

**STATE OF CALIFORNIA**  
**ANNUAL PERFORMANCE REPORT**  
**FOR FEDERAL FISCAL YEAR 2008**



**PART C OF THE FEDERAL**  
**INDIVIDUALS WITH DISABILITIES EDUCATION ACT**  
**(February 1, 2010)**

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**OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:**

This Annual Performance Report (APR) for federal fiscal year (FFY) 2008 (2008-2009) provides the Office of Special Education Programs (OSEP) with information on the progress of the state's Early Start Program against the established targets for each of the compliance and performance indicators listed in its State Performance Plan (SPP). Integrated within this report are the state's responses to the issues raised in OSEP's June 1, 2009, letter from Acting Director Patricia J. Guard to Terri Delgadillo, Director of the Department of Developmental Services (DDS), including the response table attached to the letter.

Information gleaned from a multiplicity of sources was used to structure and inform development of this APR, including the following:

- Part C SPP/APR Instruction Sheet, including the APR Template and Measurement Table with Instructions (11/30/2012 version).
- OSEP's June 1, 2009, letter from Acting Director Patricia Guard to Director Terri Delgadillo, including the response table attached to the letter.
- OSEP's October 17, 2008, letter (09-02) to the states' lead agency directors regarding reporting on correction of noncompliance in the APR.
- Numerous documents posted on the SPP/APR Calendar website, e.g., worksheets, templates, FAQs, technical assistance documents, Root-Cause analysis, etc.
- The November 2009 Western Regional Resource Center (WRRC) Conference on preparing the 2008 APR.
- Pertinent sessions of OSEP's 2009 National Early Childhood Conference.
- National technical assistance calls with Ruth Ryder, Division Director, Monitoring and State Improvement Planning Division, OSEP.
- E-mail and telephone communication with National Early Childhood Technical Assistance Center, WRRC, and OSEP's Part C state contact.

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. Last year the ICC developed recommendations for DDS, as California's Part C lead agency. The work was completed during the ICC meeting held November 20-21, 2008, and a total of 21 new recommendations were approved by the Executive Committee.

The ICC approved the Annual Performance Report for 2005-06, which was published and distributed in the summer 2009. There is continued coordination to complete the final draft of the 2006-07 in the summer of 2010, along with the completion of the 2007-08 and 2008-09 by the end of the calendar year.

California began development of its SPP in September 2005 and through work with its ICC, the state 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, DDS has submitted three APRs based on continuing OSEP guidance and responses to each APR.

To obtain broad public input on this year's APR, a draft of the proposed changes to targets and improvement activities was posted on the DDS Early Start website at [www.dds.ca.gov/EarlyStart](http://www.dds.ca.gov/EarlyStart) and the public was invited to review and comment. This website is heavily used, receiving about 53,000 visits annually. To ensure that key stakeholders were aware of this year's changes and the website posting, an email notification was disseminated to all members of the state's ICC, the statewide network of 38 family resource centers, the 21 regional-center Early Start Program managers, and other key stakeholders advising them of the posting. DDS subsequently revised the draft APR based on the public input received and updated information. Once approved by OSEP, the final APR will be posted on the DDS website, as have all prior APRs and revised SPPs. Moreover, DDS reviews and considers any public input provided, regardless of whether such input is formally solicited.

### **Current Challenges**

California is proud of its Early Start Program, which has served hundreds of thousands of infants and toddlers and their families since the program's inception. However, the state's unrelenting budgetary shortfalls are creating an increasingly challenging operating environment for the program. In an August 12, 2009, letter to all state agencies and departments, the Director of California's Department of Finance stated "*Preliminary projections suggest the state will still face a significant shortfall in 2010-2011. Given this reality, program spending is likely to be further reduced.*" The state's economic and budgetary situation has continued to worsen since that statement was issued, with an estimated \$20 billion combined current- and budget-year deficiency projected.

The Part C grant allocation funds a relatively small percentage of the total cost of the state's expenditures for early intervention services. In fiscal year 2008-09, DDS and CDE together expended over \$400 million for early intervention services. Moreover, the state is shouldering an increasingly disproportionate share of the costs for early intervention services, given the very limited growth in the Part C grant allocation. The expenditures for services have increased at an annual rate of about 19 percent over the past three fiscal years. At this rate, the total annual service expenditures will double to \$800 million in three-and-a-half years. This growth rate is not sustainable. The state's

fiscal climate is causing policy makers to scrutinize all state programs and to scale back or eliminate programs, which would have been unthinkable in prior years. California's lagging economic recovery and increasing unemployment are harbingers of economic struggles for several years to come.

During the past fiscal year, DDS sustained the largest-ever reduction to its annual budget allocation. Changes in state law to implement the budget reductions significantly impacted developmental services in California, including the Early Start Program. For more information about these changes, please refer to: [http://www.dds.ca.gov/Director/docs/LtrRC\\_StatutoryChanges\\_2009.pdf](http://www.dds.ca.gov/Director/docs/LtrRC_StatutoryChanges_2009.pdf) Some of the more significant legislative changes and Executive Order edicts include the following:

**Narrowing the Eligibility Criteria for 'Delayed' Children:** The Early Start Program in California has always provided services to infants and toddlers under the age of 3 who are 'developmentally delayed', have an 'established risk', or who are 'at high risk' of a developmental delay. For children who are 'developmentally delayed', recent legislation limits eligibility for entry into the program after 24 months of age to only those children who have a 50% or greater delay in one domain, or 33% or greater in two domains. The previous threshold for eligibility was 33% in one domain regardless of age.

**Eliminating 'At-Risk' Children from Early Start Services:** As another cost-savings measure, the Legislature enacted changes that eliminated 'at-risk' children from eligibility for Early Start services. The legislation established a separate, less-costly state-funded program for the children who no longer qualify for the Early Start Program. This new "Prevention Program" will provide intake, assessment, case management, and referral services.

**Group Training for Parents on Behavior-Intervention Techniques:** To reduce the cost of behavior-intervention services, state law now requires that, at the time of development, review or modification of a child's Individualized Family Services Plan (IFSP), the RCs must consider providing group training to parents in lieu of providing some or all of the in-home parent training component of the behavior-intervention services.

**Prohibiting the Purchase of "Non-Required" Services:** Beginning October 1, 2009, and except for durable medical equipment, state law prohibited RCs from purchasing services for Early Start consumers if the services are not required under Part C of the Individuals with Disabilities Education Act (IDEA). Prior to this time, RCs could purchase non-required services if such services were reflected on the child's IFSP.

**Required Use of Private Insurance:** State law now requires families whose children are recipients of Early Start services to ask their private insurance companies or health care service plans to pay for medical services covered by the insurance companies or plans. Intake and assessment remains available at no cost to families. Exceptions can be made when accessing private insurance would unduly delay services.

**Furlough of State Workforce:** Due to an unprecedented budget crisis, Governor Schwarzenegger issued Executive Order S-16-08 on December 19, 2008. This order initiated the layoff process for state civil service employees, regardless of funding source, effective January 1, 2009 through June 30, 2010, and provided for the adoption of a plan to implement a furlough of two days per month effective February 1, 2009, to June 30, 2010. Additionally, Executive Order S-13-09 <http://gov.ca.gov/index.php?/executive-order/12634/> issued July 1, 2009, ordered the, implementation of furloughs of state civil service employees for three days per month, regardless of funding source, effective July 1, 2009, to June 30, 2010. All DDS employees have been impacted by these orders, including Early Start Program personnel.

**Reduction of Regional Centers' Operations Budget:** A network of 21 regional-center agencies comprises the system through which the preponderance of Early Start services and funding is provided to eligible children and their families in California. Providing statewide coverage, the RCs provide intake/assessment services, service coordination, planning and IFSP development activities, advocacy, purchase of needed services, resource development, monitoring, and the other services described in the following link: <http://www.dds.ca.gov/RC/RCSvs.cfm> Due to the state's chronic budget problems, which have continued to erode the RCs' operating capacity, the RCs are finding it increasingly difficult to respond to all of the state and federal regulatory demands to which they are subject. Evidence of the RCs' frustration with the Early Start Program, in particular, became apparent when, in a November 3, 2008, letter to the DDS director, the Association of Regional Centers Agencies (ARCA) expressed a need to discuss a range of issues related to Part C. In response to this letter, DDS convened a committee of Regional-Center representatives and DDS staff to review Part C requirements and the associated monitoring process (see Attachment D). Regional-center monitoring was held in abeyance while this committee met to identify the key issues and to determine how to improve the monitoring process and protocol. The time expended in this effort led to fewer record reviews this year than projected in last year's APR; however, the state believes its revised monitoring approach is now more consistent, efficient, and productive. DDS has now resumed monitoring and is continuing to refine the new monitoring protocol informed by this collaborative process.

The state has made significant fiscal and programmatic investments in the Early Start Program and believes it is doing an extraordinary job in meeting the needs of the state's children and families. However, the above information is provided to increase OSEP's awareness of (1) the immediate challenges, (2) the state's fiscal-political context within which this APR was developed, and (3) recent changes to the program. Action during the past year to remove at-risk children from the Early Start Program and to establish a separate state-funded Prevention Program is indicative of both the severity of the state's overall budgetary problems. DDS welcomes OSEP's support, cooperation, and flexibility as California confronts the specter of managing another multi-billion dollar deficiency.

**Part C State Annual Performance Report (APR) for 2008**

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, pages 1 and 2.

**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, including the reasons for delays.

FFY	Measurable and Rigorous Target
2008 (2008-2009)	100% of participants receive services in a timely manner.

**Actual Target Data for FFY 2008 (2008-2009):** FFY 2008 data indicate that 96.73 percent (14,259 divided by 14,741 times 100) of the infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner. This represents a 2.06 percent increase from last year’s 94.67 percent. The total number of files meeting the criteria for evaluation and inclusion in the statistic increased significantly from last year, 14,100 to 14,741, a difference of 641 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 2008 (2008-2009):** Again, DDS attributes the increase in the number of initial 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.*”

Since FFY 2004, California has demonstrated progress toward meeting the 100 percent target for this indicator. As also reported in Indicator 2, California believes that the

increasing divide between the significant, annual increase of programs for infants/toddlers and availability of professional resources (e.g., physical therapists, speech pathologists, occupational therapists, etc.) may adversely impact this indicator in subsequent years. Given the current economy and California's budget situation, accessing the resources necessary for maintaining and improving performance on this indicator is likely to become increasingly challenging. DDS has continuously promoted efforts to expand availability of these resources and will continue its aggressive efforts to meet the compliance target of 100 percent.

Updates on the improvement activities are as follows:

- A. Expanding Availability of Specialized Resources: The use of the Early Start specialized therapeutic service code continues to contribute significantly to the state's performance on 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. Expenditures attributable to this service code show over a five-fold increase from state fiscal year (SFY) 2004-05 through SFY 2008-09. Data also indicates that 5,610 infants/toddlers were served in fiscal year SFY 2004-05 under this service code compared to 19,640 in SFY 2008-09. The difference represents a 400 percent increase. These expenditures were primarily for eligibility evaluations, service-planning assessments, and provision of ancillary therapy services. These expenditures for each of the five preceding years are as follows:

SFY 2004-05:	\$ 9,386,000
SFY 2005-06:	\$18,541,243
SFY 2006-07:	\$26,773,024
SFY 2007-08:	\$36,717,403
SFY 2008-09:	\$52,018,677

- B. Statewide Training Institutes: 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-vendored programs and local education agencies (LEAs); educators and home visitors; staff, including therapists, who are new to working with children with disabilities, ages birth to three and their families; and assistants, aides, and paraprofessionals.
- C. Early Start Essentials: Workshops and topics related to the indicator were:
- 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 reporting data, including that data that allow for evaluating timeliness of services.

- b. *The Family*: Major topics included identifying federal and state laws related to early intervention services (including those regulations related to timely services); roles of agencies responsible for administering Early Start in California; and the purpose and structure of the IFSP
- c. *The Child*: Major topics included Early Start eligibility and referral and the evaluation and assessment process.
- d. *The Building Blocks of an Effective IFSP*: Major topics included delineating differences between evaluation and assessment processes and required/non-required/other early intervention services.
- e. *The IFSP Process*: Major topics included the IFSP process, required timelines, and the interagency coordination process.

D. SkillBuilder II: 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.

E. Advanced Practice Institute: Workshops and topics related to the indicator were:

- a. *Optimizing Learning Opportunities with Parents to Achieve Child Outcomes* – Focus was on using collaborative models to build capacity and promote effectiveness of parent training and support to enhance child and family outcomes.
- b. *Enhancing Capacity*: Focus was on strategies for rural and urban, community-based program enhancements.
- c. *It's Not Just Location, Location, Location!* Focus was on providing services in the natural environment to increase the likelihood of long-term learning.

F. DDS does not have any changes regarding the use of Speech and Language Pathology Assistants (SLPA) from what was reported in previous years. Three local programs applied for waivers to state requirements and were authorized to use SLPAs in the Early Start Program. Until state regulations are revised, other programs 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.

**Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):**

Level of compliance (actual target data) State reported for FFY 2007 for this indicator:  
94.67%

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	<b>2</b>
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>2</b>
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

See Indicator 9 for more detail.

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

**Part C State Annual Performance Report (APR) for 2008**

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, pages 1 and 2.

**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 community-based settings

(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 community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
<b>2008 (2008-2009)</b>	83.2% of infants and toddlers served will receive services in the natural environment.

**Actual Target Data for FFY 2008 (2008-2009):** The SPP target for FFY 2008 is 83.2 percent and data for this year shows that 86.28 percent (35,355 divided by 40,977 times 100 equals 86.28 percent) of the services provided met the criterion.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2008 (2008-2009):** A comparison of the FFY 2007 and FFY 2008 data indicates a small decrease (2.48 percent) in the percentage of children served in natural environments (88.75 – 86.28 = 2.47). Despite this slippage, California still exceeded its 83.2-percent target by 3.1 percent (86.3 percent minus 83.2 percent).

DDS staff continues to provide ongoing training and technical assistance to providers of early intervention services emphasizing the importance of delivering services in the natural environment. The following improvement activities remain as areas of focus for the Early Start Program:

**Improvement Activities:**

- 1. Technical Assistance:** DDS Early Start Liaisons continue to work collaboratively with local programs to improve performance through targeted training and technical assistance. DDS staff conducted 5 technical assistance trainings in southern California on natural environments. These trainings were attended by

over 244 individuals; those attending represented Regional-Center staff, providers of early intervention services, family resources centers, and LEAs. Local trainings will continue to be offered.

2. **Training:** California's Comprehensive System of Personnel Development (CSPD) continues to include the Early Start Statewide Institute Series for service providers, service coordinators, family support personnel and other interested parties. WestEd Center for Prevention and Early Intervention continues to coordinate implementation of these personnel development activities under the leadership of DDS. During 2008-09, seven institutes and related training events were held at various locations throughout the state resulting in 535 personnel trained. All institutes included requirements and examples of natural environments embedded into the curriculum. Refer to Attachment A for more detail on CSPD activities.

As noted in last year's report, the statewide institute training structure and curriculum were updated and redesigned, and included a skill-based workshop on natural environment requirements. Based on institute evaluations completed by the attendees the redesign was well received and successfully implemented. DDS will continue to provide the Early Start Institute series and other related trainings annually, updating the curriculum as needed to support the delivery of services in natural environments.

3. **General Supervision and Focused Monitoring:** DDS continues the development of a focused monitoring approach that will identify local program strengths and areas in need of training, technical assistance, or additional resources to increase opportunities for children and families to receive services alongside their typically developing peers. Refer to Indicator #9 for more discussion on general supervision.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008 (2008-2009):** California does not propose any revisions to this indicator or to the improvement activities.

### Part C State Annual Performance Report (APR) for 2008

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, pages 1 and 2.

#### 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:

Outcomes:

- 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.

Progress Categories for A, B and C:

- 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 =  $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .

**Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):**

**Summary Statement 1:** Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 1:** Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 2:** Percent = # of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

**Overview of Issue/Description of System or Process:**

California continues the systematic construction of a universal data collection and reporting system to measure child progress data as prescribed for Indicator C-3. DDS is proceeding with a multi-tiered stakeholder process. To this end, in this reporting period, DDS worked with the statewide Early Intervention Committee to ensure that data elements (1) meet the necessary OSEP requirements, (2) provide maximum accuracy on each metric, and (3) provide needed information for local programs to plan and implement improvement activities.

California developed a data-collection form and conducted two field tests to assess (1) the clarity of instructions for each item, (2) the workload involved in completing the revised instrument in which additional OSEP data elements were added, and (3) inter-rater reliability across items. This effort suffered a lapse when the state's fiscal crisis resulted in an Executive Order stopping all contract work in an effort to help manage the state's budget shortfall. Also, as discussed in the "*Overview of the Annual Performance Report Development*" section, concerns expressed by the local RC programs resulted in a halt of program monitoring while the state reevaluated its Part C monitoring and data collection approaches. Of particular concern to the local programs are state program and data requirements that exceed federal minimums. Shrinking state resources accompanying the fiscal crisis have, predictably, prompted a review of all state programs and operations, particularly those programs and activities that may be discretionary.

**Sampling Plan for APR for 08/09.** Once it was determined that data collection could continue, California conducted a stratified random sample across RCs, with a goal of expanding the child outcomes effort from the previous 2007 APR sample of 350 usable records to a sample size of 1000 usable records for this APR. Sampling factors included ethnicity, geography (urban, rural, frontier as well as north, central, and southern), and large and small RCs. Child outcome data was collected at local programs during the months shown below:

Local Program (RC)	Month/2009	Local Program (RC)	Month/2009
Alta California	June	North Los Angeles	July
Central Valley	May	Orange	June
East Bay	September	San Andreas	August
Eastern Los Angeles	October	San Diego	September
Far Northern	June	San Gabriel/Pomona	July
Harbor	October	South Central Los Angeles	July
Inland	November	Tri Counties	August
Kern	June	Valley Mountain	July
Lanterman	June	Westside	September
North Bay	August		

**Sampling Plan for APR for 09/10.** Due to the delay in launching the revised “Early Start Report” form for universal reporting of children in the Early Start program, California will need to conduct sampling for one more APR (09/10 data). The sampling methodology will be similar to the current APR and address the factors of:

- 1) Ethnicity
- 2) Geography (urban, rural, frontier; as well as north, central, and southern state).
- 3) Size of regional center (large and small numbers served)
- 4) Size of service region (from seven regional centers within Los Angeles County to Alta California Regional Center’s 10 county service region).

As discussed in the 2007 APR, a portion of the families last year refused exit evaluations to determine the functioning of their child upon exit. This phenomenon was also evident in the review of this year’s records. This refusal is typically attributable to one of two reasons:

- 1) The child at transition age manifests an obvious developmental disability with significant delay. The parents have services in place for after Part C and “see no reason to put our child through that again.” This is not surprising since 23% of infants graduating from Part C continue services with the regional-center system. This eligibility results from a lifelong developmental disability that is “substantially handicapping” per California state law and, therefore, the child is determined eligible for lifelong services.
- 2) The child has improved functioning significantly and is now clearly comparable to typical age peers and the parents see little value in conducting another evaluation as the child exits from regional-center services.

Thus, despite an initial robust sample size, only 893 records met criteria. Still, this total sample size was more than double the 400 chart sample that OSEP had recommended for the 2007 APR. Of the 893 records, 206 were for children “at-risk” of delay. However, effective October 1, 2010, the state’s definition for eligibility under Part C no longer included the at-risk sub-group and this is reflected in the adjusted baseline and targets for 2009 and 2010.

**Quality Assurance Measures:**

The records from the sample were reviewed by a select team of experienced lead-agency personnel who had extracted outcome data for the previous APRs. Data gathering was conducted by teams comprised of at least two persons, using a proven data extraction tool and instructions (see Attachment F). The data collection instructions, including “data conventions,” were documented and formalized for ready reference during data extraction. DDS utilized repetitive training and discussion sessions for data extractors to ensure inter-rater reliability. Questionable scores, ambiguous data, and child-record inaccuracies were, therefore, handled consistently.

Consistent with OSEP criteria, only children in the program for a minimum of six months were included in the sample for child outcomes. A hardcopy data collection template was completed for each child’s record. The data template included all of the OSEP-required data elements for child outcomes and additional elements the state believes are critical for adequate data analysis. These additional elements include the (1) reason for referral, (2) primary and secondary diagnosis at entrance and at exit for Early Start, (3) formal testing instruments used, and (4) functional ages in seven performance categories (physical development including fine and gross motor, social/emotional, expressive and receptive language, cognitive, and self-help/adaptive).

“Informed clinical judgment” was one of several key principles employed for determining functional levels and, therefore, child progress/outcomes. Regional-center clinicians also used (1) formal evaluation techniques and instruments, (2) direct informal observations of the child, (3) review of all pertinent records, and (4) parent/caregiver interview or discussion. Children who moved between RCs while in the Early Start program were not excluded from the sample, provided the child’s record contained the necessary information.

Children were considered “comparable to same-aged peers” upon entrance into the program if their functional age in a given developmental domain was within 33 percent of their chronological age. For example, a 12-month-old infant functioning higher than 9 months on a particular developmental domain was considered within the typical range of development. Similarly, an 18-month-old infant functioning higher than the 12 month level in a particular domain was considered “comparable to same aged peers”. This criterion is based on the American Academy of Pediatrics website that details the very broad range of “typical development”, i.e., the tremendous amount of individual differences for “typical” children in reaching various developmental milestones.

