

STATE OF CALIFORNIA
ANNUAL PERFORMANCE REPORT
FOR FEDERAL FISCAL YEAR 2010



PART C OF THE FEDERAL
INDIVIDUALS WITH DISABILITIES EDUCATION ACT

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OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:

This Annual Performance Report (APR) for federal fiscal year (FFY) 2010 presents data covering the period from July 1, 2010, through June 30, 2011. It provides the Office of Special Education Programs (OSEP) with information on the progress of California's Early Start program in meeting the established targets for each of the compliance and performance indicators listed in its State Performance Plan (SPP).

California has experienced a change in its Early Start population in FFY 2010 due to several key factors which account for low performance in some indicators. They include the following:

- In FFY 2009, as a cost saving measure, DDS changed the eligibility for the Early Start program for delayed children and eliminated the "at risk" population from the program.
- With the elimination of the "at risk" populations, prior to FFY 2010 data are not comparable as a result of these program changes; and
- Lastly, the inability of DDS to access data from California Department of Education (CDE). CDE serves Early Start children with solely low-incidence disabilities under Part C through its Special Education Local Plan Areas (SELPA) and Local Education Agencies (LEAs). The data for these children were not made available to DDS for this APR. The lack of these data is a factor noted in the discussion of several indicators throughout the report.

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 (OMB NO: 1820-0578/Expiration Date: 08/31/2014).
- OSEP's November 22, 2010, memorandum (OSEP 11-5) to the states' lead agency directors, Part C Coordinators, Interagency Coordinating Council (ICC) Chairpersons, and state data managers regarding submission of Part C Annual Performance Report and Revisions to the Part C State Performance Plan by February 1, 2011.
- Numerous documents posted on the SPP/APR Calendar website, e.g., worksheets, templates, FAQs, technical assistance documents, root-cause analysis, etc.
- The November 2011 Western Regional Resource Center (WRRC) Conference on preparing the 2010 APR.
- E-mail and telephone communication with National Early Childhood Technical Assistance Center (NECTAC), WRRC, and OSEP's Part C state contact.

The DDS partners with California's broad and diverse ICC. This partnership facilitates 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 Health Care, Public Health, Health Care Services, and First 5 California. Additionally, appointed community representatives include parents, educators, legal advocates, social-service agency managers, consultants, and family-support professionals from throughout the State.

DDS relied on input received through ICC, the DDS website, which received more than 33,500 visits in FFY 2010, and various stakeholder groups in the preparation of this APR. The FFY 2010 APR, showing progress and/or slippage in meeting the State's measurable and rigorous targets, will be posted on the DDS website no later than February 1, 2012. It will be updated with any revisions following the OSEP clarification period.

Regional Center (RC) Early Start program managers will receive letters notifying them of the performance of their programs in meeting the State's targets as described in the SPP. This information will also be posted on the DDS website no later than June 1, 2012 (120 days following the submission of this APR as required by Section 303.702). Again, key stakeholders will be notified of the posting.

This APR also addresses issues raised by OSEP after verification visits to both DDS and the CDE in the fall of 2010.

Current Challenges

Status/Background of the Part C Grant

California's Early Start program has served hundreds of thousands of infants and toddlers and their families since the program's inception. However, the lack of growth in the Part C grant allocation in combination with significant fiscal challenges faced by the State resulted in changes to the program.

The Part C grant allocation still funds a relatively small percentage of California's total expenditures for early intervention services. The most recent year for which complete expenditure data are available is State Fiscal Year (SFY) 2009-10, which corresponds with FFY 2009. During that year, DDS expended over \$400 million for early intervention services (DDS expenditure data). A review of expenditure data for 2006-2009 show that expenditures for services increased at an annual rate of about 19 percent. This growth rate is not sustainable.

In SFY 2009-10, California revised eligibility criteria to exclude the "at-risk" population previously served through Early Start and established a separate State-funded Prevention Program. Early Start program eligibility criteria for children who are "developmentally delayed" was limited by legislation enacted in SFY 2009-10 (Government Code Section 95014 (a)(1)). After 24-months-of-age entry into Early Start

was limited to only those children who have a 50 percent or greater delay in one domain, or a 33 percent or greater delay in two domains. The previous threshold for eligibility was 33 percent in one domain regardless of age.

Legislation was also enacted (Government Code Section 95004) requiring 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. Exceptions can be made when accessing private insurance would unduly delay services. Intake and assessment remain available at no cost to families.

During the FFY 2010, the State-funded Prevention Program to serve “at risk” children was facilitated by the RC’s. Families of children not eligible for Early Start services will be referred to the Family Resource Centers (FRC) for support through Prevention Resource and Referral Services beginning July 2011. The FRCs connect families with available local resources and support services.

California has made, and continues to make, 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. The above is intended to increase OSEP’s awareness of (1) the immediate challenges, (2) the context within which this APR was developed, and (3) recent significant changes to the program. DDS welcomes OSEP’s support, cooperation, and flexibility as California continues to face fiscal challenges State and static Part C resources.

One of the major challenges in FFY 2010 is the inability of DDS to access data from CDE for this APR. CDE serves Early Start children with solely low-incidence disabilities under Part C through its Special Education Local Plan Areas (SELPA) and Local Education Agencies (LEAs). The information on these children was not made available to DDS for this APR. The lack of these data is a factor noted in the discussion of several indicators.

There is, however, good news. To address California performance, DDS has implemented the Early Start Report (ESR). This web-based automated data collection and reporting system was implemented at the end of FFY 2010. By December 30, 2011, data on more than 26,000 children had been entered into this centralized data base. The information is available to Service Coordinators, RC management and the Early Start staff within the DDS system.

Implementation of the ESR is a very significant program improvement for California. Development of the ESR has been mentioned as an improvement activity in several previous APRs. The ESR is a key activity in helping DDS to achieve the goal of increasing universal reporting capacity on OSEP indicators. The development, testing and implementation process involved key stakeholders, such as the Early Start Quality Assurance Advisory Committee (ESQAAC), ICC, WestEd Center for Prevention and Early Intervention (WestEd) and data managers within DDS.

The ESR is now the primary means for collecting information on the performance of RCs in providing children with Early Start services and in meeting the federal Part C and State program requirements. The ESR also provides a more efficient means of tracking services received and progress made by individual children in the Early Start program. Quality, comprehensive and objective data from the ESR will enhance the ability of State and local programs to demonstrate program effectiveness.

Also in the good news category, DDS Early Start program staff has completed the verification of correction of all past years' findings of noncompliance as shown in Indicator 9. This was a monumental task and DDS is proud to be able to report it in the FFY 2010 APR.

Acronyms and Definitions

| Acronym, Word, Phrase | Definition |
|-----------------------|--|
| ALJ | Administrative Law Judge |
| APR | Annual Performance Report |
| ARCA | Association of Regional Center Agencies |
| CAPTA | Child Abuse Prevention and Treatment Act |
| CCS | California Children's Services |
| CDE | California Department of Education |
| CDSS | California Department of Social Services |
| CPS | Child Protective Services |
| CSPD | Comprehensive System of Personnel Development |
| DDS | Department of Developmental Services |
| ESR | Early Start Report electronic data base used for universal reporting by local programs |
| FRCs | Family Resource Centers |
| HRIF | High Risk Infant Follow-Up |
| IA | Interagency Agreement |
| LEA | Local Education Agency/School District |
| Local Program | Regional Center unless otherwise defined to include school districts (LEA) |
| NECTAC | National Early Childhood Technical Assistance Center |
| NICU | Neonatal Intensive Care Unit |
| OAH | Office of Administrative Hearings |
| OHRAS | Office of Human Rights and Advocacy Services |
| OSEP | Office of Special Education Programs |
| Part C Lead Agency | Department of Developmental Services |
| PCP | Primary Care Physician |
| POS | Purchase of Service |
| RC | Regional Center – Local program unless otherwise defined to include school districts (LEA) |
| SLI | Solely Low Incidence |
| SEECAP | Special Education Early Childhood Administrators Project |
| SEEDS | Supporting Early Education Delivery Systems |
| SELPA | Special Education Local Plan Area |
| SLPA | Speech and Language Pathology Assistant |
| SPP | State Performance Plan |
| TBL | Trailer Bill Language |
| WestEd | WestEd Center for Prevention and Early Intervention |
| WRRC | Western Regional Resource Center |

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

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 |
|---------------------------------|--|
| FFY 2010 (2010-2011) | 100% of children receive services in a timely manner |

Actual Target Data for FFY 2010:

FFY 2010 data indicate that 92.2 percent (118 divided by 128 times 100 equals 92.2) of the infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner as identified in FFY 2010 monitoring visits. This represents slippage from FFY 2009 of 2.74 percent (94.94 minus 92.2 equals 2.74).

Of the 14 children for whom services were delayed, five were the result of exceptional family circumstances, which were documented in the child’s case file. Delays in the 10 remaining cases were due to a shortage of available provider resources.

California defines timely services as those services delivered within 45 days from the date parental consent was provided. Indicator 1 data for FFY 2010 were derived from case files randomly selected during four on-site monitoring visits conducted by DDS monitoring teams during FFY 2010. Programs were selected for review based on the State’s multi-year monitoring plan.

Two findings of noncompliance were issued based on FFY 2010 on-site monitoring visits.

In past years, data reported for this indicator were derived from purchase-of-service (POS) claims data provided to DDS by the RCs. This methodology resulted in the over reporting of noncompliance as it failed to capture those services delayed due to documented exceptional family circumstances and those provided through contracts RCs have with providers.

In FFY 2010, DDS determined that five cases were delayed due to documented exceptional family circumstances. These circumstances were all documented in the child's file.

In FFY 2011, DDS will use data from the ESR, which was implemented in June 2011, to report on Indicator 1.

Infants and Toddlers with IFSPs who receive Early Intervention Services in a Timely Manner:

| | |
|---|-----|
| a. Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner | 118 |
| b. Total number of infants and toddlers with IFSPs | 128 |
| Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (Percent = [(a) divided by (b)] times 100) | 92% |

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010:

The provision of timely services to every child is a primary goal of the Early Start program. DDS continues to work toward achieving the measurable and rigorous target of 100 percent on this indicator. The most significant improvement activity this year was implementation of the State's universal electronic data base system, the ESR. After years of development in collaboration with stakeholders, the new system came on-line in FFY 2010.

During the month of May 2011, the new system was beta-tested by end users at the RCs and within DDS. Their feedback led to refinements, and in June 2011, the ESR was made available to all RCs. However, implementation by all did not occur until FFY 2011. As of December 30, 2011, the ESR contains data on more than 26,000 infants and toddlers receiving Early Start services. These data will be utilized for reporting on Indicator 1 for FFY 2011. Unfortunately, there were not sufficient valid and reliable data to use the ESR for reporting in FFY 2010.

The slippage of 2.75 percent from FFY 2009 to FFY 2010 (94.94 minus 92.2 equals 2.74) may be due to the methodology used in FFY 2010 not being comparable to that used in FFY 2009. FFY 2010 data are derived from on-site monitoring visits conducted by DDS monitoring teams during FFY 2010. FFY 2009 data were obtained from purchase of service (POS) claims data provided to DDS by the RCs. Another factor is that children with solely low-incidence disabilities who are receiving Part C services through CDE are not included in FFY 2010 data. DDS will continue to work with CDE to rectify this issue.

While the POS claims data used in FFY 2009 resulted in performance on this indicator of 94.94 percent, DDS identified measurement challenges that resulted in significant over reporting of noncompliance for this indicator. First, the claims data fail to take into account delays due to documented exceptional family circumstances. Additionally, during the process of developing data conventions for the new ESR, DDS learned that the claims data methodology also resulted in the reporting of all services provided through RC vendor contracts as late.

Therefore for Indicator 1, DDS used data obtained through on-site monitoring of local programs. During FFY 2010, DDS monitored four RC programs and conducted reviews of 128 randomly-selected cases. Of the 128 infants and toddlers with IFSPs, 118 received the early intervention services on their IFSPs in a timely manner (118 divided by 128 times 100 equals 92.2). During FFY 2009, POS claims data for 12,142 infants and toddlers showed that 11,528 received services in a timely manner (11,528 divided by 12,142 times 100 equals 94.94).

Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance):

The level of compliance reported for FFY 2009 for this indicator was 94.94 percent. Because this was less than 100 percent, OSEP required the State to report on the status of correction of noncompliance reflected by these data utilizing steps described in OSEP memo 09-02. No findings were issued in FFY 2009 as DDS determined that due to the following data inadequacies it was not possible or productive to issue findings for FFY 2009:

- Delays due to documented exceptional circumstances were not taken into account.
- Services delivered through RC provider contracts were all reported as late.

The combination of these two measurement challenges resulted in over reporting of noncompliance. Therefore, no findings were issued for FFY 2009. However, two findings for FFY 2010 have already been issued.

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

| Statement from the Response Table | State’s Response |
|---|--|
| <p>Because the State reported less than 100% compliance for FFY 2009, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator. When reporting on the correction of noncompliance, the State must report, in its FFY 2010 APR, that it has verified that each EIS program with noncompliance reflected in the FFY 2009 data the State reported for this indicator: (1) is correctly implementing 34 CFR §§ 303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child was no longer within the jurisdiction of the EIS program consistent with OSEP Memo 09-02, dated October 17, 2008. In the FFY 2010 APR, the State must describe the specific actions that were taken to verify the correction.</p> | <p>No findings of noncompliance were issued for FFY 2009 due to data inadequacies, as identified during development of the ESR data conventions.</p> |
| <p>If the State does not report 100% compliance in the FFY 2010 APR, the State must review its improvement activities and revise them, if necessary.</p> | <p>The FFY 2010 data for Indicator 1 are 92.19 percent. DDS reviewed improvement activities for this Indicator and made necessary revisions. The most significant improvement activity will be the use of ESR data for FFY 2011.</p> |
| <p>As required by OSEP’s February 15, 2011, verification visit letter, the State must, in its FFY 2010 APR: (1) provide documentation that it has reviewed the SPP/APR Indicator 1 data in its database regarding the timeliness of providing early intervention services at least once each year, and has made a finding of noncompliance if the data for a Regional Center showed less than 100% compliance (unless such noncompliance was corrected before such finding is issued); and (2) confirm that its FFY 2010 data for Indicator 1 include data for “low incidence disability” children receiving Part C services through CDE.</p> | <p>Data from the State’s database were not complete or universally available for FFY 2010. Implementation of the ESR began in June 2011. For FFY 2010 <u>only</u>, DDS used on-site monitoring visits to gather data on Indicator 1. DDS issued findings of noncompliance on these data. DDS will have data for a full year to report in the FFY 2011 APR.</p> <p>The FFY 2010 data still do not include children with solely low-incidence disabilities being served through Part C by CDE.</p> |

Improvement Activities Completed During FFY 2010:

As required by OSEP, DDS reviewed improvement activities for Indicator 1. Those accomplished in FFY 2010 and those to be included in FFY 2011 are as follows:

DDS will continue to provide training through statewide training institutes about the importance of providing timely services. The intended audience includes Early Start service coordinators; early intervention direct service providers working in RC-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; assistants, aides, and paraprofessionals.

DDS will continue to work with local programs, Information Technology staff, and WestEd contractors to identify and resolve any inconsistencies in the ESR data entry, management and reporting processes. With a full year of data available next year through the ESR, California's performance on Indicator 1 will improve.

DDS will also continue to work with CDE to develop a new Interagency Agreement (IA) that identifies and clarifies all data elements required for OSEP reporting. Responsibility for providing those data, along with dates by which they must be received will be key elements of this agreement.

DDS will also develop new regulations, consistent with federal regulations, that may include language allowing the use of Speech and Language Pathology Assistants. This may help to eliminate waiting lists for speech and language services.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

California does not propose any revisions to this indicator. Improvement activities, as specified in the approved SPP, include full utilization of the ESR for data collection and reporting and execution of a revised IA with CDE specifying all required data elements, reporting requirements and timelines. Targets remain at 100 percent as stated in the SPP.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Development* section, beginning on page 3.

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 # infants and toddlers with IFSPs)] times 100.

| FFY | Measurable and Rigorous Target |
|---------------------|--|
| 2010 (2010-2011) | 90% of infants and toddlers served will receive services in the natural environment. |

Actual Target Data for FFY 2010:

FFY 2010 data indicate that 85 percent (26,189 divided by 30,754 times 100 equals 85.15) of infants and toddlers received services in natural environments. This represents slippage of 2.5 percent (85.2 from 87.7 equals 2.5 percent) from FFY 2009. It also falls short of the measurable target for FFY 2010, which increased from 86.6 percent for FFY 2009 to 90 percent for FFY 2010.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010:

The 2.5 percent slippage on this indicator from FFY 2009 to FFY 2010 reflects the continuing challenge of requiring service providers to deliver services in the natural environment. Typically these providers view clinic-based services as the most efficient way to provide covered services. DDS staff provides ongoing training and technical assistance to providers of early intervention services emphasizing the importance of delivering services in the natural environment, to the degree appropriate. The following improvement activities remain areas of focus for the Early Start program:

Improvement Activities Completed During FFY 2010:

Technical Assistance: DDS Early Start staff and CDE staff continue to work collaboratively with local programs to improve performance through targeted training and technical assistance. Local training and technical assistance will continue to be offered upon request.

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. Under the leadership of DDS, WestEd coordinates implementation of these personnel development activities. During FFY 2010, four institutes and related training events were held at various locations throughout the State resulting in 415 personnel trained. Information about, and examples of, natural environments are woven throughout all curricula. Additionally, the Early Start Essentials Institute will continue to provide a workshop on natural environments for new and inexperienced service coordinators and providers.

During the FFY 2010, the CSPD developed a major strategy and five year plan moving to a multi-modal training model. The model includes on-line training in addition to the face-to-face Institute series. The importance of providing services in natural environments continues to be covered in the training and technical assistance the field receives.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

California does not propose any revisions to the improvement activities. Targets in the approved SPP remain unchanged at 77 percent for FFY 2011 and 83 percent for FFY 2012.

Part C State Annual Performance Report (APR) for 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

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

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 has persevered in the construction of the ESR, a universal data collection and reporting system, to measure child progress data as prescribed for Indicator C-3 for the past several years. DDS has completed a multi-tiered stakeholder process, reconciled the data elements with numerous federal reporting requirements, and has conducted several field tests for accuracy, utility and inter-rater reliability. The ESR was beta-tested during May 2011 and after refinements were implemented, the system was open for data entry beginning June 2011.

DDS has utilized a project team for this new system for universal reporting including Early Start program staff, Information Technology staff and a software engineer. This team has been working together to ensure that the data system gathers the required data per federal requirements and has the necessary capacity for detailed analyses to enable California to make informed program decisions both at the State and local levels. Instructions and definitions are embedded into the program to assist users in their data entry process.

The new ESR, was initiated with the entry of child outcome data during the month of June 2011 for those children exiting Early Start during this last month of the FFY 2010. This population provided the foundation for the sampling of child outcome data that is available for the FFY 2010 APR. During FFY 2010, the initial implementation phase of

the ESR, DDS staff received training in the use of the data system, reviewed the components for reliability, and tested the entry process. At the same time, Early Start managers in the local programs received training; reviewed the components of the system; tested the entry process; and provided feedback for refinements.

DDS added data fields to the ESR to incorporate data reporting codes according to the new International Classification of Diseases, version 10 (ICD-10). These codes assist in the precise documentation of each child's diagnosed conditions. General classifications of diagnosis lead the ESR user to a progressive system of entering diagnostic detail. The diagnostic categories include intellectual disabilities, Cerebral Palsy, Autism, Down Syndrome, and other developmental disabilities. When the user enters the diagnostic category, an ICD-10 code may be entered to clarify the diagnostic information. This information increases DDS' ability to analyze child outcome data.

Sampling Plan: For the purpose of data reporting for the FFY 2010 APR, California conducted a stratified random sample across RCs pursuant to the approved SPP. The goal was to obtain a statewide representative sample. The number of children included in each RC's sample was a proportional number based on the percentage of children enrolled at each as compared to the statewide totals. Sampling factors included:

- 1) Ethnicity,
- 2) Geography (urban, rural, frontier as well as north, central, and southern), and
- 3) Large and small RCs.

In addition to the stratified random sample, RCs were instructed to enter child outcome data into the new ESR during the month of June 2011 for those children exiting Early Start in June. Since children exiting the program during any one month of the year represent one-twelfth of the Early Start population, this also represents a random sampling of children participating in the program. This strategy promoted the implementation of entering child outcomes data into the new ESR and moved forward the collection of child outcomes data for purposes of this APR.

To assist local programs in the collection of ESR data for the FFY 2010 APR, DDS generated a stratified random sample list for each RC containing identifying information on children exiting Early Start during FFY 2010. The RCs were given three choices for collecting and recording the data: 1) the RC could collect and enter the data directly into the ESR; 2) the RC could collect and record the data on hard copies to be provided to DDS, after which Early Start staff would enter the data into the ESR; or 3) Early Start staff could collect and enter the data directly into the ESR at the RC.

The collection and recording of child outcome data into the ESR is very similar to the procedure used in previous years and approved in the SPP. The difference this year is that instead of using a hard copy tool, information extracted from the child records, whether hard copy or electronic, was entered into the child outcome section of the ESR. This section lists each of the following domains for which data are to be collected and is consistent with the SPP: Cognitive, Fine Motor, Gross Motor, Expressive Communication, Receptive Communication, Social/Emotional, and Self-Help/Adaptive.

The fields required to be completed are the date of assessment and the functional age of the child on that date as identified in the assessment. Assessment data are obtained from a number of sources available in the child records, including results from standardized tools administered, parent surveys, and informed clinical opinion. At most RCs, the service coordinator compiles and enters data into the ESR. In addition to recording the functional ages at program Entrance and at their Exit (between 30 and 36 months of chronological age if exiting at 36 months), the developmental areas of delay, established risk, and diagnosis are entered in another field of the ESR. Child outcome data entries are completed in all developmental domains in order for the data set to be included in the Indicator C-3 reporting.

Collection of Child Outcome (both pre and post) data for children who exited Early Start during FFY 2010 was collected on-site at eight of 21 RCs by DDS staff. These eight RC site visits also facilitated the opportunity for Early Start staff to provide technical assistance to local Early Start managers in the use of the ESR. The remainder of the RCs agreed to record the stratified random sample of child outcome data directly into the ESR or provide DDS with hard copies of the data for entry into the ESR by DDS staff.

As discussed in previous APRs, one factor impacting the collection of outcome data are the children whose families refused exit evaluations to determine the functioning of their children 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 upon graduation from Part C and "see no reason to put our child through that again."
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 RC services.

DDS observed these reasons for refusal directly while collecting child outcome data from RC records. This information was also communicated by RC managers who were involved in the collection of child outcomes data for their local program.

RCs where child outcomes data were collected by DDS Early Start staff during site visits received technical assistance on the benefits of recording functional ages for all children exiting Early Start. As a result, a number of them have made system changes to improve the percentage of complete child outcomes data for participants of Early Start.

The 2009 APR implemented a plan to exclude child outcome data for participants who were served by Early Start due to "at-risk" eligibility status. Since "at-risk" status was removed from the Early Start eligibility criteria beginning in October 2009, this sub-population was not included in the data sample for this reporting year. Infants and

toddlers that met the “at-risk” criteria were served outside of Part C, through the State-only Prevention Program during FFY 2010. Collection of child outcome data is not required for children served outside of Part C services.

Overall, the improved sample size for FFY 2010 continues to move California’s child outcomes data toward a better representation of the Early Start population. All RC catchment areas are included in the sampling of data included. In addition, all areas of developmental disabilities are included in the sample although regional samples may have a specific bias due to small sample sizes. The final sample size, 1,543 records, represents approximately four percent of the total population of children that exited Early Start during this reporting year and either completed Part C services or exited at three years old (1,543 divided by 40,475 [46,881 minus 6,406 children not receiving services as identified on the 618 Table 3 equals 40,475] equals 3.8 percent). This total sample size was almost double the 822 records used in FFY 2009.

The collection of child outcomes data through the ESR is demonstrating California’s advancement toward the goal of capturing outcomes data for every child participating in Early Start services. Looking forward to the available data for next year, at slightly less than half-way through FFY 2011, over 3,900 completed child outcomes records have already been recorded in the ESR.

Quality Assurance Measures: As in data collection efforts for previous APRs, the records from the stratified random 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 data extraction tool proven effective for this purpose or entering data directly into the new ESR with instructions. 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.

Data collection was also performed at the RC level for those willing to participate in this activity for children exiting Early Start during FFY 2010. Written instructions were sent to the RCs along with the stratified random sample to be collected. The electronic ESR also has instructions and definitions imbedded into the tool to ensure consistency of use. Questions and clarifications were handled on an individual level by electronic mail and telephone by experienced lead-agency personnel. Frequently asked questions were posted on the ESR website for further clarification of child outcomes data collection questions. This consistency of messages has been helpful to the local program staff now entering all child outcomes data.

The electronic ESR template includes all of the OSEP-required data elements for child outcomes and additional elements California believes are critical for adequate data analysis. Consistent with OSEP criteria, only children in the program for a minimum of six months were included in the sample for child outcomes.

The ESR has electronically built-in parameters for a number of quality assurance measures. These additional elements include diagnostic information in the areas of developmental disabilities, developmental delays, and established risk areas. The child outcomes fields include the recording of functional ages in seven performance categories (physical development including fine and gross motor, social/emotional, expressive and receptive language, cognitive, and self-help adaptive/use of appropriate behaviors to meet their needs). The child outcomes data reports generated by the ESR utilize children's records that have completed functional ages in all domain areas for entry and exit.

Beyond the use of standard evaluation tools specific to each licensed professional, "informed clinical judgment" was one of several key principles employed for determining functional levels and, therefore, child progress/outcomes. RC and contracted 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.

Definition of "Comparable to Same-Aged Peers": 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 nine 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 (www.aap.org) 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).

Improvement Activities Completed During FFY 2010:

The most significant improvement activity this year was the implementation of the ESR. After years of development in collaboration with stakeholders, including the ICC, RC Early Start managers and directors, ESQAAC, and WestEd, the ESR concepts were translated into a web-based data system. Now the ESR is established, residing at the DDS website and is being utilized by all 21 RCs.

