provider (0.76%)
- Hospital (13.69 percent)
- Regional Center (0.06%)
- Maternal Child and Adolescent Health Contract Project (0.04%)
- Physician/Health Plan (34.26%)
- County Mental Health (0.16%)
- Child Health and Disability Prevention (0.12%)
- Private Service Agency (1.58%)
- Child Protective Agency (2.27%)
- Family Resource Center (0.40%)
- Other (9.08%)

DDS maintains a toll-free telephone line (referred to as the “BabyLine”)1-800-515-BABY (2229) where it provides information in English and Spanish on Early Start, including resources and referral information for children birth to age three. This information is also posted on the Early Start website at the following Internet website: <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 248 total calls for Early Start resources. Of those, 36 callers identified themselves as having called via the BabyLine. DDS staff also completed development of a BabyLine electronic data collection system. During FFY 2007, DDS staff received a total of 1,199 calls. February and April had the greatest call rate.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 (2007-2008): California does not propose any revisions to this indicator.



DEPARTMENT OF DEVELOPMENTAL SERVICES

COMMUNITY SERVICES AND SUPPORTS DIVISION PROGRAM ADVISORY

CFSB 08-01

April 7, 2008

REFERRALS UNDER CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

PURPOSE

The purpose of this advisory is to highlight one specific requirement in the reauthorization of the Individuals with Disabilities Education Improvement Act of 2004, known as IDEA.

Part C of IDEA 2004, requires that the State's Grant Application for early intervention funding include a description of "policy and procedures that require the referral of a child under the age of three who—(A) is involved in a substantiated case of child abuse or neglect; or (B) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure." [USC, Sec. 637(a)(6)].

BACKGROUND

In addition to IDEA's reauthorization, the federal Child Abuse Prevention and Treatment Act (CAPTA) was amended and reauthorized by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36). CAPTA states the requirement that child protective services must have in place "provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act." According to the California Department of Social Services (CDSS), their policy definition of "substantiated" is when there is a conclusive finding of abuse or neglect following the initial thirty-day investigation. CAPTA requires that the State assures that there are provisions and procedures in place to refer children. CDSS emphasized in their All County Letter #06-54 dated December 6, 2006, that "children referred must still meet the (Early Start) eligibility criteria".

IMPLEMENTATION

The Department of Developmental Services (DDS) supports early identification and appropriate referrals of young children to regional centers who may need early intervention services.

In practical terms, the local child welfare departments, as a primary referral source, need to have policies and procedures in place for making appropriate referrals to Early Start. CAPTA emphasizes enhanced linkages between child protective services, public health, mental health and developmental disabilities agencies.

Early Start regulations state that, "Regional centers and Local Education Agencies (LEA) shall coordinate local child find activities with each other and other public agencies." Regional centers and LEAs have a responsibility under IDEA to ensure primary referral sources are informed about Early Start eligibility criteria, available types of early intervention services, and appropriate processes for referral. Once a referral is received, regional centers and LEAs must evaluate all children referred for Early Start eligibility.

Early Start is a voluntary program and therefore, parents have the right to refuse early intervention services for their child. If the regional center or LEA is unable to locate that the parent or the parent's educational rights have been terminated by the court, a surrogate parent must be appointed to consent for the evaluation and provision of services for the child. Refer to California Early Start's Program Advisory of May 1999, on the subject of surrogate parents for more information.

FOR MORE INFORMATION

If you have any questions or concerns, please contact Kevin Brown, Chief, DDS Early Start Section Chief at (916) 654-2767 or kbrown5@dds.ca.gov, or Cheryl Treadwell, CDSS Program Manager at (916) 651-6023 or Cheryl.treadwell@dss.ca.gov.

Part C State Annual Performance Report (APR) for FFY 2007

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
2007 (2007-2008)	1.85% of infants and toddlers birth to three in California will have IFSPs.

Actual Target Data for FFY 2007 (2007-2008): The percent of California’s population served birth to 36 months of age equals 2.37 percent (measurement formula: 38,530 divided by 1,626,778, times 100.) Texas’ percent equaled 2.06 percent (24,869 divided by 1,204,607, times 100.) California continued to progress towards the national baseline, which was 2.52 percent, and is only 0.15 percent less. (Source: table C-9 titled “Percent of Infants and Toddlers Receiving Early Intervention Services under IDEA, Part C, by Age and State: 2007”).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007 (2007-2008): The State has made progress from FFY 2006 as California’s percent served birth to 36 months of age, then equaled 2.11 percent, a 0.26 percent increase this reporting period. California exceeded the State’s rigorous target by 0.52 percent. The nation’s increase for this reporting period was less than the State, which was 0.09 percent (2.52 – 2.43). California graduates successful infants and toddlers as they progress and no longer need services, or when they reach 3 years of age. Of the total number of Early Start graduates, only 23% proceed to be eligible for lifetime services through the regional centers due to a permanent developmental disability that is “substantially handicapping” per California State law. It is also important to note that the “point-in-time” calculation formula currently in use significantly underestimates the percent of children served annually in California. Progress for this indicator is determined by DDS to be attributable to the same factors as those listed for Indicator 5.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 (2007-2008): California does not propose any revisions to this indicator.

Part C State Annual Performance Report (APR) for FFY 2007

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
2007 (2007-2008)	100% of children have evaluation, assessment, and IFSP meeting within 45 days.

Actual Target Data for FFY 2007 (2007-2008): Data from FFY 2007 indicates that 90.43 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 (312 divided by 345 times 100 equals 90.43 percent). This is in comparison to the data from FFY 2006 which indicated that 90.28 percent of children 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).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007 (2007-2008): Data from FFY 2007 as compared to data from FFY 2006 indicate an improvement of 0.15 percent. The Early Start program continued to grow this year (point in time data taken from June of 2007 compared to June 2008) at a rate of 13.3 percent. The resources to evaluate and assess the infants and toddlers coming into the program along with personnel shortages at the local programs continue to make meeting the 45-day timeline more challenging. In addition to the strain on resources, the Child Abuse Prevention and Treatment Act (CAPTA) now requires Child Protective Service Agencies to refer children with a substantiated case of abuse to Part C programs for evaluation. Although California has dedicated resources (see description of CAPTA trainings below) from several State agencies to help develop local plans for developmental screening of these children, the impact on several large, local Part C programs has been significant.

California believes that the increasing divide between the significant, annual increase of program infants/toddlers and professional resources, such as physical therapists, speech

pathologists, and occupational therapists, will adversely impact this indicator in subsequent years. The State Part C Lead Agency has aggressively pursued activities for the past several years to alleviate the strain on access to these resources, but without federal assistance from agencies such as OSEP, the Department of Health and Human Services, and the Department of Education, to address the nationwide issue, meeting a compliance target of 100 percent will be difficult if not impossible. Activities that continue to support regional centers' ability develop the IFSP within 45 days from the initial referral and the State's ability to evaluate and assess this indicator, 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 18 of the 21 regional centers are now using the Early Start specialized therapeutic code, which exempts them from standard rate formularies to be able to pay higher reimbursements as necessary. The expenditures from the use of the specialized therapeutic code continue to increase rapidly (refer to Indicator 1) and has allowed California to continue to help meet the service needs of infants and toddlers enrolled in Early Start in a timely manner. 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 that the timeliness requirements of this indicator are met.
2. As described in Indicator 2, 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 WestEd Center for Prevention and Early Intervention to coordinate implementation of these personnel development activities. During FFY 2007, 11 Early Start Institutes were held throughout the state during which 777 personnel in the field of early intervention were trained. All institutes included requirements of the 45-day timeline for evaluation, assessment, and IFSP in the curriculum. Approximately 64 percent of the attendees received Personnel Development Scholarship Funds to supplement the costs of attending the Institutes. Approximately 18.1 percent of participants at the Early Start Institutes and CORE trainings were representatives from Local Education Agencies providing Part C and Part B services. An additional 1,137 individuals attended local training events apart from the 11 Institutes and completed college course work.
3. California's Community College Personnel Preparation Project (CCPPP) is an ongoing project that addresses shortages in early intervention paraprofessional personnel. The CCPPP supports community colleges in developing comprehensive curriculum in their child development programs for persons interested in working with infants and toddlers and young children with disabilities. Out of 109 colleges 47 currently participate in the CCPPP at various levels with 13 offering state-level Early Intervention Assistant Certificates. The project includes coordinating articulation agreements between the community colleges and 4-year colleges and universities. These activities contribute to capacity building and sustainability in the preparation and support of qualified paraprofessionals so that professional personnel may focus on the tasks associated with meeting the Part C, 45-day timeline. An excellent study just released in September 2008, examines the State's efforts with this program, and can be found at http://ies.ed.gov/ncee/edlabs/regions/west/pdf/REL_2008060.pdf.
4. 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 2007, DDS sponsored or co-sponsored four conferences for health care providers in California. The conferences focused on the screening, diagnosis, and treatment of developmental disabilities and the role of the health care provider. A total of 505 participants were trained on the specialized topics, increasing California's capacity to meet the needs of the children with developmental disabilities.