“Typical development” upon exit was defined as being within 25 percent of chronological age. For example, a 36-month-old child was not considered “delayed” in a developmental area if the child was functioning at the 27-month level or above.

Data consistency and quality are enhanced further through professional meetings that include focused discussion on assessment and measurement practices. Early intervention managers from DDS meet with the following specialty groups for the stated purposes, as follows:

- 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. Discuss and address current challenges experienced in evaluation and assessments in specific regions, with certain populations, and with specific professional disciplines.
- B. The RCs’ 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. ARCA Early Intervention Committee meets quarterly to:
  - 1. Discuss roles and responsibilities of DDS as well as the RCs.
  - 2. Promote participation by the RCs in making necessary changes for federal compliance.

Regional centers all utilize a unique client identifier (UCI) number that allows utilization of relational data bases to correlate child progress with child characteristics, types and amounts of services provided each month, and specific vendors. For example, DDS has the data capacity to analyze progress by diagnosis, age at entry, and type and amount of service.

**Baseline Data:**

**Baseline Data for Infants and Toddlers Exiting 2008-2009  
(Excludes “at-risk” children)**

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	40	5.8
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	113	16.4
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	9	1.3
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	88	12.8
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	437	63.6
<b>Total (Due to rounding, percentages will not be exact)</b>	<b>N = 687</b>	<b>100%</b>

B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	7	1.0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	187	27.2
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	26	3.8
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	117	17.0
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	350	50.9
Total (Due to rounding, percentages will not be exact)	N = 687	100%

C. Use of appropriate behaviors to meet their needs.	Number of children	% of children
f. Percent of infants and toddlers who did not improve functioning	36	5.2
g. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	155	22.6
h. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	8	1.2
i. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	87	12.7
j. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	401	58.4
Total (Due to rounding, percentages will not be exact)	N = 687	100%

**Baseline Data for Infants and Toddlers Exiting 2008-2009**  
 (Calculated using the ECO Summary Statements Calculator)

Summary Statements	% of Children
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>	
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	38.8
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	76.4
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>	
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	42.4
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	68.0
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>	
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	33.2
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program.	71.0

**Comments/Analysis on the Data Tables:**

Table 1 displays the data from the entire sample for the three functional areas distributed across the five improvement categories. These data contrast remarkably from the improvement data in Table 2: the 70 toddlers from the random sample with an eventual diagnosis of autism before leaving the program at age 36 months. For example, in the overall sample, 24.5 percent of the children were in the two lowest improvement categories for Social/Emotional functioning: no improvement, or improvement but no closer to same age typically functioning peers. By contrast, in the “autism only” sub-sample, 72.9 percent of the children performed in these two lowest improvement categories. We observe similar differences in “Use of Knowledge and Skills” and “Adaptive/Self Help” functional areas.

Predictably, the Table 3 sub-sample of children with cerebral palsy (total = 19) scored the lowest in Adaptive/Self Help with a total of 84 percent showing improvement but no nearer same age peers. Similarly, for the children with a diagnosis of Down Syndrome

displayed in Table 4, a slight improvement is seen in all three functional areas, but the great majority (65 to 89 percent) are functioning no nearer their typical age peers upon exiting the program at 36 months.

Finally, Table 5 data for the children who were “at risk” only reveal a much better improvement profile. In the three functional domains, 41 to 44 percent improve to the extent that they “catch up” to the functioning level of their same age peers. Certainly, across these same functional areas, one also observes a sizable portion of the sample that shows only slight improvement (30 to 36 percent). Still, the percentage of children in the “at-risk-only” eligibility category, who either enter at typical age functional levels and maintain or attain typical functioning in the course of the program, ranges from 62 to 68 percent across the three functional areas.

TABLE 1. All Children

	Social Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	Enter # of Children	% of Children	Enter # of Children	% of Children	Enter # of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	44	4.9%	8	0.9%	38	4.3%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	175	19.6%	262	29.3%	225	25.2%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	10	1.1%	27	3.0%	8	0.9%
d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers	172	19.3%	203	22.7%	177	19.8%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	492	55.1%	393	44.0%	445	49.8%
<b>TOTAL</b>	893	100.0%	893	100.0%	893	100.0%
<b>SUMMARY STATEMENTS</b>						
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.		45.4%		46.0%		41.3%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.		74.4%		66.7%		69.7%

TABLE 2. Children with Autism

	Social Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	Enter # of Children	% of Children	Enter # of Children	% of Children	Enter # of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	17	24.3%	1	1.4%	14	20.0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	34	48.6%	46	65.7%	37	52.9%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	2	2.9%	8	11.4%	3	4.3%
d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers	6	8.6%	4	5.7%	6	8.6%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	11	15.7%	11	15.7%	10	14.3%
<b>TOTAL</b>	70	100.0%	70	100.0%	70	100.0%
<b>SUMMARY STATEMENTS</b>						
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.		13.6%		20.3%		15.0%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.		24.3%		21.4%		22.9%

TABLE 3. Children with Cerebral Palsy

	Social Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	Enter # of Children	% of Children	Enter # of Children	% of Children	Enter # of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	0	0.0%	0	0.0%	0	0.0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	10	52.6%	10	52.6%	16	84.2%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	0	0.0%	0	0.0%	0	0.0%
d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers	3	15.8%	3	15.8%	1	5.3%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	6	31.6%	6	31.6%	2	10.5%
<b>TOTAL</b>	19	100.0%	19	100.0%	19	100.0%
<b>SUMMARY STATEMENTS</b>						
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.		23.1%		23.1%		5.9%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.		47.4%		47.4%		15.8%

TABLE 4. Children with Down Syndrome

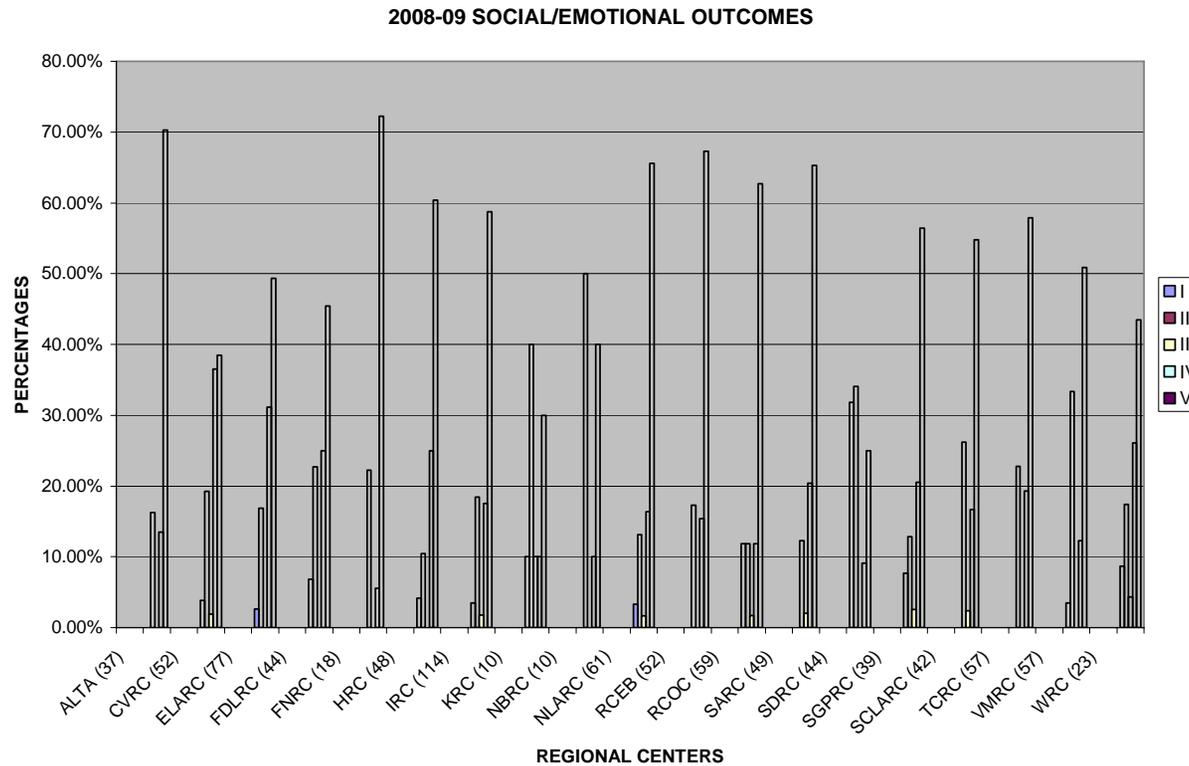
	Social Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	Enter # of Children	% of Children	Enter # of Children	% of Children	Enter # of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	1	3.8%	0	0.0%	0	0.0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	16	61.5%	23	88.5%	20	76.9%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	1	3.8%	0	0.0%	0	0.0%
d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers	3	11.5%	2	7.7%	3	11.5%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	5	19.2%	1	3.8%	3	11.5%
<b>TOTAL</b>	26	100.0%	26	100.0%	26	100.0%
<b>SUMMARY STATEMENTS</b>						
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.		19.0%		8.0%		13.0%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.		30.8%		11.5%		23.1%

TABLE 5. Children with At-Risk Conditions

	Social Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	Enter # of Children	% of Children	Enter # of Children	% of Children	Enter # of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	4	1.9%	1	0.5%	2	1.0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	62	30.1%	75	36.4%	70	34.0%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	1	0.5%	1	0.5%	0	0.0%
d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers	84	40.8%	86	41.7%	90	43.7%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	55	26.7%	43	20.9%	44	21.4%
<b>TOTAL</b>	206	100.0%	206	100.0%	206	100.0%
<b>SUMMARY STATEMENTS</b>						
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.		56.3%		53.4%		55.6%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.		67.5%		62.6%		65.0%

PROGRAM-TO-PROGRAM COMPARISONS

The following three graphs display the program specific data on child outcome measures for the three defined areas: Social/Emotional, Knowledge/Skills, and Self Help/Adaptive:

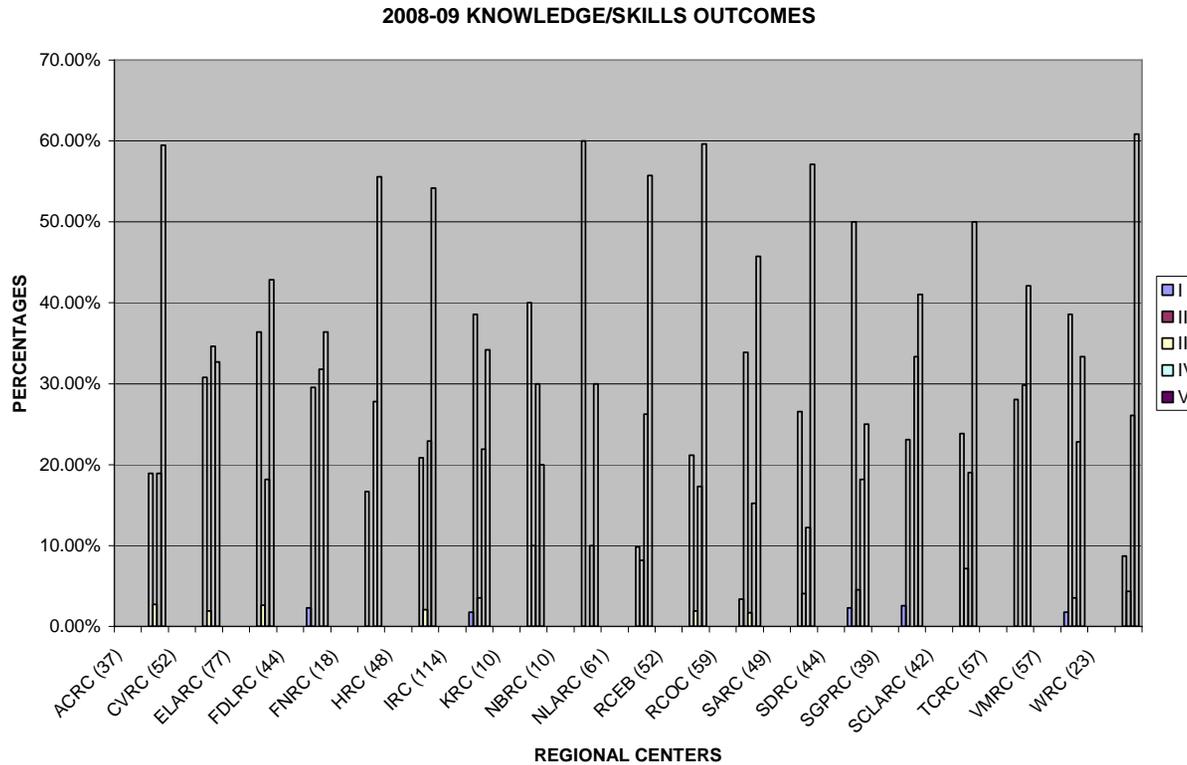


**Social/Emotional:** The greatest variance appears in improvement categories # IV (improved in functioning comparable to same age peers) and # V (maintained functioning comparable to same age peers). Specifically, two RCs demonstrated much lower percentages of children in improvement category V for social emotional development when compared to the other regions in California: San Diego Regional Center (including San Diego County and Imperial County including remote desert areas to the Arizona border) and Kern Regional Center (Kern County including Bakersfield, south Central Valley and some extreme remote areas including Inyo and Mono counties).

Improvement Activity: Begin discussions of this variance with these two centers to begin to drill down on possible contributing factors for variances in improvement category # V, including the disproportionate number of reservations for Native American in these territories, the remoteness of the regions limiting access to services, and also the education level and ethnicity influences in these regions.

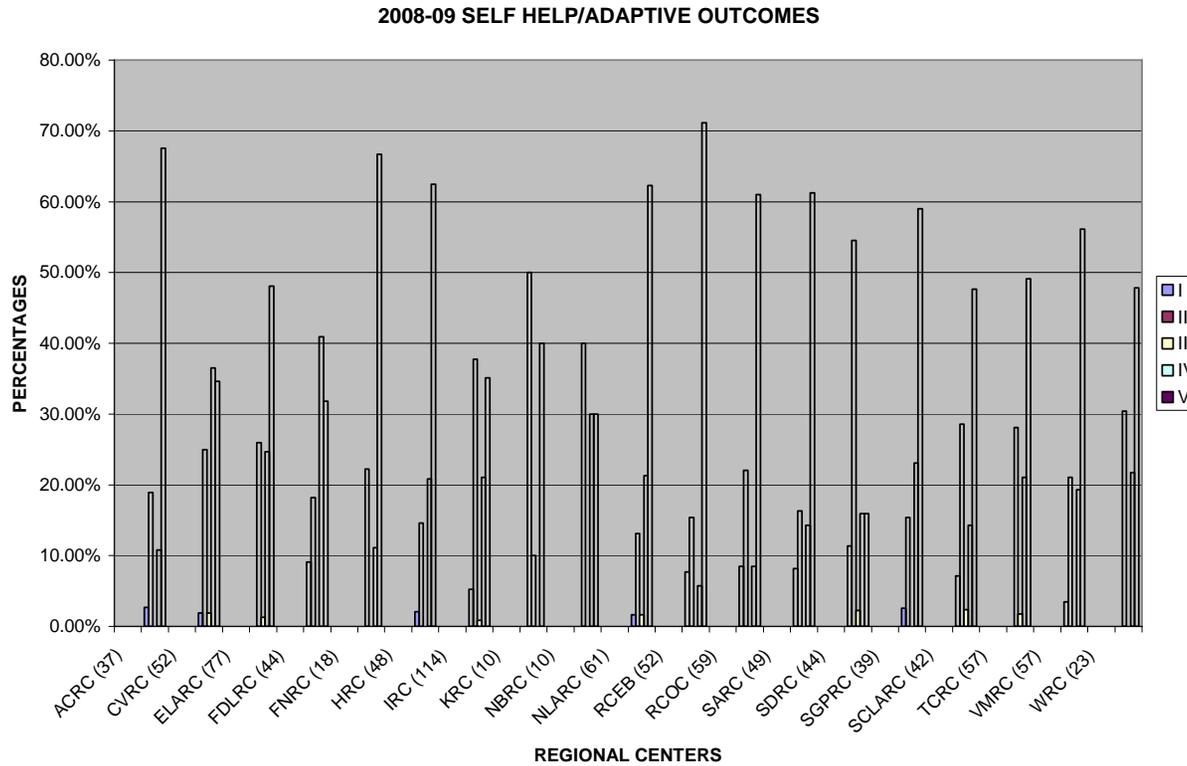
Improvement category #4 also reflected inter-region differences in child outcomes in the social/emotional domain. Most remarkably, Far Northern and San Diego Regional Center showed relatively low percentages for improvement category # V (< 10 percent) compared to other regions.

Improvement Activity: Begin discussions with these two RCs concerning possible reasons or contributing factors for these low percentages. Possible factors may include the particular population of children being served (e.g., more children with autism resulting from early identification initiatives) or the particular evaluation instruments being used.



**Knowledge and use of skills, including cognitive and communication:** North Bay Regional Center (NBRC) data demonstrates far less improvement to or closer to same age peers (improvement categories # III & # IV).

Improvement Activity: Review the distribution of the diagnoses included in the NBRC random sample to confirm that the data are not diagnostic-specific within this random sample. Review the instruments being used and consider conducting a review of an expanded sample to confirm this was simply not an artifact of a small sample.



**Self Help/Adaptive:** Several regions demonstrated relatively less improvement scores toward typical age (i.e. improvement categories # III & # IV) in this domain as well. These regions include Kern, Regional Center of the East Bay, and Regional Center of Orange County. Initial analysis indicates that the selection of particular evaluation methods may be a factor.

Improvement Activity: Review the data showing relatively low improvement numbers with each RC to identify possible systemic factors and proceed accordingly.

**Measurable and Rigorous Target:**

**Targets for Infants and Toddlers Exiting in FFY 2009-10 and FFY 2010-2011  
(Excludes at-risk children)**

Summary Statements	2008 Baseline (Adjusted) <sup>1</sup>	Targets for FFY 2009 (% of children)	Targets for FFY 2010 (% of children)
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>			
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	38.8	39.3	39.8
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	76.4	76.9	77.4%
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>			
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	42.4	42.9	43.4
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	68.0	68.5	69%
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>			
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	33.2	33.7	34.2
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program.	71.0	71.5%	72.0

The state is projecting relatively conservative improvement targets for 2009 and 2010 due to the following factors:

- **Changes in eligibility.** California narrowed its eligibility criteria for the Part C program in 2009-10. One of the few remaining states to continue to serve children who were only at-risk, California was forced by the state budget crisis and the flat federal funding for this program to eliminate the discretionary eligibility category of children who were solely “at-risk” for delay or disability. Thus, in determining improvement targets for Indicator 3, we are selectively referencing the current

<sup>1</sup> “Adjusted” baseline excludes at-risk children who are no longer qualify for Part C services in California.

improvement data from the stratified random sample. We are including those children with delays and those who are eligible under “established risk” and excluding the data for those children who were served in the “at-risk” category. This defined segment of the current sample most mirrors the population changes from FFY 2008 to FFY 2009.

- **Fiscal cutbacks in most community agencies.** Many community agencies making referrals to the Early Start program have and continue to experience cutbacks, which are anticipated to result in delayed referrals (i.e., children referred when older) and, therefore, less favorable outcomes for some of these children. Further, those families who historically have benefitted from blended services for their infants with special needs (food stamps, social services supports, community health initiatives, etc.), will receive fewer support services. These reductions may also impact developmental outcomes for children in the Early Start program.
- **Fiscal cutbacks in professional schools.** There are also significant budget reductions and resulting program reductions at the colleges and universities charged with preparing the therapists needed for evaluating and treating infants and toddlers with special needs. Long-standing shortages of ancillary therapists (PT, OT, and SLP) are becoming more acute as the professional schools graduate fewer therapists for all service sectors.
- **Increased paper compliance and cumbersome procedures as a condition of federal funding.** Increased procedural compliance (i.e., increased data and paperwork burden) that does not enhance direct service to infants and families forces states to divert even more scarce resources away from direct service and immediate family benefit. Infants and their families will be afforded even less direct service as states buckle under increased program demands with no additional federal Part C funding.

#### **Improvement Activities/Timelines/Resources:**

In addition to the improvement activities listed under each of the graphs in the “Program-to-Program Comparisons” section above, implementation of the revised Early Start Report will provide the state with universal child-outcome data once it is implemented.

**Part C State Annual Performance Report (APR) for 2008**

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, pages 1 and 2.

**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 = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# 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 (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# 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 (# of respondent families participating in Part C)] times 100.

FFY	Measurable and Rigorous Target
<b>2008</b>	<p>4-A. 49 percent of families participating in Part C report that early intervention services have helped the family <i>'know their rights.'</i></p> <p>4-B. 43 percent of families participating in Part C report that early intervention services have helped the family <i>'effectively communicate their children's needs.'</i></p> <p>4-C. 72 percent of families participating in Part C report that early intervention services have helped the family <i>'help their children develop and learn.'</i></p>

**Actual Target Data for 2008:** An adapted version of the *Family Outcomes Survey* (FOS, 2006)<sup>2</sup> was the instrument employed to gather and analyze Indicator 4 data for

<sup>2</sup> Bailey, D.B., Hebbler, K., & Bruder, M.B. (2006). *Family Outcomes Survey*. Retrieved October 18, 2009 from, <http://www.fpg.unc.edu/~eco/pages/tools.cfm#SurveyVersions>.