During May 2011, when the ESR was beta-tested by end users, their feedback led to further refinement of the tool. In June 2011, the ESR was made available to all RCs and instructions were provided to begin the child outcomes data entry for children exiting Part C services for this fiscal year. In FFY 2011, RCs were instructed to initiate the use of the ESR for all children utilizing Early Start services. Implementation at the local RC level has been variable due to the readiness of 21 independent systems to

establish a process for entering all data elements being collected in the ESR. Since child outcomes data require entries when a child is enrolled in Early Start and also when a child exits Early Start, the RC must develop a process for this multi-step entry.

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

- A. Local early intervention managers, both Northern California and Southern California groups, convene locally as well as at statewide meetings to:
 - 1. Review updates on new methodologies and the use of various instruments with targeted populations.
 - 2. Survey continuing professional education needs and training available for community practitioners.
 - 3. Discuss and address current challenges experienced in evaluation and assessment in specific regions, with certain populations, and with specific professional disciplines.
 - 4. Discuss the utilization of the ESR by the RCs.

- B. The RC Clinical Directors meet statewide as a group to:
 - 1. Review diagnostic and predictive precision in “Delay” and “Established risk” categories.
 - 2. Discuss methods to analyze cost effective utilization of community clinical resources for effective measurement practices for evaluation of progress.
 - 3. Promote local partnerships for training and technical assistance.

- C. The Association of Regional Center Agencies’ (ARCA) Prevention Committee meets on a quarterly basis to:
 - 1. Discuss roles and responsibilities of DDS as well as the RCs relating to data improvement efforts.
 - 2. Promote participation by the RCs in making necessary program changes for federal compliance.
 - 3. Discuss issues around implementation and utilization of the ESR by the RCs.

A unique client identifier (UCI) number is used by all RCs and allows utilization of relational databases to correlate child progress with child characteristics, types and amounts of services provided each month, and specific vendors.

Table 1: Data for Infants and Toddlers Exiting in FFY 2010 as compared to FFY 2008 baseline (FFY 2010 data excludes “at-risk” children)

| A. Positive social-emotional skills (including social relationships) | # of children FFY 2010 | % of children FFY 2010 | % of children FFY 2009 | % of children FFY 2008 |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a. Percent of infants and toddlers who did not improve functioning | 97 | 6.29 | 5.4 | 5.8 |
| b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 447 | 28.97 | 20.3 | 16.4 |
| c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach same age functioning | 38 | 2.46 | 1.8 | 1.3 |
| d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 359 | 23.27 | 20.8 | 12.8 |
| e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers | 602 | 39.01 | 51.7 | 63.6 |
| Total (Due to rounding, percentages are not exact) | N = 1543 | 100% | 100% N= 822 | 100% N= 893 |
| B. Acquisition and use of knowledge and skills (including early language/communication) | # of children FFY 2010 | % of children FFY 2010 | % of children FFY 2009 | % of children FFY 2008 |
| a. Percent of infants and toddlers who did not improve functioning | 33 | 2.14 | 2.0 | 1.0 |
| b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 727 | 47.12 | 31.6 | 27.2 |
| c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach same age functioning | 71 | 4.60 | 2.2 | 3.8 |
| d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 475 | 30.78 | 24.1 | 17.0 |
| e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers | 237 | 15.36 | 40.1 | 50.9 |
| Total (Due to rounding, percentages are not exact) | N = 1543 | 100% | 100% N= 822 | 100% N= 893 |

**Table 1: Data for Infants and Toddlers Exiting in FFY 2010 as compared to FFY 2008 baseline (Continued)
(FFY 2010 data excludes “at-risk” children)**

| C. Use of appropriate behaviors to meet their needs | # of children FFY 2010 | % of children FFY 2010 | % of children FFY 2009 | % of children FFY 2008 |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a. Percent of infants and toddlers who did not improve functioning | 75 | 4.86 | 5.1 | 5.2 |
| b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 545 | 35.32 | 25.6 | 22.6 |
| c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach same age functioning | 35 | 2.27 | 1.6 | 1.2 |
| d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 336 | 21.78 | 20.1 | 12.7 |
| e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers | 552 | 35.77 | 47.7 | 58.4 |
| Total (Due to rounding, percentages are not exact) | N = 1543 | 100% | 100% N= 822 | 100% N= 893 |

Comments on Table 1: Table 1 displays the data from the entire sample, for FFYs 2008, 2009 and 2010 in the three functional areas (Social/Emotional, Knowledge/Skills, Adaptive/Self-Help) distributed across the five improvement categories. The data reflecting the improvement percentages for children across each category show some significant changes from FFY 2009 to FFY 2010. During this period of time, California law instituted changes in Early Start eligibility criteria which are reflected in the data for FFY 2010. On the Social/ Emotional measures and the Adaptive/Self-Help (“Use of appropriate behaviors”) developmental areas, the percentage of children who did not improve functioning remained consistent at about five to six percent for Social/Emotional and about two percent in the developmental area of “Acquisition and use of knowledge and skills” (cognitive and communication).

There were demonstrated year-to-year differences in the percentage of children who entered Early Start with functioning at typical age and remained at that level across all three functional areas. In each of the three functional areas, there was approximately a 10 percent decrease from FFY 2009 to FFY 2010 in those children who entered functioning at typical age level and who maintained that level of functioning. Interestingly, there were distinct gains, i.e. increases of percentages, in each of the three functional areas for the category of children who entered below age level but who achieved age level by graduation from the program. The three domain areas,

A, B, and C document increases in the percent of children moving nearer to their same-age peers in the improvement levels of b, c, and d. For category e, the percentage is higher for Outcome A (social/emotional) and C (self-help/behavior) but significantly lower for Outcome B (knowledge and skills).

One interpretation of these data is that fewer children are entering the program at typical age function while more children who entered below typical age functioning have been improving to age levels by graduation at 36 months. The increased percentage of the population entering at below typical age functioning can be attributed to the narrowing of California's eligibility criteria for the early intervention program effective July 28, 2009, and the elimination of the "at risk" eligibility category in California effective October 1, 2009. The change in sample data reflects the higher percentage of children entering the Early Start program with significant delays in multiple domain areas. It is important to highlight the progress from the baseline year of 2008 through 2009 and into this year's 2010 data which shows increasing percentages of children making developmental improvements after participating in Early Start.

Table 2: Comparison of FFY 2010 Data for Infants and Toddlers Exiting to FFY 2009 Data Measurable and Rigorous Targets for: Baseline (FFY 2008), FFY 2010, FFY 2011 and FFY 2012

(FFY 2010 excludes at-risk children)

| Summary Statements | 2008 Baseline (Adjusted) ¹ | FFY 2009 Actual % of Children | FFY 2010 Actual % of Children | Targets for FFY 2010 | Targets for FFY 2011 | Targets for FFY 2012 |
|--|---------------------------------------|-------------------------------|-------------------------------|----------------------|----------------------|----------------------|
| Outcome A: Positive social-emotional skills (including social relationships) | | | | | | |
| 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 $[(c + d) / (a+b+c+d) \times 100]$ | 38.8% | 46.9% | 42.19% | 39.8% | 39.81% | 39.82% |
| 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 $[(d + e) / (a+b+c+d+e) \times 100]$ | 76.4% | 72.5% | 62.28% | 77.0% | 77.01% | 77.02% |
| Outcome B: Acquisition and use of knowledge and skills (including early language/ communication and early literacy) | | | | | | |
| 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 $[(c + d) / (a+b+c+d) \times 100]$ | 42.4% | 43.9% | 41.81% | 43.4% | 43.41% | 43.42% |
| 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 $[(d + e) / (a+b+c+d+e) \times 100]$ | 68.0% | 64.2% | 46.14% | 69.0% | 69.01% | 69.02% |
| Outcome C: Use of appropriate behaviors to meet their needs | | | | | | |
| 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 $[(c + d) / (a+b+c+d) \times 100]$ | 33.2% | 41.4% | 37.44% | 34.02% | 34.03% | 34.04% |
| 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 $[(d + e) / (a+b+c+d+e) \times 100]$ | 71.0% | 67.8% | 57.55% | 72.0% | 72.01% | 72.02% |

¹ "Adjusted" baseline excludes at-risk children who no longer qualify for Part C services in California.

Comments/Analysis on the Data Table 2: Table 1 displays the data from the entire sample for the three functional areas distributed across the five improvement categories. Table 2 displays progress data for two groups of children summarized as those children who: 1) made “substantial” improvements in functioning in each of the three developmental areas; and 2) exited the program functioning at age levels.

Summary Statement #1 in each of the outcome areas on this table shows a 2 to 5 percent decrease of children demonstrating “substantial” improvements. In Outcome areas A and C, the percentage of children meeting the first Summary Statement exceeded California’s measurable and rigorous target for FFY 2010 (2.39 percent and 3.42 percent respectively). In Outcome area B, the percentage of children meeting the first Summary Statement is 1.59 percent less than the target for FFY 2010. All categories show slippage from FFY 2009. However, as mentioned earlier, the FFY 2010 data do not include those children “at-risk” who were served under Early Start until FFY 2009.

Summary Statement #2 in each of the outcome areas showed a significant decrease in FFY 2010. Each area shows a negative change in the percent of children who were functioning within age expectations in the outcome area by the time the child exited the program at three years old. These decreases also represent percentages below the targets in all three developmental domain areas. As with the above, these changes are interpreted as an expression of the changes in the eligibility criteria in the previous fiscal year. Due to the multiple year participation in Part C services for many children in the program, it is expected that these changes in eligibility criteria may show corresponding decreasing percentages in the outcomes data over multiple reporting years. Trend data will be more representative of actual child outcomes when the data becomes more stable with universal reporting.

The initiation of universal data collection may show improvements in the data results when reporting a larger percentage of children participating in Part C services. The analysis for the next fiscal year will be able to test this assumption. It is also expected that the summary results will stabilize when universal data are well established and systematic changes can be analyzed with more reliability since there would be less variability in the sample composition and size.

Summary of progress data sorted by diagnosis – Tables 3, 4, 5 and 6: The analysis of child progress relative to three commonly-diagnosed conditions: Autism, Cerebral Palsy, and Down Syndrome, yields a much different profile than the aggregate data for the entire sample. As expected, an analysis by diagnosis reflects the characteristics inherent in the diagnostic conditions: physical impairments hinder self-help progress for the child with Cerebral Palsy, limited communication skills hinder social/emotional development for children with Autism, and children with Down Syndrome at age three demonstrate pervasive delays across all three developmental areas reported in the APR. It is expected that the full implementation of the ESR will provide California with significant data for children with the most common diagnoses.

A discussion of these data follows Table 6.

TABLE 3. All Children N = 1543

| | 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 | 97 | 6.3% | 33 | 2.1% | 75 | 4.9% |
| b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 447 | 29.0% | 727 | 47.1% | 545 | 35.3% |
| c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach | 38 | 2.5% | 71 | 4.6% | 35 | 2.3% |
| d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers | 359 | 23.3% | 475 | 30.8% | 336 | 21.8% |
| e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers | 602 | 39.0% | 237 | 15.4% | 552 | 35.8% |
| TOTAL | 1543 | 100.0% | 1543 | 100.0% | 1543 | 100.0% |
| SUMMARY STATEMENTS | | | | | | |
| 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. | | 42.2% | | 41.8% | | 37.4% |
| 2. Percent of children who were functioning within age expectations in [outcome], by the time they exited. | | 62.3% | | 46.1% | | 57.6% |

TABLE 4. Children with Autism N = 152

| | 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 | 38 | 25.0% | 13 | 8.6% | 24 | 15.8% |
| b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 68 | 44.7% | 103 | 67.8% | 89 | 58.6% |
| c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach | 13 | 8.6% | 9 | 5.9% | 5 | 3.3% |
| d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers | 15 | 9.9% | 19 | 12.5% | 19 | 12.5% |
| e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers | 18 | 11.8% | 8 | 5.3% | 15 | 9.9% |
| TOTAL | 152 | 100.0% | 152 | 100.0% | 152 | 100.0% |
| SUMMARY STATEMENTS | | | | | | |
| 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. | | 20.9% | | 19.4% | | 17.5% |
| 2. Percent of children who were functioning within age expectations in [outcome], by the time they exited. | | 21.7% | | 17.8% | | 22.4% |

TABLE 5. Children with Cerebral Palsy N = 36

| | 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 | 11.1% | 3 | 8.3% | 4 | 11.1% |
| b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 23 | 63.9% | 29 | 80.6% | 27 | 75.0% |
| 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% | 1 | 2.8% |
| d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers | 4 | 11.1% | 4 | 11.1% | 3 | 8.3% |
| e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers | 5 | 13.9% | 0 | 0.0% | 1 | 2.8% |
| TOTAL | 36 | 100.0% | 36 | 100.0% | 36 | 100.0% |
| SUMMARY STATEMENTS | | | | | | |
| 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. | | 12.9% | | 11.1% | | 11.4% |
| 2. Percent of children who were functioning within age expectations in [outcome], by the time they exited. | | 25.0% | | 11.1% | | 11.1% |

TABLE 6. Children with Down Syndrome N = 41

| | 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 | 2.4% | 2 | 4.9% | 1 | 2.4% |
| b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 27 | 65.9% | 39 | 95.1% | 32 | 78.0% |
| 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 | 8 | 19.5% | 0 | 0.0% | 6 | 14.6% |
| e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers | 5 | 12.2% | 0 | 0.0% | 2 | 4.9% |
| TOTAL | 41 | 100.0% | 41 | 100.0% | 41 | 100.0% |
| SUMMARY STATEMENTS | | | | | | |
| 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. | | 22.2% | | 0.0% | | 15.4% |
| 2. Percent of children who were functioning within age expectations in [outcome], by the time they exited. | | 31.7% | | 0.0% | | 19.5% |

Comments/Analysis on Tables 3, 4, 5 and 6: Table 3 displays Outcome Measures and Summary Statements for the entire sample. Tables 4, 5 and 6 provide the same data for children with specific diagnoses of Autism, Cerebral Palsy and Down Syndrome.

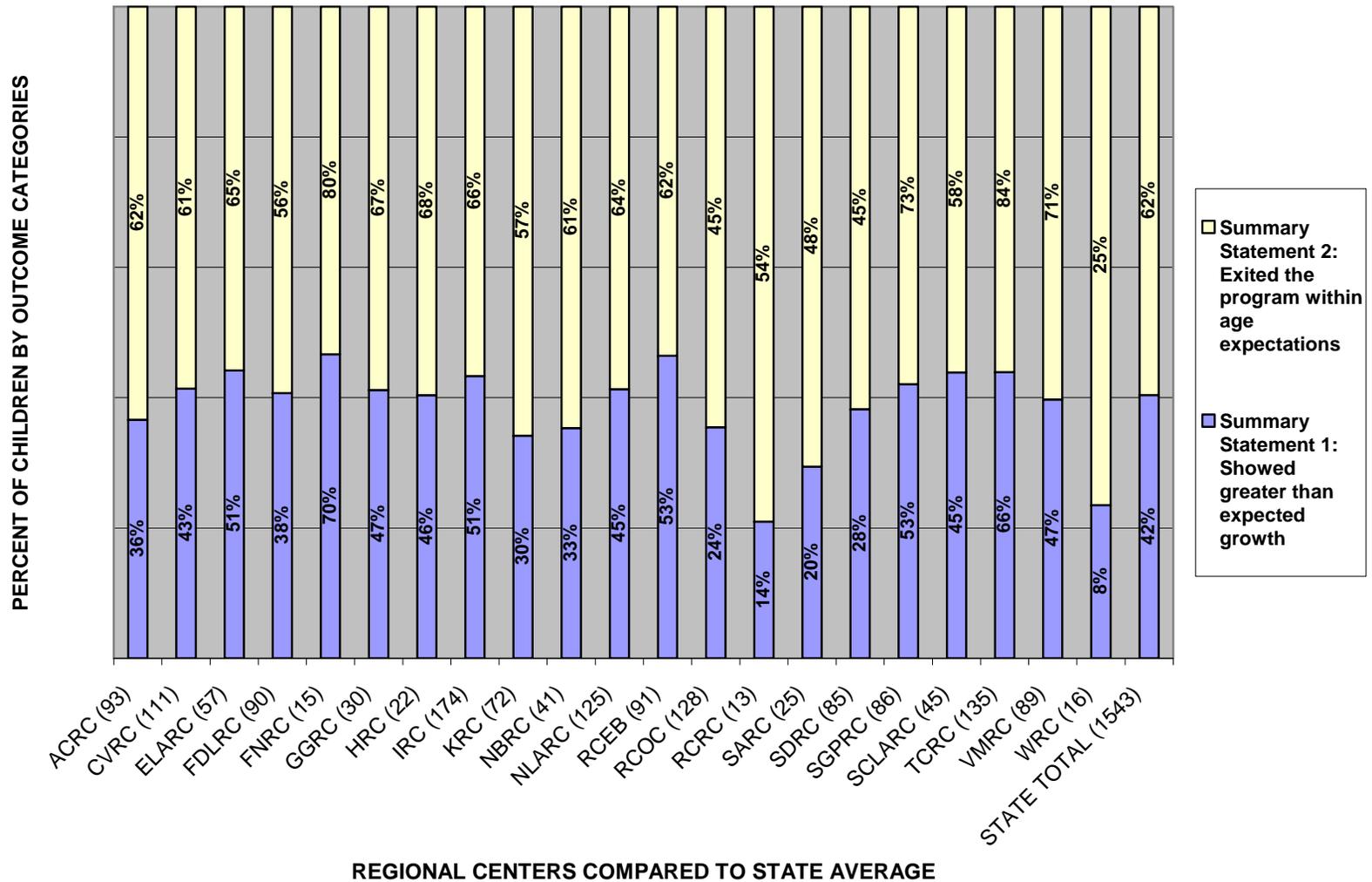
The overall rate at which the above diagnoses occurred in the FFY 2010 sample data is slightly higher than the rate of occurrence in the FFY 2009 sample data (14.8 percent in FFY 2010 minus 13.1 percent in FFY 2009 equals 1.7 percent). However, the increase in children with a diagnosis of autism is significantly higher in the FFY 2010 sample (9.9 percent in FFY 2010 minus 6.9 percent in FFY 2009 equals 3 percent). While this is indicative of the increasing incidence of Autism, it also reflects the changing population in California's Early Start program. The elimination of at-risk children and narrowed eligibility criteria, effective in FFY 2009, resulted in a population with more significant delays and service needs.

The data in Table 4 represent the 152 toddlers from the random sample with an eventual diagnosis of Autism before leaving the program at age 36 months. In the overall sample, 35.26 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, 69.74 percent of the children performed in these two lowest improvement categories. (These percentages were similar, 25.5 percent and 65 percent respectively, in the FFY 2009 APR). We observe similar differences in "Use of Knowledge and Skills" and "Adaptive/Self Help" functional areas (49.26 percent total sample vs. 76.31 percent Autism subgroup and 40.18 percent total sample vs. 74.34 percent Autism subgroup). Although the overall sample of children has a higher percentage of children in the lowest improvement categories, there continues to be over 25 percent spread between the Early Start overall population and the toddlers than have been diagnosed with a form of autism.

Predictably, the Table 5 sub-sample of children with Cerebral Palsy (total=36) scored the lowest in Adaptive/Self Help (Taking Appropriate Action to Meet Needs) with a total of 86 percent showing no improvement or little improvement but no nearer same age peers. Similarly, for the children with a diagnosis of Down Syndrome (total=41) displayed in Table 6, a slight improvement is seen in all three functional areas, but a substantial number (66 to 95%) are functioning no nearer their typical age peers in the three developmental areas upon exiting the program at 36 months.

Program-to-Program Comparisons: The following three graphs display the program specific data on OSEP-defined child progress categories Summary Statement #1 and Summary Statement #2 for the three designated areas: Social/Emotional, Knowledge/Skills, and Behavior/Adaptive broken out by RC.

2010/2011 CHILD OUTCOME SUMMARIES BY RCs RE: SOCIAL/EMOTIONAL



Social/Emotional: One area affecting the collection of child outcomes data in the Social/Emotional domain during FFY 2010 was identified as incomplete data sets. RCs have been assessing children upon entrance to Early Start, periodically during the time they receive Early Start services, and again upon exit. However, there has been an inconsistent recording of all developmental domains as a functional age. This practice is often due to scores at entry being normal in range, no services being requested, and no outcome data being completed upon exit in that domain. When the child outcomes data do not include functional age scores in all domains, the scores for that child are not included in the APR data set in order to maintain that the data represent children assessed in all developmental domains. Many RCs have had assessment data recorded in other formats such as narrative descriptions, scaled scores, or percentile ranks. This resulted in many of the child outcomes data sets being excluded as incomplete.

The greatest variance across local programs appears for those children who improved in functioning but not enough to move nearer to functioning comparable to same age peers. This variance may be an artifact of the success of some RCs in obtaining parental consent for evaluations for children continuing in RC programs. However, Early Start staff collecting data during site visits noted a lower percentage of parents consenting to additional assessments when their children are functioning closer to age level. Anecdotally, it was observed that children entering the program with only one developmental domain area of concern (i.e., communication) and age appropriate in all other areas did not have functional age scores recorded on exit for all developmental domains.

Summary Statements #1 and #2 show a wide local variance of results for this domain. Summary Statement #1 has a range from eight to 70 percent for local programs. The State average is 42.19 percent which is higher than the target set in the SPP for FFY 2010 at 39.8 percent. Summary Statement #2 has a range from 25 to 84 percent for local programs. The State average is 62.28 percent which is lower than the target set in the SPP for FFY 2010 at 77 percent. The outliers of low percentages and some of the high percentages are those regions with a low sample size. Examples of the outliers are Far Northern Regional Center (FNRC), Redwood Coast Regional Center (RCRC), and Westside Regional Center (WRC) which all have sample sizes that are less than 20 children for this reporting year. FNRC and RCRC are located in remote areas of California which serve a smaller number of children when compared to other RCs. San Andreas Regional Center (SARC) is also an outlier for Summary Statement #1 in this domain with a small sample size of 25 children and it is suspected that this local sample does not represent the cross-section of children served in this region.

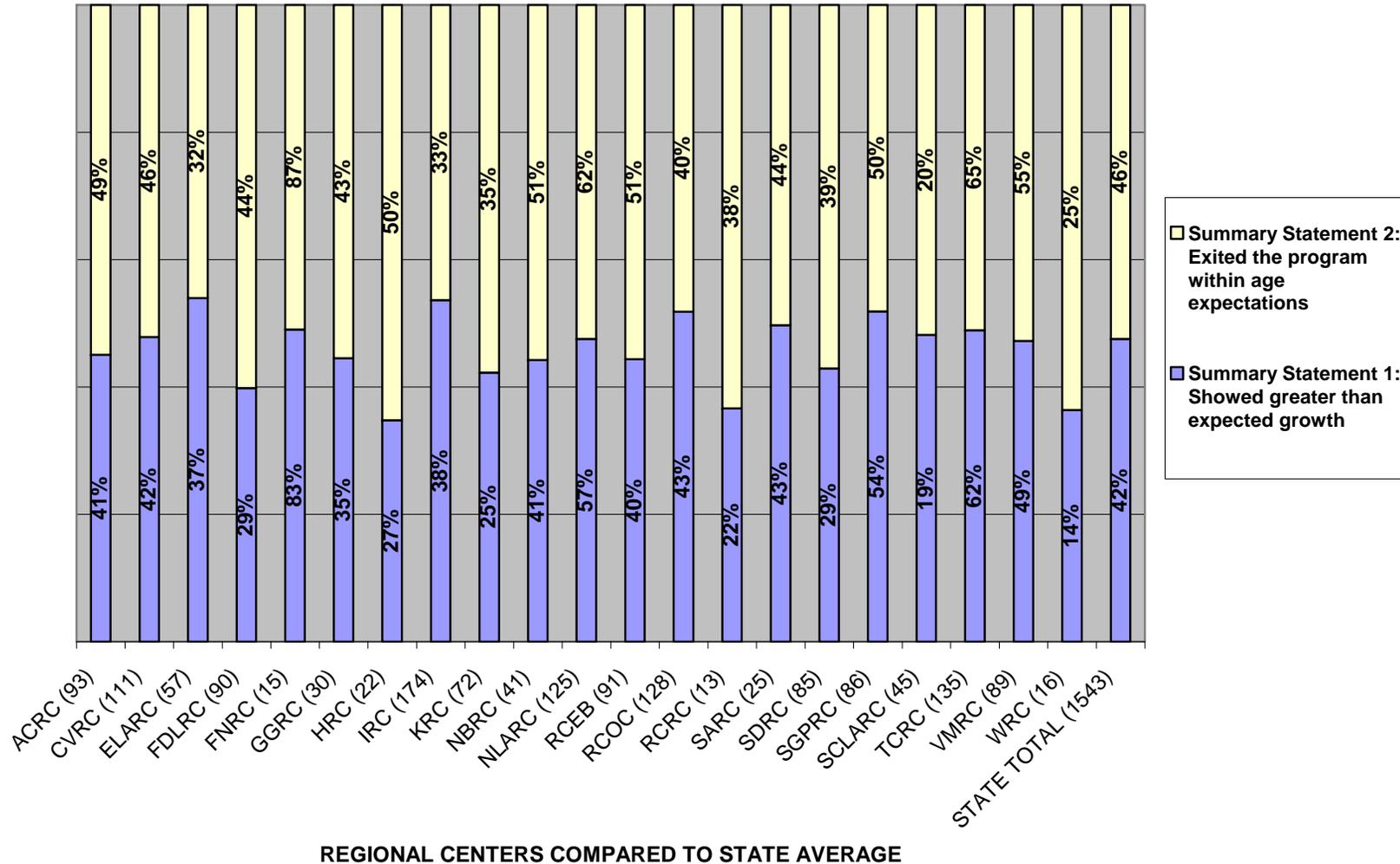
Improvement Activity: Discussions have begun with RCs and the lead-agency staff regarding the collection of child outcomes expressed in functional age and recorded in the new ESR. Continued training and technical assistance is planned to improve the documentation of child outcomes data into the ESR. The ESR also makes the shift of the collection of child outcomes data from the lead-agency staff collecting data to the

local level having responsibility for the collection of these data by way of the ESR. This tool will bring increased awareness and accessibility to the local agencies for the data documenting the outcomes in functional age scores for all children participating in Part C services.