Below is a list of DDS-sponsored training activities for health care providers that occurred between July of 2007 and June of 2008.

- *UCSF 7th Annual Developmental Disabilities: An Update for Health Professionals* (March 6-8, 2008)
- *UCLA Innovative Approaches: Treatment for People with Developmental Disabilities & Psychiatric Disorders* (May 10, 2008)
- *UCLA/Orthopedic Hospital Center for Cerebral Palsy's 2008 Margaret Jones Conference on Cerebral Palsy* (May 3, 2008)
- *UCSD – Autistic Spectrum Disorders: Best Practice Guidelines for Screening, Diagnosis and Assessment* (May 14, 2008)
- *UCSD – Essential Topics in Pediatrics 2009: Exploring the Developmental Spectrum* (May 15 – 17, 2008)

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 Medical School to provide a web-based summary of the most recent research on the 60 most common developmental disabilities. This digest can be found at www.ddhealthinfo.org. In addition to resources, the website offers continuing medical education credit in a self study format. During FFY 2007, 438 physicians and 588 other health care providers completed continuing medical education courses through this website.

5. **Speech and Language Pathology Assistant (SLPA) Efforts:** California reported last year on its effort to expand the use SLPAs through regulatory change to address the shortage of speech and language pathologists and audiologists across the state, which is also a national problem. The State believes that use of SLPAs to provide direct services will allow the licensed speech and language pathologists to complete evaluations and assessments in a more timely manner. Although state regulatory changes are completed for this item, DDS has been awaiting publication of final Part C regulation changes in order that all necessary state regulation changes could be performed at one time. Given the uncertainty of the status of the Part C regulations being published, California will be reviewing all of its Part C regulations in the next 6-12 months for necessary changes and will include the SLPA as part of that effort. Until then, as reported in last year's APR, DDS has allowed use of SLPAs at the local program level through use of a waiver to state requirements.

6. CAPTA Trainings: During FFY 2007, DDS collaborated with the California Department of Social Services to provide two statewide forums (northern and southern California) which gave local programs an opportunity to collaborate with their local county social service agencies in the design and planning for the developmental screening of children with substantiated cases of abuse. These were very successful in helping local programs implement the “multiple pathways” model: screening, referral and services from the most appropriate agency in the most timely manner.
7. Early Start Report Form: As reported in last year’s APR, the Lead Agency has been working with local program stakeholders to revise and validate the record review database in order to increase the Lead Agency’s universal reporting capability. The database is populated with elements from the Early Start Report form, which local programs use to enter key infant/toddler and IFSP information. To date, meetings and feedback have resulted in the development of revision #9 to the form. Refer to Indicator 9 for a complete description of this project. Until universal reporting is available for this indicator, DDS will continue to manually collect data for reporting within available resources. During FFY 2007, DDS continued to make a concerted effort to review more consumer records. For FFY 2007 a total of 345 records were reviewed across 14 regional centers. Since the end of FFY 2007, DDS has visited an additional nine regional centers and reviewed 245 records for continued follow-up on non-compliance and validation.
8. 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”. This change was based on a finding and recommendation by OSEP during its last verification visit. The date establishes the timeline for correction of non-compliance within 365 days.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 (2007-2008): California does not propose any new revisions to the indicator.

Part C State Annual Performance Report (APR) for FFY 2007

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
2007 (2007-2008)	100%	100%	100%

Actual Target Data for FFY 2007 (2007-2008):

- 8A: Transition Steps = 92.38 percent (97 divided by 105 times 100 equals 92.38 percent).
- 8B: LEA Notification = 89.52 percent (94 divided by 105 times 100 equals 89.52percent).
- 8C: Transition Conference with LEA = 98.09 percent (103 divided by 105 times 100 equals 98.09 percent.)

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007 (2007-2008): Last year, DDS reported the transition data below.

- 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).

Based upon comparison of data between the two fiscal years, California's performance improved on Indicator #8A but experienced expected slippages on #8B and #8C. DDS is aware that there is a problem with coordination and collaboration between some of the Regional Centers and local educational programs and SELPAs and is working with all parties, including CDE, to address this issue. See discussion below.

Subsequent to last year's Annual Performance Report and OSEP guidance, DDS initiated increased manual data collection of Indicator 8 during visits to local programs until the proposed activity regarding universal data collection is implemented (see status below). DDS reviewed 105 transition plans for this report in comparison to previously where a total of 20 transition records were reviewed. DDS's practice to include a higher proportion of transition age records in record reviews has been implemented. Since the end of FFY 2007, the Early Start Section's Monitoring Unit has reviewed an additional 260 records for transition purposes at 14 local programs. Subsequently, the State will have even more data to analyze and report next year.

DDS believes that the sample used for reporting under this indicator is representative of the State. California samples transition records for review during monitoring of local programs discretely from the sample of records drawn for other monitoring records. In the case of the transition sample, the records sampled are representative of the State when considered in totality with all 21 regional centers that must be sampled. As noted above, DDS has increased the sample size of transition records for review during monitoring of local programs and will continue to do so until the universal data collection process discussed under "Revisions" below is implemented.

The transition record sample included records from the smallest local program up through and including the largest local program and represented all geographic variants relevant to the State (each lived in a different zip code). The local programs sampled included serve areas of northern, central, and southern California and that provide services from one to ten counties (fewest and most). The sample also included rural, town, small city and large urban residents and the SELPA children served by the local programs that transitioned to Part B represented approximately one-fourth of all SELPAs.

The primary languages of the sample's children and families represented the two with highest prevalence for the State: English and Spanish, along with related highest prevalence ethnicities. Both genders were also well represented. All types of aging out exits were also represented, ranging from children with severe developmental disabilities to children not expected to be eligible for Part B, families choosing to exit before a determination is made, and moving to another local program area.

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: As described in Indicator 2, 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 WestEd Center for Prevention and Early Intervention to coordinate implementation of these personnel development activities. During 2007-2008, 11 Early Start Institutes were held throughout California

during which 777 personnel in the field of early intervention were trained. All institutes included requirements of transition embedded into the curriculum. Approximately 64 percent of the attendees received Personnel Development Scholarship Funds to supplement the costs of attending the Institutes. Approximately 18.1 percent of participants at the Early Start Institutes and CORE trainings included representatives from Local Education Agencies providing Part C and Part B services. In addition to those who were trained by attending the Institutes, an additional 1,137 individuals attended local trainings and completed college course work. Two of the trainings included specific workshops to address the topic of transition. They were as follows.

- a. Early Start Essentials included a workshop on positive transition planning. It provided training to service coordinators on strategies to assure a smooth transition including planning, transition steps, outcomes, and service provision.
 - b. Early Start Skillbuilder III addressed cognition, early learning, and transition. In collaboration with staff from the California Department of Education presentations consisted of laws and strategies regarding transition to Part B of IDEA preschool services and strategies that support collaboration throughout the transition process.
2. Two training events that occurred in FFY 2007 that may have had a significant impact on transition were:
- a. Early Start Advanced Practice Institute sponsored by DDS and coordinated by WestEd, which featured W. Alan Coulter, Ph.D. the Co-Director of the Data Accountability Center (DAC), a project funded by the U.S. Office of Special Education Program (OSEP) to discuss accountability, emphasis on data, and the connectedness of reporting on results to expected changes in local practices. Participants learned information about current approaches used to estimate the congruence of state and local programs with the intent of federal law and policy. 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 practice.
 - b. Collaborative presentations made during multiple sessions of the SEECAP conference in 2008. It provided the state an opportunity to address the specifics and importance of transition between Parts C and B. Attendance at the SEECAP conferences included 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 will actively participate in focus monitoring visits once that system is implemented. 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.
 - d. DDS in collaboration with CDE, through NECTAC and WRRC (Western Regional Resource Center), is working on a transition Project to improve transition throughout

- the state. This includes joint trainings to the community that focus on conducting transition meetings, preparing families for transition, developing and implementing transition steps, and facilitating communication between Part C and B. Per recommendations from WRRC the transition project also includes developing bridging documents for transition handbooks, developing and disseminating transition brochures, developing a short section for the Service Coordinator's Handbook on preparing families for transition, developing a letter announcing transition training at the Institutes through WestEd, developing an annual letter and quarterly bulletins to SELPA Directors and ES Managers on what is expected, local contacts and available resources, conducting trainer of trainer for ARCA trainers on transition so they can provide local training at each regional center, working with WRRC regarding availability of webinar capabilities and transition videos, and changing the Early Start Report for better data. The first recommended product for this project, a joint departmental letter to all regional centers and school districts that addresses this project, is attached.
- e. DDS continues to work with the Regional Centers, local education programs, SELPA's, and CDE to address the challenges with the transition process. The Early Start Local Support Unit Liaisons are actively working with the Regional Centers to address the specific issues that they are having with the LEAs and SELPA's. This includes providing trainings, attending joint meetings between the Regional Centers and LEAs/SELPAs, and assisting with the Memorandums of Understanding (MOU) between the Regional Centers and LEAS/SELPAS
4. NCSEAM'S Family Survey: As reported last year and determined still to be valid, 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 in FFY 2005. Refer to Indicator #4. 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.
 5. Early Start Report: DDS has included many new draft changes related to transition to its Early Start Report form since the last year's APR. All changes are highlighted in yellow in Attachment #1 to Indicator 9 and are located in Sections 21 and 22. As can be seen, the new changes are intended to capture all data necessary to: (1) effectively monitor and report on his indicator; (2) provide both DDS and CDE with additional, pertinent information and data to review and analyze results in order to make local changes where necessary; and more importantly (3) gauge statewide effectiveness of good transition for infants/toddlers and their families.