FFY 2008. The FOS was abridged to focus on three specific questions for families to answer as a self-report survey. The questions were directly aligned with Indicator 4 sub-indicators, A, B, and C. They were: (1) *to what extent has early intervention helped your family know and understand your rights?* (2) *to what extent has early intervention helped your family effectively communicate your child’s needs?* and, (3) *to what extent has early intervention helped your family be able to help your child develop and learn?* All three questions were developed on a 7-point scale (1= *Poor* and 7=*Excellent*), and families were asked to read each question and circle the number that “best describes your family right now.” Raspa, Hebbler, and Bailey (2009)<sup>3</sup> recommend using a cutoff point of 5 (*Good*) and calculating the percentage of responses that are 5 and higher for OSEP data reporting purposes. Analysis of family survey response data indicate that the state met its 2008 Indicator 4 target for each of the three sub-indicators, as indicated below:

INDICATOR	2008 TARGETS	SURVEY RESULTS
4. Percent of families participating in part C who report that early intervention services have helped the family:		
A. Know their rights.	49.5	80.1
B. Effectively communicate their children’s needs.	43.5	88.7
C. Help their children develop and learn.	72.5	91.3

### Sampling Plan and Survey Methodology

An initial random sample was drawn on the total point-in-time population (N=27,461) of California’s Early Start families whose children were currently receiving services from local programs and had been in the program for at least 6 months at a specific point in time (October, 2009). These selection criteria yielded a sample of 17,191 families. Next, a stratified random sample of 5,000 families was proportionally drawn from the sample across five ethnicity groups (Asian, Black, Hispanic, Native American, and White) and “Declined to State.” The systematic sampling procedure was calculated using a confidence level of 90% and an estimated response rate of 24.2% to achieve significance.

A tailored design method (Dillman, 2000)<sup>4</sup> was employed for survey distribution and collection. Five thousand surveys were mailed to families on December 1, 2010, via the USPS and included cover letters and surveys (in both English and Spanish), and a self-addressed return envelope (see Attachment C). Follow-up postcard reminders were sent three days after the initial survey mailing. Of the 5,000 families who received the survey, 1,404 valid surveys were returned, yielding a response rate of 28.1%.

<sup>3</sup> Raspa, M., Hebbler, K., & Bailey, D.B., (2009). *A guide to analyzing the data from the Family Outcomes Survey*. Menlo Park, CA: Early Childhood Outcomes Center.

<sup>4</sup> Dillman, D. (2000). *Mail and Internet Surveys: The Tailored Design Method*. New York: John Wiley & Sons, Inc.

Descriptive statistics (means, frequencies, percentages, and standard deviations) were employed to analyze the responses to the three FOS items.

Mean scores for the three survey items were: (a) Question 1 ( $M=5.52$ ); figure (b) Question 2 ( $M=5.85$ ); and (c) Question 3 ( $M=6.07$ ), indicating that, overall, families feel “Good” about Early Start services helping them to know their rights, effectively communicate their children’s needs, and helping their children develop and learn (see Table 1).

**Table 1. Frequency Distribution and Mean Scores by Question**

<b>QUESTION</b>	<b>Frequency (N=1404)</b>	<b>Percent Responses</b>	<b>Mean</b>	<b>Standard Deviation</b>
1. To what extent has early intervention helped your family know and understand your rights?	1395	99.4% (missing cases = 9)	5.52	1.59
2. To what extent has early intervention helped your family effectively communicate your child's needs?	1399	99.6% (missing cases = 5)	5.85	1.36
3. To what extent has early intervention helped your family be able to help your child develop and learn?	1395	99.4% (missing cases = 9)	6.07	1.33

Figure 1. Percentage of Responses Scoring of 5 or Greater by Question

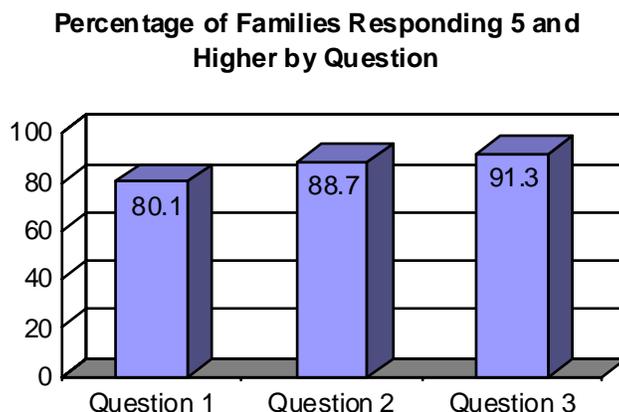
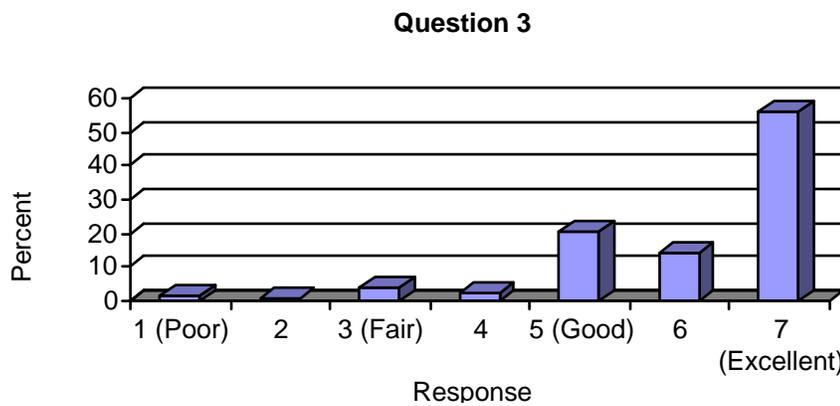
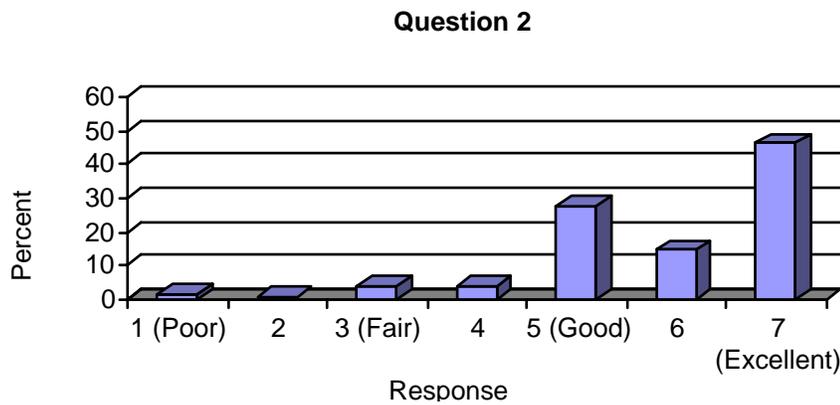
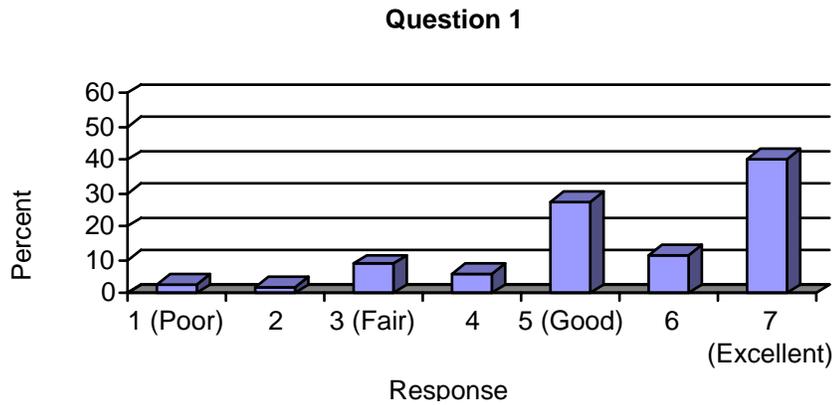


Table 2. Frequency Distribution for Survey Questions

Scale Response	Question 1 (n= 1404)		Question 2 (n= 1404)		Question 3 (n= 1404)	
	To what extent has early intervention helped your family know and understand your rights?		To what extent has early intervention helped your family effectively communicate your child's needs?		To what extent has early intervention helped your family be able to help your child develop and learn?	
	Frequency	%	Frequency	%	Frequency	%
1 (Poor)	36	2.6%	24	1.7%	27	1.9%
2	31	2.2%	13	.9%	7	.5%
3	125	8.9%	61	4.3%	52	3.7%
4	86	6.1%	60	4.3%	38	2.7%
5 (Good)	385	27.4%	388	27.6%	292	20.8%
6	162	11.5%	205	14.6%	197	14.0%
7 (Excellent)	570	40.6%	648	46.2%	782	55.7%
Missing	9	.6	5	.4	9	.6
Total N	1404	100%	1404	100%	1404	100%

Figure 2. Percent Distributions by Question



**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for 2008:** The state's performance exceeded the measurable and rigorous targets for this indicator. Additionally, all mean scores indicated a 5 (Good) and higher for each of the questions, indicating that families felt "good" about and pleased with Early Start services. Contributing significantly to the state's favorable outcomes in this area is its Early Start Comprehensive System of Personnel Development (CSPD), which the state plans to continue supporting. The CSPD is engaged in many wide-ranging personnel development, training and skill-building activities that directly impact this indicator. The CSPD's materials and training promote a philosophy emphasizing family education and empowerment as a more effective means of delivering services to families, and are focused specifically on evidenced-based and family-centered content. Please see Attachment A for more detailed on the breadth and scope of CSPD's work and other ongoing state activities that support progress on this indicator.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2008:** The targets for this indicator will remain unchanged. This year's performance was measured using selected survey questions drawn from the *Family Outcomes Survey* instrument developed by the Early Childhood Outcomes Center. Going forward, DDS believes that continuing to use an adapted version of the Family Outcomes Survey (FOS) instrument represents an improved data-collection methodology since these questions directly target the three sub-indicator areas and are very family friendly and transparent. Also, since the FOS instrument is increasingly being used by other states it will allow for comparison with other states' performance. DDS will collaborate with the ICC Data Committee and ESQAAC about any adjustments that should be made to the baseline data because of transitioning to the new survey process.

Resources permitting, for the next APR DDS will develop strategies and a framework to increase the family survey response rate and elicit more responses by ethnicity group. Such strategies will include (1) enhancing the survey design and implementation (e.g., multiple follow up reminders with families), (2) collaborating with local family-centered organizations to help communicate to families the importance of the survey and to remind parents to complete the survey, and (3) translating materials into additional languages. Also, the total number of families sampled will be expanded and enhanced to provide more data to allow for (1) comparing performance by local programs, (2) reporting statistically-significant low-incidence data from LEAs, and (3) crafting improvement activities that distinctly contribute to positive family outcomes.

**Part C State Annual Performance Report (APR) for 2008**

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, pages 1 and 2.

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

**Measurement:** Percent = [(# of infants and toddler birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.

FFY	Measurable and Rigorous Target
<b>2008 (2008-2009)</b>	0.95% of infants and toddlers birth to one in California will have IFSPs.

**Actual Target Data for FFY 2008 (2008-2009):** The percentage of California’s under-one-year-of-age population served was 1.12 percent (6,323 divided by 562,256, times 100). This figure is 0.17 percent above the state’s rigorous target set for FFY 2008, and 0.08 percent above the national percentage of 1.04 percent (45,166 divided by 4,359,268, times 100). National average data is derived from Office of Special Education Table C-13 titled *“Percent of Infants and Toddlers Receiving Early Intervention Services under Individuals with Disabilities Education Act (IDEA), Part C, by Age and State: Fall 2008.”*

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2008 (2008-2009):** Despite serious financial challenges, the Early Start program is continuing its aggressive interagency child-find activities throughout the state, regions, and counties focusing on education, screening, assessment, referral, and case management. The success of these efforts is reflected in the data showing that the state’s performance exceeded its rigorous target and the national percentage of under-one-year-of-age children served. However, going forward this level of performance is unlikely to be sustained due to the state’s chronic budget shortfalls, which have led to the enactment of a combination of new state laws that have narrowed the definition for eligibility under Part C, and established a new, lower cost, state-only Prevention Program. These changes in law eliminated “at-risk” as a qualifying condition for Part C services, and also restricted eligibility under the “developmental delay” category. The new Prevention Program, enacted October 1, 2009, now serves

these “at-risk” and less “delayed” children, albeit in a more limited way. Therefore, effective October 1, 2009, these children are ineligible for the Part C program and will not be included in future Part C child counts. Also, please refer to pages 3 and 4 (Current Challenges section) for other factors that will likely impact the state’s future performance on this indicator.

**Improvement Activities:** The state has a comprehensive and statewide public awareness, education, and child-find system that operates collectively through its RCs, LEAs, and family resource centers. These activities are mandated by state law and/or required by contract. Their efforts are supported and augmented, as follows:

1. **Materials Distribution:** As part of the state’s ongoing 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](http://www.dds.ca.gov/EarlyStart). Hard copies of the brochure can be ordered in five languages. The brochure is also posted on CDE website, DDS’ partner for Part C in California, at <http://www.cde.ca.gov/sp/se/fp/concerns.asp>. The *Reasons for Concern* concept offers families and providers a comparison of development that may warrant further evaluation. The number of hard copies distributed during FFY 2008 was 68,358. Companion posters to be used with the *Reasons for Concern* brochure are currently under development and will be ready for release to the Early Start community in 2010. Created in collaboration with the CDE, these companion posters display typical development from birth to 5 Years.

A partial inventory of other DDS Early Start product reprints (in different languages) include a focus on outreach and referral information and an emphasis on providing material to the state’s immigrant population. DDS disseminates a total of 43 products for the Early Start program. During FFY 2008, 233,853 Early Start materials were ordered, including the brochure noted above. Eight of these products are printed in English and four other languages, including Spanish (64,272 items distributed), Chinese (7,617 items distributed), Vietnamese (7,465 items distributed), and Hmong (2,104 items distributed). The number of items distributed is as follows:

- ICC Annual Performance Report – 481
- Central Directory - 737
- *Starting Out Together* – 12,466 English, 4,454 Spanish, and 340 Vietnamese
- *Early Start Statutes and Regulations* – 788
- *Family Introduction to Early Start* – 2,753 Chinese, 29,507 English, 19,921 Spanish, and 1,834 Vietnamese
- *Family Resource Center* brochure – 594 Chinese, 9,178 English, 7,973 Spanish, 1,432 Vietnamese

- *Parents' Rights* – 585 Chinese, 13,167 English, 7,928 Spanish, 545 Vietnamese
  - *Early Start Poster* – 1,160
  - *Early Start Fact Sheets* (nine individual handouts) – 30,570
  - *Reasons for Concern* – 3,506 Chinese, 35,992 English, 23,532 Spanish, 3,224 Vietnamese, and 2,104 Hmong
  - *The Role of the Health Care Provider* – 4,672
2. Statewide Screening Collaborative (CSSC): DDS is a participating agency on the recently established California Statewide Screening Collaborative (CSSC), the purpose of which is to coordinate the efforts of various state agencies, organizations, and various special projects initiatives focused on enhancing California's capacity to promote and deliver effective and well-coordinated health, developmental, and early mental health screenings for young children, birth to age 5. Activities include the following:
- Improving the relationships and coordination of services across state agencies and programs involved in the early identification and recognition/response activities to support the development of young children, prenatal to age 5, and their families,
  - Promoting the use of standardized screening tools, effective screening protocols, and follow-up communication across agencies and services for young children and their families, and
  - Identifying screening resources and follow-up supports that promote healthy childhood development, school readiness, positive parent-child relationships and access to needed to services.
- During 2008-2009, the plan for developing a comprehensive screening system came to fruition in the development of a screening website and toolkit. The website, which is still being tested, has links for parents with developmental concerns about children and resources for providers. The tool kit provides screening tool resources and billing information on reimbursement for screening. The CSSC also provides leadership guidance for "Project Launch," which is a pilot project in Alameda County designed to more quickly identify children birth to eight who may be in need of services.
3. Newborn Hearing Screening Program (NHSP): The purpose of the NHSP is to require that every approved CCS hospital offer hearing screenings to newborns. Newborn hearing data will not be available from the California Department of Health Care Services until sometime in February. However, in Fiscal Year 2008-09, 24 additional hospitals were certified to provide newborn hearing screening. At the end of that period, there were a total of 238 hospitals participating in the California Newborn Hearing Screening Program. Those hospitals birth approximately 534,000 infants per year. Further program information can be found at: [www.dhcs.ca.gov/services/nhsp](http://www.dhcs.ca.gov/services/nhsp)

4. Newborn Screening Program (NBS): The purpose of the NBS Program is to screen for the most common treatable diseases, as recommended by the American College of Medical Genetics and March of Dimes. The expansion of the program continued into the fiscal period of 2008-2009, which began in July 2007, and growth is being tracked. Newborns with positive screens are referred to a CCS-approved Metabolic Center which works with the primary care provider to arrange for confirmatory testing. DDS continues to work 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 about this program can be found at the website: [www.cdph.ca.gov/programs/NBS](http://www.cdph.ca.gov/programs/NBS).
5. Child Abuse Prevention and Treatment Act (CAPTA): DDS continues its collaboration with the California Department of Social Services (CDSS) on improving the policies and procedures for making and receiving referrals for children under the age of three, who are involved in a substantiated case of child abuse or neglect, and who may be eligible for early intervention services funded under Part C of the IDEA. This improvement effort was supported by webinar and technical assistance activities. In this reporting period there were approximately 14,897 children under the age of three in the welfare system. An approximate average of 3.60 percent of new referrals each month are referred to the RCs comes from CPS or foster care. The data is published and available at the following website: [http://cssr.berkeley.edu/ucb\\_childwelfare/PIT.aspx](http://cssr.berkeley.edu/ucb_childwelfare/PIT.aspx).
6. Neonatal Intensive Care Unit (NICU) Liaisons: All 21 RCs continue to maintain liaison activities with their local NICU(s). Liaison activities include discharge planning with hospital staff to provide continuity of care between hospital and home. In the FY 2008, the total number of infants discharged from NICUs was 16,906, as follows:
  - Discharged from NICU to home: 11,345 (68.75%)
  - Discharged to another facility: 4,519 (25%)
  - Deceased prior to discharge: 1,042 (6.25%)
7. The California Children's Services (CCS) High Risk Infant Follow-Up (HRIF): Early Start continues to collaborate at the state and local level with the HRIF program to coordinate services, share developmental information, and avoid unplanned duplication of effort. The HRIF program identifies infants who might develop CCS-eligible conditions after discharge from a CCS-approved NICU. More information can be found about this program at: [www.dhcs.ca.gov/services/ccs](http://www.dhcs.ca.gov/services/ccs).
8. Referrals: From its automated information systems, the state collects referral data from RCs for all children referred for Part C services. More than half of the total referrals made during FFY 2008 emanate from physicians (32.79 percent) and families (31.31 percent). The following are data detailing the FFY 2008 referral sources:

- Department of Public Social Services /County Welfare (0.69%)
- Parent (31.31%)
- County Health Department (2.18%)
- California Children’s Services (0.46%)
- Local Education Agency (1.63%)
- Child Care Provider (0.44%)
- Hospital (17.88%)
- Regional Center (0.15%)
- Maternal Child and Adolescent Health Contract Project (0.03%)
- Physician/Health Plan (32.79%)
- County Mental Health (0.10%)
- Child Health and Disability Prevention (0.09%)
- Private Service Agency (0.99%)
- Child Protective Agency (2.91%)
- Family Resource Center (0.30%)
- Other (7.99%)

9. **“BabyLine”**: DDS continues to maintain a toll-free telephone line [referred to as the “BabyLine” - 800-515-BABY (2229)] which provides information in English and Spanish on Early Start, including resources and referral information for families. This information is posted on the Early Start website. During FFY 2008, DDS staff received a total of 1,641 calls. July 2008 and May 2009 had the greatest call rate at 232, and 238 calls, respectively. The state also uses a contractor to track calls initiated through the BabyLine involving Early Start resources. This contractor, WestEd, has an 800 line and received 162 total calls for Early Start resources.

10. **DDS and Regional Center Websites**: DDS maintains a comprehensive website where information about Early Start services is located. The section of this website that houses Early Start information alone received over 53,000 visitors last fiscal year. Moreover, every RC in the state maintains its own website, which includes Early Start information.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 (2007-2008)**: California does not propose any revisions to the targets or improvement activities for this indicator at this time. However, the state plans to update its SPP targets for this indicator once the full impact of the revised Part C eligibility definition and new Prevention Program is determined.

**Part C State Annual Performance Report (APR) for 2008**

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, pages 1 and 2.

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

**Measurement:** Percent = [(# of infants and toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

FFY	Measurable and Rigorous Target
2008 (2008-2009)	1.90% of infants and toddlers birth to three in California will have IFSPs.