The scores that are low due to small sample sizes are already showing improvement for the fiscal year in progress. For the coming year, FNRC, RCRC, and WRC all have increased sample sizes in the ESR. By reporting on a higher percentage of participating children, the percentages of success as summarized in Summary Statements #1 and #2 are expected to better represent the outcomes of the local participating populations.

2010/2011 CHILD OUTCOME SUMMARIES BY RC RE: KNOWLEDGE & SKILLS

PERCENT OF CHILDREN BY OUTCOME SUMMARIES



Knowledge and use of skills, including cognitive and communication: The greatest variance across local programs for the Knowledge/Skills domain also appears in children who improved in functioning but not enough to move nearer to functioning comparable to same age peers. This variance may be an artifact of the success of some RCs in obtaining parental consent for evaluations for children continuing in RC programs. However, it was observed by Early Start staff collecting data in the field that a lower number of parents consent to additional assessments when their children are functioning closer to age level.

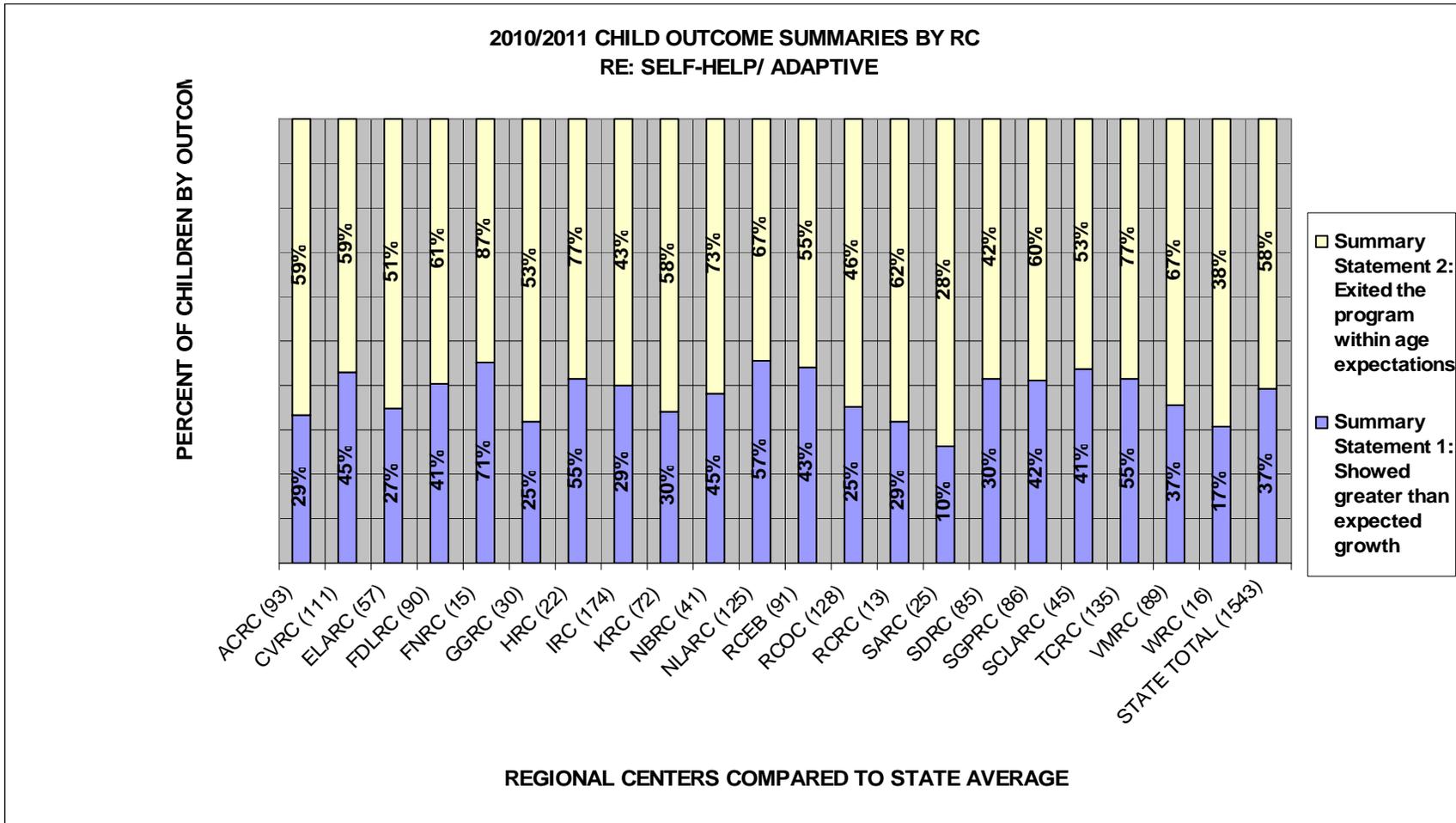
The narrowing of eligibility criteria is interpreted to be an influential factor in the percentages of children that have improved functioning comparable to same age peers. This factor increases the acuity of the Early Start population and although many children receiving Part C services are showing improvement with appropriate interventions, the rate of improvement on a statewide level, has not met the expectations of the SPP projections. It is possible that the SPP projections underestimated the impact of the eligibility criteria change which began in FFY 2009 when the at-risk population was no longer eligible.

Summary Statements #1 and #2 show a wide local variance of results for this domain. Summary Statement #1 has a range from 14 to 83 percent for local programs. The State average is 41.81 percent which is slightly lower than the target set in the SPP for FFY 2010 at 43.4 percent. Summary Statement #2 has a range from 20 to 86.6 percent for local programs. The State average for Summary Statement #2 is 46.41 percent which is lower than the target set in the SPP for FFY 2010 at 69 percent.

FNRC, RCRC, and WRC are represented as outliers in these developmental domains with small sub-samples as the most likely explanation of the data variations. South Central Los Angeles Regional Center (SCLARC) and Kern Regional Center (KRC) are also outliers for this domain. By identifying data outliers, DDS will be able to address problem-solving analysis on a RC basis and provide technical assistance for specific improvement activities.

Improvement Activity: The scores that are low due to small sample sizes are already showing improvement for the fiscal year in progress. FNRC, RCRC, WRC, SCLARC, and KRC all have increased sample sizes in the ESR for the coming year. By reporting on a higher percentage of participating children, the percentages of success as summarized in Summary Statements #1 and #2 are expected to better represent the outcomes of the local participating populations.

Further, with the narrowing of eligibility criteria for Early Start, we anticipate that specific diagnoses (e.g., Autism, Down Syndrome) will be documented earlier as families may benefit from a wider array of services under the State's Lanterman Developmental Disabilities Services Act.



Self-help/Adaptive: The greatest variance across local programs appears in the category of children who improved in functioning but not sufficient to move nearer to functioning comparable to same age peers for the Self-help/Adaptive domain. This variance may be an artifact of the success of some RCs in obtaining parental consent for evaluations for children continuing in RC programs. However, a lower number of parents are consenting to additional assessments when their children are functioning closer to age level.

Several regions demonstrated relatively less improvement scores toward typical age (i.e., improvement categories d. and e.) in this domain as well. Some factors that have been considered to contribute to the lowest percentages include small sample size, parents refusing exit evaluations, the developmental level not recorded as a functional age and the selection of a particular evaluation method. SARC and WRC are outliers for Summary Statements #1 and #2. Golden Gate Regional Center (GGRC) is also an outlier for Summary Statement #2. It is expected that a larger number of completed child outcome data sets in these local areas will show improvement in future reporting.

DDS will review the data showing relatively low improvement numbers with each RC to identify possible systematic factors and proceed accordingly. The ESR will assist in identifying systemic issues by enabling DDS to evaluate outcome data at each RC.

The State's ability to meet targets for FFY 2010 was affected by the delay in the full implementation of the universal data system as well as the following factors:

Changes in Eligibility. California narrowed its eligibility criteria for the Part C program in FFY 2009. The State budget crisis and lack of federal funding to serve children who were solely "at risk" for delay or disability, resulted in the statutory elimination of this discretionary eligibility category from Early Start. Thus, in determining improvement targets for Indicator 3, DDS is selectively referencing the current improvement data from the stratified random sample. Data are included for children with delays and those who are eligible under "established risk;" however, data for children who were served in the "at-risk" category were excluded.

Fiscal Cutbacks in Most Community Agencies. Many community agencies making referrals to the Early Start program continue to experience fiscal reductions, which 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.) now receive fewer support services due to the many fiscal cutbacks. These reductions may also impact developmental outcomes for children in the Early Start program.

Improvement Activities Completed During FY 2010:

In addition to the improvement activities listed under each of the graphs in the “Program-to-Program Comparisons” section above, implementation of the revised ESR will provide the State with universal child outcomes data as implementation becomes fully realized. The ESR will make it possible for California to report child outcomes data for Indicator C-3 with a higher percentage of the children exiting Early Start. California will continue to work toward documenting functional age levels on all children participating in Early Start. A quick review of the data already entered into the ESR for FFY 2011 is showing a significant improvement of the percentage of children served with complete data sets. During the first six months of this fiscal year, over 3,900 complete child outcomes data sets have been entered into the data system. This is growing steadily with all RCs now participating.

It is expected that the quality of data for California will continue to improve due the improvements made to data collection, to the higher percentage of children served being reported in the ESR and new efforts directed toward training and technical assistance opportunities at the local level.

Revisions, with Justification, to Proposed Targets, Improvement Activities / Timelines / Resources for FFY 2011:

California does not propose any revisions to this indicator.

Part C State Annual Performance Report (APR) for 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

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 |
|---|--|
| <p>2010 (2010-2011)</p> | <p>4-A. 50.5 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. 44.5 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. 73.7 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 FFY 2010:

The FFY 2010 data indicate that California once again exceeded the measurable and rigorous targets for this indicator. A comparison of FFY 2010 data with FFY 2009 shows gains in A and C and slippage in B (A=79.6 in 2009 and 83.7 in 2010; B= 88.6 in 2009 and 87.5 in 2010; and, C=90.5 in 2009 and 91.2 in 2010).

Additionally, mean scores for each of the questions indicated 5 (Good) and higher, indicating that families felt good about and were pleased with Early Start services

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for 2010:

DDS employed an adapted version of the *Family Outcomes Survey* (FOS Revised Part C, 2006)² to gather and analyze Indicator 4 data for FFY 2010. The FOS focused on three specific questions as a self-report survey. The questions were designed to be easy to understand and are 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 Likert scale (1= Poor to 7=Excellent). Families were asked to read each question and circle the number that “best describes your family right now.” Raspa, Hebbler, and Bailey (2009)³ recommend using a cutoff point of 5 (Good) and calculating the percentage of responses that are 5 (good) and higher for OSEP data reporting purposes (see Figure 1). Analysis of family survey response data indicates that California met its 2010 Indicator 4 target for each of the three sub-indicators, as indicated below:

| INDICATOR 4 | | | |
|---|--------------|----------------|-----------|
| Percent of families participating in part C who report that early intervention services have helped the family: | 2010 TARGETS | SURVEY RESULTS | Frequency |
| A. Know their rights. | 50.5% | 83.0% | 1450 |
| B. Effectively communicate their children’s needs. | 44.5% | 87.5% | 1536 |
| C. Help their children develop and learn. | 73.5% | 91.2% | 1598 |

² 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..>

³ 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.

Sampling Plan and Survey Methodology: DDS drew a random sample on the total population (approximately 27,000 families) of California’s Early Start families whose children were currently receiving services from local programs and had been in the program for at least six months at a specific point in time (May 2011). These selection criteria yielded a sample of approximately 16,466 families. DDS used systematic sampling procedures to stratify a random sample of 6,000 families 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 percent and an estimated response rate of 20.6 percent to achieve significance. Results indicated that the Asian, Hispanic, White, and ‘Declined to State’ subgroups achieved the response rates needed to indicate a representative sample (see Table 1). However, the African American and Native American subgroups did not achieve the response rates needed to adequately represent these families in our State.

| Table 1. Response Rate by Ethnicity | | | | | |
|--|----------------------|---|------------------|----------------------|----------------------|
| Ethnicity | Survey Sample | Number Needed for 90% Confidence | Frequency | Return Needed | Response Rate |
| Asian | 1,146 | 224 | 400 | 19.5% | 34.9% |
| Black | 912 | 209 | 201 | 22.9% | 22.0% |
| Hispanic | 1,340 | 262 | 350 | 19.6% | 26.1% |
| Native American | 43 | 38 | 8 | 88.4% | 18.6% |
| White | 1,300 | 254 | 434 | 19.5% | 33.3% |
| Declined to State | 1,259 | 246 | 364 | 19.5% | 28.9% |
| TOTAL | 6,000 | 1,233 | 1,757 | 20.6% | 29.2% |

DDS employed Dillman’s tailored design method (2009)⁴ for the most recent survey distribution and collection. Six thousand packets were mailed to families via the United States Postal Service (USPS) in May 2011 (see Attachment C). All included cover letters and surveys in English, Spanish and Chinese, and a stamped, self-addressed return envelope. Follow-up postcard reminders were sent four days after the initial survey mailing. One thousand seven hundred and fifty-seven (1,757) valid surveys were returned, yielding an overall response rate of 29.2 percent. Surveys were excluded from the analysis if all three questions were left unanswered and data was considered missing if an item was left unanswered or responses were unclear (e.g., a parent circled two numbers on one rating scale). DDS noted that 250 addresses from the stratified sample were considered “bad addresses” in that the USPS did not recognize them as valid. Additionally, 170 surveys were labeled “Return to Sender.” These elements are discussed in

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

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

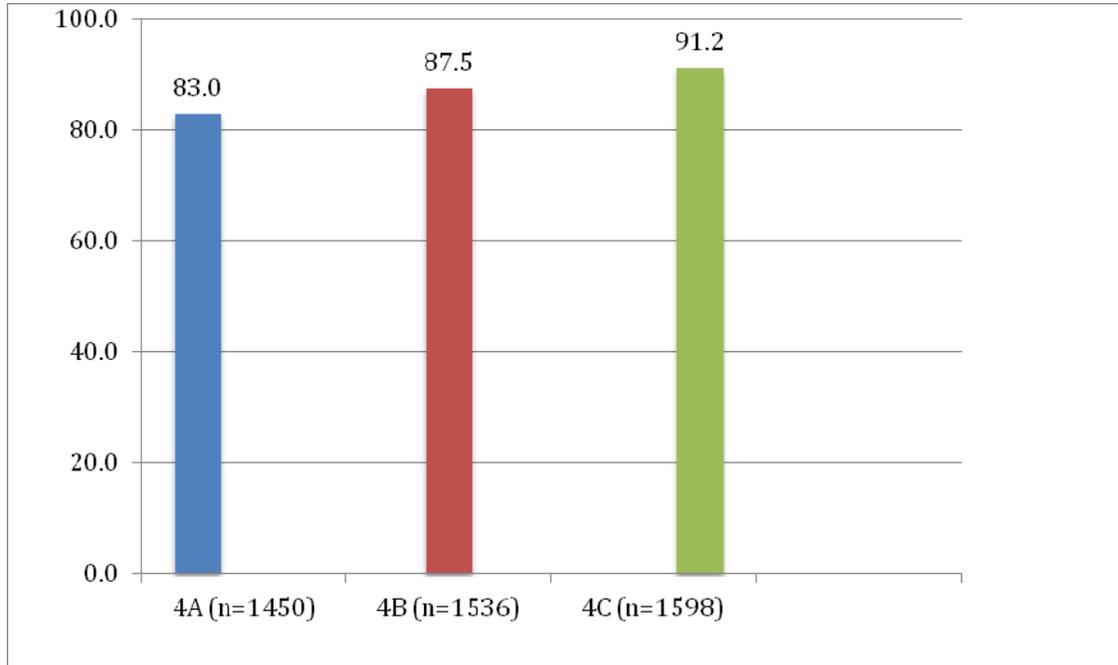
Results: Table 2 displays mean scores for the three survey items. Mean scores indicated that, overall, families feel “Good” about Early Start services helping them to know their rights ($M=5.58$); effectively communicate their children’s needs ($M=5.88$); and help their children develop and learn ($M=6.14$).

Table 2. Frequency Distribution and Mean Scores by Question

| QUESTION | Frequency (N=1757) | Percent Responses | Mean | Standard Deviation |
|---|--------------------|------------------------------|------|--------------------|
| 1. To what extent has early intervention helped your family know and understand your rights? | 1750 | 99.6% (missing cases = 7) | 5.58 | 1.53 |
| 2. To what extent has early intervention helped your family effectively communicate your child's needs? | 1754 | 99.8% (missing cases = 3) | 5.88 | 1.36 |
| 3. To what extent has early intervention helped your family be able to help your child develop and learn? | 1752 | 99.7% (missing cases = 5) | 6.14 | 1.27 |

Figure 1 illustrates the percentage of families reporting a rating of 5 (Good) and greater by question (sub-indicators A, B, and C). There were moderate to large percentages indicating families felt “Good” about each of the items.

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



Families of Children Diagnosed with Solely Low Incidence (SLI) Disabilities:

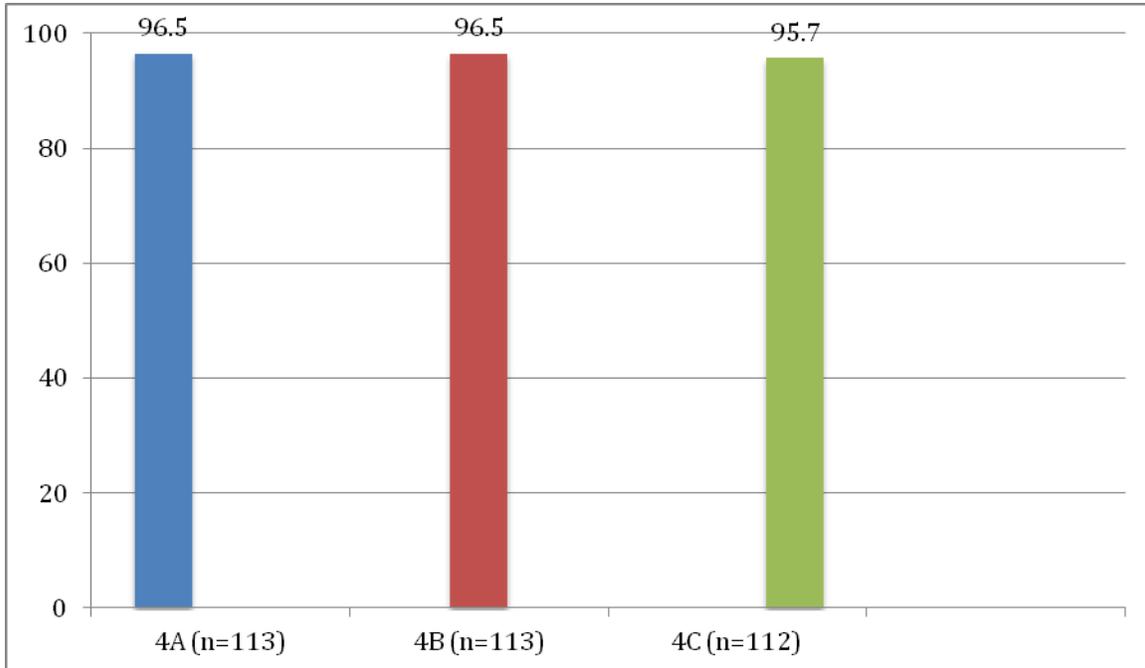
To measure the responses of families of children with SLI disabilities (a separate subset of families who are served and monitored by CDE), served by local education agencies only, identical cover letters and surveys were provided in an online format to the total population of families (N=1,600) by CDE. One hundred seventeen families (117) families responded to the survey yielding a response rate of 7.3 percent. Because this response rate is lower than anticipated, it is not possible to determine representativeness for this subset of families. Strategies for improving response rate are discussed in Improvement Activities. Mean ratings demonstrated by Early Start families, indicated that overall, families of children with SLI disabilities rated between “Good” and “Excellent” for all three items.

Specifically, they reported:

- (a) Question 1 ($M=6.58$);
- (b) Question 2 ($M=6.62$); and
- (c) Question 3 ($M=6.64$).

Figure 2 displays the percentage of families of children with low incidence disabilities responding 5 (Good) and higher to the three items.

Figure 2: Percentage of SLI Families Responding 5 (Good) and Higher by Question



Means by Regional Center: In addition to reporting the means of responses by question, DDS demarcated the three question means by RC (see Table 3). With the exception of two RC’s mean responses to Question 1 ($M=4.89$ and $M=4.97$), all means indicated a response of 5 (Good) or higher indicating that families are expressing more satisfaction and are achieving more positive outcomes with Early Start services helping them to know their rights, effectively communicate their children’s needs, and help their children develop and learn.

| Regional Center | Number of Respondents | 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? | 3. To what extent has early intervention helped your family be able to help your child develop and learn? |
|-----------------|-----------------------|--|---|---|
| | | Mean | | |
| ACRC | 91 | 5.66 | 5.98 | 6.26 |
| CVRC | 68 | 5.96 | 6.27 | 6.52 |
| ELARC | 54 | 5.90 | 6.20 | 6.40 |
| FDLRC | 79 | 4.89 | 5.52 | 6.06 |
| FNRC | 34 | 5.65 | 6.03 | 6.12 |
| GGRC | 76 | 5.17 | 5.59 | 5.92 |
| HRC | 65 | 5.12 | 5.35 | 5.62 |
| IRC | 133 | 5.59 | 6.04 | 6.23 |
| KRC | 31 | 5.87 | 6.16 | 6.29 |
| NBRC | 40 | 5.82 | 6.15 | 6.35 |
| NLACRC | 140 | 5.74 | 5.91 | 6.27 |
| RCEB | 128 | 5.50 | 5.94 | 6.09 |
| RCOC | 207 | 5.59 | 5.76 | 5.94 |
| RCRC | 11 | 6.00 | 6.09 | 6.36 |
| SARC | 104 | 5.68 | 5.84 | 6.19 |
| SCLARC | 39 | 4.97 | 5.33 | 5.82 |
| SDRC | 141 | 5.73 | 6.04 | 6.27 |
| SGPRC | 67 | 5.61 | 5.98 | 6.16 |
| TCRC | 111 | 5.73 | 6.09 | 6.23 |
| VMRC | 86 | 5.89 | 6.00 | 6.08 |
| WRC | 51 | 4.94 | 5.17 | 5.94 |

Improvement Activities Completed During FFY 2010:

DDS initiated improvement activities in FFY 2010 to increase the family survey response rate. The net effect of these activities was an increase of 326 responses (1,757 in FFY 2010 minus 1,431 in FFY 2009 equals 326). Strategies were as follows:

- DDS increased the size of the stratified random sample from 5,000 in FFY 2009 to 6,000 in FFY 2010.
- DDS worked more closely with RCs and local family resource centers to inform them that the surveys were coming, to help communicate to families the importance of the survey, and to remind parents to complete the survey.

- To increase the response rate of Chinese families, DDS translated the survey materials into Chinese. DDS received two surveys completed in written Chinese, so this improvement activity did not increase the population of monolingual Chinese respondents as anticipated. Anecdotally, DDS was informed by various RC and FRC contacts that these families often rely on English speaking friends or family to complete and submit the English version of the survey.

DDS also identified an issue with inaccurate addresses. A list of those addresses not recognized as valid by the USPS or returned as “Return to Sender” will be provided to each RC to update or correct. DDS proposes to work closely with the RCs to identify the causes of returned surveys. Also, as provided in the SPP, DDS will continue efforts to expand and enhance data obtained through future surveys. A focus will be on reporting statistically-significant low-incidence data from local education agencies and eliciting more responses by ethnicity groups

Contributing significantly to the State's favorable outcomes in this area is California's CSPD. The CSPD is engaged in many wide-ranging personnel development, training, and skill-building activities that directly impact this indicator. The CSPD materials and training promote a philosophy emphasizing family education and empowerment as a highly effective means of delivering services to families, and are focused specifically on evidence-based and family-centered content. For a detailed description of the CSPD and other ongoing State activities that support progress on this indicator, see Attachment B.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2011:

DDS proposes no changes to the State's targets as described in the SPP. They remain at: 51 percent, 45 percent, and 75 percent for FFY 2011 and 51.5 percent, 45.5 percent, and 75.5 percent for FFY 2012.

Part C State Annual Performance Report (APR) for 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to one 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 |
|-----------------------------|--|
| 2010 (2010-2011) | .96% of infants and toddlers birth to one in California will have IFSPs. |

Actual Target Data for FFY 2010:

The percentage of California’s under-one-year-of-age population with IFSPs was .65 percent in FFY 2010 (3,192 divided by 494,058, times 100). This figure is .31 percent below the State’s measurable and rigorous target of .96 percent for FFY 2010, and .37 percent below the national average of 1.02 percent. National average data are derived from OSEP 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 2010.”*

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010:

The Indicator 5 measurable and rigorous target for FFY 2010 was revised to .96 percent from .95 percent in FFY 2009 as required by OSEP to demonstrate the State’s commitment to continuous improvement. In FFY 2009, California exceeded the target of .95 with actual performance of .98. In FFY 2010, a number of factors resulted in slippage of .33 percent (.98 minus .65 equals .33).

First and foremost among the factors is the enactment of a combination of new California laws that narrowed the definition for eligibility under Part C. These statutory changes eliminated “at-risk” as a qualifying condition for Part C services, and also restricted eligibility under the “developmental delay” category. These “at-

risk” and less “delayed” children that were no longer eligible for Part C were served, albeit in a more limited way, through the RCs in the State-funded Prevention Program, and are not included in any Part C child counts. In June 2011, the RCs were serving 3,159 children less than 36 months of age through the Prevention Program.

Another factor contributing to the slippage in this indicator is the inability of DDS to obtain data on children with SLI disabilities served under Part C by CDE. DDS is still working with CDE to obtain these data. The slippage in this indicator reflects the absence of these data.

Also of interest is the declining birth rate for FFY 2010. Whereas there were 554,411 births during FFY 2009, in FFY 2010 that number was 494,058 (a reduction of more than 60,000 births).