Revisions, with *Justification*, to Proposed Targets / Improvement Activities /Timelines / Resources for FFY 2007 (2007-2008): California does not propose any new revisions to the indicator.

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 340, MS 3-24
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-2716



TO: ALL REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: TRANSITION PRACTICES FROM PART C TO PART B OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

The California Department of Developmental Services (DDS), Early Start, and the California Department of Education (CDE), Special Education Division (SED), are responsible for ensuring that our State has procedures in place that result in smooth transitions from early intervention services under Part C to special education and related services under Part B of the IDEA. We understand that guidance on transition between the two distinct programs has been confusing for many in the past and hope that our new collaborative approach will prove beneficial to the community.

This is the first of annual letters that will be sent to all programs serving children birth-to-five under the IDEA clarifying transition practices and existing requirements. Additional bulletins will be sent throughout the year to explain roles and responsibilities and share evidence based practices. The purpose is to have a consistent message to the field from both Departments. It is our hope that this will be a way of clarifying current requirements, sharing changes in data collection and refining practices for the benefit of families and young children.

Based on national annual performance report findings, the Office of Special Education Programs has made improving transition outcomes a national priority. Subsequently, they contracted with the Western Regional Resource Center (WRRRC) to provide technical assistance and support to a variety of states. DDS and CDE have agreed to participate in the project to improve transition practices and outcomes in support of the state performance plans for both Departments. These activities will support data collection for Part C's indicator 8, Part B's indicator 12, and will add to the improvement activities required for the annual performance reports.

Between now and 2010, CDE and DDS will be working on the following activities:

1. A document is being developed to bridge the gaps that exist between the *Special Education Early Childhood Transition* book and the transition section of the *Early Start Service Coordinators Handbook*. This document will be available by June 2009.
2. A letter will be sent to the early childhood community, announcing the availability of the Early Start Institute Series noting those trainings that specifically address transition practices.
3. DDS is participating with CDE in their Early Childhood Special Education Field Meetings being held in northern and southern California. The focus is on the transition indicator in both Departments' annual performance reports.
4. CDE and DDS will be presenting a workshop on a cross-agency approach to effective

transitions at the Special Education Early Childhood Administrators Project symposium in February 2009.

5. Technical assistance will be provided upon request to local communities addressing transition practices with joint departmental representation.
6. Data collection systems are being adjusted to improve the validity and reliability of tracking:
 - a. DDS is working with stakeholders to improve data collection for reporting and analysis purposes.
 - b. CDE/SED will be requiring specific dates for Part B entry in California Special Education Management Information System (CASEMIS), starting with the December 2008 collection, including referral dates, parent consent dates and initial Individualized Education Program dates. CASEMIS will also include a specific report related to identification before the third birthday.
7. An interagency workgroup will develop a transition brochure for families.

DDS and CDE are looking forward to our continued collaboration in support of the quality services provided by California's Early Childhood communities. If you have any questions that you would like addressed, please contact Meredith Cathcart, CDE, at mcathcart@cde.ca.gov or Patric Widmann, DDS, at pat.widmann@dds.ca.gov.

Sincerely,

Original signed

JULIA MULLEN, Deputy Director
Community Services and Supports Division
Department of Developmental Services

Original signed

Mary Hudler, Director
Special Education Division
California Department of Education

Part C State Annual Performance Report (APR) for FFY 2007

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
2007 (2007-2008)	100% of noncompliance findings are corrected within one year of identification

Actual Target Data for FFY 2007 (2007-2008): During the FFY 2006 (2006-2007) reporting period, DDS conducted a total of five on-site monitoring visits to local programs. Additionally, CDE reported findings to a total of 48 school districts. 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 DDS’ SANDIS/UFS system and CDE’s system. The addition of CDE for this indicator is new and is discussed below. Overall, there were a total of 146 findings across the regional centers/school districts requiring corrective action with 139 validated as having been corrected within the one-year time period. This is an overall 95.21 percent performance rating for timely correction of non-compliance (139 divided by 146 times 100 equals 95.21 percent). This represents progress of non-compliance correction from the 87.50 percent reported last year.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007 (2007-2008):

Improvement Activities: The following provide updates on the State’s improvement activities.

1. Last year DDS revised its process for general supervision under this indicator and, based on the results obtained for both years, believes not only that its new system demonstrates

a significant improvement from previous year monitoring and reporting efforts, but also demonstrates improved system integrity and reliability.

2. The DDS policy regarding findings that are accountable for reporting purposes that was instituted and reported last year was used again for this reporting period. DDS acknowledges the future reporting requirements of this indicator as mandated and described in OSEP Memorandum #09-02, dated October 17, 2008, and provides the following comments, as it believes some requirements negatively impact states that: have large, complex programs serving a significant number of infants/toddlers and their families; do not have universal data collection for all indicators and related requirements that they report on; and do not conduct local, on-site monitoring visits to all programs annually.
 - a. California provided services to over 55,000 infants/toddlers in FFY 2007 at a total cost of approximately \$278 million. This data includes many instances of multiple services to thousands of children. Most data elements are used in one or more of the reporting and general supervision requirements. As noted from the amount of universal data currently collected by DDS for some of the indicators today (see tables data below) and its intention to develop universal data collection for many other indicators, DDS faces a formidable challenge in attempting to address each individual case of non-compliance.
 - b. Resource challenges, i.e. funding shortages, prohibit DDS from conducting local on-site monitoring visits to each program annually, given the present workload requirements of managing, administering, and monitoring the program for over 50,000 children annually. Although DDS did conduct a large number of visits during FFY 2007 and through December 2008, it cannot sustain that pace. Mandating follow-up for each instance of non-compliance be “broad in scope”, as that is defined in the memorandum, will require significant changes to the State’s monitoring system and will also impose a significant increased workload without commensurate increased funding.
 - c. Implementing significant system changes to states with large, complex programs must take into consideration the amount of time necessary to make those changes. DDS is not certain that its current or future data collection system and changes to its planned/future general supervision system using focused monitoring will be sufficiently developed for reporting as required in the memorandum.
 - d. DDS recommends that OSEP reconsider how and by what time the new requirements will be implemented for large states given the information presented above and that large program states be included in future planning where significant workload impacts might be an issue.
3. CDE has been working over the past year to extract, refine, and provide DDS with correction of non-compliance data from their system. This year, CDE was able to identify a total of 124 reportable findings in three areas that could be used based on DDS’ methodology for this indicator. As can be seen in Table 9A – Monitoring Priorities, the three areas/indicators included: (a) services provided in a timely manner; (b) timely evaluation, assessment, and IFSP meeting; and timely transition planning. This compliance data reflects a combination of Part C infants/toddlers that are either served solely by CDE or jointly by DDS and CDE. This data is further discussed under “Explanation of Progress” below and under Table 9A.
4. The Early Start Section hired two new monitoring liaisons in FFY 2007 to assist in conducting record reviews at all 21 local programs

5. DDS has included many new draft changes to its Early Start Report form since the last year's APR. There have been eight draft forms reviewed by stakeholders with the current version (version #9) presently under stakeholder review (Attachment 1 to Indicator 9). New changes are intended to increase data collection through establishing universal reporting. Some revisions are also included to address IDEA 2004 changes and to provide clarification or streamline current data elements in the ESR form. All changes are highlighted in yellow in Attachment 1. Significant changes include elements to assist DDS with monitoring and reporting timeliness of services, evaluation and assessment, location of services (natural environments), transition from Part C, and child outcomes. DDS expects to complete the form, pilot it with designated regional centers, and fully implement it by mid FFY 2009. Data availability for the FFY 2009 report will be determined, analyzed, and if sufficient, used in part or whole, depending on the item being reported.