**Actual Target Data for FFY 2008 (2008-2009):** For this year’s report, the percentage of California’s under-three-years-of-age population served was 2.48 percent (40,977 divided by 1,651,151 times 100). This percentage exceeds the state’s rigorous target set for FFY 2008, and approaches the 2.66 percent national percentage, which was obtained from Office of Special Education Table C-13 titled *“Percent of Infants and Toddlers Receiving Early Intervention Services under Individuals with Disabilities Education Act (IDEA), Part C, by Age and State: Fall 2008.”*

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2008 (2008-2009):** Despite serious financial challenges, the Early Start program is continuing its aggressive interagency child-find activities throughout the state, regions, and counties focusing on education, screening, assessment, referral, and case management. The state exceeded its target for this year, and also improved on last year’s performance by 0.11 percent (2.48 – 2.37). Going forward this level of performance is unlikely to be sustained due to the state’s chronic budget shortfalls, which have led to the enactment of a combination of new state laws that have narrowed the definition for eligibility under Part C, and established a new, lower cost, state-only Prevention Program. These law changes eliminated “at-risk” as a qualifying condition for Part C services, and also restricted eligibility under the “developmental delay” category. The new Prevention Program, enacted October 1, 2009, now serves these “at-risk” and less “delayed” children, albeit in a more limited way. Therefore, effective October 1, 2009, these children are ineligible for the Part C program and will not be included in future Part C child counts. Also, please refer to

pages 3 and 4 (Current Challenges section) for other factors that will likely impact the state's future performance on this indicator.

**Improvement Activities:** The state has a comprehensive and statewide public awareness, education, and child-find system that operates collectively through its RCs, LEAs, and family resource centers. These activities are mandated by state law and/or required by contract. The following improvement activities underscore the importance California places on identifying and serving children as early as possible:

1. **Materials Distribution:** As part of the state's ongoing 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](http://www.dds.ca.gov/EarlyStart). Hard copies of the brochure can be ordered in five languages. The brochure is also posted on the CDE website, DDS' partner for Part C in California, at <http://www.cde.ca.gov/sp/se/fp/concerns.asp>. The *Reasons for Concern* concept offers families and providers a comparison of development that may warrant further evaluation. The number of hard copies distributed during FFY 2008 was 68,358. Companion posters to be used with the *Reasons for Concern* brochure are currently under development and will be ready for release to the Early Start community in 2010. Created in collaboration with the CDE, these companion posters display typical development from birth to 5 Years.

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- *Reasons for Concern* – 3,506 Chinese, 35,992 English, 23,532 Spanish, 3,224 Vietnamese, and 2,104 Hmong
  - *The Role of the Health Care Provider* – 4,672
2. Statewide Screening Collaborative (CSSC): DDS is a participating agency on the recently established California Statewide Screening Collaborative (CSSC), the purpose of which is to coordinate the efforts of various state agencies, organizations, and various special projects initiatives focused on enhancing California's capacity to promote and deliver effective and well-coordinated health, developmental, and early mental health screenings for young children, birth to age 5. Activities include the following:
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  - Promoting the use of standardized screening tools, effective screening protocols and follow-up communication across agencies and services for young children and their families, and
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During 2008-2009, the plan for developing a comprehensive screening system came to fruition in the development of a screening website and toolkit. The website, which is still being tested, has links for parents with developmental concerns about children and resources for providers. The tool kit provides screening tool resources and billing information on reimbursement for screening. The CSSC also provides leadership guidance for "Project Launch," which is a pilot project in Alameda County designed to more quickly identify children birth to eight who may be in need of services.

3. Newborn Hearing Screening Program (NHSP): The purpose of the NHSP is to require that every approved CCS hospital offer hearing screenings to newborns. Newborn hearing data will not be available from the California Department of Health Care Services until sometime in February. However, in Fiscal Year 2008-09, 24 additional hospitals were certified to provide newborn hearing screening. At the end of that period, there were a total of 238 hospitals participating in the California Newborn Hearing Screening Program and these hospitals birth approximately 534,000 infants per year. Further program information can be found at this website: [www.dhcs.ca.gov/services/nhsp](http://www.dhcs.ca.gov/services/nhsp)
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tracked. Newborns with positive screens are referred to a CCS-approved Metabolic Center which works with the primary care provider to arrange for confirmatory testing. DDS continues to work 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 about this program can be found at the website: [www.cdph.ca.gov/programs/NBS](http://www.cdph.ca.gov/programs/NBS).

5. Child Abuse Prevention and Treatment Act (CAPTA): DDS continues its collaboration with the California Department of Social Services (CDSS) on improving the policies and procedures for making and receiving referrals for children under the age of three, who are involved in a substantiated case of child abuse or neglect, and who may be eligible for early intervention services funded under Part C of the IDEA. This improvement effort was supported by webinar and technical assistance activities. In this reporting period there were approximately 14,897 children under the age of three in the welfare system. An approximate average of 3.60 percent of new referrals each month are referred to the RCs comes from CPS or foster care. The data is published on the following website: [http://cssr.berkeley.edu/ucb\\_childwelfare/PIT.aspx](http://cssr.berkeley.edu/ucb_childwelfare/PIT.aspx).
  
6. Neonatal Intensive Care Unit (NICU) Liaisons: All 21 RCs continue to maintain liaison activities with their local NICU(s). Liaison activities include discharge planning with hospital staff to provide continuity of care between hospital and home. In the FY 2008, the total number of infants discharged from NICUs was 16,906, as follows:
  - Discharged from NICU to home: 11,345 (68.75%)
  - Discharged to another facility: 4,519 (25%)
  - Deceased prior to discharge: 1,042 (6.25%)
  
7. The California Children's Services (CCS) High Risk Infant Follow-Up (HRIF): Early Start continues to collaborate at the state and local level with the HRIF program to coordinate services, share developmental information, and avoid unplanned duplication of effort. The HRIF program identifies infants who might develop CCS-eligible conditions after discharge from a CCS-approved NICU. More information can be found about this program at [www.dhcs.ca.gov/services/ccs](http://www.dhcs.ca.gov/services/ccs).
  
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- Regional Center (0.15%)
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- Physician/Health Plan (32.79%)
- County Mental Health (0.10%)
- Child Health and Disability Prevention (0.09%)
- Private Service Agency (0.99%)
- Child Protective Agency (2.91%)
- Family Resource Center (0.30%)
- Other (7.99%)

9. **“BabyLine”**: DDS continues to maintain a toll-free telephone line [1-800-515-BABY (2229)] known as the “BabyLine.” This resource provides information in English and Spanish on Early Start, including resources and referral information for children birth to age three. This information is posted on the Early Start website. During FFY 2008, DDS staff received a total of 1,641 calls. July 2008 and May 2009 had the greatest call rate at 232, and 238 calls, respectively. The state also uses a contractor (WestEd) to track calls initiated through the BabyLine involving Early Start resources. This 800 line has received 162 total calls for Early Start resources.

10. **DDS and Regional Center Websites**: DDS maintains a comprehensive website where information about Early Start services is located. The section of this website that houses Early Start information alone received over 53,000 visitors last fiscal year. Moreover, every RC in the state maintains its own website, which includes Early Start information.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 (2007-2008)**: California does not propose any revisions to the targets or improvement activities for this indicator at this time. However, the state may update its SPP targets for this indicator once the full impact of the revised Part C eligibility definition and new Prevention Program is determined.

**Part C State Annual Performance Report (APR) for 2008**

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, pages 1 and 2.

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

**Measurement:**

Percent = [(# of 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 the (# of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

FFY	Measurable and Rigorous Target
<b>2008</b>	100% of children have evaluation, assessment, and IFSP meeting within 45 days.

**Actual Target Data for FFY 2008 (2008-2009):** FFY 2008 data indicates that 75.97 percent of children in the sample had their evaluation and assessment completed and an initial IFSP meeting held within 45 days of referral (234 divided by 308 times 100 equals 75.97 percent). This figure compares to 90.43 percent of children who had their evaluation and assessment completed and an initial IFSP meeting held within 45 days of referral (312 divided by 345 times 100 equals 90.43) in FFY 2007.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2008 (2008-2009):** The difference on this indicator between 2007 and 2008 indicates slippage of 14.46 percent. Based on a root-cause analysis, DDS believes this slippage is largely attributable to the following three factors:

1. Program Growth: The general growth rate in the Early Start program for last fiscal year was high. This growth in referrals requires a commensurate increase in resources to accommodate the additional workload demand on local program personnel. Moreover, much of the Early Start population growth and a majority of the Indicator 7 findings occurred at five local programs, which reported

unprecedented numbers of referrals. This growth rate also reflects implementation of the Child Abuse Prevention and Treatment Act (CAPTA) that requires child protective service agencies to have policies and procedures for referring children with a substantiated case of abuse to Part C programs for evaluation. Although California has dedicated resources (see description of CAPTA trainings below) to develop local plans that provide for screening these children, the impact on the local Part C programs has been significant. This growth rate is showing signs of abating in the current fiscal year, as changes in the eligibility definition in the Early Start Program eligibility begin to have their impact.

2. Shortage of Qualified Professionals: In last year's APR, DDS noted that "*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.*" Ready access to such therapists is requisite for providing timely evaluation and assessment, and this year's slippage is evidence of the "divide" that is an increasing challenge to bridge. Despite the state's significant and escalating expenditures to obtain these specialized personnel (as shown below), local programs continue to struggle to obtain the therapy personnel necessary for providing services within the statutorily prescribed timeframe.
3. Resource Limitations: Amplifying the impact of the therapist shortage is the state's multi-year fiscal crisis that is currently estimated to be \$20 billion over the next 17 months. Local programs are largely state funded and reductions in such funding diminish local programs' ability to hire and/or contract for therapists and other specialized personnel necessary for evaluating and assessing the influx of new children. Local programs have developed plans of correction, including the measures they will take to improve compliance with this indicator, and DDS continues to provide technical assistance and support to these local programs. However, the state's financial woes are expected to adversely impact local programs' budgets into the foreseeable future.

Notwithstanding the above issues, DDS has worked aggressively for the past several years to address the factors impacting performance on this indicator. DDS is mindful, however, that it has a limited influence on the larger state and federal issues that impinge on local programs' performance. Activities that continue to support local programs' ability to comply with this indicator include the following:

- A. Specialized Therapeutic Service Code: Several years ago, California established a new administrative mechanism for funding hard-to-obtain clinicians. This new mechanism, known as the "specialized therapeutic services code," addressed some of the rate limitations that were preventing local programs from accessing therapists. Data indicate that most local RC programs are now using the Early Start specialized therapeutic services code. The increased use of services purchased under this code is reflected in the rapid rise of expenditures. Expenditures under this service code reveal over a five-fold increase since state fiscal year (SFY) 2004-05 through

SFY 2008-09. Data also indicates that 5,610 infants/toddlers received services in fiscal year SFY 2004-05 through this service code compared to 19,640 in SFY 2008-09. The difference represents an increase of 286 percent. These expenditures were mostly for eligibility evaluations, service planning assessments, and provision of ancillary therapy services. Specific expenditures in each of the five preceding years follow:

SFY 2004-05: \$ 9,386,000  
 SFY 2005-06: \$18,541,243  
 SFY 2006-07: \$26,773,024  
 SFY 2007-08: \$36,717,403  
 SFY 2008-09: \$51,699,989

- B. Training and Personnel Development: As described in Attachment A, 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<sup>5</sup> for Prevention and Early Intervention to coordinate implementation of these personnel development activities. The need to perform evaluation and assessment activities and holding the IFSP meeting, within the 45-day timeline, are interwoven throughout the series as the matrix in Attachment A demonstrates.
- C. California's Community College Personnel Preparation Project (CCPPP): The 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. A study 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](http://ies.ed.gov/ncee/edlabs/regions/west/pdf/REL_2008060.pdf).
- D. Increasing Community Expertise: DDS has partnered with the University of California Medical Schools (UCMS) to improve the professional expertise of community clinicians. Up until FFY 2008, DDS funded 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. Offering continuing medical education credits served to encourage other healthcare professionals to become more

<sup>5</sup> "WestEd" is a nonprofit research, development, and service agency that works with education and other communities to promote excellence, achieve equity, and improve learning for children, youth, and adults. See the following website for additional information about WestEd: <http://www.wested.org/cs/we/print/docs/we/home.htm>

knowledgeable about, and interested in serving, this population. Due to the state’s budget crisis, all contracts with the UC Medical Schools expired in FFY 2008, were not renewed, or were suspended. The one conference DDS sponsored focused on early childhood mental health and autism. Two-hundred people attended the conference, including 46 medical doctors.

- E. Speech and Language Pathology Assistant (SLPA) Efforts: California reported last year on its efforts to expand the use of SLPAs to address the shortage of speech and language pathologists and audiologists across the state, which is also a national problem. The state believes that using SLPAs to provide direct services relieves licensed speech and language pathologists from work that then allows the licensed personnel to conduct evaluations and assessments more timely. Although state regulations to effect needed changes are written, DDS is waiting for promulgation of the final federal Part C regulations so all necessary state regulation changes can be performed in a single regulation package. Until then, DDS permits use of SLPAs at the local programs through a waiver process.
  
- F. 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 designing and planning for screening children with substantiated cases of abuse. This training was very successful in helping local programs implement the “multiple pathways” model: screening, referral and services from the most appropriate agency in the timeliest manner.
  
- G. Revised Early Start Report Form: As reported in last year’s APR, DDS has been working on revisions to the Early Start Report form to increase the state’s universal reporting capacity. The database is populated with elements from the Early Start Report form, which local programs use to enter key infant/toddler and IFSP information. When implemented, the revised form will allow the state to more effectively focus its monitoring and improvement activities. DDS will continue to manually collect data for reporting until universal reporting is available for this indicator.

**Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):**  
 Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 90.43 percent.

4. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	<b>3</b>
5. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>0</b>
6. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>3</b>

**Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

7. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	<b>3</b>
8. Number of FFY 2007 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>0</b>
9. Number of FFY 2007 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>3</b>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008 (2008-2009):** California does not propose any revisions to the target(s) for this indicator. One new improvement activity that impacts this indicator is establishment of the Early Start Quality Assurance Advisory Committee (ESQAAC): As discussed in Attachment D, the ESQAAC is addressing the many issues that impact completing the evaluation, assessment, and IFSP meeting within the 45-day timeline.

**Part C State Annual Performance Report (APR) for 2008**

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, pages 1 and 2.

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

**Measurement:**

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target		
	Transition Steps	LEA Notification	Transition Conference
2008	100%	100%	100%

**Actual Target Data for FFY 2008 (2008-2009):** The following chart compares this year's performance on Indicator 8 with that of last year:

Transition Area	FFY 2007 Results (%)	FFY 2008 Results (%)	Percentage Difference
8A: Transition Steps	92.38 %	91.38 %	- 1.00 %
8B: LEA Notification	89.58 %	87.36 %	- 2.22 %
8C: Transition Conference	98.09 %	96.55 %	- 1.54 %

**Calculations:**

8A: Transition Steps = 91.38 percent (159 records in compliance divided by 174 total records sampled times 100 equals 91.38 percent).

8B: LEA Notification = 87.36 percent (152 records in compliance divided by 174 total records sampled times 100 equals 87.36 percent).

8C: Transition Conference with LEA = 96.55 percent (168 records in compliance divided by 174 total records sampled times 100 equals 96.55 percent).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2008 (2008-2009):** A comparison of monitoring data between the 2007 and 2008 FFYs shows that California's performance slipped slightly on each subpart of Indicator 8. This slippage reflects the need to improve interagency coordination and collaboration between some RC and local educational agencies (LEA) and Special Education Local Planning Areas (SELPA). As discussed below, DDS is working with all parties, including the CDE, to address this issue.

Subsequent to submitting the 2007 APR and receiving OSEP guidance, DDS initiated increased manual data collection of Indicator 8 during visits to local programs and will collect the data manually until the Early Start Report provides universal data for this indicator. For fiscal year 2008-09, DDS reviewed 280 transition plans from 14 RCs in comparison to 105 transition plans in fiscal year 2007-08. DDS' practice to include a higher proportion of transition age records during its reviews has been implemented.

As discussed on page 4 in the *Overview of the Annual Performance Report Development*, DDS convened a committee of RC representatives and DDS staff to review federal requirements and to revisit the state's Part C monitoring process. Regional-center monitoring was held in abeyance while this committee collaboratively worked with DDS to identify the key issues and to improve the monitoring process and protocol. The time expended in this effort led to fewer record reviews this year than projected in last year's APR; however, the state believes its revised monitoring approach is now more consistent, efficient and productive. DDS has now resumed monitoring and is continuing to refine this new monitoring protocol. Due to this temporary lapse in monitoring, of the 14 RCs reviewed and 280 records, only 10 RCs and 174 records have been used in this report. Written reports were suspended to the other four RCs. This included 106 transition plans that were reviewed, but for which written findings were not issued.

DDS believes that the sample used for reporting under this indicator is representative of the state. California reviews transition records during monitoring of local programs from the records drawn for other monitoring activities. DDS will continue to increase the sample size of transition records for review during monitoring of local programs until the universal data collection process discussed under “Revisions” below is implemented.

The transition record sample included records from all sizes of local programs and represented all geographic variants relevant to the state (each lived in a different zip code). The local programs sampled included those serving areas of northern, central, and southern California and those providing services from one to ten counties (fewest and most). The sample also included rural, town, small city and large urban area residents, and approximately one-fourth of all SELPAs served by the local programs.

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. All types of “aging-out” exits were also represented, e.g., children with severe developmental disabilities, children unlikely to be eligible for Part B, families choosing to exit before a determination is made, etc.

Improvement Activities: Accessing the technical assistance for Indicator 8B suggested by OSEP in its June 1, 2009 letter, in combination with the following activities and actions conducted during this period, helped the state maintain relative even performance on this indicator:

1. California’s Comprehensive System of Personnel Development: California’s Comprehensive System of Personnel Development (see Attachment A) 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. Three trainings included specific workshops to address the topic of transition, as follows.
  - a. *Early Start Essentials* included a workshop on positive transition planning. It provided training to service coordinators, vendors, and LEA representatives on strategies to assure a smooth transition from Part C to Part B services including timely notification, planning, preparation, transition steps, outcomes and service provision.
  - b. *Early Start Skillbuilder III* addressed cognition, early learning, and transition. In collaboration with staff from the CDE presentation consisted of identifying federal and state mandates regarding transition and provision of Part B preschool services to children at age three, timely notification, transition plans, strategies to strengthen transition planning in local communities, and identifying preschool models and community services for transition from Early Start.
  - c. *Family Resources and Supports Institute* included a workshop on supporting families through transition from Early Start. The workshop explored the role of the Family Resource Center staff in assisting families to understand the

transition process and to develop their communication skills to work in partnership with education professionals.

2. Two FFY 2008 training events that are linked to improving the state's transition performance are as follows:
  - 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 how to support the state's efforts towards accountability and continuous program involvement. Also, Anne Lucas from the National Early Childhood Technical Assistance Center and the WRRC presented on accountability and general supervision requirements that states must implement. She addressed the integral role of regional programs in correcting noncompliance in a timely manner and in improving program performance. 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.
  - b. Collaborative presentations by National Early Childhood Technical Assistance Center (NECTAC), CDE, and DDS were made during multiple sessions at the Special Education Early Childhood Administrators Project (SEECAP) conference in 2009. This training is sponsored by CDE. The training provided the state an opportunity to address the specifics of transition from Parts C to B, including timely notification, transition steps and the transition conference. Part of the training included the identification of local level issues and the resources that would be helpful to address these issues by both CDE and DDS. Attendance at the SEECAP conferences includes administrators and parent or professional leaders from all agencies serving children birth through age five and their families.
3. The following are collaborative actions undertaken by DDS and CDE to improve transition from Part C to Part B:
  - a. Designation of an Early Start Program and a CDE representative to address transition issues between local programs and SELPAs/LEAs.
  - b. Enlisting the *Supporting Early Education Delivery Systems* (SEEDS) Project, via contract with the CDE, to provide technical assistance to early childhood special education programs.
  - c. Continuous communication and meetings between Part C and Part B state-level program representatives to discuss issues around transition and data sharing.
  - d. Through NECTAC and (WRRC) WRRC, establishing a transition project to improve all aspects of transition throughout the state. This includes joint trainings to the community that focus on conducting transition meetings, preparing families for transition, interagency communication and notification,

- developing and implementing transition steps, and facilitating dialogue between Part C and B personnel. DDS and CDE are working on the recommendations, including some of the following activities: revising a joint transition handbook, 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 Early Start Managers on expectations for local programs around transition, and providing local contacts and available resources. DDS and CDE continue to work with WRRC regarding availability of webinar capabilities and transition videos. The Early Start Report changes will also allow DDS to obtain better data and to meet CDE's needs for reporting on transition.
- e. DDS continues to work with the RCs, local education programs, SELPAs, and CDE to address the problems with the transition process. The Early Start Local Support Unit Liaisons are actively working with the RCs to address the specific issues that they are having with the LEAs and SELPAs. This includes providing training, attending joint meetings between the RCs and LEAs/SELPAs, and assisting with the Interagency Agreements (IA's) between the RCs and LEAs/SELPAs.
4. Early Start Report: DDS has continued to refine the transition and other sections of the Early Start Report. DDS is nearly ready to initiate the formal review and approval processes needed to implement the revised form. With respect to transition, the new changes are designed to capture universal data to: (1) more effectively monitor and report on this indicator; (2) provide both DDS and CDE specific information to identify potential transition problem areas, and (3) gauge statewide effectiveness of transition for infants/toddlers and their families.
  5. Early Start Quality Assurance Advisory Committee (ESQAAC): As discussed in Attachment D, DDS is working collaboratively with the ESQAAC to address the transition issues, policies, and procedures. The ESQAAC has compared and analyzed California's regulations with the federal regulations related to transition. An effort is currently underway to align the state's policies more closely with the federal regulations.

**Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):**

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 92.38 percent.

10. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	<b>2</b>
11. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>1</b>
12. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>1</b>

**Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

13. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	<b>1</b>
14. Number of FFY 2007 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>0</b>
15. Number of FFY 2007 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>1</b>

Indicator 8b

**Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):**

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 89.52%

16. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	<b>3</b>
17. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>0</b>
18. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>3</b>

**Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

19. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	<b>3</b>
20. Number of FFY 2007 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>0</b>
21. Number of FFY 2007 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>3</b>

Indicator 8c

**Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):**

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 98.09 percent.

22. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	<b>0</b>
23. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>0</b>
24. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

\*Compliance for Indicator 8C was 98.09 percent. A finding was not established at this local program due to it being an anomaly in a sample of 20 records reviewed. In subsequent monitoring, the local program was 100 percent in compliance with this indicator.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008 (2008-2009):** California does not propose any revisions to this indicator or to the improvement activities.

**Part C State Annual Performance Report (APR) for 2008**

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, pages 1 and 2.

**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.

States are required to use the “Indicator 9 Worksheet” to report data for this indicator.

FFY	Measurable and Rigorous Target
<b>2008</b>	100% of noncompliance findings are corrected within one year of identification.

**The optional template, as posted on the SPP-APR Calendar effective November 13, 2009, is used for reporting on this indicator. Refer to Attachment E for worksheets associated with this indicator.**

**Actual Target Data for FFY 2008:**

86.69% [column (b) sum (10) divided by column (a) sum (36) times 100]

During the FFY 2007 (2007-2008) reporting period, DDS conducted a total of 14 on-site monitoring visits to local programs. Additionally, CDE reported findings from 30 school districts. Refer to Indicator C-9 Worksheet for the detail of the findings identified during the site monitoring visits and data extraction from DDS’ SANDIS/UFS system and the CDE’s system. Overall, there were a total of 338 findings across RCs/school districts requiring corrective action. 293 of these 338 findings were able to be validated as having been corrected within the one year.

This represents an overall 86.69 percent performance rating for timely correction of noncompliance (293 divided by 338 times 100 equals 86.69 percent). This level of performance is 9.20 percent below last year's reported performance of 95.89 percent.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2008:**

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

1. DDS' policy regarding findings accountable for reporting purposes, applied and reported last year, is continued for this reporting period. DDS acknowledges the reporting requirements for this indicator as set forth in OSEP Memorandum #09-02, dated October 17, 2008; however, DDS' comments in the FFY 2007 APR about this issue are still germane as they highlight the challenges DDS confronts in fully complying with 09-02's requirements in this year's APR. The state will continue its efforts to make the needed changes to achieve full compliance as soon as is possible.
2. CDE has been working over the past two years to extract, refine, and provide DDS with correction of noncompliance data from their system. This year, CDE was able to identify a total of 293 reportable findings in four areas that could be used based on DDS' methodology for this indicator. The six areas/indicators included: (1) services provided in the natural environment; (2) notification to the LEA that a child is potentially eligible for Part B services during transition, (3) transition conference held (4) Timely written notification to families of IFSP meetings, (5) IFSP contain outcomes and, (6) evaluation conducted in a timely manner. This compliance data reflects a combination of Part C infants/toddlers that are either served solely by CDE or jointly by DDS and CDE. DDS and CDE continue to work collaboratively to improve reporting on this indicator. While this collaboration with CDE and DDS accounts for all findings identified by both systems in FY 2008, DDS needs additional detail on the corrective actions or continued noncompliance from the school districts. DDS and CDE will continue their joint efforts to fully align both systems data extraction and reporting systems so that all required data will be available for future APRs.
3. DDS is revising the Early Start Report. The changes are intended to capture all data necessary to: (1) more effectively monitor and report on this indicator, (2) support focused monitoring, and (2) provide both DDS and CDE with additional, pertinent information and data to review and analyze results to make local changes as necessary.
4. The establishment of the Early Start Quality Assurance Advisory Committee (ESQAAC), as discussed in Attachment D, will allow DDS to monitor in a more collaborative, consistent, and accurate manner. These anticipated improvements will help facilitate the determination and clearance of findings within prescribed timelines.

**Explanation of slippage that occurred in FFY 2008:**

As discussed on page 4 in the *Overview of the Annual Performance Report Development*, DDS convened a committee of RC representatives and DDS staff to review federal requirements and to revisit the state's Part C monitoring process. Regional center monitoring was held in abeyance while this committee collaboratively worked with DDS to identify the key issues and to improve the monitoring process and protocol. The time expended in this effort led to fewer record reviews this year than projected in last year's APR; however, the state believes its revised monitoring approach is now more consistent, efficient and productive. DDS has now resumed monitoring and is testing this new monitoring protocol. Due to the lapse in monitoring activities, DDS was unable to verify the correction of all noncompliance items at local programs' from last year. Even so, the programs continued to complete activities identified in their plans of correction and DDS believes that many items may have been corrected, but could not be verified. A detailed discussion of the root cause of these findings and the activities that have occurred to correct these findings is contained below in the section titled, Actions Taken if Noncompliance Not Corrected.

**Correction of FFY 2007 Findings of Noncompliance Timely Corrected (corrected within one year from identification of the noncompliance):**

25. Number of findings of noncompliance the state made during FFY 2007 (the period from July 1, 2007 through June 30, 2008) (Sum of Column a on the Indicator C 9 Worksheet)	<b>338</b>
26. Number of findings the state verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	<b>293</b>
27. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>45</b>

**Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

28. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	<b>45</b>
29. Number of findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	<b>0</b>
30. Number of findings <u>not</u> yet verified as corrected [(4) minus (5)]	<b>45</b>

**Actions Taken if Noncompliance Not Corrected**

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.

1. Indicator 2: This indicator is currently monitored using universal data and on-site monitoring/record reviews. The 40,977 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, four local programs did not demonstrate the required 79.7 percent performance rating and findings were established. Data collected for FFY 2008 demonstrated significant improvement and correction of two of the findings from FFY 2007. One of the two local programs that was unable to clear these findings is located in a remote part of California and has very limited resources due to the area's rural nature. Both of the local programs will continue to develop resources to serve children in natural environments. Actions taken by DDS to assist local programs in complying with this requirement are discussed below.

A total of 64 records at 10 of the local programs were reviewed on-site for correction of noncompliance. None of the local programs cleared the identified findings. DDS has determined, after technical assistance visits and discussions with the local program managers, that the root cause of the noncompliance on this indicator is primarily a lack resources in the natural environment. DDS has dedicated staff to provide technical assistance by providing six trainings to local programs throughout the state to address services in the natural environment. The trainings have been attended by approximately 700 RC staff and service providers. DDS believes these efforts will lead to improved performance in future years. Local programs have also provided trainings to both their staff and vendors in their community on this issue. Included in these trainings has been training on what constitutes an appropriate justification for providing services in a setting that is not considered a natural environment. Furthermore, local programs have hired resource specialists to assist in Early Start resource development. Many of the local programs have stopped referring consumers to the programs that only provide services in a clinic setting. DDS will continue to be available for technical assistance in this area across the state. DDS will verify the clearance of this item next reporting year.

There were 19 findings established on this indicator for the data obtained from CDE, 15 of which were verified as having cleared within the required timeline. The remaining four findings will be monitored for clearance by CDE.

There were no complaints filed during FFY 2007 for this indicator.

2. Indicator 7: DDS on-site monitoring/record reviews were used to obtain data on this indicator and as indicated, three findings were established for three local programs that did not meet the standard.

Due to DDS' decision to temporarily suspend monitoring activities, DDS has not been able to determine if the three local programs have corrected their noncompliance. However, the two programs where findings could not be cleared did take corrective actions to clear this item. One program provided training to their staff on documenting exceptional circumstances, and also met with local service providers to improve collaboration on meeting the 45-day timeline. The other programs have focused on resource development to obtain the vendors needed to provide evaluation and assessments within the 45-day timeline. They have also provided training on the 45-day timeline to their staff and vendors. DDS will verify the clearance of this item next reporting year.

There were three complaints filed related to this indicator but the local programs corrected the noncompliance in a timely manner.

3. Indicator 8a: DDS on-site monitoring/record reviews were used to obtain data on this indicator and, out of 104 potential findings, two findings were established for two local programs that did not meet the standard. During a subsequent on-site review of the program, it was verified that one of the programs corrected their noncompliance.

Due to DDS' decision to temporarily suspend monitoring activities, DDS has not been able to determine if the other local program has corrected its noncompliance. The one program where findings could not be cleared did take corrective actions to clear this item. Training was provided to staff on documenting transition steps. DDS will verify the clearance of this item next reporting year.

There were no complaints filed during FFY 2007 for this indicator.

4. Indicator 8b: DDS on-site monitoring/record reviews and CDE data were used to obtain data on this indicator. As indicated for the findings from DDS, three findings were established for three local programs that did not meet the standard.

Due to DDS' decision to temporarily suspend monitoring activities, DDS has not been able to determine if the other local program identified has corrected its noncompliance. The three programs where findings could not be cleared did take corrective actions to clear this item. It was determined that notification to the LEA occurred but not within the time frame required by state regulations. The local programs provided training to their staff on proper notification to the LEA. DDS will verify the clearance of this item next reporting year.

The 33 findings established on this indicator for the data obtained from CDE were verified as having cleared within the required timeline.

There were no complaints filed during FFY 2007 for this indicator.

5. Other: IFSPs contain present levels of development in five domains: DDS on-site monitoring/record reviews were used to obtain data on this indicator. There was one finding established at one local program that did not meet the standard.

Due to DDS' decision to temporarily suspend monitoring activities, DDS has not been able to determine if the other local program has corrected its noncompliance. However, DDS has determined after technical assistance visits and discussions with the local program managers the root cause of the noncompliance on this indicator was that while the parents were provided their child's current developmental levels, it was not integrated into the IFSP. The local program has changed its IFSP format to now include the present levels of development for the five domains. Training to their staff has been provided on this issue. DDS will verify the clearance of this item next reporting year.

There were no complaints filed during FFY 2007 for this indicator.

6. Other: Timely written notification to families of IFSP meeting: DDS on-site monitoring/record reviews and data from CDE were used to obtain data on this indicator. From the data obtained for DDS monitoring, there were six findings established at six local programs that did not meet the standard. During a subsequent on-site review of the program, it was verified that one of the programs corrected their noncompliance.

Due to DDS' decision to temporarily suspend monitoring activities, DDS has not been able to determine if the other local program has corrected its noncompliance. However, DDS has determined after technical assistance visits and discussions with the local program managers that the root cause of the noncompliance on this indicator has been the challenge of meeting all of the requirements within the 45-day timeline to include written notice to the parent a reasonable time before the IFSP meeting. Training to their staff has been provided on this issue. DDS will verify the clearance of this item next reporting year.

The 33 findings established on this indicator for the data obtained from CDE were verified as having cleared within the required timeline.

There were no complaints filed during FFY 2007 for this indicator.

7. Other: IFSPs have outcomes that contain procedures, criteria, and timelines used to determine the degree to which progress toward achieving outcomes is being made. DDS on-site monitoring/record reviews and data from CDE were used to obtain data on this indicator. From the data obtained for DDS monitoring, one finding was established and cleared on this item.

From the data obtained from CDE, 10 of the findings on this item remain out of compliance. CDE will continue to monitor for the clearance of these findings.

There were no complaints filed during FFY 2007 for this indicator.

8. Other: IFSPs list services for the child that contain method, frequency, intensity, and duration: DDS on-site monitoring/record reviews were used to obtain data on this indicator. There were two findings established at two local programs that did not meet the standard. During a subsequent on-site review of the program, it was verified that one of the programs corrected their noncompliance.

Due to DDS' decision to temporarily suspend monitoring activities, DDS has not been able to determine if the other local program has corrected its noncompliance. However, the one local program has provided training to their staff on this issue. DDS will verify the clearance of this item next reporting year.

There were two complaints filed related to this indicator. The two findings remain out of compliance. DDS will work closely with the local program to correct these findings and will verify the clearance on these two items next reporting year.

9. Evaluations are conducted in a timely manner: DDS on-site monitoring/record reviews and data from CDE were used to obtain data on this indicator. From the data obtained from DDS, there were three findings established at three local programs that did not meet the standard. During a subsequent on-site review of the program, it was verified that one of the programs corrected their noncompliance.

Due to DDS' decision to temporarily suspend monitoring activities, DDS has not been able to determine if the other local program has corrected its noncompliance. However, DDS has determined after discussions with the local program managers that the root cause of the noncompliance on this indicator is the lack of qualified personnel in their respective areas to conduct evaluations and assessments. Both local programs have provided training to staff. One program was concentrating on developing further Early Start resources in the community. The other program provided training to the staff on the Hawaii Early Learning Profile so are able to provide timely evaluations. DDS will verify the clearance of this item next reporting year.

From the data obtained from CDE, one of the findings on this item remains out of compliance. CDE will continue to monitor for the clearance of this findings.

There were no complaints filed during FFY 2007 for this indicator.

#### **Verification of Correction (either timely or subsequent)**

1. 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 14,100 files reviewed and checked for FFY 2007, two local programs did not meet the criteria for this indicator. From data reviewed during FFY 2008, it was verified that both findings were cleared. There were two complaints filed during FFY 2007 for this indicator. Both complaints were cleared within the required timeframe.

2. Indicator 8c: DDS on-site monitoring/record reviews and data from CDE were used to obtain data on this indicator. The data obtained from DDS did not show any findings on this item. From the data obtained from CDE, 16 findings were established and cleared within the required time frame. There was one complaint filed during FFY 2007 for this indicator and it was cleared.
  
3. Other: IFSPs have outcomes that contain procedures, criteria, and timelines used to determine the degree to which progress toward achieving outcomes is being made: DDS on-site monitoring/record reviews and data from CDE were used to obtain data on this indicator. In the data reviewed from DDS, there was one finding established at one local program that did not meet the standard. During a subsequent on-site review of the program, it was verified that the program corrected its noncompliance.
  
4. Other: Timely written notification to families of IFSP meeting: DDS on-site monitoring/record reviews and data from CDE were used to obtain data on this indicator. The 33 findings established on this indicator for the data obtained from CDE were verified as having cleared within the required timeline. There were no complaints filed during FFY 2007 for this indicator.

**Correction of Remaining FFY 2006 Findings of Noncompliance (if applicable)**

1. Number of remaining FFY 2006 findings noted in OSEP’s June 1, 2009 FFY 2007 APR response table for this indicator	11
2. Number of remaining FFY 2006 findings the state has verified as corrected	4
3. Number of remaining FFY 2006 findings the state has NOT verified as corrected [(1) minus (2)]	7

**Actions Taken if Noncompliance Not Corrected**

The following information is intended to provide additional 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. While DDS and CDE are collaborating on identifying items in noncompliance, DDS is unable to provide information on the findings established at the local programs under CDE. DDS and CDE will continue to work towards compliance on reporting the clearance of noncompliance in future reporting years.

The information contained in the above table and the information provided below is only applicable to those local programs under DDS.

1. Indicator 2: This indicator was monitored using universal data and on-site monitoring/record reviews. Three of the four local programs cleared the findings identified in FFY 2006. One local program remains out of compliance. Due to

DDS' decision to temporarily suspend monitoring activities, DDS has not been able to determine if this local program has corrected its noncompliance. The local program did make significant improvement from last year on this item. DDS has determined after technical assistance visits and discussion with the local program managers that the primary issue continues to be inadequate resources. The local program has devoted two additional staff to resource development to develop resources for services in the natural environment. This was directed as an enforcement/sanction action by DDS in its review/subsequent report. DDS believes this positive action will improve its performance and be reflected in future data.

2. Other: IFSPs contain present levels of development in five domains: This indicator is currently monitored using on-site monitoring/record reviews. One finding from FFY 2006 remains out of compliance. The local program was monitored in FFY 2007 and remained out of compliance on this item. Due to DDS' decision to temporarily suspend monitoring activities, DDS has not been able to determine if the local program cleared this finding in FY 2008. The root cause of this noncompliance was determined to be documentation related. The local program has provided training for staff. DDS will verify the clearance of this item next reporting year.
3. Other: Timely written notification to families of IFSP meeting: DDS on-site monitoring/record reviews were used to obtain data on this indicator. Due to DDS' decision to temporarily suspend monitoring activities, DDS has not been able to determine if the other local program identified in the FFY 2007 APR has corrected its noncompliance. One program did not meet the state standard for correction of noncompliance. DDS has determined, after discussions with the local program manager, that the root cause of the noncompliance on this indicator has been the difficulty in meeting all of the requirements within the 45-day timeline in sufficient time to provide written notice to the parent in a reasonable time before the IFSP meeting. The local program has difficulty in maintaining a reasonable staff-to-consumer ratio. The program continues to attempt to hire staff. Training to staff continues to be provided on a regular basis. DDS will verify the clearance of this item next reporting year.
4. Other: Evaluations are conducted in a timely manner: DDS on-site monitoring/record reviews were used to obtain data on this indicator. Due to DDS' decision to temporarily suspend monitoring activities, DDS has not been able to determine if the other local program identified in the FFY 2007 APR, has corrected its noncompliance. DDS has determined, after discussions with the local program managers, that the root cause of the noncompliance on this indicator is the lack of sufficient resources to conduct evaluations and assessments timely. The program has provided training to their staff on this issue and continues efforts to develop more community resources. DDS will verify the clearance of this item next reporting year.

**Additional Information Required by the OSEP APR Response Table (if applicable)**

Statement from the Response Table	State’s Response
<p>In reporting on correction of noncompliance from FFY 2006 and FFY 2007, the state must report that it has, (1) corrected all instances of noncompliance (including noncompliance identified through the state’s monitoring system, through the state’s data system and by the Department); and (2) verified that each EIS program with identified noncompliance is correctly implementing the specific regulatory requirements, consistent with OSEP Memo 09-02.</p>	<p>The combination of issues, as articulated in the state’s 2007 APR (page 49) and in the Overview, make it very challenging for the state to fully comply with the requirements outlined in OSEP Memo 09-02 at this time. However, as demonstrated by the host of improvement activities reflected in this APR and activities already completed, the state is committed to improving its performance in all areas of Part C, especially for Indicator 9.</p>
<p>In addition, in responding to Indicators 1, 7, 8A, 8B and 8C in the FY 2008 APR due February 1, 2010, the state must report on correction of noncompliance described in this table under those indicators.</p>	<p>DDS will include reporting of noncompliance on Indicators 1, 7, 8A, 8B and 8C in the individual indicators in addition to Indicator 9.</p>

**Revisions, with Justification, to Improvement Activities / Timelines / Resources for FFY 2008 (if applicable):** California does not propose any revisions to this indicator or to the improvement activities.

**Part C State Annual Performance Report (APR) for 2008**

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, pages 1 and 2.

**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 = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
<b>2008 (2008- 2009)</b>	100% of cases will be complete within 60 days.

**Actual Target Data for FFY 2008:**

Complaints	2008-2009
(1) Signed, written complaints total	17
(1.1) Complaints with reports issued	12
(a) Reports with findings	11
(b) Reports within timeline	12
(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 17 state complaints filed during the reporting period, 100 percent were resolved within the 60 day timeline (12 plus 5 divided by 17, times 100 equals 100 percent). Three were filed against LEAs, which CDE was required to investigate. All state complaints 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 2008 (2008-2009):** California received a total of 17 state complaints in FFY 2008, one less than the eighteen filed in FFY 2007. This year only two of the state complaints dealt with meeting the 45-day timeline requirement for evaluation and assessment as opposed to last year when a majority of the state complaints addressed the 45-day timeline. Other issues included timeliness of service and transition. These findings will be reported in next year's APR in Indicator 9, General Supervision, for timely correction and compliance.

The state complaint process in California involves procedures distinct from the system for resolving disagreements under due process. Any violation of statute or regulations (state complaints) including services and eligibility is investigated by the DDS' Office of Human Rights and Advocacy (OHRAS), whereas due process complaints are resolved by an independent contractor, the Office of Administrative Hearings (OAH). By definition, due process complaints may be filed about issues related to a proposal or refusal for identification, evaluation, assessment, placement, or services. Informal local resolution is encouraged but not required. Many issues are resolved in this informal local manner.

Following a technical assistance (TA) visit from OSEP September 3 – 5, 2008, OSEP issued a letter to DDS dated March 25, 2009, finding California out of compliance in its complaint and mediation procedures. After the TA visit from OSEP in 2008, DDS had begun to address the identified complaint and mediation concerns identified by OSEP. In accordance with federal statute and regulations, California has revised its procedures and notified the Early Start Community including RCs, special education local plan areas, family resource centers and advocacy groups. A state complaint can now be filed for any violation of Part C including services and eligibility. Mediation, as an alternative method of resolution, is available at any time.