Improvement Activities Completed During FFY 2010: Despite serious financial challenges and the resulting program policy changes that transpired in FFY 2009 and continued into FFY 2010, the Early Start program is continuing its aggressive interagency Child-Find activities. California continues to operate a statewide, comprehensive public awareness, education, and Child-Find system that operates collectively through its RCs, Local Education Agencies (LEAs), and family resource centers. These activities are mandated by State law and/or required by contract, with efforts supported and augmented, as follows:

Materials Distribution: As part of education and resource development and dissemination, the *Reasons for Concern* brochure is located on DDS’ Early Start website at www.dds.ca.gov/EarlyStart. The brochure is also posted on CDE’s website, DDS’ partner for Part C in California, at www.cde.ca.gov/sp/se/fp/concerns.asp. Hard copies of the brochure can be ordered in five languages through WestEd. The *Reasons for Concern* brochure offers families and providers information about developmental milestones and situations that may warrant further evaluation. During FFY 2010, 33,529 hard copy brochures were distributed.

Many other DDS Early Start product reprints (in different languages) focus on outreach and referral information and an emphasis on providing material to California’s immigrant population. DDS disseminates a total of 47 different Early Start program products. During FFY 2010, 54,058 Early Start materials were ordered, including the brochure noted above. Eight of these products are printed in English and four other languages, including Spanish, Chinese, Vietnamese, and Hmong. The number of items distributed is as follows:

- ICC Annual Performance Report - 49
- Autism Spectrum Disorders - 7
- Central Directory - 821
- *Starting Out Together* – 2,015 Spanish, and 160 Vietnamese

- *Family Introduction to Early Start* - 5,411 Spanish, 250 Vietnamese, 150 English, and 10 Chinese
- *Family Resource Center* brochure - 4,429 English, 3,214 Spanish, 160 Vietnamese, and 150 Chinese
- *Parents' Rights* - 400 Vietnamese, 150 Chinese, and 2 Spanish
- *Early Start Fact Sheets* (nine individual handouts) - 297
- *Reasons for Concern* - 19,052 English, 12,042 Spanish, 1,030 Chinese, 530 Vietnamese, and 875 Hmong
- *The Role of the Health Care Provider* - 1,753

The number of outreach materials DDS disseminated in FFY 2010 decreased for several reasons. First and foremost, the following products required revision to include language about the eligibility changes: 1) *Starting Out Together*, 2) *A Family Introduction to Early Start*, 3) *Family Resource Centers and Networks*, 4) *The Primary Healthcare Provider's Role in Early Intervention*, and 5) *Parent's Rights: An Early Start Guide for Families*. This update and review took several months.

DDS also transitioned many of its printed outreach materials to the Early Start website: www.dds.ca.gov/EarlyStart/ResourceMaterials.cfm. All products are compliant with the Americans with Disabilities Act and available for download.

California Statewide Screening Collaborative (CSSC): DDS Early Start program staff participated on the CSSC. The purpose of the CSSC is to coordinate the efforts of the various State agencies, organizations, and special projects striving to enhance California's capacity to promote and deliver effective and well-coordinated health, developmental, and early mental health screenings for young children, birth to age five. The activities of the CSSC contributed to the State's coordination of Child-Find activities by:

- Improving coordination among State agencies and programs involved in early screening, identification, recognition and response activities to support the development of young children.
- Promoting the use of standardized screening tools, effective screening protocols, and increased communication among agencies and services.
- Identifying screening resources, funding and follow-up supports that promote healthy early childhood development, school readiness, positive parent-child relationships, and access to services.

The CSSC website and toolkit, which were collaboratively developed to help community partners navigate early childhood developmental screening resources and best practices in screening, are available at: www.first5ecmh.org/ Another website and toolkit available to support community-based providers and to help families obtain appropriate care and services provides tools, resources, and information to help families and providers communicate with one another when

there are developmental or behavioral concerns in young children. This website is: www.cdph.ca.gov/programs/eccs/Pages/IST-HowToUse.aspx

The CSSC also provides leadership guidance for “Project Launch,” a Substance Abuse and Mental Health Services Administration (SAMSHA) funded pilot project in Alameda County, designed to promote young child wellness (0 to 8 years) by implementing three core principles:

- A public health approach: Prevention and promotion
- A holistic perspective: All developmental domains
- An ecological framework: Healthy stable safe and supportive families, communities, and cultures.

“Project Launch” provides five core activities: Mental health consultation, increased developmental assessments across service settings, family strengthening and parent training, home visitation programs, and integration of behavioral health into primary care.

This project will use lessons learned to influence future policy for promoting young child wellness in the entire State. Project Launch in California collaborates with the California Departments of Health Care Services, Public Health, Developmental Services, Education and Mental Health to address common screening and assessment tools, improve system efficiency, and home-visiting program standards.

Newborn Hearing Screening Program (NHSP): The NHSP continues to require that every approved California Children’s Services (CCS) hospital offer hearing screenings to newborns. The latest NHSP data available from the California Department of Health Care Services is for Calendar Year (CY) 2009. During FFY 2009, 10 hospitals were certified to participate in the NHSP, bringing the total number of participating hospitals to 243. During that year, the NHSP screened 98 percent of the total births in California. Of those infants screened, 932 infants were identified with a hearing loss and 100 percent of those infants were referred to Early Start; 86 percent (805) of the infants who were referred to Early Start actually enrolled. NHSP data for CY 2010 will be available in late February 2012.

Early Start staff participates in the NHSP Quality Improvement Collaborative Team which meets biweekly. Further NHSP information can be found at: www.dhcs.ca.gov/services/nhsp.

Newborn Screening (NBS) Program

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 collaborative partner, the March of Dimes. 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 its Genetic Disease Branch on screening, referral protocols, and policies. The NBS Program does not track referral data.

Child Welfare Services – Child Abuse Prevention and Treatment Act (CAPTA)

DDS continues its collaboration with the California Department of Social Services (CDSS) to provide outreach and training to families and caregivers of infants and toddlers. This effort includes 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.

In FFY 2010, CDSS began the development of a new data tracking feature in their case management system that will track screening and referral services for all foster children, including those birth to three years, who are referred for early intervention services. This new data feature is in the development stage and will be implemented in the fall of 2013. The project is a direct result of legislation passed in 2011 associated with the CAPTA reauthorization, which mandates CDSS to gather data on the number of children referred to Early Start.

In the FFY 2010 reporting period, there were approximately 15,887 children under the age of three in foster care placement and the child welfare system. This number includes children in out-of-home placements, including kinship care. Approximately, 3.76 percent of new RC referrals each month are referred from Child Protective Services or foster care. The Child Welfare Services data are published and available at: http://cssr.berkeley.edu/ucb_childwelfare/PIT.aspx.

In FFY 2010, CDSS' Office of Child Abuse Prevention (OCAP) utilized CAPTA monies to fund the Special Start Training Program (SSTP). The purpose of this program is to train community professionals who educate biological parents, foster parents, and/or caregivers in the home environment on the special needs of the infant after discharge from Neonatal Intensive Care Units (NICUs). As prematurity and low birth weight have been on the rise in California in recent years, there has been a growing need for such training for community professionals and the families they serve. SSTP trainings were held at local NICU offices and were further expanded to include webcasting to reach an even broader audience. A sampling of SSTP webcasts are:

- *The Development of Self Regulation in the High Risk Infant.*
- *Fetal and Newborn Sensory Development.*
- *Transitioning from the NICU to Home; Parents Tell Their Stories.*
- *Medical Issues of Graduates from the NICU.*

- *Behavioral Interventions for Support of High Risk Newborns in the NICU.*
- *Behavioral Issues of Newborns after Discharge from the NICU*
- *Partnering with Families: A Strength Based and Early Relationship Approach to Home Visiting.*

These webcasts are available for viewing at www.vimeo.com/9412114.

More information about the SSTP is available at:

www.childsworld.ca.gov/res/OCAP/SpecialStartTrainingProgram_FactSheet.pdf

Neonatal Intensive Care Unit (NICU) Liaisons: RCs continued to maintain liaison activities with their local NICUs throughout FFY 2010. Liaison activities included Child-Find activities, referral intakes, and discharge planning with hospital staff to provide continuity of care between hospital and home. Ninety percent of the neonates discharged from California NICUs in 2010 (17,174) were discharged from the 128 CCS-approved NICUs, participating with the California Perinatal Quality Care Collaborative.

The California Children's Services (CCS) High Risk Infant Follow-Up (HRIF): The HRIF program identifies infants who might develop CCS-eligible conditions after discharge from a CCS-approved NICU. HRIF serves infants who may have one of the following conditions: a serious congenital infection; an endocrine, metabolic or immune disorder; a blood disorder; birth weight less than 1,500 grams; a positive urine toxicology for any drug or signs of drug toxicity or withdrawal; discharge from a neonatal intensive care unit; or a congenital anomaly or other conditions, such as intrauterine growth retardation.

These infants and their families, along with families who experience neonatal death, are referred to local health departments for follow-up services provided by public health nurses. The goals of follow-up services are to promote optimal growth and development; teach the family how to care for the high risk infant; prevent complications; decrease morbidity and mortality; reduce stress and the potential for abuse; and, ensure early identification and referral for further treatment and evaluation.

HRIF coordinators ensure that infants participating in the program receive developmental monitoring and that referrals are made to the RC when developmental concerns arise. Collaboration and referral between HRIF and numerous programs, including Primary Care, Early Intervention, Perinatal Follow-up and others, depending on family need, continued throughout FFY 2010.

California Home Visiting Program (CHVP): The Patient Protection and Affordable Care Act of 2010, the health care reform package signed into law by President Obama on March 23, 2010, provided \$1.5 billion over five years in mandatory funding for a Home Visiting Grant Program for States. The maternal, infant and early childhood home visiting programs will provide comprehensive and coordinated services to improve outcomes for families residing in identified at-risk communities.

California Department of Public Health (CDPH) was designated by the Governor as the lead agency to apply for and administer funds for a home visiting program in California. CHDP's Maternal, Child and Adolescent Health (MCAH) Division has the lead role in responding to the early childhood home visiting program grant. MCAH developed the required statewide needs assessment with input from local programs and statewide stakeholders including Early Start. Early Start has been identified as a collaborative State partner in the planning phase of the CHVP.

During FFY 2010, CHVP continued the planning phase with State partners meeting on a monthly basis. The evidence-based models that will be implemented in California were identified as Nurse Family Partnership and Healthy Families America. CHVP has identified DDS as a resource that will be included in the referral network that home visiting staff will utilize with participating families. This collaboration will also be important for Early Start's Child-Find efforts. CHVP staff will be performing developmental screenings as a regular part of the family home visits and referring children who need additional evaluation for developmental concerns to RCs.

The CHVP will be implemented at 21 sites in California. Discussions are occurring at Early Start Managers' and RC Administrators' meetings to encourage collaboration among RC staff and local public health departments. Information about the CHVP is updated on a regular basis at the following website: www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx.

Referrals: DDS' automated information systems, collects referral data from RCs for all children referred for Part C services. More than half of the total referrals made during FFY 2010 emanate from physicians and families (35.48 and 32.72 percent respectively). The following data details the FFY 2010 referral sources:

- Physician/Health Plan (35.48%)
- Parent (32.72%)
- Hospital (14.01%)
- Child Protective Agency (2.99%)
- County Health Department (1.69%)
- Local Education Agency (1.59%)
- Department of Public Social Services/County Welfare (0.77%)
- Child Health and Disability Prevention (0.04%)
- Child Care Provider (0.66%)
- California Children's Services (0.45)
- Family Resource Center (0.28%)
- Regional Center (0.14%)
- County Mental Health (0.10%)
- Private Service Agency (0.88%)
- Maternal Child and Adolescent Health Contract Project (0.06%)
- Other (8.12%)

BabyLine: DDS continues to maintain a toll-free telephone line referred to as the BabyLine. This 800 number {1-800-515-BABY (2229)} is answered by DDS Early Start staff and provides Early Start information in English and Spanish, including resources and referral information for families. This information is also posted on the Early Start website. During FFY 2010, DDS staff received a total of 1,100 calls on the BabyLine. September 2010 and May 2011 had the greatest call rate at 167, and 116 calls, respectively.

The considerable increase in BabyLine calls from FFY 2009 (1,100 in FFY 2010 compared to 447 in FFY 2009) is the result of an improvement activity to reassign responsibility for BabyLine calls to specific professional staff. During FFY 2009, budget and resultant staffing cuts directly affected DDS' ability to document and track all calls. Rather than having a specific person dedicated to this activity, clerical staff shared responsibility for answering the calls and directed callers to appropriate professional staff. This resulted in inconsistent documentation of the calls.

In FFY 2010, after consultation with the ICC, DDS shifted responsibility for answering BabyLine calls to professional DDS staff able to respond directly, identify issues of concern, document and track all calls. BabyLine data are shared with the ICC at each meeting. DDS also uses a contractor to track calls initiated through the BabyLine involving Early Start resources. This contractor, WestEd, also has an 800 line and received 151 total calls for Early Start resources.

DDS and RC websites: DDS maintains a comprehensive website where information about the Early Start program is located. The website was redesigned in FFY 2009 to reflect the changes that occurred regarding services for children birth to 36 months. The new web pages take into consideration that a new user may not know what services are available, and the "Birth to 36 Months" web page outlines the options for infants and toddlers. The Early Start section of this website, available at www.dds.ca.gov/Birth36Months/Index.cfm, received over 8,880 visitors in FFY 2010. Additionally, 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 2011:

California does not propose any revisions to the targets or improvement activities for this indicator at this time.

Part C State Annual Performance Report (APR) for 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to three 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 |
|-----------------------------|---|
| 2010 (2010-2011) | 2.00% of infants and toddlers birth to three in California will have IFSPs. |

Actual Target Data for FFY 2010:

In FFY 2010, the percentage of California’s birth to 36 months-of-age population served was 2.04 percent (30,754 divided by 1,507,814 times 100). This percentage meets and exceeds the State’s rigorous target set for FFY 2010 by .04 percent. The California population served is .78 percent below the 2.82 national percentage which was obtained from OSEP 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 2010.”*

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010:

Despite serious financial challenges and the resulting program policy changes that occurred in FFY 2009 and continued into FFY 2010, 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 slippage of .25 percent from FFY 2009 (2.29 minus 2.04 equals .25) reflects the factors described below.

First and foremost is the enactment of a combination of new California laws that narrowed the definition for eligibility under Part C. These statutory changes eliminated “at-risk” as a qualifying condition for Part C services, and also restricted

eligibility under the “developmental delay” category. These “at-risk” and less “delayed” children, no longer eligible for Part C, were served, albeit in a more limited way, through the RCs in the State-funded Prevention Program and are not included in any of the Part C child counts, including counts for this indicator. In June 2011, the RCs were serving 3,159 children less than 36 months of age through the Prevention Program.

Another factor contributing to the slippage in this indicator is the inability of DDS to obtain data on children with SLI disabilities served under Part C by CDE. DDS is still working with CDE to obtain these data. The slippage in this indicator reflects the absence of these data.

Also of interest is the declining birth rate for FFY 2010. Whereas there were 554,411 births during FFY 2009, in FFY 2010 that number was 494,058 (a reduction of more than 60,000 births).

Improvement Activities Completed During FFY 2010:

Improvement activities completed in FFY 2010 for Indicator 6 are very similar to those completed during this time for Indicator 5. Despite serious financial challenges and resultant changes to the Early Start program, DDS is continuing its aggressive interagency Child-Find activities, operating a statewide, comprehensive public awareness, education, and Child-Find system through its RCs, Local Education Agencies, and family resource centers. A description of activities follows:

Materials Distribution: As part of education and resource development and dissemination, the *Reasons for Concern* brochure is located on DDS’ Early Start website at www.dds.ca.gov/EarlyStart. The brochure is also posted on CDE’s website, DDS’ partner for Part C in California, at www.cde.ca.gov/sp/se/fp/concerns.asp. Hard copies of the brochure can be ordered in five languages through WestEd. The *Reasons for Concern* concept offers families and providers a comparison of development that may warrant further evaluation. During FFY 2010, 33,529 hard copy brochures were distributed.

Many other DDS Early Start product reprints (in different languages) focus on outreach and referral information and an emphasis on providing material to the State’s immigrant population. DDS disseminates a total of 47 different Early Start program products. During FFY 2010, 54,058 Early Start materials were ordered, including the brochure noted above. Eight of these products are printed in English and four other languages, including Spanish, Chinese, Vietnamese, and Hmong. The number of items distributed is as follows:

- ICC Annual Performance Report - 49
- Autism Spectrum Disorders - 7
- Central Directory - 821

- *Starting Out Together* – 2,015 Spanish, and 160 Vietnamese
- *Family Introduction to Early Start* - 5,411 Spanish, 250 Vietnamese, 150 English, and 10 Chinese
- *Family Resource Center* brochure - 4,429 English, 3,214 Spanish, 160 Vietnamese, and 150 Chinese
- *Parents' Rights* – 400 Vietnamese, 150 Chinese, and 2 Spanish
- *Early Start Fact Sheets* (nine individual handouts) - 297
- *Reasons for Concern* - 19,052 English, 12,042 Spanish, 1,030 Chinese, 530 Vietnamese, and 875 Hmong
- *The Role of the Health Care Provider* - 1,753

The number of outreach materials DDS disseminated in FFY 2010 decreased for several reasons. First among them are revisions required to reflect program eligibility changes. The following products were reviewed and updated in FFY 2010: 1) *Starting Out Together*, 2) *A Family Introduction to Early Start*, 3) *Family Resource Centers and Networks*, 4) *The Primary Healthcare Provider's Role in Early Intervention* and 5) *Parent's Rights: An Early Start Guide for Families*. This review and update took several months.

Also in FFY 2010, a State mandate was imposed requiring DDS to use the Office of State Printing (OSP) for all outreach products. In prior years, printing was arranged through DDS' contractor, WestEd. Transitioning this function to OSP delayed the printing of products. Despite these obstacles, all products are ADA compliant and available on the Early Start website for download. Outreach materials are available for review at the DDS Early Start website: www.dds.ca.gov/EarlyStart/ResourceMaterials.cfm

California Statewide Screening Collaborative (CSSC): DDS Early Start program staff participated on the CSSC. The purpose of the CSSC is to coordinate the efforts of the various State agencies, organizations, and special projects striving to enhance California's capacity to promote and deliver effective and well-coordinated health, developmental, and early mental health screenings for young children, birth to age five. The activities of the CSSC contributed to the State's coordination of Child-Find activities by:

- Improving coordination among State agencies and programs involved in early screening, identification, recognition and response activities to support the development of young children.
- Promoting the use of standardized screening tools, effective screening protocols, and increased communication among agencies and services.
- Identifying screening resources, funding and follow-up supports that promote healthy early childhood development, school readiness, positive parent-child relationships, and access to services.

The CSSC website and toolkit, which were collaboratively developed to help community partners navigate early childhood developmental screening resources and best practices in screening, are available at: www.first5ecmh.org/

Another website and toolkit available to support community-based providers and to help families obtain appropriate care and services provides tools, resources, and information to help families and providers communicate with one another when there are developmental or behavioral concerns in young children. This website is: www.cdph.ca.gov/programs/eccs/Pages/IST-HowToUse.aspx

The CSSC also provides leadership guidance for “Project Launch,” a Substance Abuse and Mental Health Services Administration (SAMSHA) funded pilot project in Alameda County, designed to promote young child wellness, 0 to 8 years, by implementing three core principles:

- A public health approach: Prevention and promotion
- A holistic perspective: All developmental domains
- An ecological framework: Healthy stable safe and supportive families, communities, and cultures.

“Project Launch” provides five core activities: Mental health consultation, increased developmental assessments across service settings, family strengthening and parent training, home visitation programs, and integration of behavioral health into primary care.

This project will use lessons learned to influence future policy for promoting young child wellness in the entire State. Project Launch in California collaborates with the California Departments of Health Care Services, Public Health, Developmental Services, Education and Mental Health to address common screening and assessment tools, improve system efficiency, and home-visiting program standards.

Newborn Hearing Screening Program (NHSP): The NHSP continues to require that every approved California Children’s Services (CCS) hospital offer hearing screenings to newborns. The latest NHSP data available from the California Department of Health Care Services are for Calendar Year (CY) 2009. During FFY 2009, 10 hospitals were certified to participate in the NHSP, bringing the total number of participating hospitals to 243. During that year, the NHSP screened 98 percent of the total births in California. Of those infants screened 932 infants were identified with a hearing loss and 100 percent of those infants were referred to Early Start; 86 percent (805) of those referred to Early Start actually enrolled. NHSP data for CY 2010 will be available in late February 2012.

Early Start staff participates in the NHSP Quality Improvement Collaborative Team which meets biweekly. Further NHSP information can be found at: www.dhcs.ca.gov/services/nhsp.

Newborn Screening (NBS) Program

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 collaborative partner, the March of Dimes. 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 its Genetic Disease Branch on screening, referral protocols, and policies. The NBS Program does not track referral data.

Child Welfare Services – Child Abuse Prevention and Treatment Act (CAPTA)

DDS continues its collaboration with the CDSS to provide outreach and training to families and caregivers of infants and toddlers. This effort includes 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.

In FFY 2010, CDSS began the development of a new data tracking feature in their case management system that will track screening and referral services for all foster children, including those birth to three years, who are referred for early intervention services. This new data feature is in the development stage and will be implemented in the fall of 2013. The project is a direct result of legislation passed in 2011 associated with the CAPTA reauthorization, which mandates CDSS to gather data on the number of children referred to Early Start.

In the FFY 2010 reporting period, there were approximately 15,887 children under the age of three in foster care placement and the child welfare system. This number includes those children in out-of-home placements (including kinship care). Approximately, 3.76 percent of new RC referrals each month are referred from Child Protective Services or foster care. The Child Welfare Services data are published and available at: http://cssr.berkeley.edu/ucb_childwelfare/PIT.aspx.

In FFY 2010, CDSS' Office of Child Abuse Prevention (OCAP) utilized CAPTA monies to fund the Special Start Training Program (SSTP). The purpose of this program is to train community professionals who educate biological parents, foster parents, and/or caregivers in the home environment on the special needs of the infant after discharge from Neonatal Intensive Care Units (NICUs). As prematurity and low birth weight have been on the rise in California in recent years, there has been a growing need for such training for community professionals and the families they serve. SSTP trainings were held at local NICU offices and were further expanded to include webcasting to reach an even broader audience. A sampling of SSTP webcasts are:

- *The Development of Self Regulation in the High Risk Infant.*
- *Fetal and Newborn Sensory Development.*
- *Transitioning from the NICU to Home; Parents Tell Their Stories.*
- *Medical Issues of Graduates from the NICU.*

- *Behavioral Interventions for Support of High Risk Newborns in the NICU.*
- *Behavioral Issues of Newborns after Discharge from the NICU*
- *Partnering with Families: A Strength Based and Early Relationship Approach to Home Visiting.*

These webcasts are available for viewing at www.vimeo.com/9412114.

More information about the SSTP is available at:

www.childsworld.ca.gov/res/OCAP/SpecialStartTrainingProgram_FactSheet.pdf

Neonatal Intensive Care Unit (NICU) Liaisons: RCs continued to maintain liaison activities with their local NICUs throughout FFY 2010. Liaison activities included Child-Find activities, referral intakes, and discharge planning with hospital staff to provide continuity of care between hospital and home. Ninety percent of the neonates discharged from California NICUs in 2010 (17,174) were discharged from the 128 CCS-approved NICUs, participating with the California Perinatal Quality Care Collaborative.

The California Children's Services (CCS) High Risk Infant Follow-Up (HRIF): The HRIF program identifies infants who might develop CCS-eligible conditions after discharge from a CCS-approved NICU. HRIF serves infants who may have one of the following conditions: a serious congenital infection; an endocrine, metabolic or immune disorder; a blood disorder; birth weight less than 1,500 grams; a positive urine toxicology for any drug or signs of drug toxicity or withdrawal; discharge from a neonatal intensive care unit; or a congenital anomaly or other conditions, such as intrauterine growth retardation.

These infants and their families, along with families who experience neonatal death, are referred to local health departments for follow-up services provided by public health nurses. The goals of follow-up services are to promote optimal growth and development; teach the family how to care for the high risk infant; prevent complications; decrease morbidity and mortality; reduce stress and the potential for abuse; and, ensure early identification and referral for further treatment and evaluation.

HRIF coordinators ensure that infants participating in the program receive developmental monitoring and that referrals are made to the RC when developmental concerns arise. Collaboration and referral between HRIF and numerous programs, including Primary Care, Early Intervention, Perinatal Follow-up and others, depending on family need, continued throughout FFY 2010.

California Home Visiting Program (CHVP): The Patient Protection and Affordable Care Act of 2010, the health care reform package signed into law by President Obama on March 23, 2010, provided \$1.5 billion over five years in mandatory funding for a Home Visiting Grant Program for States. The maternal, infant and early childhood home visiting programs will provide comprehensive and coordinated services to improve outcomes for families residing in identified at-risk communities.

California Department of Public Health (CDPH) was designated by the Governor as the lead agency to apply for and administer funds for a home visiting program in California. CDPH's Maternal, Child and Adolescent Health (MCAH) Division has the lead role in responding to the early childhood home visiting program grant. MCAH developed the required statewide needs assessment with input from local programs and statewide stakeholders including Early Start. Early Start has been identified as a collaborative State partner in the planning phase of the CHVP.

During FFY 2010, CHVP continued the planning phase with State partners meeting on a monthly basis. The evidence-based models that will be implemented in California were identified as Nurse Family Partnership and Healthy Families America. CHVP has identified DDS as a resource that will be included in the referral network that home visiting staff will utilize with participating families. This collaboration will also be important for Early Start's Child-Find efforts. CHVP staff will be performing developmental screenings as a regular part of the family home visits and referring children who need additional evaluation for developmental concerns to RCs.

The CHVP will be implemented at 21 sites in California. Discussions are occurring at Early Start Managers' and RC Administrators' meetings to encourage collaboration among RC staff and local public health departments. Information about the CHVP is updated on a regular basis at the following website: www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx.