Explanation of Progress: As reported in the FFY 2006 APR, DDS now reports correction of reporting requirements. California has again devoted a tremendous amount of work in this area and is still in the process of re-designing its general supervision system though focused monitoring. DDS is working towards the goal of development, testing, and implementation of the system some time in FFY 2009.

Progress from last year's 87.50 percent to this year's 95.21 percent is largely due to the addition of the new data from CDE. Of the data provided to DDS that is reportable using the system established last year, CDE reported a total of 124 findings with 122 of them having been verified as corrected within the one year timeline. This represents a 98.4 percent correction of non-compliance rate, all under Table 9A indicators. Data collected under Table 9A from regional centers indicates total findings of 12 with 9 of them verified as corrected within the one year timeline. This represents a total 75.0 percent correction of non-compliance rate. However, all data, whether from DDS or CDE represents Part C data. What is most significant is that this is the first time DDS and CDE have exchanged compliance data for reporting purposes. This exchange will occur on all future reports.

The following table represents a summary of all information and data presented in Tables 9A, 9B, 9C and as previously mentioned, indicates an overall timely correction of non-compliance rate of 95.21 percent.

Indicator 9 Summary

	# of findings of noncompliance	# of corrections verified within one year	Percent corrected
A. Monitoring Priorities	136	131	96.3%
B. Other	5	3	60%
C. Other mechanisms	5	5	100%
TOTAL	146	139	95.2%

Table 9A – Monitoring Priorities

This table is comprised of the indicators specified in the “Table 9A – Worksheet” below. Indicators 3 and 4 are not reported, as the baselines for each have not yet been established. As discussed under Indicator 4, Family Rights, DDS is awaiting final analysis/guidance by OSEP consultants on moving forward with the results as submitted in FFY 2005.

Indicator	Findings	Number Verified Corrected	% Corrected in Timelines
Services Are Provided in a Timely Manner	3	2	66.7%
Services Are Provided in Natural Environment	3	1	33.3%
Infants & Toddlers Birth to Age 1 with IFSPs	NA	NA	NA
Infants & Toddlers Birth to Age 3 with IFSPs	NA	NA	NA
IFSPs Are Established Within the 45-Day Timeline	19	19	100%
Timely Transition Planning Part C to Part B	111	109	98.2%
Total	136	131	96.3%

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	Self-Review	NA	---	---	---	NA

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	On-site Visit	NA	---	---	---	NA
	Data Review	12,200	659	2	1	50.0%
	Other: CDE Data	358	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 children.	Self-Review	NA	---	---	---	NA
	On-site Visit	72	18	2	1	50.0%
	Data Review	34,343	4,695	1	0	00.0%
	Other: Specify	NA	---	---	---	NA
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	Self-Review	NA	---	---	---	NA

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
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.	On-site Visit	72	7	1	1	100%
	Data Review	NA	---	---	---	NA
	Other: CDE Data	358	15	15	15	100%
	Other: Complaints	4	3	3	3	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 their third birthday.	Self-Review	NA	---	---	---	NA
	On-site Visit	20	2	1	1	100%
	Data Review	NA	---	---	---	NA
	Other: CDE	358	108	108	106	98.1%
	Other: Complaints	4	2	2	2	100%
TOTALS	SUM	88,493	5,510	136	131	96.3%

In addition to the data contained in the Table 9A Worksheet above, the following information is intended to provide additional disaggregation information 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: The majority of data used to monitor this indicator is universal data from DDS' SANDIS/UFS system and the number of files reviewed electronically is for all 21 local programs (refer to Indicator 1 for description). Of the 12,200 files reviewed and checked for FFY 2006, there were a total of 659 potential findings. Two local programs did not meet the State's 85 percent rating for this indicator during FFY 2006 and a finding was established for each. From data collected during FFY 2007, it was verified that one of the programs significantly improved and met the State's standard while one did not. DDS has determined after visit and discussion with the local program managers that the issue has been a lack of resources and is largely due to the rural nature of the catchment area. One of the vendor programs in their area has recently received a grant and increased personnel resources, which has enabled them to provide more services in a timelier manner. DDS believes this will increase the program's ability to effectively correct the non-compliance.

New data obtained from CDE for this same indicator included an electronic review of 358 files across 48 school districts. One finding was established and was subsequently verified as having been corrected within the one year timeline.

There were no complaints filed during FFY 2006 for this indicator.

- Indicator 2: This indicator is currently monitored using universal data and on-site monitoring/record reviews. The 34,343 files reviewed electronically were for all 21 local programs while the on-site results are for the local programs visited during the year. Of the potential findings for electronic data, one local program did not demonstrate the required 76.3 percent performance rating and a finding was established. Data collected for FFY 2007 demonstrated significant improvement and correction of non-compliance after meeting the standard last year. The local program exceeded the State's FFY 2007 target of 79.7 percent with compliance rating of 83.8 percent.

A total of 72 records at the local programs were reviewed on site for correction of noncompliance. One of the two programs that was found out of compliance in FFY 2006 (did not meet the 76.3 percent target) succeeded in correcting the non-compliance to the standard required in FFY 2007 (79.7 percent). While one did not succeed in reaching the target for FFY 2007, it did make significant improvement from last year. DDS has determined after visit and discussion with the local program managers that the issue was resources. The local program devoted two additional staff to resource development last year to develop resources for services in the natural environment. DDS believes this positive action will improve its performance and be reflected in future data. Data for FFY 2007 indicate that this local program has currently exceeded the target of 79.7 percent with compliance rating of 88.8 percent.

There were no complaints filed during FFY 2006 for this indicator.

In accordance with requirements to report correction, or non-correction, of findings for previous year reports, DDS has determined that the local program identified in Indicator 9 that had not met the target of 72.1 percent for FFY 2005, has corrected its non-compliance. The local program exceeded the FFY 2007 target of 79.7 percent.

- Indicator 7: The majority of data now used for this indicator comes from the new data obtained from CDE, which also included an electronic review of 358 files across 48 school districts. A total of 15 findings were established and were later verified as having been corrected within the one year timeline. DDS on-site monitoring/record reviews were also used to obtain data on this indicator and as indicated, out of 72 potential findings, one finding was established for a local program that did not meet the standard. During a subsequent on-site review of the program, it was verified that the non-compliance was corrected. Additional data for the FY included four potential findings for complaints of which three were actually confirmed as findings. All three at the local programs were verified as having been corrected and no subsequent complaints of this same nature were filed against the programs.

In accordance with requirements to report correction or non-correction of findings for previous year reports, DDS has determined that the local program identified in Indicator 9 that had not met the State standard of 85 percent for FFY 2005, has not corrected its non-compliance, performing at a lower rate for Indicator 7 in FFY 2007 than previously reported. DDS has determined through on-site visits and discussions with the program managers that the cause for the slippage and non-correction is due to two interrelated key factors - The regional center working relationship with the LEAs and the lack of resources. All infants/toddlers in the catchment area are seen jointly with the LEA and RC for intake (evaluation/assessment). The teams from the LEAs provide all the evaluations and

assessments. They struggle to meet the timeline requirements because of the lack of resources. One of the large school districts has recently added an additional qualified staff person, which will increase the team’s ability to provide evaluations and assessment in a timelier manner. Additionally, the regional center has requested technical assistance from both CDE and DDS on this issue. Technical assistance is forthcoming. DDS will monitor this for next year and report the results on activities and subsequent performance by the RC.

4. Indicator 8: The majority of data now used for this indicator comes from the new data obtained from CDE, which also included an electronic review of 358 files across 48 school districts. A total of 108 findings were established. Of that, 106 were verified as having been corrected within the one year timeline. The two findings not corrected within the one year timeline were verified as having been subsequently corrected shortly after the one year timeline had elapsed. DDS on-site monitoring/record reviews were also used to obtain data on this indicator and as indicated, out of 20 potential findings, one finding was established for a local program that did not meet the standard. During a subsequent on-site review of the program, it was verified that the non-compliance was corrected. Additional data this year included four potential findings for complaints of which two were actually confirmed as findings. Both were verified as having been corrected and no subsequent complaints of this same nature were filed against the programs.

As noted in the Section “Report Highlights” at the beginning of this APR, DDS has significantly increased the amount of manual data collection for reporting purposes. Since the beginning of FFY 2007 to date, a total of 590 files have been reviewed. For the same period, a total of 365 files have been reviewed specifically for transition purposes.

Table 9B - Other

This table is comprised of the other indicators specified in the “Table 9B – Worksheet” below. The worksheet provides disaggregation of the data in accordance with OSEP guidance.