DDS will continue to meet the 100 percent target for investigating and completing state complaints in a timely manner by continuously monitoring the complaint process using the established tracking system. Any deviation will be noted and corrected. DDS will also continue to inform families of their right to file a complaint by distributing the booklet "*Parents' Rights: An Early Start Guide for Families*" to parents at least annually and by posting on the DDS website in downloadable format. It can now be found at <http://www.dds.ca.gov/EarlyStart/ResourceMaterials.cfm>. The Early Start web site at <http://www.dds.ca.gov/Complaints/Home.cfm#es> also has information regarding procedures and rights related to filing a complaint. Based on OSEP's finding, all public information regarding the mediation, state complaint and due process procedures have been or are in the process of being revised in accordance with federal statute and regulations as specified in the improvement activity below.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008 (2008-2009):** California recognized that restructuring the state complaint process was necessary to fully comply with current federal statutes and regulations. This effort required a significant amount of work and

additional funding in several areas. Due to the size and complexity of the program in the state, DDS estimates that completion for full compliance will be realized on or before June 30, 2010, or FFY 2009. The following activities have, or are being taken, to improve performance on this area:

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) have been revised to conform to the requirements of federal law as specified by OSEP. The regulations codify changes that have already been implemented administratively. The state regulation development process is a very comprehensive and complex process, involving many control agencies and hearings to ensure maximum public input and adherence to the state's Administrative Procedures Act. The revised regulations are currently being reviewed within the Administration and, after this review, will be subjected to a public hearing process. Final adoption of the regulations will occur once this public review process is completed and the independent state Office of Administrative Law approves the final package.
2. **Training:** Training curriculum for the Early Start Institutes has been revised for the 2009-10 training year to reflect changes in the complaint procedures. The targeted audience for the institutes includes service coordinators, service providers, family support personnel and RC and LEA (LEA) managers and supervisors. RCs, LEAs, and family resource centers ensure that program staff are fully informed and trained. DDS personnel including Early Start and OHRAS staff have been informed and involved in implementation of the new procedures. Training for Administrative Law Judges was conducted in October 2009.
3. **Publications and Citations:** Publications and citations, many of which are posted on the DDS' website, have or are currently undergoing revision. Those currently identified and their revision status include:
  - a. **Parents' Rights:** An Early Start Guide for Families – Revisions completed in multiple languages
  - b. **Service Coordinator's Handbook** – Revisions projected to be completed by March 2010
  - c. **Starting Out Together:** An Early Intervention Guide for Families – Revisions projected to be completed by March 2010
  - d. **Early Start Compliance Complaints Process (web page)** – Revisions completed
  - e. **Early Start Mediation Conference and Due Process Hearing Requests (web page)** -Revisions completed in English and Spanish
  - f. **Early Start Complaint Investigation Request Form (DS 1827)** – Revisions completed in English and Spanish
  - g. **Due Process Mediation and Hearing Request Form (DS 1802)** – Revisions completed in English and Spanish. A separate Mediation Request form (DS 1808) has been developed in English and Spanish.

DDS sent letters to OAH and to the Early Start community informing them of the procedural safeguard changes required by OSEP (see Attachment B). Since these letters impact both Indicators 11 and 13, they are also referenced in those sections.

**Part C State Annual Performance Report (APR) for 2008**

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, pages 1 and 2.

**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 = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
<b>2008 (2008-2009)</b>	100% of cases will be adjudicated within the 30-day timeline.

**Actual Target Data for FFY 2008 (2008-2009):**

Hearing Requests	2008-2009
(3) Hearing Requests total	75
(3.1) Resolution sessions	Not applicable
(a) Settlement agreements	Not applicable
(3.2) Hearing (fully adjudicated)	13
(a) Decisions within timeline	8
(b) Decisions within extended timeline	Not Applicable
(3.3) Resolved without a hearing	62

Data from FFY 2008 indicates that 61.54 percent of due process complaints were adjudicated within the 30-day timeline (8 plus 0 divided by 13, times 100 equals 61.54 percent). This is in comparison to the data from FFY 2007 which indicated that 69.23 percent of complaints were adjudicated within the 30-day timeline (9 plus 0 divided by 13 times 100 equals 69.23 percent).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2008 (2008-2009):** A comparison of data between the two fiscal years reveals that California's performance experienced slippage on this indicator.

The Office of Administrative Hearings (OAH) Administrative Law Judges, who adjudicate these hearings, received training on November 19, 2008, to correct the misconception of Administrative Law Judges (ALJ) in California that Part C hearings can be extended as can hearings under the Lanterman Developmental Disabilities Services Act. This training, which was provided by DDS and OAH personnel, included discussion about the 30-day timeline requirement and emphasized that, under no circumstances, can extensions be permitted under Part C. Additionally, DDS drafted and sent a letter to the OAH reiterating this requirement.

A root-cause analysis was performed on the five case decisions that were issued outside the 30-day timeline. It was determined that two of these hearings were held well within the timeline, but the ALJ did not sign the decision until after the timeline had passed (32 and 31 days). Of the remaining three cases, one was continued due to the father not being able to attend the hearing within the 30-day timeline. The remaining two cases had signed extensions by the parents. Both of these cases were extended prior to the training that was provided by DDS and OAH on November 11, 2008. DDS acknowledges the importance of attaining 100 percent compliance on this indicator, while recognizing the challenge of consistently meeting such a rigorous standard. Though the state could, under federal law [See explanatory Note related to 34 CFR 303.423(b)], opt to use the more liberal Part B timeline it has chosen to use the more rigorous standard because the need for quick resolution is important for very young children requiring services. Technical assistance obtained to assist in fully conforming the state's due process hearing requirements to federal law included the focused technical assistance provided to the state by OSEP during their visit in September 2008 and review of pertinent technical assistance documents provided on the SPP/APR Calendar website, e.g., *Investigative Questions*, the *CADRE Dispute Resolution Integration and Performance Enhancement Workbook*, *At a Glance OSEP Technical Assistance (TA) Resources for State Improvement*, etc.

Overall, the data regarding due process complaints are comparable to last year's data with only three less requests (75 requests versus 78 requests) and three less that were resolved without a hearing (62 requests versus 65 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 (62). Fully adjudicated hearings are comparable to last year's data with the same number (13 fully adjudicated hearings each year).

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008 (2008-2009):** California does not propose any new revisions to the indicator. However, DDS will be providing written guidance to the Director of OAH highlighting the specific cases that fell outside the 30-day timeline, and

requesting that attention be focused on those ALJs who handled these specific cases. Given that general training has been provided and written directives issued, DDS believes that escalating the intervention in a more focused approach will achieve the improvement needed. In addition, DDS has added language to its contract with OAH specifying that Part C hearing decisions must be completed, and written decisions signed, within 30 days.

**Part C State Annual Performance Report (APR) for 2008**

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, pages 1 and 2.

**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
<b>2008 (2008-2009)</b>	55% of mediations will result in agreements.

**Actual Target Data for FFY 2008 (2008-2009):**

Mediation Requests	2008-2009
(2) Mediation requests total	65
(2.1) Mediations	56
(a) Mediations related to due process	56
(i) Mediation agreements	56
(b) Mediation not related to due process	Not applicable
(i) Mediation agreements	Not applicable
(2.2) Mediations not held (including pending)	9

Data from FFY 2008 indicates that 100 percent of completed mediation requests (56 plus 0 divided by 56, times 100 equals 100 percent) resulted in mediation agreements. This level of performance is the same as that achieved in FFY 2007, in which 100 percent of mediation requests resulted in mediation agreements (32 plus 0 divided by 32, times 100 equals 100 percent). The current data is calculated at 100 percent because the nine cases under 2.2 in the chart above were pending without final disposition at the end of the fiscal year and, subsequently, could not be used in the calculation of “Mediation Request Total” for purposes of this report and noncompliance.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2008 (2008-2009):** Based upon comparison of data between the two fiscal years, California's performance for this indicator, albeit with procedures now changed under the current FY 09/10 system, has not changed.

As also reported under Indicators 10 and 11, the technical assistance visit from OSEP on September 3–5, 2008, and subsequent discussions, resulted in the determination that California's mediation system did not comply with federal laws and regulations because it was not offered as an alternative resolution method for state complaints. Therefore, the data reported in the table above reflects only mediation that was used in lieu of due process complaints filed.

The state complaint process in California involves procedures distinct from the system for resolving disagreements under due process. Any violation of statute or regulations (state complaints), including services and eligibility, is investigated by the DDS' Office of Human Rights and Advocacy (OHRAS). Due process complaints are resolved by an independent contractor, the Office of Administrative Hearings (OAH), and address disputes that are related to a proposal or refusal for identification, evaluation, assessment, placement, or services. Informal local resolution is encouraged, but not required. Many issues are resolved locally through an informal process.

Following their technical assistance visit, OSEP issued a March 25, 2009, letter directing DDS to correct areas where the state's procedural safeguards were not in conformity with federal requirements. However, after OSEP's visit in 2008, DDS had initiated efforts to address the identified complaint and mediation concerns identified during OSEP's visit. In accordance with federal statute and regulations, California has revised its procedures and notified the Early Start Community including RCs, special education local plan areas, family resource centers and advocacy groups. A state complaint can now be filed for any violation of Part C, including services and eligibility. Mediation, as an alternative method of resolution, is available at any time.

DDS will 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 a downloadable format. The document can be found at [http://www.dds.ca.gov/EarlyStart/docs/Parents\\_Rights\\_English.pdf](http://www.dds.ca.gov/EarlyStart/docs/Parents_Rights_English.pdf). The Early Start web site ([http://www.dds.ca.gov/Complaints/Complt\\_ES.cfm#es](http://www.dds.ca.gov/Complaints/Complt_ES.cfm#es)) also has information regarding procedures and rights related to filing a complaint. Based on OSEP's finding, all public information regarding the mediation, complaint and due process procedures has been or is in the process of being revised in accordance with federal statute and regulations as specified in the improvement activity below.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008 (2008-2009):** California recognized that restructuring the state complaint process was necessary to fully comply with current federal statutes and regulations. Considerable effort and resources are being expended

to achieve compliance. Due to the size and complexity of the program in the state, DDS estimates that full compliance will be achieved on or before June 30, 2010, or FFY 2009. The following are actions DDS has completed, or that are in progress, to ensure full compliance:

1. **State Regulation Revision:** The California Code of Regulations, Title 17 (Public Health), Division 2 (Health and Human Services Agency), Department of Developmental Services, Chapter 2 (Early Intervention Services) has been revised to conform to the requirements of federal law, as specified by OSEP. DDS' intent is that the regulation changes be adopted and implemented by June 30, 2010. The revised regulations were just cleared by the DDS Office of Legal Services. The regulations codify changes that have already been implemented administratively. The state regulation development process is a very comprehensive and complex process, involving many control agencies and hearings to ensure maximum public input and adherence to the state's Administrative Procedures Act. The revised regulations will soon undergo a public hearing process, and final adoption will occur once the public hearing process is completed and the independent state Office of Administrative Law has approved the final package.
2. **Training:** Training curriculum for the Early Start Institutes has been revised for the 2009-10 training year to reflect changes in complaint procedures. The targeted audience for the Institutes includes RC service coordinators, service providers, family support personnel and RC and LEA managers and supervisors. RCs, LEAs and family resource centers ensure that program staff are fully informed and trained. DDS personnel, including Early Start and OHRAS staff, have been informed and involved in implementation of the new procedures. Training for the Office of Administrative Hearing administrative law judges was conducted in October 2009.
3. **Publications and Citations:** Publications and citations, many of which are posted on the DDS website, have or are currently undergoing revision. Those currently identified and their revision status include:
  - a. **Parents' Rights:** An Early Start Guide for Families – Revisions completed and posted in multiple languages.
  - b. **Service Coordinator's Handbook** – Revisions projected to be completed by March 2010.
  - c. **Starting Out Together:** An Early Intervention Guide for Families – Revisions projected to be completed by March 2010.
  - d. **Early Start Compliance Complaints Process (web page)** – Revisions completed.
  - e. **Early Start Mediation Conference and Due Process Hearing Requests (web page)** - Revisions completed in English and Spanish.
  - f. **Early Start Complaint Investigation Request Form (DS 1827)** – Revisions completed in English and Spanish.

- g. Due Process Mediation and Hearing Request Form (DS 1802) – Revisions completed in English and Spanish. A separate Mediation Request form (DS 1808) has been developed in English and Spanish.

DDS sent letters to OAH and to the Early Start community (refer to Attachment B) to inform them of the procedural safeguard changes required by OSEP. Since the letters impact both Indicators 11 and 13, they will also be referenced in those sections.

**Part C State Annual Performance Report (APR) for 2008**

**Overview of the Annual Performance Report Development:** See *Overview of the Annual Performance Report Development* section, pages 1 and 2.

**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 and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the “Indicator 14 Data Rubric” for reporting data for this indicator.

FFY	Measurable and Rigorous Target
<b>2008</b>	Tables and APR will be accurate and submitted on time.

**Actual Target Data for 2008:** Using the “*Part C Indicator 14 Data Rubric*” (posted 11/13/09) and the “*C-14 Self-Calculating Rubric*” (posted 12/16/09), the percent of timely and accurate data calculated for California is 100 percent. This level of performance meets the measurable and rigorous target and is consistent with last year’s performance of 100 percent. The completed data rubric immediately follows the discussion section for this indicator.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for 2008:** As described in the FFY 2007 APR, California expends considerable effort and resources to ensure its Early Start data are valid and reliable. Early Start data are often culled from larger data systems, the size and complexity of which make “simple” data-system changes very time-consuming and costly. Most changes require revising technical and program-user manuals, modifying software at 21 local RC programs and DDS, pilot testing, and training for all staff members who collect and report Part C data. Therefore, considerable lead-time is required to ensure data continue to be valid and reliable whenever revised or new data

definitions, categories for data collection, or data elements are introduced. Not unlike the federal government, the state has external oversight entities that must review and approve all modifications to data systems, depending on their scope. These rigorous and comprehensive review processes are designed to help ensure successful outcomes for system changes and for new systems that may be developed; however, these processes restrict the state's ability to make changes quickly.

DDS Early Start data systems use comprehensive data dictionaries, business rules, built-in edit checks/validations, and data definitions to help ensure overall data integrity and to support the delivery of quality services at the local level. The technical infrastructure of existing Early Start data systems conform to the general principles for quality data, as follows:

1. *Automation* with automated system back-ups;
2. *Interoperability* between DDS, RCs and regional-center vendors with seamless data mining within appropriate levels of access consonant with confidentiality requirements;
3. *Connectivity* with all RCs networked to DDS for collection, reporting, and consumer record transfers;
4. *Capacity* at RCs 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 (RCs). 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 may 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).

Last year's APR discussed ongoing efforts to redesign the state's Early Start Report form. The redesigned form will play a key role in supporting DDS' move toward focused monitoring and will improve the state's capacity to collect, report, and use universal data. Delays attributable to personnel attrition, complications associated with adding a new Prevention Program that relies on Early Start Report data, and additional pilot testing have delayed implementation of the revised form. Implementation of the new form remains a high priority and DDS now projects that this will occur in 2010, assuming the availability of sufficient personnel and funding.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2008: California does not propose any revisions to this indicator or to the improvement activities.

**Part C Indicator 14 Data Rubric**

<b>Indicator 14 - SPP/APR Data</b>			
<b>APR Indicator</b>	<b>Valid and reliable</b>	<b>Correct calculation</b>	<b>Total</b>
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 <sup>6</sup>	1	1	2
13	1	1	2
		<b>Subtotal</b>	30
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> (5 pts for submission of APR/SPP by February 1, 2010)		5
	<b>Grand Total</b>		35

<sup>6</sup> California does not report on Indicator 12 since the Part C program has not adopted the Part B due-process procedures.

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/1/10	1	1	1	1	4
Table 2 – Settings Due Date: 2/1/10	1	1	1	1	4
Table 3 – Exiting Due Date: 11/1/09	1	1	1	NA	3
Table 4 – Dispute Resolution Due Date: 11/1/09	1	1	1	N/A	3
				<b>Subtotal</b>	14
			<b>Weighted Total (subtotal X 2.5)</b>		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) X 100 =		100%

# ATTACHMENT A

**The following chart shows which of the state’s Comprehensive System of Personnel Development (CSPD) trainings and other state activities address the requirements for the listed SPP/APR indicators, and/or constitute improvement activities that promote progress for the specified indicator. The pages following the chart describe the major components of the CSPD.**

TRAINING COMPONENT	INDICATOR <sup>7</sup>										
	1	2	3	4	5	6	7	8	10	11	13
<b>Early Start Institute Series*</b>											
<i>Early Start Essentials (North &amp; South)</i>	X	X	X	X	X	X	X	X			
<i>Early Start Skillbuilder I: Facilitating Relationships, Communication, &amp; Behavior</i>			X	X			X				
<i>Early Start Skillbuilder II: Facilitating Health &amp; Movement</i>	X	X	X				X				
<i>Early Start Skillbuilder III: Facilitating Cognition &amp; Early Learning</i>			X	X			X	X			
Family Resources and Supports Institute	X	X	X	X	X	X	X	X			
Advanced Practice Institute	X	X	X	X			X	X			
Regional Center Managers' Symposium	X	X	X				X	X			
Service Coordinator's Handbook Training Tool	X	X	X		X	X	X	X	X	X	X
<b>Early Start Personnel Model</b>											
Development, analysis, and coordination of a Multiple Pathways service delivery model across 21 disciplines.	X	X	X	X			X	X			
<b>Statewide System of Focused Monitoring</b>											
Coordinate and facilitate the development and implementation of a statewide system of focused monitoring.	X	X	X	X	X	X	X	X	X	X	X
<b>Early Start Personnel Development Fund</b>											
Provides support for the professional development of personnel who provide early intervention services to infants and toddlers eligible for Early Start services.	X	X	X	X	X	X	X	X	X	X	X
<b>Community College Personnel Preparation Project</b>											
Supports the development of competencies for early											

<sup>7</sup> Inclusion of indicators 9, 12 and 14 is not applicable for purposes of this chart.

TRAINING COMPONENT	INDICATOR <sup>7</sup>										
	1	2	3	4	5	6	7	8	10	11	13
intervention assistants and paraprofessionals who work with young children with disabilities and other special needs and their families in a variety of settings.	X	X	X	X	X	X	X	X			
<b>Public Awareness and Outreach</b>											
Includes resource development and production of multilingual and diverse materials; product management; data collection and tracking; dissemination of materials; website development and maintenance; cross-project collaboration and support; and information, linkage and referral.				X	X	X	X	X	X	X	X
<b>Interagency Support*</b>											
Interagency activities sponsored or supported by DDS.	X	X	X		X	X	X	X			

\*Monitoring Priority: Early Intervention Service in Natural Environment

## Introduction

In California, the Early Start Comprehensive System of Personnel Development (CSPD) provides the framework for coordinating the delivery of personnel development and technical assistance activities throughout the state. Pre-service preparation, in-service training, and technical assistance are essential CSPD components delivered at the state and local level through a variety of activities defined by DDS.

## Training and Technical Assistance Activities

### *Early Start Institute Series Overview*

In California, early intervention services are provided by early interventionists and specialists, as well as paraprofessionals/assistants from a variety of disciplines operating through multiple agencies. Early intervention services may be provided by a LEA, a vendored program, or an individual that contracts with a RC, another agency, or a combination of these. California assures that personnel who provide Early Start services are appropriately prepared and trained according to standards based on the highest entry-level requirements of the state and in accordance with state and federal laws [20 USC 1435 §635(a)(8) and Title 14 CCR §95022(d)]. Early intervention personnel may be certificated, registered, licensed, or credentialed by the state or their professional organizations pursuant to applicable state regulations.

DDS sponsors many training opportunities as part of its Early Start Institute Series, which address the needs of new and seasoned service providers and a variety of other early intervention-related disciplines. Early Start Institute attendance data indicates that in 2008-09, training reached the intended audience of professionals from early intervention partner agencies:

- 67% of the participants represented RCs and RC vendors
- 14% of the participants represented LEAs

Furthermore, Institute attendance by agency representation also indicated that specifically targeted Institutes reached their intended audiences:

- 88% of the Early Start Essentials Institute participants represent RCs, RC vendors, and LEAs
- 78% of the Skillbuilder Institute participants represent RCs, RC vendors, and LEAs
- 79% of the Advanced Practice Institute participants represent RCs, RC vendors, and LEAs
- 84% of the Family Resources and Supports Institute represent family support personnel

During 2008-09, more than 700 early intervention and related service providers were trained throughout the state.

*Early Start Essentials:* Foundation information geared to early interventionists and service coordinators new to the California Early Start system.

*Early Start Skillbuilder I: Facilitating Relationships, Communication, & Behavior:* Concentrates on the pivotal role of relationships and communication both within the family system and between the family and professionals.

*Early Start Skillbuilder II: Facilitating Health & Movement:* Focuses on neuromotor and significant health care needs of young children with disabilities and their families.

*Early Start Skillbuilder III: Facilitating Cognition & Early Learning:* Introduces strategies to support early learning and promote positive transition from the Early Start system.

*Early Start Advanced Practice Institute:* Provides timely information about topics of critical interest to experienced Early Start managers, supervisors, service coordinators, family support personnel, and service providers.