Referrals: From DDS' automated information systems, referral data are collected from RCs for all children referred for Part C services. More than half of the total referrals made during FFY 2010 emanate from physicians and families (35.48 and 32.72 percent respectively). The following data details the FFY 2010 referral sources:

- Physician/Health Plan (35.48%)
- Parent (32.72%)
- Hospital (14.01%)
- Child Protective Agency (2.99%)
- County Health Department (1.69%)
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- Department of Public Social Services/County Welfare (0.77%)
- Child Health and Disability Prevention (0.04%)
- Child Care Provider (0.66%)
- California Children's Services (0.45)
- Family Resource Center (0.28%)
- Regional Center (0.14%)
- County Mental Health (0.10%)
- Private Service Agency (0.88%)
- Maternal Child and Adolescent Health Contract Project (0.06%)
- Other (8.12%)

BabyLine: DDS continues to maintain a toll-free telephone line referred to as the BabyLine. This 800 number {1-800-515-BABY (2229)} is answered by DDS Early Start staff and provides Early Start information in English and Spanish, including resources and referral information for families. This information is also posted on

the Early Start website. During FFY 2010, DDS staff received a total of 1,100 calls on the BabyLine. September 2010 and May 2011 had the greatest call rate at 167, and 116 calls, respectively.

The considerable increase in BabyLine calls from FFY 2009 (1,100 in FFY 2010 compared to 447 in FFY 2009) is the result of an improvement activity to reassign responsibility for BabyLine calls to specific professional staff. During FFY 2009, budget and resultant staffing cuts directly affected DDS' ability to document and track all calls. Rather than having a specific person dedicated to this activity, clerical staff shared responsibility for answering the calls and directed callers to appropriate professional staff. This resulted in inconsistent documentation of the calls.

In FFY 2010, after consultation with the ICC, DDS shifted responsibility for answering BabyLine calls to professional DDS staff able to respond directly, identify issues of concern, document and track all calls. BabyLine data are shared with the ICC at each meeting. DDS also uses a contractor to track calls initiated through the BabyLine involving Early Start resources. This contractor, WestEd, also has an 800 line and received 151 total calls for Early Start resources.

DDS and RC Websites: DDS maintains a comprehensive website where information about the Early Start program is located. The website was redesigned in FFY 2009 to reflect the changes that occurred regarding services for children birth to 36 months. The new web pages take into consideration that a new user may not know what services are available and the "Birth to 36 Months" web page outlines the options for infants and toddlers. The Early Start section of this website, available at www.dds.ca.gov/Birth36Months/Index.cfm received over 8,880 visitors in FFY 2010. Additionally, 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 2011:

California does not propose any revisions to the targets or improvement activities for this indicator at this time.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

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 |
|-----------------------------|---|
| 2010 (2010-2011) | 100% of children have evaluation, assessment, and an IFSP meeting within 45 days. |

Actual Target Data for FFY 2010

FFY 2010 data indicate that 76.56 percent of the children had an evaluation and assessment completed and an initial IFSP held within 45 days of referral (98 divided by 128 times 100 equals 76.56 percent). This figure represents progress of 6.26 percent from FFY 2009 (76.56 minus 70.30 equals 6.26).

California currently documents exceptional family circumstances and counts these individual records in both the numerator and denominator. Exceptional family circumstances were documented in 15 of the 98 records depicted in the numerator as timely. DDS thoroughly reviews the information during the site visits to ensure that exceptional family circumstances are properly documented in each record and used in circumstances allowed by federal law.

CDE data were not made available to DDS for this indicator. CDE informed DDS that specific data required under Part C of IDEA will be unavailable for an indefinite period of time. DDS will continue to collaborate with CDE to resolve this issue.

Infants Evaluated and Assessed and provided an Initial IFSP meeting Within Part C’s 45-day timeline:

| | |
|---|------------|
| a. Number 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 | 98 |
| b. Number of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted | 128 |
| 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 (Percent = [(a) divided by (b)] times 100) | 76.56% |

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2010:

A comparison of the on-site monitoring data between FFY 2009 and FFY 2010 shows that California’s performance improved by 6.26 percent on this indicator (76.56 in FFY 2010 minus 70.30 in FFY 2009 equals 6.26). The improvement is largely attributable to improvement activities that provide training to staff in local programs about the importance of conducting timely evaluations and assessments, and build local program capacity through preparing and supporting paraprofessionals to work in the field. Additionally, DDS continues to work with local programs to address staff shortages

Evaluation and assessment requirements and initial IFSP meeting timelines are compliance items for which performance data are obtained through record reviews during on-site monitoring visits. DDS conducts on-site reviews of a cohort of RC Early Start programs each year as part of a three-year monitoring cycle. In FFY 2010 California’s budget was not passed by the June 15, 2010, constitutional deadline. Due to this, a travel ban was instituted. Fortunately, DDS was able to conduct four of the six on-site reviews for FFY 2010 and scheduled the remaining two for future dates. Of the four RC programs visited, three were performing at an average of 87 percent on this indicator. The fourth was significantly lower (39.28 percent). DDS issued a finding and has worked extensively with the low-performing program, drilling down to help identify the root cause of the delays. DDS subsequently provided technical assistance to address the systemic issues that were causing the delays. DDS is confident that this program has addressed these issues and that children are now receiving timely evaluations, assessments and IFSP meetings.

DDS remains concerned about performance on this indicator and continues to address the factors impacting this indicator. Many programs continue to experience shortages of qualified professionals to provide assessments and services. Physical therapists, speech pathologists, and occupational therapists are among the disciplines particularly difficult to access statewide. DDS continues to provide staff development and capacity building through their CSPD.

Improvement Activities Completed During FFY 2010:

Technical Assistance provided by DDS to local programs:

DDS continues to work with RCs to address compliance on this indicator. DDS provided specific technical assistance to three RCs with findings of noncompliance in this indicator. DDS assisted the RCs in drilling down to determine the root cause of the noncompliance. Once issues affecting performance (such as efficient and reliable procedures for capturing all data and backup documentation) are identified, DDS works with the RC to develop strategies to address them. This has led to changes in policies and procedures within the service system to better enable RCs to meet the 45-day timeline requirement.

Training and Personnel Development: California's CSPD continues to include the Early Start Institute Series for service providers, service coordinators, family support personnel and other interested parties. DDS contracts with WestEd to coordinate implementation of these personnel development activities. The importance of completing evaluations, assessment activities, and conducting IFSP meetings within the 45-day timeline are interwoven throughout the series as the matrix in Attachment B illustrates. The Advanced Practice Institute addressed the use of data to improve program performance and provided methods for drilling down to identify problem areas and strategies for targeted improvement activities. Participants included program managers, service coordinators, clinical staff, LEAs and vendors.

California's Community College Personnel Preparation Project (CCPPP): The CCPPP is an ongoing project that addresses shortages in early intervention paraprofessionals. 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 112 colleges, 74 currently participate in the CCPPP at various levels. The project includes coordinating articulation agreements between the community colleges and four-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.

Speech and Language Pathology Assistant (SLPA) Efforts: California maintains that the use of SLPAs to provide direct services, under direction and supervision, helps to relieve licensed speech and language pathologists and audiologists from

work that then allows the licensed personnel to conduct evaluations and assessments more timely. State regulations to effect needed changes have been written but DDS was waiting for promulgation of the final federal Part C regulations so all necessary State regulation changes can be accomplished in a single regulation package. During FFY 2010, DDS continued to work with local agencies experiencing challenges due to shortages of qualified service providers to address these issues and permit use of SLPAs on a program-by-program basis.

Technical Assistance: DDS has availed itself of technical assistance opportunities made available through OSEP including face-to-face visits and monthly conference calls with OSEP representatives. Additional technical assistance was gleaned through participation in the IDEA National Infant-Toddler Coordinators Association meetings and conference calls. In addition DDS participated in meetings and webinars by NECTAC and WRRC. DDS continues to work with a nationally recognized consultant through WestEd for training and technical assistance.

As a result of this technical assistance, including that provided by OSEP during their verification visit in November 2010 and subsequent phone calls, DDS changed State policy regarding documentation of exceptional family circumstances. DDS advised all RCs and Part C monitoring staff via a Program Advisory (CFSB 11-02) of this change in procedures and clarified that no “extension” form may be used and there would be no extensions of the 45-day timeline. DDS verifies that programs are correctly implementing these policies during on-site monitoring visits.

Subsequent to OSEP’s verification visit in November 2010, DDS availed itself of technical assistance from WRRC and consultants working through WestEd. Based on that consultation, DDS concluded that current procedures for verifying correction of previously identified noncompliance were consistent with OSEP Memo 09-02. DDS continues to use the two-pronged approach to confirm that: (1) RCs have corrected noncompliance for each child, although late, unless that child was no longer within the jurisdiction of the RC; and (2) verified that RCs are correctly implementing the specific regulatory requirements through a review of subsequent records. Specific steps taken to verify RC compliance are provided for each finding in the APR.

Revised Early Start Report: DDS launched the new electronic ESR in June 2011. The ESR is expected to increase the State’s universal reporting capacity on this indicator in future reporting years.

Verification of Correction (either timely or subsequent):

DDS gathers data to verify corrections through both on-site verification visits and reviews of subsequent records. DDS confirms that an IFSP was held, although late for any child whose IFSP meeting did not originally occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Intervention System (EIS), consistent with OSEP Memo 09-02. In addition to the above, DDS notifies the RC, in

writing, of the noncompliance. A root cause analysis is completed by the RC, with assistance from DDS, to determine if the noncompliance requires a revision to policies or procedures that contributed to the reasons for the delays. If it is determined that revisions are needed, a plan of correction is developed to establish appropriate policies and procedures to ensure compliance with the standard. If this is not the root cause, the RC identifies and documents the action that needs to be taken to ensure timely correction of any findings. These actions are documented and submitted to DDS. DDS ensures that each RC with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent review of records as soon as possible but in no case later than one year from the identification of the noncompliance.

Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) reported for FFY 2009 for this indicator 70.30%.

| | |
|---|----------|
| 1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010) | 1 |
| 2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding) | 1 |
| Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)] | 0 |

One finding was issued on this indicator in FFY 2009 on FFY 2009 performance. This finding was corrected in a timely matter. It is reflected above and is reported in Indicator 9 of this FFY 2010 APR. An additional finding was made on FFY 2009 performance on this indicator in FFY 2010. DDS will report on the timely clearance of this finding in the FFY 2011 APR.

Verification of Correction of FFY 2009 noncompliance findings (either timely or subsequent):

DDS completed an on-site verification visit at the RC and issued a finding in FFY 2009 on this indicator. Results of this visit are as follows:

- The finding identified for this indicator for FFY 2009 was verified as corrected within the required timeline.
 1. DDS confirmed that the RC held the IFSP meeting, although late, for all children whose IFSP meetings did not originally occur in a timely manner unless the child was no longer within the jurisdiction of the EIS program. This verification occurred at the original monitoring visit (Prong 1).

2. DDS verified that the RC is: (1) correctly implementing the specific regulatory requirements in 34 CFR §§ 303.322 and 303.342 based on an on-site verification visit. This verification visit occurred in April 2011 and consisted of a review of 10 subsequent records. The records demonstrated that all children (100%) had an evaluation and assessment and IFSP meeting within 45 days of referral (Prong 2).

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

Level of compliance (actual target data) reported for FFY 2008 for this indicator 75.97%.

| | |
|---|----------|
| 1. Number of FFY 2008 findings not timely corrected (same as the number from (3) above) | 2 |
| 2. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”) | 2 |
| Number of FFY 2008 findings <u>not</u> verified as corrected [(1) minus (2)] | 0 |

Verification of Correction of FFY 2008 noncompliance findings (either timely or subsequent):

DDS completed verification reviews at both of the RCs that were issued findings in FFY 2008 for this indicator. The results of these reviews are as follows:

- The findings identified for this indicator for FFY 2008 were verified as corrected outside the required timeline.
 1. DDS confirmed that the RCs held the IFSP meeting, although late, for all children whose IFSP meetings did not originally occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program. This verification occurred at the original monitoring visit (Prong 1).
 2. DDS verified that the RCs are: (1) correctly implementing the specific regulatory requirements in 34 CFR §§ 303.322 and 303.342 based on verification review. These verification reviews occurred in August 2011 (RC 1) and October 2011 (RC 2) and consisted of a review of 29 subsequent records. The records demonstrated that all children (100 percent) had an evaluation and assessment and IFSP meeting within 45 days of referral (Prong 2).

Correction of Remaining FFY 2007 Findings of Noncompliance:

| | |
|---|----------|
| 1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP's June 2010, FFY 2008 APR response table for this indicator | 2 |
| 2. Number of remaining FFY 2007 findings the State has verified as corrected | 2 |
| Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)] | 0 |

Verification of Correction of FFY 2007 noncompliance findings (either timely or subsequent):

DDS completed verification reviews at both of the RCs that were issued findings in FFY 2007 for this indicator. The results of these reviews are as follows:

- Both findings identified for this indicator for FFY 2007 were verified as corrected outside the required timeline.
 1. DDS confirmed that the RCs held the IFSP meeting, although late, for all children whose IFSP meetings did not originally occur in a timely manner. This verification occurred at the original monitoring visit (Prong 1).
 2. DDS verified that the RCs are: (1) correctly implementing the specific regulatory requirements in 34 CFR §§ 303.322 and 303.342 based on verification review. These verification reviews occurred in December 2011 and consisted of a review of 12 subsequent records and in January 2012 and consisted of a review of 10 subsequent records. The records demonstrated that all children (100 percent) had an evaluation and assessment and IFSP meeting within 45 days of referral (Prong 2).

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

There are no changes in this indicator. DDS will continue to collaborate with CDE as provided in the SPP. One focus of that collaboration in FFY 2011 will be implementation of a new IA with CDE that clearly specifies data required and timelines for receipt of that data. Data capacity will also be enhanced by a full year of ESR data. The target remains unchanged at 100 percent.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8A: 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

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

Measurement:

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.

| FFY | Measurable and Rigorous Target |
|---------------------------------|---|
| FFY 2010 (2010-2011) | 100% of noncompliance findings are corrected within one year of identification. |

Actual Target Data for FFY 2010:

FFY 2010 data indicate that 80 percent of the children exiting Part C who have an IFSP with transition steps and services (76 divided by 95 times 100 equals 80 percent). This figure compares to 100 percent of children who had transition steps and services on their IFSP in FFY 2009.

The data for this indicator are gathered through a random sample of children who are at least two years, six months or older at the time of the on-site review.

Children Exiting Part C Who Received Timely Transition Planning:

| | |
|---|------------|
| a. Number of children exiting Part C who have an IFSP with transition steps and services | 76 |
| b. Number of children exiting Part C | 95 |
| 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 (Percent = [(a) divided by (b)] times 100) | 80% |

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred in FFY 2010:

A comparison of the on-site monitoring data between FFY 2009 and FFY 2010 shows that California's performance slipped 20 percent on Indicator 8A (100 in FFY 2009 minus 80 in FFY 2010 equals 20). As discussed below, DDS is working with all parties, including CDE, to improve performance on this indicator.

To address OSEP's and DDS' concerns regarding the validity and reliability of data in this indicator, DDS increased the amount of transition records that were reviewed this year. DDS reviewed 34 transition records in FFY 2009 and 97 records in FFY 2010.

In FFY 2010, California's State budget was not passed by the June 15, 2010, constitutional deadline. Due to this, a travel ban was instituted. Fortunately, DDS was able to conduct four of the six on-site reviews for FFY 2010 and scheduled the remaining two for future dates.

As stated above, DDS completes a random selection of records that are reviewed at the on-site Part C State review. DDS' practice to include a higher proportion of transition age records during its reviews continues to be implemented and will continue to be reflected in the FFY 2011 APR.

As part of DDS' restructuring of the on-site monitoring system, the correction of items in noncompliance was a priority for California in FFY 2010 and continues to be a high priority. In addition to the transition records discussed above, DDS completed verification reviews at six RCs that had outstanding findings in the area of transition. This resulted in the review of 101 additional transition records and the correction of all outstanding findings. Details on these verification reviews are reflected in the correction of non-compliance from prior fiscal years portion of this narrative.

It is important to note that one RC's performance on this indicator was 32 percent. DDS issued findings and the RC has provided training to their staff to assist them in correcting non-compliance for this indicator. The RC is now meeting regularly and collaborating with their LEA partners to implement communication strategies to improve transition activities in their local area. DDS is confident that the RC will clear this item within the one-year time frame. If this RC was removed from the above score, California's performance for FFY 2010 would be at 92 percent on this indicator.

CDE data were not made available to DDS for this indicator. CDE informed DDS that specific data required under Part C of IDEA will be unavailable for an indefinite period of time. DDS will continue to collaborate with CDE to resolve this issue.

Improvement Activities Completed During FFY 2010

Accessing the technical assistance for Indicator 8A suggested by OSEP in its June 3, 2010, letter, in combination with the following activities and actions conducted during this period, continue to improve performance on this indicator:

1. California's CSPD (described in Attachment B) continues to include the Early Start Institute Series for service providers, service coordinators, family support personnel and other interested parties. DDS contracts with WestEd to coordinate implementation of these personnel development activities. Training is provided 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.

FFY 2010 training events to improve transition performance are as follows:

- a. Early Start Advanced Practice Institute sponsored by DDS and coordinated by WestEd, featured two workshops titled *Transition Practices* and *Federal Funding and Policies Impacting State Compliance*. These workshops provided training to service coordinators, vendors, and LEA representative on strategies to assure a smooth transition from Part C to Part B services. They covered timely notification, planning, preparation, transition steps, outcomes and service provision. In addition, State statutory and policy changes and their implications for programs and families were discussed. Other topics included Transition FAQ's, national trends, and strategies for local programs. Technical assistance resources that support quality service provision were provided to the participants.
- b. The RCs Managers' Symposium sponsored by DDS and coordinated by WestEd, featured workshops titled *State Funding and Policies Impacting Local Compliance*, *Federal Funding and Policies Impacting Early Start*, and *The Power of Data: Using Local Data to guide Improvement in Early Start*.

- c. DDS collaborated with CDE on multiple sessions at the Special Education Early Childhood Administrators Project (SEECAP) conference in 2011. This training was sponsored by CDE, and addressed transition from Part C to Part B, including timely notification, transition steps and the transition conference. Local issues were identified along with strategies and resources available through DDS and CDE to address them. The SEECAP conference was attended by administrators and parent/ professional leaders from agencies serving children birth through age five and their families.
2. The following are collaborative activities conducted by DDS and CDE in FFY 2010 to improve transition from Part C to Part B:
 - a. Designation of a DDS Early Start and a CDE Special Education 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.
 - d. DDS continued collaboration with CDE to improve all aspects of transition throughout California based on the transition project established by NECTAC and WRRC. This included 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, and providing local contacts and available resources. The joint transition handbook will be available to the field in FFY 2011. DDS and CDE continue to work with WRRC regarding availability of webinars, resources and transition videos.
 - e. DDS continues to work with the RCs, local education programs, SELPAs, and CDE to address the issues with the transition process. The Early Start Monitoring team liaisons are actively working with RCs to address the specific issues programs are having with communication, policies, procedures, and IAs with LEAs and SELPAs. This includes providing training, attending joint meetings between the RCs and LEAs/SELPAs, and assisting with IAs between the RCs and LEAs/SELPAs.

3. DDS implemented the ESR in June 2011, and continues to refine the transition sections. This new ESR will 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.
4. DDS continues to work collaboratively with the ESQAAC to address the impact of State policies and procedures, including those related to transition, and monitoring. The ESQAAC has compared and analyzed State and federal regulations related to transition.
5. DDS has availed itself of technical assistance opportunities made available through OSEP including face-to-face visits and monthly conference calls with OSEP representatives. Additional technical assistance was gleaned through participation in the National Infant-Toddler Coordinators Association meetings and NECTAC webinars. DDS continues to work with a nationally recognized consultant through WestEd for training and technical assistance and with WRRRC in preparing this APR.

Verification of Correction (either timely or subsequent)

DDS gathers data to verify corrections through both on-site verification visits and reviews of subsequent records. DDS confirms that transition steps, LEA notification and the transition conference occurred, although late, for any child whose transition did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

In addition to the above, DDS notifies the RC, in writing, of the noncompliance. A root cause analysis is completed by the RC, with assistance from DDS, to determine if the noncompliance requires a revision to policies or procedures that contributed to the reasons for the delays. If it is determined that revisions are needed, a plan of correction is developed to establish appropriate policies and procedures to ensure compliance with the standard. If this is not the root cause, the RC identifies and documents the action that needs to be taken to ensure the finding will be cleared. These actions are documented and submitted to DDS. DDS ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent verification review as soon as possible.

Verification of Correction of FFY 2009 noncompliance or FFY 2009 findings:

California reported 100 percent compliance on indicator 8A in FFY 2009. No findings were issued.

Correction of Remaining FFY 2008 Findings of Noncompliance:

| | |
|---|----------|
| 1. Number of remaining FFY 2008 findings of noncompliance noted in OSEP’s June 2009, FFY 2008 APR response table for this indicator | 2 |
| 2. Number of remaining FFY 2008 findings the State has verified as corrected | 2 |
| Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)] | 0 |

Verification of Correction of Remaining FFY 2008 findings:

DDS was able to complete a verification review of both RCs with outstanding findings from FFY 2008. Both identified outstanding findings for this indicator for FFY 2008 were verified as corrected. The following is the result of the verification review at both RCs:

- DDS confirmed that all children with noncompliance with transition planning received a transition plan, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. This occurred during the original monitoring visit (Prong 1);
- DDS verified that both RCs are correctly implementing the specific regulatory requirements in 34 CFR §§ 303.148(b) (4) and 303.344(h). One of the RC verification reviews consisted of a review of 11 transition records in November 2011. The second RC verification review consisted of a review of nine transition records in December 2011. All of the records reviewed demonstrated compliance with C-8A, timely transition planning (Prong 2).

Correction of Remaining FFY 2007 Findings of Noncompliance:

NOTE: California has noted inconsistencies between OSEP’s June 20, 2011, Response Table and California’s FFY 2009 APR. The necessary corrections were communicated to OSEP during conference calls and through written communications. They are described in Attachment E, California Department of Developmental Services Corrections.

| | |
|---|----------|
| 1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP’s June 2008, FFY 2007 APR response table for this indicator | 1 |
| 2. Number of remaining FFY 2007 findings the State has verified as corrected | 1 |
| Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)] | 0 |

Verification of Correction of Remaining FFY 2007 findings:

DDS was able to complete a verification review at the RC with outstanding findings from FFY 2007. The identified outstanding finding for this indicator for FFY 2007 was verified as corrected. The following is the result of the verification review:

- DDS confirmed that all children with noncompliance with transition planning received a transition plan, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. This occurred during the original monitoring visit (Prong 1);
- DDS verified that the RC is correctly implementing the specific regulatory requirements in 34 CFR §§ 303.148(b)(4) and 303.344(h). The RC verification review consisted of a review of 16 transition records in December 2011. All of the records reviewed demonstrated compliance with C-8A, timely transition planning (Prong 2).

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

California does not propose any revisions to this indicator. The major focus of collaboration with CDE, as specified in California's approved SPP, will be the implementation of a new IA that clearly specifies data required and timelines for receipt of that data. Data capacity will also be enhanced by a full year of ESR data. There are no proposed changes to the target for this indicator.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8B: 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:

B. Notification to LEA, if child potentially eligible for Part B;

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

Measurement:

Percent = [(# of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

| FFY | Measurable and Rigorous Target |
|---------------------------------|---|
| FFY 2010 (2010-2011) | 100% of noncompliance findings are corrected within one year of identification. |

Actual Target Data for FFY 2010:

FFY 2010 data indicate that notification to the LEA occurred for 98.97 percent of children exiting Part C and potentially eligible for Part B (96 divided by 97 times 100 equals 98.97 percent). This figure compares to 100 percent in FFY 2009.

The data for this indicator are gathered through a random sample of children who are at least two years, six months or older at the time of the on-site review.

Children Exiting Part C who Received Timely Transition Planning (Notification to LEA):

| | |
|---|--------------|
| a. Number of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred | 96 |
| b. Number of children exiting Part C who were potentially eligible for Part B | 97 |
| 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 (Notification to LEA) (Percent = [(a) divided by (b)] times 100) | 98.97 |

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred in FFY 2010:

A comparison of the on-site monitoring data between FFY 2009 and FFY 2010 shows slippage of 1.03 percent on Indicator 8B. (100 in FFY 2009 minus 98.97 in FFY 2010 equals 1.03). As discussed below, DDS is working with all parties, including CDE, to improve performance on this indicator.

To address OSEP’s and DDS’ concerns regarding the validity and reliability of data for this indicator, DDS increased the amount of transition records that were reviewed this year. DDS reviewed 34 transition records in FFY 2009 and 97 records in FFY 2010.

In FFY 2010, California’s State budget was not passed by the June 15, 2010, constitutional deadline. Due to this, a travel ban was instituted. Fortunately, DDS was able to conduct four of the six on-site reviews for FFY 2010 and scheduled the remaining two for future dates.

As stated above, DDS completes a random selection of records that are reviewed at the on-site Part C State review. DDS’ practice to include a higher proportion of transition age records during its reviews continues to be implemented and will continue to be reflected in the FFY 2011 APR.

As part of DDS’ restructuring of the on-site monitoring system, the correction of items in noncompliance was a priority for California in FFY 2010 and continues to be a priority. In addition to the transition records discussed above, DDS completed verification reviews at six RCs that had outstanding findings in the area of transition. This resulted in the review of 101 additional transition records and correction of all outstanding findings. Details on these verification reviews are reflected in the correction of non-compliance from prior fiscal years.

CDE data were not made available to DDS for this indicator. CDE informed DDS that specific data required under Part C of IDEA will be unavailable for an indefinite period of time. DDS will continue to collaborate with CDE to resolve this issue.

Improvement Activities Completed During FFY 2010:

Accessing the technical assistance for Indicator 8B suggested by OSEP in its June 3, 2010, letter, in combination with the following activities and actions conducted during this period, continue to improve performance on this indicator:

1. California's CSPD (described in Attachment B) continues to include the Early Start Institute Series for service providers, service coordinators, family support personnel and other interested parties. DDS contracts with WestEd to coordinate implementation of these personnel development activities. It provides 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.