Indicator	Findings	Number Verified Corrected	% Corrected in Timelines
IFSP Contains 5 Domains	2	1	50%
IFSP Meeting Notice Provided to Family	1	0	0%
Outcomes Contain Procedures, Criteria, Timelines	0	NA	NA
Services Contain Method, Frequency, Intensity, Duration	1	1	100%
IFSP Contains Family Concerns, Priorities, Resources	0	NA	NA
Evaluations Are Conducted in Timely Manner	1	1	100%
Total	5	3	60%

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	72	9	2	1	50.0%
	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	72	13	1	0	0.00%
	Data Review	NA	---	---	---	NA
	Other: Specify	NA	---	---	---	NA
3. Percent of IFSPs with outcomes that contain procedures, criteria, and timelines used to determine the degree to which progress toward achieving outcomes is being made.	Self-Review	NA	---	---	---	NA
	On-site Visit	72	0	0	NA	NA
	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	---	---	---	NA
	On-site Visit	72	5	1	1	100%
	Data Review	NA	---	---	---	NA
	Other: Specify	NA	---	---	---	NA
5. Percent IFSPs that contain family concerns, priorities, and resources.	Self-Review	NA	---	---	---	NA
	On-site Visit	72	0	0	NA	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	72	8	1	1	100%
	Data Review	NA	---	---	---	NA
	Other: Specify	NA	---	---	---	NA
TOTALS	SUM	432	35	5	3	60.0%

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.

1. Indicator 1: This indicator is currently monitored using on-site monitoring/record reviews. A total of 72 records for five local programs were reviewed on site. Of the local programs reviewed on-site during FFY 2006, two did not meet the State's 85 percent standard for this indicator and findings were established. One program fully corrected the non-compliance while the other improved performance significantly but did not meet the State standard for correction of non-compliance. This was validated through subsequent on-site monitoring during FFY 2007. State and local level training has been provided for new staff.
2. Indicator 2: This indicator is currently monitored using on-site monitoring/record reviews. A total of 72 records for five local programs were reviewed on site. Of the local programs reviewed on-site during FFY 2006, one did not meet the State's 85 percent standard for this indicator and findings were established. Although significant progress was noted on this indicator by the local program in FFY 2007, it did not meet the State standard for correction of non-compliance. This was validated through subsequent on-site monitoring. State and local level training has been provided for new staff.
3. Indicator 3: This indicator is currently monitored using on-site monitoring/record reviews. A total of 72 records for five local programs were reviewed on site. There were no findings for this indicator in FFY 2006 and demonstrates improvement from FFY 2005.
4. Indicator 4: This indicator is currently monitored using on-site monitoring/record reviews. A total of 72 records for five local programs were reviewed on site. Of the local programs reviewed on-site during FFY 2006, one did not meet the State's 85 percent standard for this indicator and findings were established. Subsequent on-site monitoring during FFY 2007 confirmed that the program had corrected the non-compliance.
5. Indicator 5: This indicator is currently monitored using on-site monitoring/record reviews. A total of 72 records for five local programs were reviewed on site. There were no findings for this indicator in FFY 2006 and demonstrates continued excellence as no findings were recorded in the previous year (FFY 2005).
6. Indicator 6: This indicator is currently monitored using on-site monitoring/record reviews. A total of 72 records for five local programs were reviewed on site. Of the local programs reviewed on-site during FFY 2006, one did not meet the State's 85 percent standard for this indicator and a finding was established. Subsequent on-site monitoring during FFY 2007 confirmed that the program had significantly corrected the non-compliance.

In accordance with requirements to report correction or non-correction of findings for previous year reports, DDS has determined that the local program identified in Indicator 9 that had not met the State standard of 85 percent for FFY 2005, has not corrected its non-compliance, performing at a lower rate for Indicator 7 in FFY 2007 than previously reported. This is the same program reported in Table 9A, Indicator 7 that had non-compliance in FFY 2005. As the two indicators are related to issues and resolutions, please refer to Indicator 7 in Table 9A above the description.

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 current complaint and resolution processes involve procedures that are distinct from the system for resolving disagreements under due process (Refer to SPP Indicators 10, 11, and 13).

Indicator	Findings	Number Verified Corrected	% Corrected in Timelines
Agencies in Which Noncompliance Was Identified (Two Agencies)	5	5	100%

DDS has reviewed all actions filed with OHRAS and OAH and has determined that there were five instances in which non-compliance by the local program was discovered and findings established. Three of the findings were related to the timeliness of evaluation and assessment and two were related to transition from Part C. The five findings were made in three of the local programs. The local programs were determined to be out of compliance but corrected the non-compliance in a timely manner.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 (2007-2008): California does not propose any new revisions to the indicator.

EARLY START REPORT – draft revision: November 25, 2008 (V9)

Client Name _____ Service Coordinator _____

<p>1. Report Date: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input 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 Report 5 - Final Transition Report (usually 36 months)</p> <p>3. Services Were Added or Changed: Yes [] - No []</p> <p>4. Regional Center: <input type="text"/><input type="text"/><input type="text"/></p> <p>5. SELPA <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Client is Dually-Served: Yes [] - No []</p> <p>6. Unique Client Identifier <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>7. Birth date <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> M M D D Y Y Y Y</p> <p>8. Sex: <input type="checkbox"/></p> <p>9. Date of Initial Referral <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> M M D D Y Y Y Y</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;">10. Primary Referral Source (Required) <input type="text"/><input type="text"/></td> <td style="width:50%; vertical-align: top;">Secondary Referral Source (If Applicable) <input type="text"/><input type="text"/></td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> 00 Regional Center 01 Parent 02 Physician/Health Plan 03 County Health Department 04 County Mental Health 05 DPSS/County Welfare 06 Family Resource Center 07 Domestic Violence Shelter 08 Private Service Agency 09 Local Education Agency </td> <td style="width:50%; vertical-align: top;"> 10 Child Care Provider 11 MCH Contract Project 12 Child Protective Agency 13 Hospital 14 Homeless Service 15 Homeless Shelter 16 Migrant Service 17 CHDP 18 CA Children Services 19 Other </td> </tr> </table> <p>11. Evaluation/assessment within 45 days of referral: Check one: Yes [] - No []</p> <p>12. Current IFSP Date <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> M M D D Y Y Y Y</p>	10. Primary Referral Source (Required) <input type="text"/> <input type="text"/>	Secondary Referral Source (If Applicable) <input type="text"/> <input type="text"/>	00 Regional Center 01 Parent 02 Physician/Health Plan 03 County Health Department 04 County Mental Health 05 DPSS/County Welfare 06 Family Resource Center 07 Domestic Violence Shelter 08 Private Service Agency 09 Local Education Agency	10 Child Care Provider 11 MCH Contract Project 12 Child Protective Agency 13 Hospital 14 Homeless Service 15 Homeless Shelter 16 Migrant Service 17 CHDP 18 CA Children Services 19 Other
10. Primary Referral Source (Required) <input type="text"/> <input type="text"/>	Secondary Referral Source (If Applicable) <input type="text"/> <input type="text"/>				
00 Regional Center 01 Parent 02 Physician/Health Plan 03 County Health Department 04 County Mental Health 05 DPSS/County Welfare 06 Family Resource Center 07 Domestic Violence Shelter 08 Private Service Agency 09 Local Education Agency	10 Child Care Provider 11 MCH Contract Project 12 Child Protective Agency 13 Hospital 14 Homeless Service 15 Homeless Shelter 16 Migrant Service 17 CHDP 18 CA Children Services 19 Other				
<p>13. HIGH RISK FACTORS (Mark an "X" in all factors that apply)</p> <p>(a) Medical</p> <p>[] Prematurity of less than 32 weeks gestation and/or low birth weight of less than 1500 grams Gestational age in weeks: [] [] []</p> <p>[] Assisted ventilation for 48 hours or longer during the first month of life</p> <p>[] Small for gestational age: below the third percentile on the National Center for Health Statistics growth charts</p> <p>[] Asphyxia neonatorum associated with a five minute Apgar score of 0 to 5</p> <p>[] Severe and persistent metabolic abnormality, including but not limited to hypoglycemia, acidemia, and hyperbilirubinemia in excess of the usual exchange transfusion level</p> <p>[] Neonatal seizures or nonfebrile seizures during the first three years of life</p> <p>[] Central nervous system lesion or abnormality</p> <p>[] Central nervous system infection</p>	<p>[] Biomedical insult including, but not limited to, injury, accident or illness which may seriously or permanently affect developmental outcome</p> <p>[] Multiple congenital anomalies or genetic disorders which may affect developmental outcome</p> <p>[] Prenatal exposure to known teratogens</p> <p>[] Prenatal substance exposure, positive infant neonatal toxicology screen or symptomatic neonatal toxicity or withdrawal</p> <p>[] Clinically significant failure to thrive, including, but not limited to, weight persistently below the third percentile for age on standard growth charts or less than 85% of the ideal weight for age and/or acute weight loss or failure to gain weight with the loss of two or more major percentiles on the growth curve</p> <p>[] Persistent hypotonia or hypertonia, beyond that otherwise associated with a known diagnostic condition</p> <p>(b) Clinical/Behavioral</p> <p>[] Infant born to parent with developmental disability</p> <p>(c) Not Applicable []</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><input type="checkbox"/> Not Applicable</p>	<p>15. Type of Developmental Disability (Mark an “X” in all that apply)</p> <p><input type="checkbox"/> Mental Retardation</p> <p><input type="checkbox"/> Cerebral Palsy</p> <p><input type="checkbox"/> Other Developmental Disability</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> Autism</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.