*Family Resources and Supports Institute:* Provides training to personnel working in the area of family support.

*Regional Center Managers' Symposium:* Addresses leadership strategies for RC managers to maintain competence and confidence.

### **California Early Start Personnel Development Fund**

The Early Start Personnel Development Fund provides support for the professional development of personnel who provide early intervention services to infants and toddlers eligible for Early Start services. The 2008-09 program year represents the twelfth year of this project. Funds are awarded to local early intervention service providers, agencies, or programs to provide supplemental funding for costs associated with attending or conducting early intervention-related trainings. Funds are awarded through an application approval process and must meet the specified criteria under the four categories that allow for the diversity of training needs that exist in California's Early Start community:

- Attendance Scholarships
- College Course Work
- Initial Funding to Establish or Revise Early Start Procedures and Processes
- Funding to Implement Local Training Events

During 2008-09, applicants from 219 programs and agencies applied for, and received, Early Start Personnel Development funds under the various award categories. A total of 1,932 qualifying early intervention staff from local programs and agencies were provided supplemental funds to attend statewide and local trainings events (59% of all Early Start Institute Series participants), as well as to complete related course work through California-accredited universities and colleges. The total fund of \$275,001 was distributed by the end of June 2009.

Additional data indicate that

- 735 applicants received attendance scholarships
- 10 direct service providers received course work scholarships to attend various California accredited universities and community colleges
- 77 direct services providers were trained through training grants received by their agencies/programs on personnel development procedures or innovative processes or systems that would enhance the quality of Early Start services they provide
- 1,110 Early Start direct service providers were able to attend local specialized training events that focused on the specific needs of their communities due to training grant fund awards
- 20 of the 21 RCs accessed scholarships funds
- Support personnel (social workers; psychologists; specialized consultants; physical, occupational, and speech therapists; and medical providers) were the largest group of professionals to access funds followed by early intervention direct service providers, administrative/management staff, and paraprofessional/transition preschool teachers
- The majority (44%) of personnel who accessed scholarships funds were those with either a Bachelor of Arts/Science or a Master of Arts/Science

### ***California Community College Personnel Preparation Project***

California's two-year public institution system is composed of 110 colleges organized into 72 districts, and represents the largest system of higher education in the nation (campuses serve more than 2.8 million students per year). The Community College Personnel Preparation Project (CCPPP) is an activity under the Early Start CSPD designed to support the development of competencies for early intervention assistants and paraprofessionals who work with young children with disabilities and other special needs and their families in a variety of settings. Since 2000, CCPPP has been building capacity through the community college system to support personnel development and provide training for this particular group of professionals. Prior to the CCPPP collaborative effort, no formal statewide training was available for paraprofessionals or early intervention assistants working in the field of early intervention.

Currently, nearly half of the state's 110 community colleges participate in CCPPP (the pilot project in 2000 began with seven). Thirty-eight are involved as Network colleges and have either the final implementation phase to complete or have completed the project and remain connected to receive current updates and maintain their program's consistency with Early Start CCPPP research and practices. The remaining 11 campuses are in the initial implementation phase with the exception of three, which are awaiting approval from the Community College Chancellor's Office of their Early Intervention Assistant Certificate Programs.

CCPPP continues to contribute to capacity building and sustainability in the preparation and support of early intervention assistants through the community college system. The

Faculty Mentor model continues to bring about a network of “Mentor” colleges as the Faculty Mentors work with new college faculty throughout the state.

Many of the new colleges have already included early intervention agencies in their Child Development Advisory Committees and work directly with community agencies. Additionally, colleges are building upon existing partnerships as they participate in CCPPP. An established statewide college network is still emerging and these changes are observable.

CCPPP staff conducted a Regional Statewide Community College Preparation Faculty Liaisons Workgroup Meeting, which provided a forum to provide information and resources and to receive information about progress toward CCPPP objectives. This meeting also provided the colleges the opportunity to update and share concerns and solutions with each other.

Mentor support to CCPPP sites continue to be identified as a valuable resource by community colleges as they engaged in the mentor process. Each Regional Mentor was assigned to specific colleges to provide individualized assistance to coordinating faculty. Support included site visits, assistance with planning, in-service training, and other specialized services that the college identified as necessary to meet the goals and outcomes of the project.

Formal Faculty and Lab Staff trainings were offered at eight participating sites. Topics included project orientation, introduction to Early Intervention services in California, curriculum adaptation, inclusive practice, challenging behaviors, assessment, and college classroom resources.

## **Public Awareness and Outreach**

### ***Early Start Resources***

Early Start Resources (ESR) is responsible for public awareness and outreach activities, including resource development and production of multilingual and diverse materials; product management; data collection and tracking; dissemination of materials; website development and maintenance; cross-project collaboration and support; and information, linkage and referral.

During 2008-09, 233,853 Early Start materials were disseminated statewide to a variety of early intervention and early intervention-related affiliate agencies and organizations, including child development, community colleges, colleges/universities, county offices of education, early care and education agencies, and others related early intervention stakeholders. Regional centers, LEAs, and family resource centers were the most frequent requestors of materials for local dissemination. In addition, 31 products were completed during the program year.

## Interagency Collaboration

### ***Coordination and Support Activities***

Collaboration significantly contributes to comprehensive, coordinated services. No single agency is able to provide all services to all young children and their families. Cooperation and shared responsibility are necessary components of a service system that is responsive to the varied needs of California's ethnically diverse children and families. Just as agencies establish partnerships at the local level, state departments assume a partnership role to enhance their mutual ability to serve California's infants and toddlers with disabilities and their families.

Following are interagency activities sponsored or supported by DDS:

- *Training and Technical Assistance Collaborative (TTAC)*: TTAC is the only statewide forum that convenes TTA coordinators and providers, as well as representatives from the funding agencies that support them, to discuss issues and explore coordination and collaboration opportunities. TTAC acts as a forum for discussion of professional and program development issues important to the early intervention and early childhood field.
- *California Department of Education Personnel Qualifications Workgroup*: Representation of the Part C Early Start CSPD with DDS, Part C lead agency, to Part B with the CDE as lead agency.
- *National Association of State Directors of Special Education (NASDSE) National Center to Improve the Recruitment and Retention of Qualified Personnel for Children with Disabilities*: As a member of its Panel of Experts, DDS-supported staff provide expertise on retention issues in the field of early intervention. The Personnel Center focuses on systemic issues related to the recruitment and retention of qualified personnel via information about how states, preparation programs, and local schools and communities are addressing current issues and accessing current research results and policy briefs.
- *Advisory Committee for California Deaf-Blind Services (CDBS) Representation*: CDBS focuses on building local and state capacity to serve children from birth to age 22 who are deaf-blind and to support their families. Collaborative efforts include CDBS staff presenting on topics related to deaf-blindness at California Early Start events; and CDBS contributing materials and resources that are provided to the field in the specialized area of deaf-blindness.
- *Child Abuse Prevention and Treatment Act (CAPTA)*: DDS-supported staff convened meetings with the California Department of Social Services (CDSS) to discuss how LEAs and RCs are coordinating with their county DSS agencies regarding CAPTA-related requirements. Activities during 2008-09 included staff participation in four CDSS/University of California, Davis, webinars related to CAPTA. Topics included Early Childhood System of Care: Orange County Public Health Nursing Program; Funding Streams; Legislation: How It Drives the Implementation of Developmental and Mental Health Screens; and Maternal and Infant/Child Health: Collaborative Strategies to Serve Substance-Exposed Newborns and Mothers.

- *OSEP Annual Conference:* Representation at the annual OSEP National Early Childhood Conference in Washington, D.C.
- *Monitoring Activities:* Engaged in collegial discussions related to the monitoring of major activities by First 5; CDE/Child Development Division; and other state departments to identify opportunities to collaborate, coordinate, and provide resources.
- *NECTAC & WRRC:* Worked with NECTAC and the WRRC (WRRC) in the review of both the *Handbook on Transition* from the CDE, Special Education Division, and the Transition section from the *Early Start Service Coordinator's Handbook*.
- *Early Childhood Mental Health Steering Committee:* The interdisciplinary workgroup has representatives from mental health, university professors, professional organizations, and practitioners. The workgroup updated the training guidelines and personnel competencies originally developed by California's Infant, Preschool & Family Mental Health Initiative to include evidence-based practices and their application to the early childhood field as well as a framework for programs and individuals interested in obtaining specialized training in infant-family and early childhood mental health.
- *State Partnerships:* The Early Start Institute Series included representation from CDE, Supporting Early Education Delivery Systems (SEEDS), Family Voices of California, University Centers for Excellence in Developmental Disabilities (UCEDD), Early Head Start (EHS) Volunteers of America, the Epilepsy Foundation, Strategies, the Arc of California, California Association of Family Empowerment Centers (CAFEC), Alta California Regional Center, Far Northern Regional Center, Shasta County Office of Education, and the Southwest SELPA.
- *Zero-to-Three:* Representation at the annual National Training Institute (NTI), sponsored by Zero to Three. The NTI is a multidisciplinary conference for infant/family professionals working in the areas of child care, mental health, early intervention, family support, social service, child welfare, and health care.
- *Water Cooler Conference:* Participation in the Water Cooler Conference, a collaborative effort by the Advancement Project, the California Community Foundation, Children Now, Fight Crime: Invest in Kids, First 5 California, Preschool California, Zero to Three, the California Association for the Education of Young Children, California Resource & Referral Network, and other organizations that address early care and learning.
- *Statewide Screening Collaborative:* Partnered with First 5 California and the California Department of Public Health/Maternal, Child & Adolescent Health to coordinate the Statewide Screening Collaborative (SSC), an interagency group of agencies formed to enhance the capacity of the state to promote and deliver effective and well-coordinated health, developmental, and early mental health screenings throughout California.
- *Center for Social Emotional Foundations for Early Learning:* Representation on the California State Team for CSEFEL, a national center focused on strengthening the capacity of child care and Head Start programs to serve children with needs in this area.

# ATTACHMENT B

**The following PDF file contains copies of letters to the State Office of Administrative Hearings and to the Early Start community informing them of the procedural safeguard changes required by OSEP.**



Two letters.pdf

# ATTACHMENT C

**The following are copies of the transmittal letters, surveys, and follow-up postcard used to collect family-outcome data for Indicator 4**

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY

ARNOLD SCHWARZENEGGER, Governor

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 330, MS 3-8  
SACRAMENTO, CA 95814  
TDD 654-2054 (For the Hearing Impaired)  
(916) 654-2773



December 1, 2009

Dear Parent(s):

You have been selected to provide information, in three areas, about your experience with the early intervention services\* (Early Start) provided to you and your child. The information gathered through this survey, which is on the back of this letter, will only be reported by summarizing the answers of all families as a group who participate. Your individual answers will NOT be reported. The information you provide will help the State to improve its services to other families with infants and toddlers who have special developmental needs.

By **December 10, 2009**, please complete and return this short survey using the stamped, self-addressed envelope, which is enclosed. If you have any questions, please contact your local Family Resource Center which can be found at <http://www.frcnca.org/directory.html>. Thank you for your assistance in helping to improve services to California's children and families.

Sincerely,

A handwritten signature in cursive script that reads "Rick Ingraham".

Rick Ingraham, Manager  
Children and Family Services Branch  
Department of Developmental Services

\* Early intervention services are those services designed to meet the developmental needs of children from birth to age three, and the needs of the families related to enhancing the child's development. Examples include case management, speech therapy, occupational therapy, behavioral services, etc.

**"Building Partnerships, Supporting Choices"**

**FAMILY SURVEY FORM  
[English Version]**

**Instructions:**

- This survey should be filled out by the person in your family who has the most interaction with early intervention (Early Start).
- All of the responses include the word “us.” This refers to your family. Usually this means parents and others who support and care for your child. But every family is different, so think of what “family” means to you when answering.
- Read each question and circle the number that best describes your family right now.
- If a statement almost describes your family, but not quite, circle the number just to the left or the right.
- If you do not know how to answer a question, or if you are not comfortable answering the question, skip it and go to the next question.

*1. To what extent has early intervention helped your family know and understand your rights?*

1	2	3	4	5	6	7
Early Intervention has done a <b>POOR</b> job of helping us know our rights		Early Intervention has done a <b>FAIR</b> job of helping us know our rights		Early Intervention has done a <b>GOOD</b> job of helping us know our rights		Early Intervention has done an <b>EXCELLENT</b> job of helping us know our rights

*2. To what extent has early intervention helped your family effectively communicate your child’s needs?*

1	2	3	4	5	6	7
Early Intervention has done a <b>POOR</b> job of helping us communicate our child’s needs		Early Intervention has done a <b>FAIR</b> job of helping us communicate our child’s needs		Early Intervention has done a <b>GOOD</b> job of helping us communicate our child’s needs		Early Intervention has done an <b>EXCELLENT</b> job of helping us communicate our child’s needs

*3. To what extent has early intervention helped your family be able to help your child develop and learn?*

1	2	3	4	5	6	7
Early Intervention has done a <b>POOR</b> job of helping us help our child develop and learn		Early Intervention has done a <b>FAIR</b> job of helping us help our child develop and learn		Early Intervention has done a <b>GOOD</b> job of helping us help our child develop and learn		Early Intervention has done an <b>EXCELLENT</b> job of helping us help our child develop and learn

***[Sized to fit - font in actual survey was larger]***

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 330, MS 3-8  
SACRAMENTO, CA 95814  
TDD 654-2054 (For the Hearing Impaired)  
(916) 654-2773



1<sup>ero</sup> de Diciembre 2009

Estimado (s) Padre (s):

Usted ha sido seleccionado para proporcionar información, en tres áreas, sobre su experiencia con los servicios de intervención temprana (Early Start), ofrecidos a usted y su niño. La información recopilada a través de esta encuesta, que está al dorso de esta carta, sólo se reportará en forma de un resumen de las respuestas de todas las familias que participan como grupo. Sus respuestas individuales no se reportarán. La información que proporcione ayudará al Estado a mejorar sus servicios a otras familias con bebés y niños pequeños que tienen necesidades especiales de desarrollo.

Por favor complete y devuelva este breve estudio a más tardar, El **10 de diciembre de 2009**, usando el sobre sellado, con su dirección, que se adjunta. Si tiene alguna pregunta, por favor póngase en contacto con su oficina local del Centro de Recursos Familiares (Family Resource Center), que se puede encontrar en <http://www.frcnca.org/directory.html> Gracias por su ayuda para contribuir a mejorar los servicios a los niños y familias de California.

Atentamente,

A handwritten signature in black ink that reads "Rick Ingraham".

Rick Ingraham, Gerente  
Oficina de Servicios para Niños y Familias  
Departamento de Servicios de Desarrollo

*<sup>1</sup> Servicios de intervención temprana son los servicios destinados a satisfacer las necesidades de desarrollo de los niños desde el nacimiento hasta los tres años, y las necesidades de las familias relacionadas con el fomento del desarrollo del niño. Los ejemplos incluyen el manejo de casos, terapia del habla, terapia ocupacional, servicios de conducta, etc.*

FORMULARIO DE ENCUESTA DE LA FAMILIA  
[Spanish Version]

- La persona en la familia que tiene la mayor interacción con los servicios de intervención temprana debe llenar esta encuesta.
- Todas las respuestas incluyen la palabra "nosotros" o "nuestro". Esto se refiere a su familia. Por lo general esto significa los padres y otras personas que apoyan y atienden a su hijo. Pero todas las familias son diferentes, así que piense lo que la palabra "familia" significa para usted cuando conteste la encuesta.
- Lea cada pregunta y llene el círculo del número que mejor describe a su familia en este momento.
- Si la frase casi describe a su familia, pero no completamente, llene el círculo del número a la izquierda o a la derecha. Por ejemplo, si usted cree que la frase cinco "Sabemos **bastante** sobre los dinosaurios" casi describe a su familia, pero no completamente, llene el círculo del número cuatro.
- Si no sabe como contestar una pregunta, o si no se siente cómodo contestándola, no la conteste y siga con la siguiente pregunta.

1. *¿Hasta qué punto han ayudado a su familia los servicios de intervención temprana a conocer y a entender sus derechos?*

1	2	3	4	5	6	7
La intervención temprana nos ha ayudado <b>muy poco</b> a conocer nuestros derechos		La intervención temprana nos ha ayudado <b>un poco</b> a conocer nuestros derechos		La intervención temprana nos ha ayudado <b>bastante</b> a conocer nuestros derechos		La intervención temprana nos ha ayudado <b>muchísimo</b> a conocer nuestros derechos

2. *¿Hasta qué punto han ayudado a su familia los servicios de intervención temprana a comunicar eficazmente las necesidades de su hijo?*

1	2	3	4	5	6	7
La intervención temprana nos ha ayudado <b>muy poco</b> a comunicar eficazmente las necesidades de nuestro hijo		La intervención temprana nos ha ayudado <b>un poco</b> a comunicar eficazmente las necesidades de nuestro hijo		La intervención temprana nos ha ayudado <b>bastante</b> a comunicar eficazmente las necesidades de nuestro hijo		La intervención temprana nos ha ayudado <b>muchísimo</b> a comunicar eficazmente las necesidades de nuestro hijo

3. *¿Hasta qué punto han ayudado a su familia los servicios de intervención temprana a ayudar a su hijo a desarrollarse y a aprender?*

1	2	3	4	5	6	7
La intervención temprana nos ha ayudado <b>muy poco</b> a ayudar a nuestro hijo a desarrollarse y a aprender		La intervención temprana nos ha ayudado <b>un poco</b> a ayudar a nuestro hijo a desarrollarse y a aprender		La intervención temprana nos ha ayudado <b>bastante</b> a ayudar a nuestro hijo a desarrollarse y a aprender		La intervención temprana nos ha ayudado <b>muchísimo</b> a ayudar a nuestro hijo a desarrollarse y a aprender

**[Sized to fit - Font in actual survey was larger]**

Reminder Postcard

**You recently received an Early Start Family Survey Form.**

If you completed and returned the survey, thanks. If you have not, please do so by **December 10, 2009**. Your responses will contribute to improving the quality of services for California's children.

*If you did not receive a copy of the survey, or if it was misplaced, please e-mail [dpollar@wested.org](mailto:dpollar@wested.org) or call 916.492.4011.*



**Recientemente usted recibió una formulario de encuesta de la familia de Early Start.** Si usted completó y devolvió la encuesta, gracias. Si usted no lo ha hecho, favor de hacerlo antes del **10 de diciembre de 2009**. Sus respuestas contribuirán a mejorar la calidad de los servicios para los niños de California.

*Si usted no recibió una copia de la encuesta, o si la extravió, por favor, por mande un e-correo [dpollar@wested.org](mailto:dpollar@wested.org) o llame al 916.492.4011.*

# ATTACHMENT D

**The following narrative describes the origin, function,  
and purpose of the Early Start Quality Assurance  
Advisory Committee**

## Early Start Quality Assurance Advisory Committee

Established in the summer of 2009, the Early Start Quality Assurance Advisory Committee (ESQAAC) represents a paradigm shift by DDS to collaborate more closely with local RC programs to accomplish the following:

- 1) Provide a constructive forum to address concerns expressed about the Part C program by ARCA to the Director of DDS. The concerns involved many issues, the most prominent of which included Part C monitoring, requirements, and adequacy of resources. This Committee supplements the work of the ARCA Prevention Committee, in which DDS also participates, and shares many of the same members.
- 2) Provide a mechanism for DDS to fully vet and solicit input and recommendations concerning improvement strategies for Early Start.
- 3) Establish a system approach that emphasizes partnership and joint ownership of the Early Start Program in contrast to an enforcement model with a hierarchical structure. The ESQAAC can discuss and work toward consensus on standards, tracking, and enforcement and correction strategies.

The ESQAAC includes many of the most knowledgeable and experienced professionals working in the local RC programs and key DDS Part C personnel, including the Part C Coordinator. The ESQAAC is jointly chaired by one of the local program members and the state Part C Coordinator. The Committee focuses on statewide Early Start administrative and program issues that have been the subject of confusion, conflict, and/or misunderstanding.

Joint problem-solving is the primary objective of the ESQAAC. Meetings involve identifying and discussing issues around standards and monitoring, and developing mutually-acceptable solutions for resolving such issues. Three important principles governing the Committee's work include (1) ensuring state compliance with all Part C requirements, (2) minimizing unnecessary or duplicative work for RCs programs and DDS, and (3) keeping the interest of children and their families at the forefront in the decision-making process.

Areas currently under discussion by the ESQAAC include, but are not limited to, the following state policies:

- Child Find/Referral Procedures
- Exceptional Circumstances
- Interim IFSPs
- Initial and Annual Notice of Confidentiality
- Timely Services
- Transition
- Health Records
- Assessment/Evaluation
- Compliance Monitoring Process/Procedures/Timelines
- IFSP Timelines

The role of the ESQAAC does not supplant the important work of the state's Interagency Coordinating Council. The ESQAAC's role is consistent with the reason the ESQAAC was created – to provide a venue for addressing issues raised by RCs about the state's process for monitoring RCs' compliance with Early Start and Part C requirements. DDS believes the ESQAAC serves this very specific but vital role by providing DDS an accessible and regular source of input from highly experienced RC Early Start experts. Such input will promote the formulation of improved state monitoring policies and procedures while enhancing the state's working relationship with local RC programs.