FFY 2010 training events to improve transition performance are as follows:

- a. Early Start Advanced Practice Institute sponsored by DDS and coordinated by WestEd, featured two workshops titled *Transition Practices* and *Federal Funding and Policies Impacting State Compliance*. These workshops provided training to service coordinators, vendors, and LEA representative on strategies to assure a smooth transition from Part C to Part B services. They covered timely notification, planning, preparation, transition steps, outcomes and service provision. In addition, State statutory and policy changes and their implications for programs and families were discussed. Other topics included Transition FAQ's, national trends, and strategies for local programs. Technical assistance resources that support quality service provision were provided to the participants.
- b. The RCs Managers' Symposium sponsored by DDS and coordinated by WestEd, featured workshops titled *State Funding and Policies Impacting Local Compliance*, *Federal Funding and Policies Impacting Early Start*, and *The Power of Data: Using Local Data to guide Improvement in Early Start*.
- c. DDS and CDE collaborated on multiple sessions at the Special Education Early Childhood Administrators Project (SEECAP) conference in 2011 sponsored by CDE. The training addressed transition from Part C to Part B, including timely notification, transition steps and the transition conference. Local issues were identified along with strategies and resources available through DDS and CDE to address them. The SEECAP conference was attended by administrators and parent/professional leaders from agencies serving children birth through age five and their families.

2. The following are collaborative activities conducted by DDS and CDE in FFY 2010 to improve transition from Part C to Part B:
 - a. Designation of a DDS Early Start and a CDE Special Education representative to address transition issues between local programs and SELPAs/LEAs.
 - b. Enlisting the 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.
 - d. DDS continued collaboration with CDE to improve all aspects of transition throughout California based on the transition project established by NECTAC and WRRRC. This included 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, and providing local contacts and available resources. The joint transition handbook will be available to the field in FFY 2011. DDS and CDE continue to work with WRRRC regarding availability of webinars, resources and transition videos.
 - e. DDS continues to work with the RCs, local education programs, SELPAs, and CDE to address the issues with the transition process. The Early Start Monitoring team liaisons are actively working with RCs to address the specific issues programs are having with communication, policies, procedures, and IAs with LEAs and SELPAs. This includes providing training, attending joint meetings between the RCs and LEAs/SELPAs, and assisting with IAs between the RCs and LEAs/SELPAs.
3. DDS implemented the ESR in June 2011 and continues to refine the transition section. This new ESR base will 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.
4. DDS continues to work collaboratively with the ESQAAC to address the impact of State policies and procedures, including those related to transition, on State monitoring. ESQAAC has compared and analyzed State and federal regulations related to transition.
5. DDS has availed itself of technical assistance opportunities made available through OSEP including face-to-face visits and monthly conference calls with

OSEP representatives. Additional technical assistance was gleaned through participation in the IDEA Infant-Toddler Coordinators Association meetings and conference calls. In addition, DDS participated in meetings and webinars by NECTAC and WRRC. DDS has received assistance from WestEd and WRRC in completing this APR.

Verification of Correction (either timely or subsequent): DDS gathers data to verify corrections through both on-site verification visits and reviews of subsequent records. DDS confirms that transition steps, LEA notification and the transition conference occurred, although late, for any child whose transition did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

In addition to the above, DDS notifies the RC, in writing, of the noncompliance. A root cause analysis is completed by the RC with assistance from DDS, to determine if the noncompliance requires a revision to policies or procedures that contributed to the reasons for the delays. If it is determined that revisions are needed, a plan of correction is developed to establish appropriate policies and procedures to ensure compliance with the standard. If this is not the root cause, the RC identifies and documents the action that needs to be taken to ensure the finding will be cleared. These actions are documented and submitted to DDS. DDS ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent verification review as soon as possible.

Verification of Correction of FFY 2009 Noncompliance or FFY 2009 Findings: California reported 100 percent compliance on indicator 8B in FFY 2009. No findings were issued.

Correction of Remaining FFY 2007 Findings of Noncompliance:

NOTE: California has noted inconsistencies between OSEP’s June 20, 2011, Response Table and California’s FFY 2009 APR. The necessary corrections were communicated to OSEP during conference calls and through written communications. They are described in Attachment E, California Department of Developmental Services Corrections.

| | |
|---|----------|
| 1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP’s June 2010, FFY 2008 APR response table for this indicator | 3 |
| 2. Number of remaining FFY 2007 findings the State has verified as corrected | 3 |
| Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)] | 0 |

Verification of Correction of Remaining FFY 2007 Findings:

DDS was able to complete a review of records at all three of the RCs with outstanding findings from FFY 2007. All identified outstanding findings for this indicator for FFY 2007 were verified as corrected. The following is the result of the verification review at the three RCs:

- DDS confirmed that all children with noncompliance with transition planning received a transition plan, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. This occurred during the original monitoring visit (Prong 1);
- DDS verified that all three RCs are correctly implementing the specific regulatory requirements in 34 CFR § 303.148(b) (1). One of the RC verification review consisted of a review of 30 transition records in March 2011. The second RC verification review consisted of a review of 19 transition records in June 2011. The third RC verification review consisted of a review of 8 transition records in December 2011. All of the records reviewed demonstrated compliance with C-8B, LEA notification (Prong 2).

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

California does not propose any revisions to this indicator. The major focus of collaboration with CDE, as specified in California's approved SPP, will be the implementation of a new IA that clearly specifies data required and timelines for receipt of that data. Data capacity will also be enhanced by a full year of ESR data. There are no proposed changes to the target for this indicator.

Part C State Annual Performance Report (APR) for 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8C: 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:

C. Transition conference, if child potentially eligible for Part B.

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

Measurement:

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 |
|---------------------------------|---|
| FFY 2010 (2010-2011) | 100% of noncompliance findings are corrected within one year of identification. |

Actual Target Data for FFY 2010:

FFY 2010 data indicate that the transition conference occurred for 93.81 percent of the children exiting Part C and potentially eligible for Part B (91 divided by 97 times 100 equals 93.81 percent). This figure compares to 100 percent in FFY 2009.

The data for this indicator are gathered through a random sample of children who are at least two years, six months or older at the time of the on-site review.

Children Exiting Part C who Received Timely Transition Planning (Transition Conference):

| | |
|---|--------------|
| a. Number of children exiting Part C and potentially eligible for Part B where the transition conference occurred | 91 |
| b. Number of children exiting Part C who were potentially eligible for Part B | 97 |
| 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 (Transition Conference) (Percent = [(a) divided by (b)] times 100) | 93.81 |

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred in FFY 2010:

A comparison of the on-site monitoring data between FFY 2009 and FFY 2010 shows slippage on Indicator 8C of 6.19 percent (100 in FFY 2009 minus 93.81 in FFY 2010 equals 6.19). As discussed below, DDS is working with all parties, including the CDE, to improve performance on this indicator.

To address OSEP’s and DDS’ concerns regarding the validity and reliability of the State’s data in this indicator, DDS increased the amount of transition records that were reviewed this year. DDS reviewed 34 transition records in FFY 2009 and 97 records in FFY 2010.

In FFY 2010, California’s State budget was not passed by the June 15, 2010, constitutional deadline. Due to this, a travel ban was instituted. Fortunately, DDS was able to conduct four of the six on-site reviews for FFY 2010 and scheduled the remaining two for future dates.

As stated above, DDS completes a random selection of records that are reviewed at the Part C State on-site review. DDS’ practice to include a higher proportion of transition age records during its reviews continues to be implemented and will continue to be reflected in the FFY 2011 APR.

As part of DDS’ restructuring of the on-site monitoring system, the correction of items in noncompliance was a priority for California in FFY 2010. In addition to the transition records discussed above, DDS completed verification reviews at the six RCs that had outstanding findings in the area of transition. This resulted in the review of 101 additional transition records and correction of all outstanding findings. Details on these verification reviews are reflected in the correction of non-compliance from prior fiscal years.

CDE data were not made available to DDS for this indicator. CDE informed DDS that specific data required under Part C of IDEA will be unavailable for an indefinite period of time. DDS will continue to collaborate with CDE to resolve this issue.

Improvement Activities Completed During FFY 2010

Accessing the technical assistance for Indicator 8C suggested by OSEP in its June 3, 2010, letter, in combination with the following activities and actions conducted during this period, continue to help DDS to improve performance on this indicator:

1. California's CSPD (described in Attachment B) continues to include the Early Start Institute Series for service providers, service coordinators, family support personnel and other interested parties. DDS contracts with WestEd to coordinate implementation of these personnel development activities. It provides 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.

FFY 2010 training events to improve transition performance are as follows:

- a. Early Start Advanced Practice Institute sponsored by DDS and coordinated by WestEd, featured two workshops titled *Transition Practices* and *Federal Funding and Policies Impacting State Compliance*. These workshops provided training to service coordinators, vendors, and LEA representative on strategies to assure a smooth transition from Part C to Part B services. They covered timely notification, planning, preparation, transition steps, outcomes and service provision. In addition, State statutory and policy changes and their implications for programs and families were discussed. Other topics included Transition FAQ's, national trends, and strategies for local programs. Technical assistance resources that support quality service provision were provided to the participants.
- b. The RCs Managers' Symposium sponsored by DDS and coordinated by WestEd, featured workshops titled *State Funding and Policies Impacting Local Compliance*, *Federal Funding and Policies Impacting Early Start*, and *The Power of Data: Using Local Data to guide Improvement in Early Start*.
- c. DDS and CDE collaborated on multiple sessions at the Special Education Early Childhood Administrators Project (SEECAP) conference in 2011 sponsored by CDE. The training addressed transition from Part C to Part B, including timely notification, transition steps and the transition conference. Local issues were identified along with strategies and resources available through DDS and CDE to address them. The SEECAP conference was attended by administrators and parent/professional leaders from agencies serving children birth through age five and their families.

2. The following are collaborative activities conducted by DDS and CDE in FFY 2010 to improve transition from Part C to Part B:
 - a. Designation of a DDS Early Start and a CDE Special Education representative to address transition issues between local programs and SELPAs/LEAs.
 - b. Enlisting the 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.
 - d. DDS continued collaboration with CDE to improve all aspects of transition throughout California based on the transition project established by NECTAC and WRRC. This included 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, and providing local contacts and available resources. The joint transition handbook will be available to the field in FFY 2011. DDS and CDE continue to work with WRRC accessing webinars, resources and transition videos.
 - e. DDS continues to work with the RCs, local education programs, SELPAs, and CDE to address issues with the transition process. The Early Start Monitoring team liaisons are actively working with RCs to address the specific issues programs are having with communication, policies, procedures, and IAs with LEAs and SELPAs. This includes providing training, attending joint meetings between the RCs and LEAs/SELPAs, and assisting with IAs between the RCs and LEAs/SELPAs.
3. DDS implemented the ESR in June 2011, and continues to refine the transition section. This new ESR will 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.
4. Continues to work collaboratively with the ESQAAC to address the impact of State policies and procedures, including those related to transition, on State monitoring. The ESQAAC has compared and analyzed State and federal regulations related to transition.

5. **Technical Assistance:** DDS has availed itself of technical assistance opportunities made available through OSEP including face-to-face visits and monthly conference calls with OSEP representatives. Additional technical assistance was gleaned through participation in the IDEA National Infant-Toddler Coordinators Association meetings and conference calls. In addition DDS participated in meetings and webinars by NECTAC and WRRC. DDS continues to work with a nationally recognized consultant through WestEd for training and technical assistance.

Verification of Correction (either timely or subsequent): DDS gathers data to verify corrections through both on-site verification visits and reviews of subsequent records. DDS confirms that transition steps, LEA notification and the transition conference occurred, although late, for any child whose transition did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

In addition to the above, DDS notifies the local program, in writing, of the noncompliance. A root cause analysis is completed by the RC, with assistance from DDS, to determine if the noncompliance requires a revision to policies or procedures that contributed to the reasons for the delays. If it is determined that revisions are needed, a plan of correction is developed to establish appropriate policies and procedures to ensure compliance with the standard. If this is not the root cause, the RC identifies and documents the action that needs to be taken to ensure the finding will be cleared. These actions are documented and submitted to DDS. DDS ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent verification review as soon as possible.

NOTE: California has noted inconsistencies between OSEP's June 20, 2011, Response Table and California's FFY 2009 APR. The necessary corrections were communicated to OSEP during conference calls and through written communications. They are described in Attachment E, California Department of Developmental Services Corrections.

Verification of Correction of FFY 2009 Noncompliance or FFY 2009 Findings: California reported 100 percent compliance on indicator 8C in FFY 2009. No findings were issued.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

California does not propose any revisions to this indicator. The major focus of collaboration, as provided in the approved SPP, will be the continued work to identify data elements and timelines in an approved IA with CDE. Data capacity will also be enhanced by a full year of ESR data. There are no proposed changes to the target for this indicator.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

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.

| FFY | Measurable and Rigorous Target |
|---------------------------------|---|
| FFY 2010 (2010-2011) | 100% of noncompliance findings are corrected within one year of identification. |

Actual Target Data for FFY 2010:

FFY 2010 data show that 100 percent of noncompliance findings were corrected within one year of identification (25 divided by 25 equals 100). This figure represents progress of 15.01 percent from FFY 2009 (100 minus 84.99 equals 15.01).

Describe the process for selecting EIS programs for Monitoring:

DDS monitors the implementation of Part C early intervention services, provided in California through the Early Start program. The primary focus of State monitoring activities is on improving results and functional outcomes for all children with disabilities; and ensuring that local programs meet all Part C requirements. DDS monitors local programs using quantifiable indicators in each of the priority areas specified by OSEP. DDS conducts on-site program monitoring on a tri-annual cycle.

In addition, local programs are selected for monitoring reviews based on factors which include outstanding noncompliance and level of noncompliance on a given indicator. DDS verifies the correction of findings derived from complaints and due process hearings to ensure that decisions rendered are implemented.

In FFY 2010, California's State budget was not passed by the June 15, 2010, constitutional deadline. Due to this, a travel ban was instituted. Fortunately, DDS was able to conduct four of the six on-site reviews for FFY 2010 and scheduled the remaining two for future dates.

As stated above, DDS completes a random pull of records to review during the Part C State on-site review. DDS' practice to include a higher proportion of transition age records during its reviews continues to be implemented and will continue to be reflected in the FFY 2011 monitoring activities

As part of DDS' restructuring of the on-site monitoring system, the correction of items in noncompliance was and continues to be a priority for California. For FYY 2010, DDS completed verification reviews at 14 RCs; all of which were able to demonstrate correction of findings. Details on these verification reviews are reflected in the Correction of Noncompliance from Prior Fiscal Years later in this indicator.

CDE data were not made available to DDS for this indicator. CDE informed DDS that specific data required under Part C of IDEA will be unavailable for an indefinite period of time. DDS will continue to collaborate with CDE to resolve this issue.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010:

Improvement Activities

1. DDS has implemented the ESR to capture all data necessary to (1) more effectively monitor and report on this indicator, (2) support focused monitoring, and (3) provide both DDS and CDE with the information and data necessary to identify issues in local programs and focus technical assistance and support to those programs. ESR implementation occurred June 1, 2011. The data still need to be verified before they are used for reporting purposes in the APR.
2. The work of the ESQAAC has led to the collaborative development of an improved monitoring approach that better focuses on elements required by Part C. This approach has helped facilitate the determination and correction of findings within prescribed timelines. The ESQAAC worked to align California's regulations with the federal Part C regulations to ensure that DDS is monitoring all elements required by federal regulations and set forth in the individual indicators of the APR.

3. California continued to provide training to service providers, service coordinators, family support personnel, vendors, LEAs and other interested parties through its CSPD. Attachment B provides detailed information about the various components of the CSPD, training offered, and numbers of staff who participated in FFY 2010.
4. DDS and CDE continued to work collaboratively to improve transition from Part C to Part B. State-level Early Start program and CDE representatives meet regularly to address data sharing and transition issues between local programs and SELPAs/LEAs. CDE enlisted the SEEDS Project to provide technical assistance to early childhood special education programs. The State received technical assistance through NECTAC and WRRRC and has established a transition project to improve all aspects of transition. This has resulted in the development of a joint transition guidebook. The guidebook will be available to the field in FFY 2011.
5. DDS has availed itself of technical assistance opportunities made available through OSEP including face-to-face visits and monthly conference calls with OSEP representatives. Additional technical assistance was gleaned through participation in the IDEA National Infant-Toddler Coordinators Association meetings and conference calls. In addition the State participated in meetings and webinars by NECTAC and WRRRC. DDS continues to work with a nationally recognized consultant through WestEd for training and technical assistance.

As a result of this technical assistance, including that provided by OSEP during their verification visit in November 2010 and subsequent phone calls, DDS changed State policy regarding documentation of exceptional family circumstances. DDS advised all RCs and Part C monitoring staff of this change in procedures and clarified that no “extension” form may be used and there would be no extensions of the 45-day timeline. DDS verifies that programs are correctly implementing these policies during on-site monitoring visits.

Subsequent to OSEP’s verification visit in November 2010, DDS availed itself of technical assistance from WRRRC and consultants working through WestEd. Based on that consultation, DDS concluded that current procedures for verifying correction of previously identified noncompliance were consistent with OSEP Memo 09-02. DDS has used the two-pronged approach to confirm that: (1) RCs have corrected noncompliance for all children, although late, unless that child was no longer within the jurisdiction of the RC; and (2) verified that RCs are correctly implementing the specific regulatory requirements through a review of subsequent records. Specific steps taken to verify RC compliance are provided for each finding in the APR.

6. DDS continues to work with the RCs, LEAs, SELPAs, and CDE to address the noncompliance. The Early Start Monitoring team liaisons are actively working with the RCs to address the specific issues that the programs are having with communication, policies, procedures, and IAs. This includes providing training and attending joint meetings between the RCs and LEAs/SELPAs.

Timely Correction of FFY 2009 Findings of Noncompliance (corrected within one year from identification of the noncompliance):

| | |
|--|-----------|
| 1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010) (Sum of Column a on the Indicator C 9 Worksheet) | 25 |
| 2. 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) | 25 |
| Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)] | 0 |

Actions Taken if Noncompliance Not Corrected

California is reporting 100 percent compliance on indicator 9 in FFY 2010. In addition, California is reporting verification of correction of all past year findings.

Verification of Correction of FFY 2009 Findings (either timely or subsequent)

Indicator #1 – Timely Provision of Services

| | | |
|---------------------|---|---|
| Indicator #1 | <p>5 of the 25 findings of noncompliance identified in FFY 2009 were in this indicator</p> <p>4 were identified through the complaint process</p> <p>1 was identified through a due process hearing</p> | <p>5 of the 5 findings were verified as corrected</p> |
|---------------------|---|---|

DDS verified the correction of the five findings of noncompliance issued for this indicator in FFY 2009. The findings were identified through the dispute resolution process. The findings were the result of four complaint investigations and one due process hearing. The findings identified for this indicator in FFY 2009 were verified as corrected within the required timeline. DDS confirmed that the RCs completed the required actions on all complaints and on the due process hearing. DDS considers these findings cleared.

Indicator #7 - Timely Evaluation, Assessment, and IFSP

| | | |
|---------------------|--|--|
| Indicator #7 | 11 of the 25 findings of noncompliance identified in FFY 2009 were in this indicator. 1 was identified through a DDS on-site visit 6 were identified through the complaint process 4 were identified through due process hearings | 11 of the 11 findings were verified as corrected |
|---------------------|--|--|

DDS issued one finding on this indicator in FFY 2009 based on FFY 2009 performance. This finding was corrected in a timely matter and is reflected above and is reported in Indicator 9 of this FFY 2010 APR. An additional finding was made on FFY 2009 performance on this indicator in FFY 2010. DDS will report on the timely clearance of this finding in the FFY 2011 APR.

DDS verified correction of noncompliance through an on-site visit at the RC and issued a finding in FFY 2009 on this indicator. Results of this visit are as follows:

- The finding identified for this indicator for FFY 2009 was verified as corrected within the required timeline.
 1. DDS confirmed that the RC held the IFSP meeting, although late, for any child whose IFSP meetings did not originally occur in a timely manner. This verification occurred at the original monitoring visit (Prong 1).
 2. DDS verified that the RC is: (1) correctly implementing the specific regulatory requirements in 34 CFR §§ 303.322 and 303.342 based on an on-site verification visit. This verification visit occurred in April 2011 and consisted of a review of 10 subsequent records. The records demonstrated compliance within this indicator (Prong 2).

DDS verified the correction of the remaining 10 findings of noncompliance issued for this indicator in FFY 2009. The findings were identified through the dispute resolution process. The findings were the result of six complaint investigations and four due process hearings. The findings identified for this indicator for FFY 2009 were verified as corrected within the required timeline. DDS confirmed that the RCs completed the required actions on all complaints and due process hearings. DDS considers these findings cleared.

**Indicator # 8A - Transition to Part B -
IFSPs with Transition Steps and Services**

| | | |
|----------------------|---|--|
| Indicator #8A | 6 of the 25 findings of noncompliance identified in FFY 2009 were in this indicator. 2 findings were identified through the complaint process 4 findings were identified through due process hearings | 6 of the 6 findings were verified as corrected |
|----------------------|---|--|

DDS verified the correction of the six findings of noncompliance issued for this indicator in FFY 2009. The findings were identified through the dispute resolution process. The findings were the result of two complaint investigations and four due process hearings. The findings issued for this indicator for FFY 2009 were verified as corrected within the required timeline. DDS confirmed that the RCs completed the required actions on all complaints and due process hearings. DDS considers these findings cleared.

Timely Written Notice of IFSP Meeting

| | | |
|--|--|-------------------------------------|
| Timely Written Notice of IFSP Meeting | 1 of the 25 findings of noncompliance identified in FFY 2009 was in this indicator 1 finding was identified through a DDS on-site visit | 1 finding was verified as corrected |
|--|--|-------------------------------------|

DDS verified correction of noncompliance through an on-site visit at the RC and issued a finding in FFY 2009 on this indicator. Results of this visit are as follows:

- The finding identified for this indicator for FFY 2009 was verified as corrected within the required timeline as follows:
 1. DDS verified that the RC provided timely written notice of a subsequent IFSP for each child, unless the child was no longer under the jurisdiction of the EIS program. This verification occurred during a subsequent review (Prong 1).
 2. DDS verified that the RC is: (1) correctly implementing the specific regulatory requirements in 34 CFR § 303.403 based on an on-site verification visit. This verification visit occurred in May 2011 and consisted of a review of 13 subsequent records. The records demonstrated compliance within this indicator (Prong 2).

Services on the IFSP Contain Method, Frequency, Intensity, and Duration

| | | |
|--|--|-------------------------------------|
| Services on the IFSP contain Method, Frequency, Intensity, and Duration | 1 of the 25 findings of noncompliance identified in FFY 2009 was in this indicator 1 finding was identified through a DDS on-site visit | 1 finding was verified as corrected |
|--|--|-------------------------------------|

DDS verified correction of noncompliance through an on-site visit at the RC and issued a finding in FFY 2009 on this indicator. Results of this visit are as follows:

- The finding identified for this indicator for FFY 2009 was verified as corrected within the required timeline.
 1. DDS confirmed that subsequent IFSPs contained all of the required components unless the child was no longer under the jurisdiction of the EIS program. DDS verified that the child was receiving appropriate services derived from evaluation and assessment. This occurred during a subsequent review (Prong 1).
 2. DDS verified that the RC is: (1) correctly implementing the specific regulatory requirements in 34 CFR § 303.344 based on an on-site verification visit. This verification visit occurred in May 2011 and consisted of a review of 13 subsequent records. The records demonstrated compliance within this indicator (Prong 2).

Evaluation and Assessments Conducted in a Timely Manner

| | | |
|--|--|-------------------------------------|
| Evaluation and Assessments Conducted in a Timely Manner | 1 of the 25 findings of noncompliance identified in FFY 2009 was in this indicator 1 finding was identified through a DDS on-site visit | 1 finding was verified as corrected |
|--|--|-------------------------------------|

DDS verified correction of noncompliance through an on-site visit at the RC and issued a finding in FFY 2009 on this indicator. Results of this visit are as follows:

- The finding identified for this indicator for FFY 2009 was verified as corrected within the required timeline.
 1. DDS verified that the evaluation and assessment occurred, although late, for any child whose evaluation and assessment did not originally occur in a timely manner. Verification occurred during the original monitoring visit (Prong 1).
 2. DDS verified that the RC is: (1) correctly implementing the specific regulatory requirements in 34 CFR §§ 303.322 and 303.342 based on an on-site verification visit. This verification visit occurred in April 2011 and consisted of a review of 10 subsequent records. The records demonstrated compliance within this indicator (Prong 2).

Correction of Remaining FFY 2008 Findings of Noncompliance (if applicable)

NOTE: California has noted inconsistencies between OSEP’s June 20, 2011, Response Table and California’s FFY 2009 APR. The necessary corrections were communicated to OSEP during conference calls and through written communications. They are described in Attachment E, California Department of Developmental Services Corrections.

| | |
|---|-----------|
| 1. Number of remaining FFY 2008 findings noted in OSEP’s June 2010 FFY 2009 APR response table for this indicator | 13 |
| 2. Number of remaining FFY 2008 findings the State has verified as corrected | 13 |
| Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)] | 0 |

Verification of Correction of FFY 2008 Findings (either timely or subsequent):

California has verified the correction of all FFY 2008 findings of noncompliance.

Indicator #2 - Provision of Services in Natural Environments

| | | |
|---------------------|--|--|
| Indicator #2 | 3 of the 13 findings of noncompliance identified in FFY 2009 were in this indicator 3 findings were identified through DDS on-site visits | 3 of the 3 findings were verified as corrected |
|---------------------|--|--|

DDS conducted verification reviews at the three RCs that were issued findings in FFY 2008 for this indicator. The results of these reviews are as follows:

- The findings identified for this indicator for FFY 2008 were verified as corrected outside the required timeline.
 1. DDS confirmed that the RCs provided services in the natural environment. The IFSPs confirm that infants and toddlers with IFSPs primarily receive early intervention services in the home or community-based settings or the IFSPs contain appropriate justifications for services outside the natural environment unless the child was no longer within the jurisdiction of the EIS program (Prong 1).
 2. DDS verified that the RCs are: (1) correctly implementing the specific regulatory requirements in 34 CFR §§ 303.18 and 303.344 based on verification reviews. These verification reviews occurred in November 2010 with a review of six subsequent records (RC 1), in August 2011 with a review of seven subsequent records (RC 2) and in July 2011, with a review of 10 subsequent records (RC 3). The records demonstrated compliance within this indicator (Prong 2).