ICD-9-CM Code	Condition Type(s)/Specify

17. Vision Status

(a) Vision screening: Pass - Fail

If “Pass” and additional evaluation not recommended or declined in (b) below, do not complete (c) – (e) below

(b) Testing:

(1) Additional evaluation recommended

(2) Parent/physician declined additional evaluation

If additional evaluation recommended and not declined, complete (c) - (e)

(c) Referral made: Yes - No

(d) Evaluation conducted: Yes - No - Unknown

(e) Within normal limits: Yes - No - Unknown

18 Hearing Status

(a) Hearing Screening: Pass - Fail

If “Pass” and additional evaluation not recommended or declined in (b) below, do not complete (c) – (e) below

(b) Testing:

(1) Additional evaluation recommended

(2) Parent/physician declined additional evaluation

If additional evaluation recommended and not declined, complete (c) - (e)

(c) Referral made: Yes - No

(d) Evaluation conducted: Yes - No - Unknown

(e) Within normal limits: Yes - No - Unknown

19. Special Aids or Equipment (Mark an “X” in all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Apnea Monitor	<input type="checkbox"/> Splints, casts, braces	<input type="checkbox"/> Feeding Tube (N.G.)
<input type="checkbox"/> Oxygen equipment	<input type="checkbox"/> Gastronomy Tube	<input type="checkbox"/> Feeding devices	<input type="checkbox"/> Tracheotomy equipment
<input type="checkbox"/> Positioning equipment	<input type="checkbox"/> Other assistive devices	<input type="checkbox"/> Other Ostomy Equipment	

Indicator 9

Attachment 1

19. TYPE OF SERVICE (Mark an "X" in the appropriate boxes in column 1)	PROVIDER CODES	LOCATION CODES	SERVICE DESCRIPTION CODES	TIMELINESS (check one)	
	(List one or more below)	(List all that apply)	(List all that apply)	(Yes)	(No)
[] Assistive Technology				()	()
[] Audiology				()	()
[] Behavior				()	()
[] Counseling				()	()
[] Family Training				()	()
[] Health				()	()
[] Home Visit				()	()
[] Medical - Diagnostic/Evaluation				()	()
[] Nursing				()	()
[] Nutrition				()	()
[] Occupational Therapy				()	()
[] Physical Therapy				()	()
[] Psychological				()	()
[] Respite				()	()
[] Service Coordination/Case Management				()	()
[] Social Work				()	()
[] Special Instruction				()	()
[] Speech and Language				()	()
[] Transportation and Related Costs				()	()
[] Vision				()	()
[] Evaluation/Assessment				()	()

NOTES

1. LOCATION: Either Service Location Code 10 or 11 (below) must always be included with at least one other Service Location Code.
2. TIMELINESS: Mark "YES" if service is a required Early Start service subject to the definition of "timeliness" in California's State Performance Plan. These are direct services provided to the infant/toddler (listed in the IFSP) that are intended to address developmental issues. These do not include evaluation/assessment services or services provided to the family, such as respite.

Service Provider Codes

- | | |
|---|--|
| 00 - California Children Services (CCS) | 12 - Private Funding (includes insurance) |
| 01 - Child Health Disability Prevention | 13 - EPSDT Supplemental |
| 02 - CDSS or DCFS | 14 - Managed Care/HMO |
| 03 - County Mental Health | 15 - Regional Center vendor |
| 04 - Private Contract Agency | 16 - Medically Vulnerable Infant Program |
| 05 - Private Physician | 17 - Early Head Start |
| 06 - NICU Follow-up Clinic | 18 - CA Newborn Hearing Screening Program |
| 07 - Department of Education/Local Education Agency | 19 - Women and Infants Program (WIC) |
| 08 - Department of Public Health | 20 - Department of Alcohol and Drug Programs |
| 09 - Regional Center | 21 - Proposition 10 Program (First 5) |
| 10 - Family Resource Center | 22 - Other agency vendor |
| 11 - Medi-Cal | 23 - Other |

Service Location Codes

00 - Regional Center

01 - Program for Typically Developing Children

02 - Program for Children with Developmental Delay or Disabilities

03 - Home

04 - Hospital (Inpatient)

05 - Residential Facility

06 - Family Child Care

07 - Service Provider Location

08 - Outpatient Service Facility

09 - Other Setting

10 - Location is a Natural Environment

11 - Location is not a Natural Environment

20. Natural Environments

(a) Appropriate justification for all service settings that will not be provided in a natural environment is documented in the infant/toddler's Individualized Family Service Plan. Only those that are required to be provided in a natural environment should be considered (refer to the *Early Start Report Manual*)

Check one: Yes - No

(b) List services (codes) not being provided in a natural environment and that do not have appropriate justifications. If answer to (a) above is "Yes", skip this.

--	--	--	--	--	--	--	--

21. Transition Planning to Part B

(a) Parent declined/refused transition planning:

If checked, do not complete (b) and (c) below.

(b) IFSP contains transition steps & services

Check one: Yes - No

(c) Transition Planning Conference:

Parent Notification Date: (Date parent notified transition planning would occur - Child is 2 years/6 months of age)

M	M	D	D	Y	Y	Y	Y

SELPA/LEA Notification Date: (Date SELPA/LEA notified transition planning would occur - Child is 2 years/6 months of age)

M	M	D	D	Y	Y	Y	Y

Transition Planning Conference Date:

M	M	D	D	Y	Y	Y	Y

Transition Planning Conference Held:

Check one: Yes - No

SELPA/LEA Attended Conference:

Check one: Yes - No

22. Final Transition

(a) Part C Completion Code: List one

- | | |
|--------------------------------------|-----------------------|
| 01 Part B Eligible | 06 Deceased |
| 02 IFSP Completion prior to Age 3 | 07 Moved out of state |
| 03 Not Part B Eligible, refer | 08 Withdrawal |
| 04 Not Part B Eligible, no referral | 09 Unable to contact |
| 05 Part B Eligibility not determined | 10 Other |

(b) Referral to: Mark an "X" in the boxes that apply

- | | |
|---|--|
| <input type="checkbox"/> None Required | <input type="checkbox"/> Part B |
| <input type="checkbox"/> Family Resource Center | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Community Programs | <input type="checkbox"/> Private Agency |
| <input type="checkbox"/> Regional Center Services | <input type="checkbox"/> Other Regional Center |
| <input type="checkbox"/> Other | |

Referral Date (if required):

M	M	D	D	Y	Y	Y	Y

(c) Non-Referral Code: List one

- | | |
|--------------------------------------|---------|
| 1 Parent declined | 4 Moved |
| 2 Unable to contact | 5 Other |
| 3 Team consensus, no referral needed | |

(d) IEP Date (if applicable and known):

M	M	D	D	Y	Y	Y	Y

(e) SELPA/LEA Code (if applicable and known):

--	--	--	--

23. Child Outcomes Record all ages in months

Developmental Areas	ENTRANCE		Functional Age [FA1] (in months)	EXIT		Functional Age [FA2] (in months)
	Eval Date: []	If date for all areas evaluated are the same, Mark with "X" and place the date in the first domain below.		Eval Date: []	If date for all areas evaluated are the same, Mark with "X" and place the date in the first domain below.	
Social-Emotional	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]
Cognitive (acquisition and use of knowledge and skills)	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]
Communication (Expressive)	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]
Communication (Receptive)	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]
Self-Help (Use of appropriate behaviors to meet their needs)	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]
Physical (Fine Motor)	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]
Physical (Gross Motor)	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]	[][][][][][][][][] M M D D Y Y Y Y	[][]	[][]

Check box if parent declined/refused:

Part C State Annual Performance Report (APR) for FFY 2007

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
2007 (2007- 2008)	100% of cases will be complete within 60 days.