# **ATTACHMENT E**

## **Indicator 9 Work Sheets**

### **OSEP Instructions and Completed Tables**

## Part C Indicator C 9 Worksheet

### Instructions for Completing the C-9 Worksheet

Indicator C-9 is to determine whether the state's general supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification (notification to the public agency that the state has concluded that the public agency is not complying with a statutory or regulatory provision). This indicator is measured as the percent of noncompliance corrected within one year of identification.

States are directed to reflect monitoring data collected through the components of the state's general supervision system, including on-site visits, self-assessments, local performance plans and annual performance reports, desk audits, data reviews, complaints, due process hearings, etc. Additionally, according to the OSEP Instructions for the Indicators/Measurement table, States are to group areas of noncompliance by monitoring priority areas and areas of noncompliance.

#### Key Terms

- **Monitoring Activities** are described in the documents *Developing and Implementing an Effective System of General Supervision: Part B* (January 2007) and in the *FAQs Regarding Identification and Correction* (August 2008). Specific activities of monitoring include, but are not limited to Early Intervention Services (EIS) Program self-assessments or local annual performance reports, data reviews, desk audits, on-site visits or other activities to ensure compliance.
- **Dispute Resolution: Hearings and Complaints** are also described in the General Supervision document referenced above. These include the tracking of timely correction of noncompliance identified through complaints and due process actions. States must include any noncompliance identified in a due process hearing decision, whether or not the parent prevailed in the hearing.
- **Finding** is defined as a written notification from the state to an EIS Program that contains the state's conclusion that the EIS Program is in noncompliance, and that includes the citation of the regulation and a description of the quantitative and/or qualitative data supporting the state's conclusion of noncompliance with the regulation. For example, if the state lead agency issues a report in September 2009 based on an EIS program's FFY 2008 (July 1, 2008 through June 30, 2009) data, the finding is determined to be made in FFY 2009.
- **Correction** is defined as the state requiring the EIS Program to revise any noncompliant policies, procedures and/or practices and the state verifies through follow-up review of data, other documentation and/or interviews that the noncompliant policies, procedures

and/or practices have been revised and the noncompliance has been corrected. The state should notify the EIS Program in writing that the noncompliance is corrected. For purposes of the SPP/APR reporting, timely correction occurs when noncompliance is corrected (including the state's verification that it is corrected) as soon as possible but no later than one year from the identification of noncompliance.

#### **Organization of the C-9 Worksheet:**

- **The worksheet is organized by individual indicators or cluster of indicators.**
  - **Note:** When indicators are “clustered” the state does not need to report separately on each indicator in the cluster. Rather, the number of EIS Programs, numbers of findings, etc. should be grouped within that cluster.
- **There are five columns on the worksheet:**
  1. Indicator/Indicator Clusters
  2. General Supervision System Components
  3. Number of EIS Programs Issued Findings
  4. Number of Findings of noncompliance identified
  5. Number of Findings of noncompliance for which correction was verified no later than one year from identification
- **For each indicator/indicator cluster, there are two sub-rows that are repeated:**
  - Monitoring Activities
  - Dispute Resolution

#### **Completing the Worksheet:**

**Column 1 - Indicator/Indicator Cluster Column** - Lists the SPP/APR indicators individually or within a cluster of indicators. At the end of the worksheet, there are additional rows titled - *Other areas of noncompliance (can be grouped topically)*. These rows may be used by a state to list other areas of noncompliance that the state has not reported under other indicators/ indicator clusters. The state must list the area of noncompliance.

**Column 2 - General Supervision Components Column** – Represents all elements that comprise the State's Monitoring Activities and Dispute Resolution processes. The first sub-row of Monitoring Activities may include Self-Assessment, Local APR, Data Reviews, Desk Audits, or On-Site Visits. This sub-row also has an “Other” option to indicate the list of monitoring activities may not be all inclusive. The second sub-row refers to the Dispute Resolution: Complaints and Hearings processes.

**Column 3 - Number of EIS Issued Findings of Noncompliance** – Represents the number of EIS Programs for which the state identified through a written conclusion or report findings of noncompliance. The date of the written conclusion(s) or report of findings to the EIS Program is used to report the number EIS Programs monitored, not the date of the monitoring activity.

Notes:

- An EIS Program may have an on-site visit in one fiscal year and the written notification of findings of noncompliance is sent to the EIS Program in the next fiscal year.
- Federal Fiscal Year (FFY) begins July 1 of each year and ends June 30 of the next year.

**Column 4 - (a) Number of Findings of noncompliance identified** – Represents the number of identified findings of noncompliance for the indicator/ indicator cluster. states must include every finding of noncompliance with a requirement of the IDEA in their data for Indicators C9/B15. The date of the written conclusion or report of findings to the local program is used, not the date of the monitoring activity. The same FFY date range is used for Column 3 and Column 4.

**Column 5 - (b) Number of Findings of noncompliance for which Correction was Verified no later than one year from identification** – Represents the number of findings from Column 4 for which the state verified correction no later than one year from identification.

**Sum the numbers down Column 4 and Column 5.**

**Percent of noncompliance corrected within one year of identification** – Divide the sum of Column 5 by the sum of Column 4 and multiply 100.

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Data Review	6	2	2
	Dispute Resolution: Complaints, Hearings	19	2	2
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: On Site Visits (DDS)	14	10	0
	Monitoring Activities: Data Review (DDS)	6	4	2
	Monitoring Activities: On Site Visits, Other (CDE):	30	19	15
	Dispute Resolution: Complaints, Hearings	19	0	n/a
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Data Review, On-Site Visits, or Other	n/a	n/a	n/a
	Dispute Resolution: Complaints, Hearings			
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Data Review	n/a	n/a	n/a
	Dispute Resolution: Complaints, Hearings			
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Data Review	n/a	n/a	n/a
6. Percent of infants and toddlers birth to 3 with IFSPs				
	Dispute Resolution: Complaints, Hearings			

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
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.	Monitoring Activities: On-Site Visits	14	3	0
	Dispute Resolution: Complaints, Hearings	19	3	3
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;	Monitoring Activities: On-Site Visits	14	2	1
	Dispute Resolution: Complaints, Hearings	19	0	n/a
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other	Monitoring Activities: On-Site Visits (DDS)	14	3	0
	Monitoring Activities: On-Site Visits, Other (CDE)	30	33	33

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
<p>appropriate community services by their third birthday including:</p> <p>B. Notification to LEA, if child potentially eligible for Part B; and</p>	Dispute Resolution: Complaints, Hearings	19	0	n/a
<p>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:</p> <p>C. Transition conference, if child potentially eligible for Part B.</p>	Monitoring Activities: On-Site Visits (DDS)	14	0	n/a
	Monitoring Activities: On-Site Visits, Other (CDE)	30	16	16
	Dispute Resolution: Complaints, Hearings	19	1	1
OTHER AREAS OF NONCOMPLIANCE: IFSPs contain present levels of development in five domains.	Monitoring Activities: On-Site Visits	14	1	0
	Dispute Resolution: Complaints, Hearings	19	0	n/a
OTHER AREAS OF NONCOMPLIANCE: Timely written notification to families of IFSP meeting	Monitoring Activities: On-Site Visits (DDS)	14	6	1
	Monitoring Activities: On-Site Visits, Other (CDE)	30	33	33

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
	Dispute Resolution: Complaints, Hearings	19	0	n/a
OTHER AREAS OF NONCOMPLIANCE: IFSPs have outcomes that contain procedures, criteria, and timelines used to determine the degree to which progress toward achieving outcomes is being made.	Monitoring Activities: On-Site Visits	14	1	1
	Monitoring Activities: On-Site Visits, Other (CDE)	30	103	93
	Dispute Resolution: Complaints, Hearings	19	0	n/a
OTHER AREAS OF NONCOMPLIANCE: IFSPs list services for the child that contain method, frequency, intensity, and duration.	Monitoring Activities: On-Site Visits	14	2	1
	Dispute Resolution: Complaints, Hearings	19	2	0
OTHER AREAS OF NONCOMPLIANCE: IFSPs contain family concerns, priorities and resources.	Monitoring Activities: On-Site Visits	14	0	n/a
	Dispute Resolution: Complaints, Hearings	19	0	n/a
OTHER AREAS OF NONCOMPLIANCE: Evaluations were conducted in a timely manner	Monitoring Activities: On-Site Visits (DDS)	14	3	1
	Monitoring Activities: On-Site Visits, Other (CDE)	30	89	88
	Dispute Resolution: Complaints, Hearings	19	0	n/a
<b>Sum the numbers down Column a and Column b</b>			338	293

Percent of noncompliance corrected within one year of identification =  $(293/338) \times 100 = 86.69\%$

(column (b) sum divided by column (a) sum) times 100

# ATTACHMENT F

**The following pages are the child outcome data extraction instructions and other documents used in collecting and reporting data for Indicator 3:**

**RECORDING CHILD OUTCOME DATA FOR EARLY START**

11-10-08

**Introduction:**

The progress that children demonstrate, and that we measure, in the Early Start program may be the most important data we collect. Whereas all of the various compliance measures required by OSEP are generally correlated with child progress, each of these compliance measures would be virtually meaningless if children did not demonstrate progress. Therefore, child progress data are among the most important measures we collect for this program.

**Before Starting:**

1. Start with records that meet OSEP criteria. DDS can complete data runs to provide a list of children at your center who meet these criteria, or a random sample of children meeting the criteria.
2. The outcome data is being collected on children who :
  - A. Exited Early Start in the fiscal year 07/08 (July 1, 2007 – June 30, 2008).
  - B. Were in the program at least 9 months. If the chart being reviewed is part of a stratified, random record pull completed by DDS, know that the computer data confirmed that the child meets the OSEP criterion of being in the program for 9 months. If not part of a computerized random data pull, confirm that child was enrolled in the Early Start program **at least 9 months**. (i.e., entrance date to exit date).
3. Determine **where** to look in chart for the following:
  - A. Entrance/intake evaluation data. Look for 1 report that has assessment data (functional ages) in all five developmental areas. See if there is a report listing both Entrance and Exit functional ages.
  - B. IFSP – many RCs document entrance and exit functional ages on the IFSP
  - C. 5 developmental areas (Social-Emotional, Cognitive, Language – receptive/expressive, Adaptive/Self-Help, Physical – fine motor/gross motor.) Note that some RCs will use one comprehensive assessment instrument with a report that lists all of these functional ages. Other RCs organize their charts by clinical area (speech, OT/PT, psychological, etc.).
4. Recognize that you will be entering various types of information on the data form. The more information recorded the more analysis capability we will have in examining trends per diagnoses, length of time in the program, age at entry into the program, etc.
5. All age categories will be expressed in months. This includes chronological ages as well as functional ages. Sometimes the evaluation tool, like the Vineland uses standardized scores. Remember to check the rest of the record, as these scores may be expressed in months in the IFSP, or the psychological evaluation.

If only standard scores (e.g. numeric scores specifically referenced to that particular instrument) are available, enter the developmental area/category and the score for each developmental area. For example, the Ages and Stages Questionnaire (ASQ) has separate questionnaires for 6, 12, 18, 24, 30, 36, 48, and 60. If the only initial evaluation is the ASQ then record which one of the ASQ questionnaires was used. This screen tests seven developmental areas. Sometimes the results are translated into months on the IFSP or the psychological evaluation (in which case they may have been melded in with other evaluation efforts). If the ASQ results are not expressed in months or developmental areas, then record the number of items scored in each developmental area.

6. There may be a range of scores for one developmental area. Pick the midpoint of the range and record that functional age. Round up any half-months. For example, 4.5 months = 5 months and 29.5 months = 30 months. If we use this same convention at entrance and exit, we will not be inflating our progress measures.

### **Recording outcome data**

Record functional ages at entrance evaluation or screening and exit evaluation or screening.

- A. Record the evaluation date(s) for entrance and also for exit. (month/day/year). The evaluation date is often the same for all domains. If this is true, simply enter the date once.
- B. Record the functional ages or age equivalents for each developmental area, in total months.
- C. If you cannot find a single report that covers all 5 domains, look on the Initial IFSP, Exit IFSP & in the chart sections for Specialist reports (i.e. Speech Therapy, Physical Therapy, Occupational Therapy, etc. or other “specialist” section of chart,) or at “Intake Report”.
- D. Determine if the child was born prematurely. Assuming 37 to 40 weeks gestation is full-term, subtract number of weeks premature from 40 weeks. Record on data sheet only if less than 37 weeks gestation. Look for the referral form, Intake, or for medical records, or other documents from which to extract this info. Since some instruments factor prematurity up to 36 months, we will use this data convention for all children, regardless of the instrument used. Example: Johnny was born at 32 weeks gestation (8 weeks premature). At 36 months chronological age, Johnny is considered to have an adjusted chronological age of 34 months (assuming 8 weeks is equal to 2 months).
- E. Record diagnosis (this may be hard to find.) The diagnosis may be different than “reason for referral”. For example, a child may be referred because she is not walking but she may have a diagnosis in her medical records of “cerebral palsy”. A Psychological Eval. used for Intake or Exit report should have Diagnoses given. The medical history and physical, routine medical records or Hospital Discharge

summaries should also have diagnoses listed. Record the major diagnoses. For example, Betty may have a diagnosis of mental retardation and autism. Both of these diagnoses would be important to understand her progress, or lack of progress, in the different developmental areas.

### **Rules about completing the form.**

1. Info at top:
  - a. Regional Center (abbreviations OK)
  - b. Date of Birth (month/day/year)
  - c. Review Date
  - d. # of weeks premature: Assuming 37 to 40 weeks gestation is full-term, subtract number of weeks premature from 40 weeks. Record on data sheet only if less than 37 weeks gestation.
  - e. UCI: critical
  - f. Ethnicity code [face sheet will have ethnicity code as a number, and a descriptor, such as “6” Spanish/Latino.]
  - g. Dx (Diagnosis). Latest or final diagnosis for child, if possible. If not available, put in reasons for referral [speech delay, list medical problems, etc.]
  - h. Entrance CA: Record in months
  - i. Entrance AA: (Chronological Age *minus* # of months premature. Round to nearest month.) Assuming 37 to 40 weeks gestation is full-term, subtract number of weeks premature from 40 weeks, and compute **months** premature by dividing weeks by 4. Example: Child born at 32 weeks.  $40 - 32 = 8$  wks. premature.  $8 / 4 = 2$  months premature. If the child is now 20 months old, AA is 18 ( $20 - 2$  months premature. *NOTE: Adjusted Age. We use age adjustments for children up to 36 months old.*
  - j. Exit CA: Record in months
  - k. Exit AA: (Chronological Age *minus* # of months premature. Round to nearest month.) Assuming 37 to 40 weeks gestation is full-term, subtract number of weeks premature from 40 weeks, and compute **months** premature by dividing weeks by 4. Example: Child born at 32 weeks.  $40 - 32 = 8$  wks. premature.  $8 / 4 = 2$  months premature. If the child is now 20 months old, AA is 18 ( $20 - 2$  months premature.
  - l. Child’s gender.
  - m. Exit Evaluation Date (month/day/year)
  - n. Reviewer’s name (your name)
  
2. **You need to fill out all 4 columns (2 for Entrance Data, 2 for Exit Data.)**
  
3. If there are data for both Expressive and Receptive communication skills, please place in the appropriate square. If there is only one communication score, put in the Expressive Communication square and note that there is only one score. Use the same procedures for “Fine” and “Gross” motor skills.

4. If there is a *range of functional ages given in one developmental domain*, ***pick the midrange*** or write them down and average them. Round up any half months, e.g. 4.5 months = 5 months and 29.5 months = 30 months.
5. Do not list the Tests used under “Instruments used” column, along with date(s) given. This is per our discussion at the ARCA Prevention Committee mtg..
6. Functional Ages [FA1] = age equivalent in months for child. If there are only standard scores, write them down, making sure the name of the test is also listed. To allow us to calculate the conversions from the testing manuals. We will use the test manuals to convert the standard scores to functional ages prior to entering the data.
7. Exit Eval Date: complete the same as for Entrance data, with the date tested, and functional ages listed. If there are 2 or more dates, give the latest one.
8. Write down other pertinent comments on back of data sheet.

### Child Outcome Data Collection Frequently asked questions

1. Question: How can we accept as a valid comparison the functional age scores at entrance and at exit from the Early Start program when the evaluations were done with different test instruments and/or by different practitioners?

Answer: We recognize that different developmental assessment instruments have greater precision at different ages and for developmental areas. It would be quite a stretch, both clinically and politically/consensus-wise for RCs to rely on a single instrument statewide. We are relying on the guiding principle of “informed clinical judgment”, which is consistent with both the California Early Intervention Services Act and the Lanterman Act. A developmental evaluation may include any or all of the following: formal testing, developmental screening, direct observation, parent/caregiver interviews, and/or review of pertinent records. We believe that the milestones for toddlers are fairly straightforward with good behavioral anchors that are readily observed.

2. Question: Since many developmental testing instruments stop factoring in prematurity at 18 or 24 months, why are we continuing to adjust for prematurity to 36 months?

Answer: There are some instruments that adjust for prematurity until 36 months. Because the Early Start eligibility criteria requires significant prematurity, i.e. 32 weeks gestation, and in order to keep this as simple as possible, we have adopted the data convention of adjusting for prematurity to 36 months of age. If there are serious concerns about this data convention, it may be possible in the future to form a workgroup to define these criteria. This would be done on an instrument by instrument basis. We would provide detailed instructions. This may or may not be worth risking the resulting confusion but, regardless, we simply are not ready to do that in this ramp-up phase.

3. Question: Since RCs are not required to assess all five developmental areas upon exiting Early Start at 36 months, how can this data be generated?

Answer: If there are missing exit evaluations in particular developmental areas, no case notes of any challenges or needs in some areas, and no IFSP objectives for those areas, we have adopted the data convention that the toddler is at “typical age” in those developmental areas upon exit. An example is when Early Start receives a late referral (e.g. 24 – 30 month old) for a speech delay. There may be no mention of the physical or self-help developmental areas upon exit. We can assume the toddler is at typical age, particularly if the intake assessment indicated the toddler was at typical age upon entrance.

4. Question: What amount of delay is accepted within the “typical development” range?

Answer: Every state is proceeding a little differently. California is going with a less than 25% delay upon exit for a child to be considered “typically developing”. Some states are proceeding with 33% and one is even listing 50%. For example, if a child at 36 months of age is at 28 months or greater functioning in a developmental area, then that child would be considered “typically developing”.

5. Question: What if the vendor evaluation report only provides a set of standardized scores for a particular evaluation instrument?

Answer: This answer has two parts: the immediate and the longer term.

For the immediate: The data recorder should look for functional ages in other sections of the child’s record and report those as available. If indeed only the standardized scores are the only measures available, then record those on the data collection sheet and note that they are standard scores. DDS will attempt to use the test manual for that particular instrument to convert those standard scores to functional ages.

The longer term answer is that RCs should strongly encourage their vendors to document the functional age in each developmental area. More importantly than allowing us to more easily meet our data reporting requirements, this is much clearer communication to the parents and professionals as well as anyone reviewing these records in the future.

## Early Start Outcomes Formulas

### Outcomes

- A. Positive social-emotional skills (including social relationships)
- *Social-emotional*
- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy)
- *(Cognitive) + (averaged expressive and receptive communication)*  
2
- C. Use of appropriate behaviors to meet their need
- *Self Help*

### Progress categories for A, B, and C:

- I. Percent of children who did not improve functioning = [(# of children who did not improve functioning) divided by (# of children assessed)] times 100.
- *Formula:  $(D \leq B)$*
- II. 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.
- *Formula:  $(B < .67 \times A)$ , AND  $(D > B)$  AND  $(C - D) \geq (A - B)$*
- III. 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.
- *Formula:  $(B < .67 \times A)$ , AND  $(D > B)$  AND  $D < (0.75 \times C)$  AND  $(A - B) > (C - D)$*
- IV. 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.
- *Formula:  $B < .67 \times A$  AND  $(D > B)$  AND  $D \geq (0.75 \times C)$*
- V. 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.
- *Formula:  $B \geq (0.67 \times A)$  AND  $D \geq (0.75 \times C)$*

A = entrance chronological age

B = entrance functional age

C = exit chronological age

D = exit functional age

**Proposed Summary Statements for each of the Three Outcomes:**

**Summary Statement 1:** Of those children who entered the program below age expectations in the Outcome Area, the percent who substantially increased their rate of growth by the time they exit the program.

**Calculation for Summary Statement 1:**

*Percent = (total # of children reported in categories III and IV) divided by (total # of children reported in categories I, II, III, IV) x 100.*

$$\text{Percent} = \frac{(\text{III}) + (\text{IV})}{(\text{I}) + (\text{II}) + (\text{III}) + (\text{IV})} \times 100$$

**Summary Statement 2:** The percent of children who are functioning within age expecting in the Outcome Area by the time they exit the program.

**Calculation for Summary Statement 2:**

*Percent = (total # of children reported in categories IV and V) divided by (total # of children reported in all categories) x 100*

$$\text{Percent} = \frac{(\text{IV}) + (\text{V})}{(\text{I}) + (\text{II}) + (\text{III}) + (\text{IV}) + (\text{V})} \times 100$$