Indicator #7 - Timely Evaluation, Assessment, and IFSPs

| | | |
|---------------------|---|--|
| Indicator #7 | 3 of the 13 findings of noncompliance identified in FFY 2009 were in this indicator 2 were identified through DDS on-site visits 1 was identified through the complaint process | 3 of the 3 findings were verified as corrected |
|---------------------|---|--|

DDS conducted verification reviews at the two RCs that were issued findings in FFY 2008 for this indicator. The results of these reviews are as follows:

- The findings identified for this indicator in FFY 2008 were verified as corrected outside the required timeline.
 1. DDS confirmed that the RCs held the IFSP meeting, although late, for any child whose IFSP meetings did not originally occur in a timely manner. This verification occurred at the original monitoring visit (Prong 1).
 2. DDS verified that the RCs are: (1) correctly implementing the specific regulatory requirements in 34 CFR §§ 303.322 and 303.342 based on a verification review. These verification reviews occurred in August 2011 with a review of 10 subsequent records (RC 1) and in October 2011 with a review of 12 subsequent records (RC 2). The records demonstrated compliance within this indicator (Prong 2).

DDS verified the correction of one remaining finding of noncompliance issued for this indicator in FFY 2008. The remaining finding issued on this indicator was identified through the dispute resolution process. The finding was the result of a complaint investigation. The finding identified for this indicator for FFY 2008 was verified as corrected outside the required timeline. DDS confirmed that the RCs completed the required actions on this complaint. DDS considers this finding cleared.

**Indicator # 8A Transition to Part B –
IFSPs with Transition Steps and Services**

| | | |
|-----------------------|--|---|
| Indicator # 8A | 2 of the 13 findings of noncompliance identified in FFY 2008 were in this indicator 2 findings were identified through DDS on-site visits | 2 of the 2 findings identified were verified as corrected |
|-----------------------|--|---|

DDS conducted verification reviews at the two RCs that were issued findings in FFY 2008 for this indicator. The results of these reviews are as follows:

- The findings identified for this indicator for FFY 2008 were verified as corrected outside the required timeline.
 1. DDS confirmed that the RCs completed the required action, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. This occurred during the original monitoring visit (Prong 1);
 2. DDS verified that both RCs are correctly implementing the specific regulatory requirements in 34 CFR §§ 303.148(b) (4) and 303.344(h). These verification reviews occurred in November 2011 with a review of 11 subsequent records (RC 1) and in December 2011 with a review of nine subsequent records (RC 2). All of the records reviewed demonstrated compliance with this indicator (Prong 2).

IFSPs Contain Present Levels of Development

| | | |
|--|--|--|
| IFSPs Contain Present Levels of Development | 2 of the 13 findings of noncompliance identified in FFY 2008 were in this indicator 2 findings were identified through DDS on-site visits | 2 of the 2 findings were verified as corrected |
|--|--|--|

DDS conducted verification reviews at the two RCs that were issued findings in FFY 2008 for this indicator. The results of these reviews are as follows:

- The findings identified for this indicator for FFY 2008 were verified as corrected outside the required timeline.
 1. DDS confirmed that subsequent IFSPs, for the individual child, contained present levels of development unless the child was no longer within the jurisdiction of the EIS program (Prong 1).
 2. DDS verified that the RCs are: (1) correctly implementing the specific regulatory requirements in 34 CFR §§ 303.344 based on a verification review. These verification reviews occurred in November 2011 with a

review of 10 subsequent records (RC 1), and in July 2011 with a review of 10 subsequent records (RC 2). The records demonstrated compliance within this indicator (Prong 2).

Timely Written Notice of IFSP Meeting

| | | |
|---|---|---|
| <p>Timely Written Notice of IFSP Meeting</p> | <p>2 of the 13 findings of noncompliance identified in FFY 2008 were in this indicator 2 findings were identified through DDS on-site visits</p> | <p>2 of the 2 findings were verified as corrected</p> |
|---|---|---|

DDS conducted verification reviews at the two RCs that were issued findings in FFY 2008 for this indicator. The results of these reviews are as follows:

- The findings identified for this indicator for FFY 2008 were verified as corrected outside the required timeline.
 1. DDS verified that the RCs provided timely written notice of a subsequent IFSP unless the child was no longer within the jurisdiction of the EIS program (Prong 1).
 2. DDS verified that the RCs are: (1) correctly implementing the specific regulatory requirements in 34 CFR § 303.403 based on verification reviews that occurred in September 2011 with a review of six subsequent records (RC 1), and in October 2011 with a review of 12 subsequent records (RC 2). The records demonstrated compliance within this indicator (Prong 2).

Services on the IFSP Contain Method, Frequency, Intensity, and Duration

| | | |
|---|---|--|
| <p>Services contain Method, Frequency, Intensity, and Duration</p> | <p>1 of the 13 findings of noncompliance identified in FFY 2008 was in this indicator 1 finding was identified through the complaint process</p> | <p>1 finding was verified as corrected</p> |
|---|---|--|

DDS verified the correction of one finding of noncompliance issued for this indicator in FFY 2008. The finding on this indicator was identified through the dispute resolution process. The finding was the result of a complaint investigation. The finding identified for this indicator for FFY 2008 was verified as corrected outside the required timeline. DDS confirmed that the RCs completed the required actions on this complaint. DDS considers this finding cleared.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable)

NOTE: California has noted inconsistencies between OSEP’s June 20, 2011, Response Table and California’s FFY 2009 APR. The necessary corrections were communicated to OSEP during conference calls and through written communications. They are described in Attachment E, California Department of Developmental Services Corrections.

| | |
|---|-----------|
| 1. Number of remaining FFY 2007 findings noted in OSEP’s June 2009 FFY 2008 APR response table for this indicator | 18 |
| 2. Number of remaining FFY 2007 findings the State has verified as corrected | 18 |
| Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)] | 0 |

Indicator #2 - Provision of Services in Natural Environments

| | | |
|---------------------|--|--|
| Indicator #2 | 2 of the 18 findings of noncompliance identified in FFY 2007 were in this indicator 2 findings were identified through DDS on-site visits | 2 of the 2 findings were verified as corrected |
|---------------------|--|--|

DDS conducted verification reviews at the two RCs that were issued findings in FFY 2007 for this indicator. The results of these reviews are as follows:

- The findings identified for this indicator for FFY 2007 were verified as corrected outside the required timeline.
 1. DDS confirmed that the RCs provided services in the natural environment. The IFSPs confirm that infants and toddlers with IFSPs primarily receive early intervention services in the home or community-based settings or the IFSPs contain appropriate justifications for services outside the natural environment unless the child was no longer within the jurisdiction of the EIS program (Prong 1).
 2. DDS verified that the RCs are: (1) correctly implementing the specific regulatory requirements in 34 CFR §§ 303.18 and 303.344 based on verification reviews. These verification reviews occurred in June 2011 with a review of six subsequent records (RC 1) and in January 2012 with a review of 10 subsequent records (RC 2). The records demonstrated compliance within this indicator (Prong 2).

Indicator #7 - Timely Evaluation, Assessment, and IFSPs

| | | |
|---------------------|--|--|
| Indicator #7 | 2 of the 18 findings of noncompliance identified in FFY 2007 were in this indicator 2 findings were identified through DDS on-site visits | 2 of the 2 findings were verified as corrected |
|---------------------|--|--|

DDS conducted verification reviews at the two RCs that were issued findings in FFY 2007 for this indicator. The results of these reviews are as follows:

- The findings identified for this indicator for FFY 2007 were verified as corrected outside the required timeline.
 1. DDS confirmed that the RCs held the IFSP meeting, although late, for any child whose IFSP meetings did not originally occur in a timely manner. This verification occurred at the original monitoring visit (Prong 1).
 2. DDS verified that the RCs are: (1) correctly implementing the specific regulatory requirements in 34 CFR §§ 303.322 and 303.342 based on a verification review. These verification reviews occurred in January 2012 with a review of 10 subsequent records (RC 1) and in December 2011 with a review of 12 subsequent records (RC 2). The records demonstrated compliance within this indicator (Prong 2).

Indicator # 8A Transition to Part B – IFSPs with Transition Steps and Services

| | | |
|-----------------------|--|-------------------------------------|
| Indicator # 8A | 1 of the 18 findings of noncompliance identified in FFY 2007 was in this indicator 1 finding was identified through a DDS on-site visit | 1 finding was verified as corrected |
|-----------------------|--|-------------------------------------|

DDS conducted a verification review at the RC that was issued findings in FFY 2007 for this indicator. The result of this review is as follows:

- The finding identified for this indicator for FFY 2007 was verified as corrected outside the required timeline.
 1. DDS confirmed that the RCs completed the required action, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. This occurred during the original monitoring visit (Prong 1);
 2. DDS verified that the RC is correctly implementing the specific regulatory requirements in 34 CFR §§ 303.148(b) (4) and 303.344(h). This verification review occurred in December 2011 with 16 subsequent records. All of the records reviewed demonstrated compliance with C-8a (Prong 2).

Indicator #8B - Notification to LEA if Child Potentially Eligible for Part B

| | | |
|----------------------|--|--|
| Indicator #8B | 3 of the 18 findings of noncompliance identified in FFY 2007 were in this indicator 3 findings were identified through DDS on-site visits | 3 of the 3 findings were verified as corrected |
|----------------------|--|--|

DDS conducted verification reviews at all three of the RCs with outstanding findings from FFY 2007. All identified outstanding findings for this indicator for FFY 2007 were verified as corrected. The following is the result of the verification review at the three RCs:

1. DDS confirmed that the RCs completed the required action, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. This occurred during the original monitoring visit (Prong 1);
2. DDS verified that all three RCs are correctly implementing the specific regulatory requirements in 34 CFR §§ 303.148(b) (1). These verification reviews occurred in March 2011 with an on-site review of 30 subsequent records (RC 1), in February 2011 with an on-site review of 19 subsequent records (RC 2) and in January 2012 with verification review of eight subsequent records (RC 3). All of the records reviewed demonstrated compliance with C-8a (Prong 2).

IFSPs Contain Present Levels of Development

| | | |
|--|--|-------------------------------------|
| IFSPs Contain Present Levels of Development | 1 of the 18 findings of noncompliance identified in FFY 2007 was in this indicator 1 finding was identified through a DDS on-site visit | 1 finding was verified as corrected |
|--|--|-------------------------------------|

DDS conducted an on-site verification visit at the RC that was issued findings in FFY 2007 for this indicator. The result of this review is as follows:

- The finding identified for this indicator for FFY 2007 was verified as corrected outside the required timeline.
 1. DDS confirmed that subsequent IFSPs, for the individual child, contained present levels of development unless the child was no longer within the jurisdiction of the EIS program (Prong 1).
 2. DDS verified that the RC is: (1) correctly implementing the specific regulatory requirements in 34 CFR § 303.344 based on an on-site verification visit that occurred in May 2011 with a review of 13 subsequent records. The records demonstrated compliance within this indicator (Prong 2).

Timely Written Notice of IFSP Meeting

| | | |
|--|---|--|
| Timely Written Notice of IFSP Meeting | 5 of the 18 findings of noncompliance identified in FFY 2007 were in this indicator 5 findings were identified through DDS on-site reviews | 5 of the 5 findings were verified as corrected |
|--|---|--|

DDS conducted verification reviews at the five RCs that were issued findings in FFY 2007 for this indicator. The results of these reviews are as follows:

- The findings identified for this indicator for FFY 2007 were verified as corrected outside the required timeline.
 1. DDS verified that the RCs provided timely written notice of a subsequent IFSP unless the child was not longer within the jurisdiction of the EIS program (Prong 1).
 2. DDS verified that the RCs are: (1) correctly implementing the specific regulatory requirements in 34 CFR § 303.403 based on verification reviews that occurred in December 2011 with a review of 12 subsequent records (RC 1), in December 2011 with a review of 10 subsequent records (RC 2), in September 2011 with a review of six subsequent records (RC 3), in January 2012 with a review of 10 subsequent records (RC 4) and on an on-site verification visit in July 2011 with a review of five subsequent records (RC 5). The records demonstrated compliance within this indicator (Prong 2).

Services on the IFSP Contain Method, Frequency, Intensity, and Duration

| | | |
|--|---|--|
| Services on the IFSP contain Method, Frequency, Intensity, and Duration | 2 of the 18 findings of noncompliance identified in FFY 2007 were in this indicator 2 findings were identified through the complaint process | 2 of the 2 findings were verified as corrected |
|--|---|--|

DDS verified the correction of the two findings of noncompliance issued for this indicator in FFY 2007. The findings were identified through the dispute resolution process. The findings were the result of two complaint investigations. The findings issued for this indicator for FFY 2007 were verified as corrected outside the required timeline. DDS confirmed that the RCs completed the required actions on all complaints. DDS considers these findings cleared.

Evaluation and Assessments Conducted in a Timely Manner

| | | |
|--|--|--|
| Evaluation and Assessments Conducted in a Timely Manner | 2 of the 18 findings of noncompliance identified for FFY 2007 were in this indicator 2 findings were identified through DDS on-site reviews | 2 of the 2 findings were verified as corrected |
|--|--|--|

DDS conducted verification reviews at the two RCs that were issued findings in FFY 2007 on this indicator. Results of these reviews are as follows:

- The findings identified for this indicator in FFY 2007 were verified as corrected outside the required timeline.
 1. The RCs completed the evaluations and assessments, although late, for any child whose evaluation and assessment did not occur in a timely manner. Verification occurred during the original monitoring visit (Prong 1).
 2. DDS verified that the RCs are: (1) correctly implementing the specific regulatory requirements in 34 CFR §§ 303.322 and 303.342 based on verification reviews that occurred in January 2012 with a review of 10 subsequent review of records (RC 1) and in December 2011 with a review of 12 subsequent records (RC 2). The records demonstrated compliance within this indicator (Prong 2).

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

| | |
|--|----------|
| 1. Number of remaining FFY 2006 findings noted in OSEP’s June 2011 APR response table for this indicator | 1 |
| 2. Number of remaining FFY 2006 findings the State has verified as corrected | 1 |
| Number of remaining FFY 2006 findings the State has NOT verified as corrected [(1) minus (2)] | 0 |

IFSPs Contain Present Levels of Development

| | | |
|--|--|-------------------------------------|
| IFSPs Contain Present Levels of Development | 1 of the 1 findings of noncompliance identified in FFY 2006 was in this indicator 1 finding was identified through a DDS on-site review | 1 finding was verified as corrected |
|--|--|-------------------------------------|

DDS conducted a verification review at the RC that was issued a finding in FFY 2006 for this indicator. The result of this review is as follows:

- The finding identified for this indicator for FFY 2006 was verified as corrected outside the required timeline.
 1. DDS confirmed that subsequent IFSPs, for the individual child, contained present levels of development unless the child was no longer within the jurisdiction of the EIS program (Prong 1).
 2. DDS verified that the RC is: (1) correctly implementing the specific regulatory requirements in 34 CFR § 303.344 based on a verification review that occurred in November 2011 with a review of 10 subsequent records. The records demonstrated compliance within this indicator (Prong 2).

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

In addition to the above, improvement activities to be completed in FFY 2011, as provided in the approved SPP, include implementation of a new IA with CDE that clearly specifies data required and timelines for receipt of that data. Data capacity will also be enhanced by a full year of ESR data. There are no proposed changes to the target for this indicator.

Part C State Annual Performance Report (APR) for 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

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 |
|-----------------------------|--|
| 2010 (2010-2011) | 100% of cases will be complete within 60 days. |

Actual Target Data for FFY 2010:

| Complaints | 2010-2011 |
|--|-----------|
| (1) Signed, written complaints total | 17 |
| (1.1) Complaints with reports issued | 12 |
| (a) Reports with findings | 11 |
| (b) Reports within timeline | 11 |
| (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 |

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010: Of the 17 State complaints filed during the reporting period, 91.7 percent were resolved within the 60-day timeline (11 divided by 12 times 100 equals 91.7). This reflects slippage of 8.3 percent from FFY 2009 (100 minus 91.7 equals 8.3). Two of the 17 were filed against LEAs, and were investigated by the CDE. The one case that was not

timely was due to an investigator at CDE mistakenly using the date received by CDE rather than DDS as the date received. To remedy this CDE has designated two experienced staff to investigate Early Start complaints.

California received a total of 17 State complaints in FFY 2010. This was a decrease of 20 complaints from the 37 filed in FFY 2009. This decrease is the result of training provided by DDS to help families and providers understand Early Start program and eligibility changes instituted in FFY 2009 to address California's budget crisis, and to clarify that mediation and complaint resolution are available to them at any time during a disagreement.

In FFY 2010, only one of the State complaints dealt with transition requirements. In FFY 2009, three complaints addressed transition, and in FFY 2008 a majority of the State complaints addressed transition requirements. This represents a significant improvement in implementing transition requirements.

During FFY 2010, noncompliance with the 45-day timeline was the most frequently occurring issue. Other recurring issues included eligibility and assessment. Of the 12 complaints with reports issued, 11 had findings. These findings will be reported in the FFY 2011 APR in Indicator 9, General Supervision, for timely correction and compliance.

DDS will continue efforts to meet the 100 percent target for investigating and completing State complaints in a timely manner by continuously monitoring the complaint process using the updated 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* in multiple languages and by posting it on the DDS website in a downloadable format.

That website is www.dds.ca.gov/EarlyStart/ResourceMaterials.cfm. The Early Start web site at www.dds.ca.gov/Complaints/Home.cfm#es also has information regarding procedures and rights related to filing a complaint. .

Improvement Activities Completed During FFY 2010:

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) was revised to conform to the requirements of federal law as specified by OSEP. Regulation changes were scheduled to go into effect in June 2010. However, based on subsequent information provided by OSEP, additional changes were made and final adoption of the regulations occurred on February 17, 2011. The regulations promulgated changes that were previously implemented administratively.

Training: Early Start Institutes continue to provide training on the Mediation and Complaint procedures. Online training addressing complaint procedures is under development and is projected to be approved and released in 2012. The targeted audience for the Institutes and proposed online training includes service coordinators, service providers, family support personnel and RC and LEA managers and supervisors. RCs, LEAs, and FRCs ensure that program staff are fully informed and trained.

Publications and Citations: Publications are posted on the DDS' website. Their revision status is as follows:

- a. *Parents' Rights: An Early Start Guide for Families* – Revisions completed - Awaiting final printing
- b. *Service Coordinator's Handbook* – Revisions were postponed due to release of 2011 Part C Regulations and pending State regulation changes to implement the new federal regulations
- c. *Starting Out Together: An Early Intervention Guide for Families* – Revisions completed - Awaiting final printing
- d. Early Start Compliance Complaints Process
- e. Early Start Mediation Conference and Due Process Hearing Request Process
- f. Early Start Complaint Investigation Request Form (DS 1827)
- g. Due Process Mediation and Hearing Request Forms (DS 1802 & 1808)

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

As a new improvement activity in FFY 2009, California proposed to develop an automated tracking system to verify that findings from complaints and hearings have been resolved and appropriate action has occurred at the local level in a timely manner. During FFY 2010, DDS developed an electronic tracking system and continues to track complaint and due process hearing decisions.

Targets proposed for FFY 2011 and FFY 2010 will remain at 100 percent as reported in the SPP.

Part C State Annual Performance Report (APR) for 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

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 |
|-----------------------------|---|
| 2010 (2010-2011) | 100% of cases will be adjudicated within the 30-day timeline. |

Actual Target Data for FFY 2010:

| Hearing Requests | 2010-2011 |
|---|----------------|
| (3) Hearing Requests total | 125 |
| (3.1) Resolution sessions | Not applicable |
| (a) Settlement agreements | Not applicable |
| (3.2) Hearings (fully adjudicated) | 15 |
| (a) Decisions within timeline | 4 |
| (b) Decisions within extended timeline | Not Applicable |
| (3.3) Hearings pending | 2 |
| (3.4) Due Process Complaints withdrawn or dismissed | 108 |

Data from FFY 2010 indicate that 27 percent of due process complaints were adjudicated within the 30-day timeline (4 plus 0 divided by 15, times 100 equals 27 percent). This is an improvement over FFY 2009 where 18 percent of complaints were adjudicated within the 30-day timeline (8 plus 0 divided by 44 times 100 equals 18 percent). It is still significantly lower than the measurable and rigorous

target of 100 percent. The hearing requests for the two pending hearings were both filed in June 2010 and had not reached the 30-day time limit by the end of FFY 2010 so were not counted.

In FFY 2010, 108 requested hearings (3.4 Due Process Complaints withdrawn or dismissed) were resolved and withdrawn prior to formal hearings. This is a direct result of the RCs approach in working closely with families and resolving issues often at the local level, in a more personal manner. California takes great pride in the relationships that are established between RC staff and the parents, enabling quick, informal resolution to concerns and disputes.

It should be noted that hearing requests dropped off dramatically in FFY 2010 (from 245 in FFY 2009 to 126 in FFY 2010). The greater number in FFY 2009 was a direct response to program changes implemented during that year. The lesser FFY 2010 number reflects a changed but more stable program environment and public awareness efforts of DDS in making these program changes known.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010:

A comparison of data between FFY 2009 and FFY 2010 demonstrates that California has made progress toward the compliance target of 100 percent on this indicator. DDS believes its work with the Office of Administrative Hearings (OAH) has led to a greater understanding of the need for timely resolution of these cases. This and more efficient processing of cases once heard are responsible for progress on this indicator.

A root-cause analysis was performed on the 11 case decisions that were issued outside the 30-day timeline. It was determined that 10 of 11 (91 percent) of these hearings were heard within the timeline, but not signed by the Administrative Law Judge until after the timeline had passed. The one case not actually heard within 30 days was heard in 34 days, but not signed until day 41.

Having determined that the vast majority (91 percent) of cases were actually heard within the 30 day timeline, DDS worked with the OAH to identify issues within that office that could cause delays in getting decisions signed. As a result, the OAH Calendar Clerk is now required to notify the Director of OAH of any issue anticipated to prevent a case from being completed within the thirty-day timeline so that it can be addressed immediately.

Improvement Activities Completed During FFY 2010:

Collaboration with OAH: Pursuant to discussions with DDS, the Director of OAH sent correspondence to all 21 RCs in March 2011. The letter acknowledged that California had been found out of compliance with the Early Start program's timeline requiring that due-process hearings be fully adjudicated within 30 days. It also advised that effective immediately, OAH would set Early Start hearings within 15

days of the hearing request. If mediation is requested, OAH is to set the mediation within 10 days of the hearing request.

RCs wishing to decline mediation were asked to notify OAH as soon as possible after receipt of the notice. They were also advised to forward/fax all Early Start mediation and fair hearing requests to OAH immediately upon receipt due to the short timelines.

It is gratifying to note that all of the case decisions filed during FFY 2010 subsequent to the above correspondence (2 of the 11) were fully adjudicated within the required 30 days.

Technical Assistance: DDS took advantage of technical assistance from 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*.

DDS also received technical assistance from OSEP during the November 2011, verification visit. As a result of that technical assistance, DDS replaced the cumbersome manual process for collecting and tabulating data about due process hearings and mediations with an electronic database.

DDS has implemented a new Early Start Mediation and Due Process Complaints Database in the spring of 2011. The new database:

- Enables DDS to track cases to ensure compliance with the 30-day timeline requirements in 34 CFR § 303.423(b).
- Contains data which OSEP requires the States to collect and report each fiscal year.
- Allows DDS to electronically access RC identifying information for each child who is the subject of a hearing or mediation request.
- Provides access to mediation and due process complaint information to DDS monitoring staff so they can see how a child is being served in all areas of the program.
- Allows Federal Reports for OSEP to be electronically calculated, ensuring better accuracy and timeliness.
- Enables Due Process and Mediation data to be analyzed simultaneously in a variety of ways.
- Has been thoroughly tested to ensure that data are both timely and accurate.

Training: Curriculum for the Early Start Institutes was revised to reflect changes in procedural safeguards. The audience for Institutes included RC service coordinators, service providers, family support personnel and RC and LEA managers and supervisors. RCs, LEAs and family resource centers ensured that program staff were fully informed and trained.

Publications and Citations: DDS reviewed all public information containing information about mediation, complaint and due process procedures. DDS has revised these publications, where necessary, to ensure compliance with federal statute and regulations. DDS completed revisions on the following resources and all have been available on the DDS website since January 15, 2010:

- Early Start Compliance Complaints Process;
- Early Start Mediation Conference Requests;
- Early Start Due Process Hearing Requests;
- Early Start Complaint Investigation Request (Form DS 1827);
- Early Start Due Process Hearing Request (Form DS 1802);
- Early Start Mediation Conference/Hearing Request (Form DS 1808); and,
- Parent Rights: An Early Start Guide for Families.

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) was revised to conform to the requirements of federal law as specified by OSEP. Regulation changes were scheduled to go into effect in June 2010. However, based on subsequent information provided by OSEP, additional changes were made and final adoption of the regulations occurred on February 17, 2011. The regulations promulgated changes that were previously implemented administratively.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

DDS reviewed improvement activities for this indicator and has adjusted the timeline for implementation of the program to share access to Early Start cases in OAH. This activity is expected to be completed in FFY 2011. Training of OAH and DDS staff will occur in early FFY 2012. The targets will remain unchanged from those reported in the SPP.

Part C State Annual Performance Report (APR) for 2010

Overview of the Annual Performance Report Development: N/A

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted.)

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

[California does not use the Part B due process procedures for the Part C program; therefore, this indicator does not apply.]

Part C State Annual Performance Report (APR) for 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

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) 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 |
|-----------------------------|--|
| 2010 (2010-2011) | 55% of mediations will result in agreements. |

Actual Target Data for FFY 2010:

| Mediation Requests | 2010-2011 |
|--|-----------|
| (2) Mediation requests total | 101 |
| (2.1) Mediations | 28 |
| (a) Mediations related to due process | 19 |
| (i) Mediation agreements | 15 |
| (b) Mediation not related to due process | 9 |
| (i) Mediation agreements | 8 |
| (2.2) Mediations pending | 1 |
| (2.3) Mediations not held | 72 |

Data from FFY 2010 indicate that 82.14 percent of mediations held (15 plus 8 divided by 28, times 100 equals 82.14 percent) resulted in mediation agreements. The number of mediations not held reflects the fact that many issues are resolved

locally and amicably through an informal process. That is, cases are withdrawn or dismissed without having to go through the full formal mediation process. In FFY 2010, 72 requested mediations (2.3 Mediations not held) were resolved and withdrawn prior to formal mediation. This is a direct result of the RCs' approach in working closely with families and resolving issues often at the local level, in a more personal and immediate manner. California takes great pride in the relationships that are established between the RC staff and the parents, enabling quick, informal resolution to concerns and disputes.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010:

A comparison of data for FFY 2009 and 2010 reveals California's performance on this Indicator has slipped from 100 percent to 82.14 percent. This performance continues to be well above the 55 percent measurable and rigorous target set by the State; however, DDS is continuing to analyze the reason for slippage.