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

Complaints	<u>2007-2008</u>
(1) Signed, written complaints total	18
(1.1) Complaints with reports issued	13
(a) Reports with findings	11
(b) Reports within timeline	13
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	5
(1.3) Complaints pending	0
(a) Complaints pending due process hearing	0

The current data indicates that of the 18 State complaints filed during the reporting period, 100 percent were resolved within the 60 day timeline (13 plus 5 divided by 18, times 100 equals 100 percent). Three were filed against local education agencies, which CDE was required to

investigate. All State complaints under the current system continue to be completed within the required timeframe, 100 percent of the time.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007 (2007-2008): California received a total of 18 State complaints in FFY 2007, six more than the twelve filed in FFY 2006, or an increase of 50 percent. The majority of the new State complaints dealt with meeting the 45-day timeline requirement for evaluation and assessment. These findings will be reported in next year's Annual Performance Report in Indicator 9, General Supervision, for timely correction and compliance. The Lead Agency believes that the increase reflects the difficulty that the State, and the rest of the nation, is experiencing in accessing major resources for infant/toddler evaluation and assessment, which is discussed under Indicator #7.

The current State complaint process in California involves procedures distinct from the system for resolving disagreements under due process. Violations of statute or regulations (State complaints) are investigated by the Lead Agency's Office of Human Rights and Advocacy (OHRAS), whereas due process complaints are resolved by an independent contractor, the Office of Administrative Hearings (OAH), and are related to a proposal or refusal for identification, evaluation, assessment, placement, or services. If a State 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.

As a result of a technical assistance visit from OSEP September 3 – 5, 2008, and several subsequent discussions with OSEP staff since, DDS now understands that its current State complaint system is not in compliance with federal laws and regulations. Under federal statute and regulation, a State complaint can be filed for any violation of Part C and mediation, as an alternative method of resolution, must be available. Last year, California was informed that the offer of mediation was a requirement for complaints and DDS provided a new improvement activity to address it. DDS was not clear at the time of the "any Part C violation" language. California's current State complaint process does not allow mediation for settlement and can only be used for violations of statute or regulation. As the extent of required system changes are now clear, DDS is revising the new improvement activity submitted last year and addressing all necessary changes under a new improvement activity below.

DDS will continue to meet the 100 percent target for investigating and completing State complaints under the current and future system 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. The Early Start web site (<http://www.dds.ca.gov/Complaints/Compl ES.cfm#es>) also has information regarding procedures and rights related to filing a complaint. Based on OSEP's finding during the technical assistance visit in September 2008, all public information regarding the current systems, including those just referenced above, will be revised in accordance with federal statute and law as specified in the new improvement activity below.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 (2007-2008): California recognizes that restructuring the current State complaint process is necessary in order to fully comply with current federal statutes and

regulations. This effort will require a significant amount of work and additional funding in several areas and due to the size and complexity of the program in the State, DDS estimates that completion for full compliance will be realized by the end of June 2010, or FFY 2009. The actions identified in order of priority include:

1. State Regulation Revision: California Code of Regulations, Title 17 (Public Health), Division 2 (Health and Human Services Agency), Department of Developmental Services, Chapter 2 (Early Intervention Services) must be revised in order to establish appropriate authority for process restructuring and implementation throughout the State. This will include working with DDS OHRAS, OAH, local programs, and OSEP authorities familiar with federal statute and regulations.
2. Training: Training will be required for local program legal counsel and service coordinators, Family Resource Center personnel, DDS personnel (OHRAS and Early Start Program), and Administrative Law Judges in the OAH.
3. Publications and Citations: Publications and citations, many of which are posted on the Lead Agency's website, will require revision. Those currently identified include:
 - a. Parents' Rights: An Early Start Guide for Families
 - b. Service Coordinator's Handbook
 - c. Starting Out Together: An Early Intervention Guide for Families
 - d. Early Start Compliance Complaints Process (web page)
 - e. Early Start Mediation Conference and Due Process Hearing Requests (web page)
 - f. Early Start Complaint Investigation Request Form (DS 1827)
 - g. Due Process Mediation and Hearing Request Form (DS 1802)

DDS has begun the process of change by sending the attached letter to OAH (Attachment 1). As the letter impacts both Indicators 11 and 13, it will also be referenced in those sections.

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 330, MS 3-22
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-2773



Dear Judge - - -:

The purpose of this letter is to clarify State complaint, due process complaint, and mediation procedures in California in accordance with federal and State statute and regulations and to also convey the results of a technical assistance visit by the federal Office of Special Education Programs (OSEP) on September 3-5, 2008.

In accordance with 34 Code of Federal Regulations (CFR) Section 303.423(b) and California Code of Regulations (CCR) Title 17, Sections 52172(d) and 52174(c)(5), each lead agency shall ensure that, not later than 30 days after the receipt of a parent's due process complaint, the fair hearing is completed and a written decision is mailed to each of the parties. The lead agency for Individuals with Disabilities Education Act (IDEA) Part C in California is the Department of Developmental Services (DDS). Federal and State statutes and regulations also do not permit any extensions of the fair hearing beyond the 30-day timeline by either party involved in the due process complaint. Extensions allowed under the Lanterman Act do not apply to Early Start. Additionally, if mediation is pursued, the duration for both mediation and due process hearings shall not exceed the total 30-day period from the receipt of the mediation and/or due process complaint request to the mailing of the decision.

DDS annually reports as required to the OSEP on the results of due process complaints (fair hearings). Based upon the constraints listed above, California has consistently reported fair hearings not being settled within the 30-day timeline, many due to extensions provided to one or both parties involved with the complaint. As a result for reasons specified above, OSEP has determined the State to be out of compliance with federal requirements. DDS requests that the Office of Administrative Hearings (OAH) address this issue with all Administrative Law Judges for resolution. In considering resolution of the issue, DDS would remind OAH that a complainant has two years from the date of the violation to prepare for the filing of a due process complaint and subsequent fair hearing.

Regarding the OSEP technical assistance visit, on September 3-5, 2008, it was determined that California's complaint system was out of compliance with federal statute and regulations. OSEP representatives informed DDS that State complaints, which are presently processed by the DDS' Office of Human Rights and Advocacy Services, can be initiated for any violation of IDEA Part C, and that mediation must also be available for resolution of these complaints. This is different from California's current practice in which the State complaint process is defined as addressing rights, violations of statute or regulations and mediation is not offered as an option.

This change to California's complaint system is significant and as soon as DDS has determined the full impact across the Early Start program, meetings will be scheduled with you and other stakeholders for implementation. If you have any questions at this time regarding these future changes or the due process complaint 30-day timeline issue discussed above, please contact Kevin Brown, Chief, Early Start Section, at (916) 654-2767 or by email at kbrown5@dds.ca.gov.

Sincerely,

Original Signed

RICK INGRAHAM, Manager
Children and Family Services Branch

Part C State Annual Performance Report (APR) for FFY 2007

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
2007 (2007-2008)	100% of cases will be adjudicated within the 30-day timeline.

Actual Target Data for FFY 2007 (2007-2008):

Hearing Requests	2007-2008
(3) Hearing Requests total	78
(3.1) Resolution sessions	Not applicable
(a) Settlement agreements	Not applicable
(3.2) Hearing (fully adjudicated)	13
(a) Decisions within timeline	9
(b) Decisions within extended timeline	Not Applicable
(3.3) Resolved without a hearing	65

Data from FFY 2007 indicates that 69.23 percent of due process complaints were adjudicated within the 30-day timeline (9 plus 0 divided by 13, times 100 equals' percent). This is in comparison to the data from FFY 2006 which indicated that 100 percent of complaints were adjudicated within the 30-day timeline and extended timeline (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 2007 (2007-2008): Based upon comparison of data between the two fiscal years, California's performance experienced slippage on this indicator. The State

attributes this to the fact that last year, DDS included decisions within an extended timeline in the data. During OSEP's technical assistance visit September 3-5, 2008, DDS was informed that the 30-day timeline could not be extended by either party, including the family of the infant/toddler. Under Part B and California's Lanterman Act, extensions are permitted by parent and regional center request. The Administrative Law Judges hearing cases under Part C have been operating under those same guidelines. For FFY 2007, there were four extensions of the 30-day timeline for which DDS did not report as extensions.

In order to correct the misconception of ALJs in California that Part C hearings can be extended per the Lanterman Act, statewide training was presented on November 19, 2008, by DDS and OAH which included the 30-day timeline requirement and reinforcement of the fact that under no circumstances should extensions be permitted under Part C. Additionally, DDS drafted and sent a letter to the OAH further reinforcing this requirement (refer to Indicator 10, Attachment 1).

Overall, the data regarding due process complaints are comparable to last year's data with only one more request (78 requests versus 77 requests) and two less that were resolved without a hearing (65 requests versus 67 requests). Informal local resolution of due process complaints is encouraged but not required. Many issues are resolved in this informal local manner, thus the consistently high number of issues that are resolved without a hearing (65).

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 (2007-2008): California does not propose any new revisions to the indicator.

Part C State Annual Performance Report (APR) for FFY 2007

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
2007 (2007-2008)	55% of mediations will result in agreements.

Actual Target Data for FFY 2007 (2007-2008):

Mediation Requests Section B Table	<u>2007-2008</u>
(2) Mediation Requests total	38
(2.1) Mediations	32
(a) Mediations related to Due Process	32
(i) Mediation agreements	32
(b) Mediation not related to due process	Not applicable
(i) Mediation agreements	Not applicable
(2.2) Mediations not held (including pending)	6

Data from FFY 2007 indicates that 100 percent of completed Mediation Requests (32 plus 0 divided by 32, times 100 equals 100 percent). This is in comparison to the data from FFY 2006 which indicated that 100 percent of Mediation Requests were mediated within the 30 day time line (38 plus 0 divided by 38, times 100 equals 100 percent). The current data is calculated at 100 percent because the six cases under 2.2 were pending at the end of the fiscal year and subsequently, should not be used in the calculation of "Mediation Request Total" for purposes of this report and non-compliance.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007 (2007-2008): Based upon comparison of data between the two fiscal years, California’s performance for this indicator, albeit under the current system, has not changed.

As reported under Indicators 10 and 11, the technical assistance visit from OSEP September 3 – 5, 2008, and subsequent discussions resulted in the determination that California’s mediation system is not in compliance with federal laws and regulations because it is not offered as an alternative resolution method for State complaints. Subsequently, the data reported in the table above reflects only mediation that was used in lieu of due process complaints filed. DDS now understands why it has been consistently questioned about why no mediations have been reported in lieu of State complaints and is addressing the issue (refer to Indicator 10). Until system changes described in the new Improvement Activity under Indicator 10 are completed per the timeline specified, DDS will continue to ensure that the target for this indicator is obtained.

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 2007 (2007-2008): Same as new activity for Indicator 10.

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	18
(1.1) Complaints with reports issued	13
(a) Reports with findings	11
(b) Reports within timeline	13
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	5
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0
SECTION B: Mediation requests	
(2) Mediation requests total	38
(2.1) Mediations	32
(a) Mediations related to due process	32
(i) Mediation agreements	32
(b) Mediations not related to due process	Not applicable
(i) Mediation agreements	Not applicable
(2.2) Mediations not held (including pending)	6
SECTION C: Hearing requests	
(3) Hearing requests total	78
(3.1) Resolution sessions	Not Applicable
(a) Settlement agreements	Not Applicable
(3.2) Hearings (fully adjudicated)	13
(a) Decisions within timeline SELECT timeline used {30 day/Part C 45 day/Part B 45 day}	9
(b) Decisions within extended timeline	Not Applicable
(3.3) Resolved without a hearing	65

Part C State Annual Performance Report (APR) for FFY 2007

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
2007 (2007-2008)	Tables and APR will be accurate and submitted on time.

Actual Target Data for FFY 2007 (2007-2008): Using the “Part C Indicator 14 Data Rubric” revised on December 3, 2008, (Attachment 1), the percent of timely and accurate data for California is 100 percent. This represents improvement from FFY 2006 in which OSEP indicated in its response table that California’s score for this indicator was 82.6 percent.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007 (2007-2008):

In the FFY 2006 APR, California submitted a score of 90.3 percent for this indicator, which as noted above, was adjusted by OSEP down to 82.6 percent. DDS reported point deductions for Indicator 1 where the State had revised its Part C SPP in accordance with instructions but did not yet have data to report with the February 2006 submission (3 points), late APR/SPP (5 points) due to revised instructions two weeks before due date, and child outcomes (2 points).

For this year’s report, California successfully submitted all four required 618 data tables on time. Table 1 (Child Count) and Table 2 (Program Settings) due February 1, 2008, were submitted both electronically and manually, and on time in accordance with the accuracy expectations communicated by OSEP. Table 3 (Exiting) and Table 4 (Dispute Resolution) due November 1, 2008, were submitted both electronically and manually, and on time in accordance with the

accuracy expectations communicated by OSEP. Table 4 was also included as an attachment in the February 2008 APR submission, as requested by OSEP.

California submitted its revised FFY 2006 SPP and APR, in a timely manner. Additionally, data was provided for both Indicator 1 and Indicator 3, two items that were cited for point deductions last year (see above). Note that DDS has awarded itself two points for Indicator 4 and two points for Indicator 12 in the “Part C Indicator 14 Data Rubric” for the following reasons (refer to the note in Attachment 1 under the first table – “Indicator 14 - SPP/APR Data”):

1. As reported under Indicator 4, after significant discussion with OSEP representatives and submission of all documentation and survey data/information associated with the family rights survey conducted and submitted in FFY 2005, California is awaiting final review and decision by OSEP on the use and application of its original submission. As all data/information and required SPP/APR materials have been submitted and recommended new activities delineated under Indicator 4 provided, DDS feels that not allowing two points for this indicator would unfairly penalize the State.
2. California does report on Indicator 12 as it reported only by state Part C programs that have adopted Part B due process procedures. Subsequently, not allowing two points would unfairly penalize states not using Part B due process procedures.

As reported in the FYY 2007 APR, 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.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 (2007-2008): A new improvement activity that California is including this year, and that should have been addressed in last year's report, is the re-design of its Early Start Report form discussed in detail and attached under Indicator 9. The revision of this form, which is used by local programs for electronically reporting infant/toddler program and demographic data, will provide the Lead Agency with additional universally-collected data. This will not only lead to more timely analysis and reporting on indicators affected, but will also be used for some as another source for validating correction of findings and determining reliability of other data sources. As noted in Indicator 9, DDS expects to complete the form, pilot it with designated regional centers, and fully implement it by mid FFY 2009. Data obtained through the use of the new form will not be available for next year's report. Data availability for the FFY 2009 report will be determined, analyzed, and if sufficient, used in part or whole, depending on the item being reported.

Part C Indicator 14 Data Rubric

Indicator 14 - SPP/APR Data			
APR Indicator	Valid and reliable	Correct calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8A	1	1	2
8B	1	1	2
8C	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	1	1	2
13	1	1	2
		Subtotal	30
APR Score Calculation	Timely Submission Points (5 pts for submission of APR/SPP by February 2, 2009)		5
	Grand Total		35

Note: California has assumed valid and reliable data and correct calculations for Indicators 4 and 12. California does not report for Indicator 12 and Indicator 4 data submission in FFY 2005 is still being reviewed by OSEP for the State's use. As such, now allowing this assumption would penalize the State unfairly.

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/1/08	1	1	1	1	4
Table 2 – Settings Due Date: 2/1/08	1	1	1	1	4

Table 3 – Exiting Due Date: 11/1/08	1	1	1	NA	3
Table 4 – Dispute Resolution Due Date: 11/1/08	1	1	1	N/A	3
				Subtotal	14
			Weighted Total (subtotal X 2.5; round ≤ .49 down and ≥ .50 up to whole number)		35
Indicator # 14 Calculation					
			A. APR Total	35	
			B. 618 Total	35	
			C. Grand Total	70	
Percent of timely and accurate data = (C divided by 70 times 100)			$(C) / (70) \times 100 = 100\%$		

Instructions**SPP/APR Data**

- 1) **Timely** – Data for all indicators are submitted electronically to OSEP on or before February 2, 2009. Extensions are not counted as timely.
- 2) **Valid and Reliable** – Data provided are from the correct time period, consistent with the indicator’s measurement, consistent with IDEA 618 data submission (when appropriate), and are consistent with indicator data from previous years (unless explained).
- 3) **Correct Calculation** – The result produced for the indicator is determined by using the required calculation based on the each indicator’s instructions.

Timely Submission Points

States that submitted their SPP/APR on or before February 2, 2009 receive 5 points. States that did not submit by February 2, 2009 receive 0 points. Scores of 1, 2, 3, or 4 cannot be used in this cell.

618 Data

- 1) **Timely** – IDEA Section 618 data are submitted on or before each table’s due date. Extensions are not counted as timely.
- 2) **Complete Data** – No missing sections; all required data elements are provided. For example, when the instructions for IDEA Section 618 data require data broken down into subparts, data for all subparts are provided. Placeholder data are not acceptable. Placeholder data are data that do not accurately reflect the current reporting period (e.g., using the previous year’s data).
- 3) **Passed Edit Checks** - IDEA Section 618 data submissions do not have missing cells or internal inconsistencies.
- 4) **Responded to Data Note Requests** – Written explanation of year-to-year changes are provided for inclusion in Data Notes to accompany 618 data submissions as requested by OSEP. Submission dates that do not provide adequate time for “data note requests” are pre-populated with “N/A”. States that do not receive a “data note request” for a submission should score a “1” for that submission. When N/A is used, the maximum row total is decreased to 3.