FFY 2010 data reflected a 44 percent decrease in mediation requests (from 231 in FFY 2009 to 101 in FFY 2010). In FFY 2009, DDS restructured the complaint process to fully comply with current federal regulations and statutes. This enabled parents to request a hearing, mediation or file a complaint at any time. The new process, combined with California's stricter guidelines for eligibility, the requirement to access private insurance for medical services, and prohibition against "non-required" services contributed to the marked increase in hearing and mediation cases filed in FFY 2009. In FFY 2010, parents entered the system with these changes already in place, resulting in fewer complaints.

Analysis of FFY 2010 mediation requests determined that approximately 71 percent (72 divided by 101 equals 71.28) were resolved outside of the formal mediation process. (e.g., RC agreed to the parental requests, parents withdrew the mediation requests, RC refused mediation, or resolution was reached through informal meetings with the RC). Again, this is very representative of the close relationship established between the RC staff and their families, with the vast majority of cases being resolved prior to formal mediation.

Improvement Activities Completed During FFY 2010:

Training: DDS continues to include training about mediation as a procedural safeguard in the Early Start Institutes. The audience for the Institutes includes RC service coordinators, service providers, family support personnel and RC and LEA managers and supervisors.

Publications and Citations: DDS reviewed all publications and materials that contain information pertaining to mediation, complaint or due process procedures. DDS revised these resources, where indicated, to ensure compliance with federal statute and regulations. All of the following have been available on the DDS website since January 15, 2010:

- Early Start Compliance Complaints Process;
- Early Start Mediation Conference Requests;
- Early Start Due Process Hearing Requests;
- Early Start Complaint Investigation Request (Form DS 1827);
- Early Start Due Process Hearing Request (Form DS 1802);
- Early Start Mediation Conference/Hearing Request (Form DS 1808); and,
- Parent Rights: An Early Start Guide for Families.

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) has been revised to conform to the requirements of federal law as specified by OSEP. Regulation changes were scheduled to go into effect in June 2010. However, based on subsequent information provided by OSEP, additional changes have been made. 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 Procedure Act. The public hearing process was completed in FFY 2009. Final adoption of the regulations occurred on February 17, 2011. It is important to note that the regulations promulgated changes that were previously implemented administratively.

Collaboration with OAH:

During FFY 2010, DDS developed an electronic tracking system and continues to track complaint and due process hearing decisions. DDS continues to work with OAH to make necessary improvements in the timeliness of the hearing process.

DDS and OAH have also begun revising the Notice of Resolution form to ensure consistent and comprehensive data are collected about all requested mediations. Revisions are expected to be completed in FFY 2011. Training on the revised form will be conducted for all involved DDS and OHS staff once the revisions are approved. Full implementation of the form is expected to occur no later than FFY 2012.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

There are no changes to Targets or Improvement Activities for this indicator. Revisions to the Notice of Resolution form are underway. The form is expected to be completed in FFY 2011. Training will be completed in early FFY 2012.

California's targets will remain at 55.01 for FFY 2011 and 55.02 for FFY 2012 as specified in the SPP.

Part C State Annual Performance Report (APR) for 2010

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section, beginning on page 3.

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 |
|-----------------------------|---|
| 2010 (2010-2011) | Tables and APR will be accurate and submitted on time |

Actual Target Data for 2010:

Using the “C-14 Data Rubric” as required, the percent of timely and accurate data calculated for California is 83.4 percent. This level of performance is lower than last year’s performance of 94.3 percent. CDE data were not made available to DDS. CDE informed DDS that specific data required under Part C of IDEA will be unavailable for an indefinite period of time. DDS will continue to collaborate with CDE to resolve this issue. The completed data rubric follows the discussion section for Indicator 14.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for 2010:

The inability to access and include CDE data in this APR is the primary reason for the significant slippage this year (94.3 in FFY 2009 minus 83.4 in FFY 2010 equals 10 percent).

The most significant improvement activity completed in FFY 2010 was the implementation of the ESR. After years of development in collaboration with stakeholder groups, advisory bodies and computer program experts, redesign of

this universal data system was achieved. During the month of May 2011, the new system was beta-tested by end-users. Their feedback was incorporated and in June 2011, the ESR was made available to all RCs. Instructions were provided to begin the child outcomes data entry for children exiting Part C services (Indicator 3 data) in that month. In July 2011, RCs were instructed to initiate use of the ESR for all children utilizing Early Start services.

The ESR will improve the State's capacity to collect, report, and use universal data; allow DDS to generate various data reports that will identify areas of potential technical assistance and/or specific program and child outcomes; client diagnoses and achieved progress; and, play a key role in supporting DDS' move toward focused monitoring. California is proud to have finally overcome the numerous challenges that delayed implementation of the ESR, which are attributable to the State budget crisis, personnel attrition, and complications associated with adding measurable Prevention Program components. Implementation of the redesigned ESR is a tremendous achievement for California.

During FFY 2011, California will continue collaboration efforts with CDE and will focus on the execution of an IA that clearly identifies the required OSEP data needs and timelines for reporting to DDS.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2011:

California does not propose any revisions to this indicator. Targets for this indicator are unchanged and remain at 100 percent for FFY 2011 and FFY 2012 as presented in the SPP.

ATTACHMENT A

ICC Annual Activities Report

| ICC General Meeting Activities | |
|--|--|
| <p>Action Items-These are items or business that require the approval or endorsement by ICC Members prior to implementation.</p> | <p>Action Items</p> <ul style="list-style-type: none"> • Approved Annual Activities Supplement for the ICC Annual Report which summarizes advice and assistance provided to the lead agency during FFY 2009-2010. • Authorized the ICC chair to sign off on the State Annual Performance Data Report for FY 2009-2010. • Approved the ICC meeting dates for 2011. • Approved the <i>ICC Recommended Early Start Personnel Manual (ESPM)</i> which describes foundational principles, competencies and practices needed to support effective service delivery. • Endorsed <i>Infant Family Early Mental Health Training Guidelines</i> which have been developed as a training tool for new and experienced mental health clinicians, along with other practitioners from a variety of disciplines who are working with infants, toddlers and their families. This publication provides in depth, foundation training for those professionals committed to providing a continuum of relationship based services to infants, toddlers and their families. |
| <p>Public Input</p> | <p>Public input was received at each meeting from parents, professionals and others interested in early intervention services. Input is documented in the ICC minutes. Public input trends were analyzed and presented to the ICC for consideration.</p> |

| ICC General Meeting Activities (Continued) | |
|---|--|
| Family Resource Centers Network of California | Reported on statewide family support activities. Details are available in the ICC minutes. |
| State Agency Reports on budgetary and policies affecting young children provided by collaborating agency partners | Agency reports centered around the budget crisis and the resulting impact on services for young children. Details are available in the ICC minutes. |
| Special Presentations & Panels - Informational panels and presentations on new developments in California's Early Start community | <p>The following presentations were made to the ICC:</p> <ul style="list-style-type: none"> • <i>Draft of the Early Start Personnel Manual</i> by Maurine Ballard-Rosa, Ph.D., Wendy Parise, Kristine Pilkington, and Marie Poulsen, Ph.D. • <i>Special Start Training Program</i> by Kathleen VandenBerg, Ph.D. • <i>Infant-Family Early Mental Health Training Guidelines</i> by Mary Claire Heffron, Ph.D. • <i>Infant Mental Health</i> by Dr. Penny Knapp. • <i>OSEP Panel</i> by Rhonda Spence and Ruth Ryder. |
| 2011 ICC Parent Leadership Award - Annual recognition by the ICC of individuals who make a difference in their Early Start community. | The recipient of the 2010-2011 ICC Parent Leadership Award was Julie Kingsley Widman. Ms. Widman represents the San Diego County of Education and their HOPE Infant Family Support Program, and the Exceptional Family Resource Center (EFRC). Julie's working knowledge of parent issues and needs and collaborative leadership and mentoring style has set her apart as an invaluable resource at HOPE and EFRC. Julie is also a family liaison to the Special Education Early Childhood Administrators Project (SEECAP) at the San Diego County Office of Education. She is also the parent of a young adult with developmental disabilities. |

| Executive Committee Activities | |
|--|---|
| Priorities developed during the strategic planning session held in February 2009 were ongoing in 2010-2011 | Priority areas: 1) Data Collection and Analysis. 2) Child & Family Outcomes. 3) Issues: Transition, Natural Environments, Surrogacy. 4) Comprehensive System of Personnel Development. |
| ICC prepared for OSEP to attend their meeting on November 17, 2010. This visit by OSEP is part of their Site Verification visit to California. The Executive Committee focused on issues which OSEP has some authority to address. | 1) Describe the OSEP funds allocation process. 2) How other states are serving children in Natural Environments in light of requirement to access private insurance. 3) Recourse for families through OSEP to ensure that laws are being followed. |
| Analysis of budget crisis and resulting policy changes in FFY 2009-2010 | 1) Effectiveness of the Prevention Program in monitoring “at risk” children who would no longer be served under Early Start; 2) mandatory use of families private insurance; and 3) delays in provision of services due to changes in eligibility and creating processes for utilizing private insurance. |
| New Community Representative Appointments | Five Community Representatives were appointed to the ICC by the acting Chair: 1) Dominique De Borba, Parent 2) Connie Moreland-Bishop, Regional Center 3) Jennifer Griffin, Parent 4) Marty Omoto, Advocate 5) Maurine Ballard-Rosa, Ph.D., Institutions of Higher Ed |

Standing Committee Activities

Policy Topics Committee (PTC)

Discussions & Assignments:

- Due to the OSEP visit in November 2010, Executive Committee directed subcommittees to focus and formulate feedback on APR indicators to better meet our prescribed targets. PTC focused on:
 - Indicator 2 (Natural Environments)
 - Indicator 3 (Child Outcomes)
 - Indicator 4 (Family Outcomes)
 - Indicator 5 & 6 (Percentage served)
 - Indicator 7 (Timely Evaluation and Assessment)
- Developed the *Guidance for Early Start Service Coordinators to Request Authorization for Private Insurance*. This project is going to be expanded to include a guide for parents and other individuals that would be part of the private insurance authorization process in Early Start community.
- Discussed strategies for disseminating information about the new Prevention Program to the community.

| Standing Committee Activities (Continued) | |
|---|--|
| <p>Child & Family Outcomes Committee (CFOC)</p> | <p>Discussions & Assignments: Due to the OSEP visit in November 2010, Executive Committee directed subcommittees to focus and formulate feedback on APR indicators to better meet our prescribed targets. CFOC focused on:</p> <ul style="list-style-type: none"> ○ Indicator 4 (Family Outcomes) ○ Indicator 7 (Timely Evaluation & Assessment) ○ Indicator 13 (Mediation Agreements) <p>Reviewed and updated Parent Leadership Award application and administered selection of 2011 ICC Parent Leadership Award:</p> <ul style="list-style-type: none"> ● Reviewed recruitment & retention of ICC parent involvement, identified possible strategies. ● Continued review of two programs serving the birth to 3 population, Prevention and Early Start. ● Recommended that FRNCA Rep become a voting member of the ICC. |

| Standing Committee Activities (Continued) | |
|--|---|
| <p>Quality Data Committee (QDC)</p> | <p>Discussions & Assignments</p> <ul style="list-style-type: none"> • Due to the OSEP visit in November 2010, Executive Committee directed subcommittees to focus and formulate feedback on APR indicators to better meet prescribed targets. QPC reviewed: <ul style="list-style-type: none"> ○ Indicator 10 (Complaints) ○ Indicator 11 (Due Process Hearings) ○ Indicator 13 (Mediations) • Reviewed number of children in Early Start served by each sister agency represented on the ICC. • Reviewed early entry and longitudinal data. • Reviewed monitoring efforts. • Reviewed need for family input. • Reviewed and discussed connection between use of private insurance and shortage of providers. • Viewed presentation by Debra Langenbacher, Ph.D. about how data are collected on child outcomes. |

| Standing Committee Activities (Continued) | |
|--|---|
| <p>Qualified Personnel Committee (QPC)</p> | <p>Discussions & Assignments:</p> <ul style="list-style-type: none"> • Due to the OSEP visit in November 2010, Executive Committee directed subcommittees to focus and formulate feedback on APR indicators to better meet prescribed targets. QPC reviewed: <ul style="list-style-type: none"> ○ Indicator 1 (Timely Services) ○ Indicator 7 (Timely Evaluation & Assessment) ○ Indicator 8 (Transition) • Participated in the development of <i>Early Start Personnel Manual (ESPM)</i>. • QPC proposed approval of the ESPM by ICC as a recommendation to DDS. • Participated in the development of the <i>California Infant-Family and Early Childhood Mental Health Training Guidelines</i>. • <i>Proposed the endorsement by the ICC of the California Infant-Family and Early Childhood Mental Health Training Guidelines.</i> • Reviewed monitoring process and development of focused monitoring procedures. • Developed on-line public input form. • Viewed presentation by Debra Langenbacher, Ph.D. about how data are collected on child outcomes. |

ATTACHMENT B

The following chart shows which of California’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 ⁵ | | | | | | | | | | |
|---|------------------------|---|---|---|---|---|---|---|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 10 | 11 | 13 |
| Early Start Institute Series* | | | | | | | | | | | |
| <i>Early Start Essentials</i> | X | X | X | X | 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 |
| Early Start Personnel Model | | | | | | | | | | | |
| Development, analysis, and coordination of a Multiple Pathways service delivery model across 21 disciplines. | X | X | X | X | | | X | X | | | |
| Statewide System of Focused Monitoring | | | | | | | | | | | |
| 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 |
| 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. | X | X | X | X | X | X | X | X | X | X | X |

⁵ Inclusion of indicators 9, 12, and 14 is not applicable for purposes of this chart.

| TRAINING COMPONENT | INDICATOR ⁶ | | | | | | | | | | | |
|--|------------------------|---|---|---|---|---|---|---|----|----|----|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 10 | 11 | 13 | |
| Community College Personnel Preparation Project | | | | | | | | | | | | |
| Supports 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. | X | X | X | X | X | X | X | X | | | | |
| Public Awareness and Outreach | | | | | | | | | | | | |
| 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 | X |
| Interagency Support* | | | | | | | | | | | | |
| Interagency activities sponsored or supported by DDS. | X | X | X | | X | X | X | X | | | | |

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 levels through a variety of activities defined by DDS.

⁶ Inclusion of indicators 9, 12, and 14 is not applicable for purposes of this chart.

In November 2010, the *Early Start Personnel Manual (ESPM)* was presented to the California State Interagency Coordinating Council on Early Intervention (ICC). The ICC then recommended the *ESPM* to support the California Early Start CSPD activities. The *Early Start Personnel Manual* describes the foundational principles, competencies and evidence-based practices needed to support effective service delivery. The manual also elaborates key roles of interdisciplinary team members, how to support seamless service delivery, and how to matriculate through the Early Start personnel system.

In California, early intervention services are provided by early interventionists and specialists, as well as paraprofessionals and assistants from a variety of disciplines operating through multiple agencies. Early intervention services may be provided by a local education agency, a vendored program, or an individual who contracts with an 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.

The 2010-11 program year marked the beginning of a five-year transition from a traditional, event-based personnel delivery model to an integrated multi-modal delivery model. In the new, multi-modal model, awareness- and knowledge-level content will be delivered via web-based training, while deeper knowledge integration and skill practice will be addressed through face-to-face training Institutes. This model aligns training approaches to desired levels of synthesis and application, using web-based education technologies to increase access for field professionals, support integration of learning through facilitated interaction, and prepare learners for higher-level learning through the more intensive, live event training.

Training and Technical Assistance Activities

Early Start Personnel Development System Overview

A State Leadership Group, comprised of DDS, CDE, and WestEd staff, convened regularly to address development and implementation details of the shift to multi-modal personnel development. Components of the new Early Start Personnel Development System include:

- *Early Start Online*: Web-based, interactive training modules that address foundational and advanced knowledge-level content.
- *Early Start Institutes*: Contingent upon State fiscal challenges, DDS may conduct one- or two-day events, each conducted one time per training year. These live Institutes support guided practice and exploration, facilitated interaction, and personal planning for integration of knowledge and skill into real work activities.

- *Early Start Neighborhood*: A forum for job-alike or special topic facilitated, monitored interactive groups to extend the expert and peer support initiated via Online and Institute activities.
- *Special Topic Activities*: Webinars and Institutes developed as needed to provide timely communication to the field. Activities may be conducted in real time and archived for later reference.

Early Start Online Overview

Design and development of the Early Start Online Series has required coordination of collaborative efforts among Early Start partners and research, analysis, and development of web-based systems, e-learning development tools and effective practices, and personnel development competencies and curricula.

The State Leadership Group approved a proposed online delivery model:

- Individual learners will access content and participate in discussions housed in a learning content management system via their personal or agency computers.
- Facilitation teams, comprised of professionals, parents, and State agency personnel, as appropriate to the content, will post and monitor discussion questions and responses.
- Three online sessions will be offered per year; multiple courses may be implemented during each session.
- A course management system will track participation and completion of personnel development activities by individual, agency, and region.
- Evaluation of learning and of the effectiveness of the system will be accomplished through analysis of data from several sources:
 - Responses to discussion forum questions drawn from *ESPM* competencies;
 - Pre- and post-course quizzes drawn from learning outcomes;
 - Participant feedback surveys designed to collect data on participant experiences with the content and system.

Online training will be delivered through a hosted Moodle (Modular Object-Oriented Dynamic Learning Environment) site, using MoodleRooms. Moodle is an open-source e-learning course management system; MoodleRooms is a host, providing a server and access to the Moodle platform for education institutions, government agencies, non-profits, and corporations. Implementation and development sites were activated and configured during May and June 2011.

The established core Institute curriculum serves as the foundation for the re-envisioned curricula for Early Start Online. Additionally, the curriculum learning outcomes are aligned with the ICC-recommended *Early Start Personnel Manual (ESPM)*, mentioned above. The learning outcomes have also been reviewed for relevance to the Part C State Performance Plan indicators.

In keeping with the collaborative, multidisciplinary approach adopted throughout Early Start activities, DDS established an advisory and input team representative of Early Start stakeholders, including RC, local education agency, vendor, and family resource center staff. The charge of this Training Delivery Input Team (TDIT) was to apply their specific area of expertise or experience and to represent perspectives of specific Early Start stakeholders in reviewing content and delivery modes for Early Start Online. TDIT members provided input on learning outcomes and content for the five lessons comprising the first Early Start Online course between October 2010 and May 2011. Pilot implementation was scheduled for July 2011.

When complete, the Early Start Online Foundations series will include the following courses:

- *Foundations I* (available January 2012)
 - Family Systems
 - Early Start System
 - Making Decisions Using Evidence-Based Practice
 - The Individualized Family Service Plan Process
 - Supporting Families Using Coaching and Other Help-Giving Practices
- *Foundations II* (Available January 2012)
 - Child Development
 - Screening, Evaluation, and Assessment
 - Creating Functional Outcomes
 - Natural Environments for Families
 - Selecting and Developing Interventions
- *Foundations III* (Available August 2012)
 - Working with Diverse Families
 - Relationship-Based Early Intervention
 - Quality Assurance in Early Intervention
 - Transition Planning
 - Collaboration Within the Early Start Team and Community Resources

The Early Start Online Skill Base Series content will provide orientation and knowledge-level information related to coordination and implementation strategies. The Skill Base Series will include the following courses:

- *Facilitating Social and Emotional Development*
- *Facilitating Sensory Processing Skills*
- *Facilitating Motor and Neurological Development*
- *Facilitating Communication*
- *Facilitating Cognitive Development and Early Learning*
- *Facilitating Self-Help Skills and Adaptive Behavior*
- *Impact of Medical Conditions on Children and Their Families*

Early Start Institutes Overview

In 2010-2011, DDS sponsored several training events as part of its Early Start Institute series to address the needs of new and seasoned service providers and a variety of other early intervention-related disciplines. Early Start Institutes attendance data for this time period indicate that training reached the intended audience of professionals from early intervention partner agencies:

- Forty-one (41) percent of the participants represented RCs and RC vendors.
- Twenty-five (25) percent of the participants represented family resource centers.
- Twelve (12) percent of the participants represented local education agencies.
- Other participants represented community partners including Early Head Start/Head Start and child care agencies.

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

- Fifty (50) percent of the Early Start Essentials Institute participants represented RCs, RC vendors, and local education agencies.
- Eighty-three (83) percent of the Advanced Practice Institute participants represented RCs, RC vendors, and local education agencies.
- Sixty-one (61) percent of the Family Resources and Supports Institute represented family support personnel.
- Eighteen (18) percent of the Family Resources and Supports Institute participants represented RC vendor and RC personnel.

During 2010–2011, 415 early intervention and related service providers were trained in Institutes throughout California.

- *Early Start Essentials*: Provides foundation information geared to early interventionists and service coordinators new to the California Early Start system.
- *Early Start Advanced Practice Institute*: Delivers 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 2010–2011 program year represents the 14th 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
- Funding to Implement Quality Assurance Activities
- Funding to Implement Local Training Events

During 2010–2011, applicants from 150 programs and agencies applied for and received Early Start Personnel Development funds under the various award categories. A total of 694 qualifying early intervention staff from local programs and agencies were provided supplemental funds to attend statewide and local training events (21.4 percent of all Early Start Institute participants), as well as to complete related course work through California-accredited universities and colleges. The total fund of \$163,956 was distributed by the end of June 2011.

Additional data indicate that

- A total of 378 applicants received attendance scholarships.
- Six direct service providers received course work scholarships to attend various California accredited universities and community colleges.
- A total of 83 direct services providers were trained through Quality Assurance grants addressing quality assurance and non-compliance findings of Early Start programs. A total of \$13,956 was awarded to early intervention programs/agencies for these activities.
- A total of 227 Early Start direct service providers attended local specialized training events that focused on the specific needs of their communities due to training grant fund awards. A total of \$21,752 was awarded to provide support for these local trainings.
- Fourteen (14) of the 21 RCs accessed scholarships funds.
- Analysis by discipline showed support personnel (social workers; psychologists; specialized consultants; physical, occupational, and speech therapists; and medical providers) were the largest group of professionals to access funds (32 percent), followed by paraprofessional/transition preschool teachers (28 percent), then early intervention direct service providers (21 percent) and administrative/management staff (19 percent).
- The majority (78 percent) of personnel who accessed scholarships funds were those with either a bachelor of arts/science degree (35 percent) or a master of arts/science degree (43 percent).

California Community College Personnel Preparation Project

California's two-year public institution system is composed of 112 colleges organized into 72 districts and represents the largest system of higher education in the nation (campuses serve more than 2.9 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 112 community colleges participate in CCPPP (the pilot project in 1998 began with seven). Forty-three community colleges 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.

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

Mentor support to CCPPP sites continues to be identified as a valuable resource by community colleges as they engage 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.

Training for faculty and lab staff was offered at college sites. Topics include orientation to the project, 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.

Staff oversees the dissemination and inventory of 46 products. Distribution of Early Start materials during the 2010-2011 program year was curtailed due to low

inventory and budget constraints that severely limited the ability to reprint. Nevertheless, 52,336 Early Start materials were disseminated statewide to a variety of early intervention and early intervention-related affiliate agencies and organizations, including child development organizations, community colleges, colleges and universities, county offices of education, early care and education agencies, and related stakeholder organizations. Early Start materials were also disseminated at some 21 meetings, conferences, trainings, and workshops at which staff served as support, presenters, or participants. RCs, local education agencies, and family resource centers were those who most frequently requested materials for local dissemination.

Eleven products were updated to reflect changes to Part C eligibility and insurance requirements. Those products were also translated into three languages—Spanish, Chinese, and Vietnamese.

In addition to publications, Early Start websites supported public awareness and outreach activities. For example, staff has supported research and implementation of a variety of web-based learning and support tools, as well as online registration systems and an automated response system. The Early Start neighborhood online social networking site supported the dissemination of training materials as well as networking prior to and following training events.

Interagency Collaboration Coordination and Support Activities

Collaboration contributes significantly 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 vital components for a service-delivery system to be 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:

- *State Interagency Coordinating Council (ICC) on Early Intervention:* Assists policies that support the timely delivery of appropriate early intervention services. ICC members are appointed by the Governor; the council itself is comprised of parents of children with disabilities, early intervention service providers, health care professionals, State agency representatives, and others interested in early intervention. This year, among many other concerns, ICC was particularly interested in supporting DDS to facilitate a seamless referral process for Prevention Referral and Resources Services as the transfer of that responsibility moves from the RCs to the family resource centers.

- *Training and Technical Assistance Collaborative (TTAC):* Serves as a forum for discussion of professional and program development issues important to the early intervention and early childhood field. TTAC is the only statewide forum that convenes training and technical assistance coordinators and providers, as well as representatives from the funding agencies that support them, to discuss issues and explore coordination and collaboration opportunities. During the past year, TTAC members have become even more active in identifying those topics for which members need more information and resources, thus supporting DDS in fulfilling its role as lead agency in providing CSPD.
- *California Department of Education Personnel Qualifications Workgroup:* Represented DDS for Part C Early Start CSPD, Part C lead agency, and 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 address current issues and access current research 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 twenty-two who are deaf-blind and to support their families. Collaborative efforts include CDBS staff presenting on topics related to deafness/blindness at California Early Start events and CDBS contributing materials and resources that are provided to the field in the specialized area of deafness/blindness.
- *Child Abuse Prevention and Treatment Act (CAPTA):* DDS-supported staff convened meetings with the CDSS to discuss how local education agencies and RCs coordinate with their county social services agencies regarding CAPTA-related requirements. The year's activities included staff participation in CAPTA-related webinars hosted by CDSS and the University of California, Davis.
- *OSEP Annual Conference:* Represented DDS 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. Staff is actively engaged in supporting First 5 to take advantage of its extensive reach and develop programming that will have an even greater reach statewide and nationally.

- *National Early Childhood Technical Assistance Center (NECTAC) and Western Regional Resource Center (WRRC):* Working with NECTAC and WRRC in the review of the *Handbook on Transition* from the CDE Special Education Division and the transition section from the *Early Start Service Coordinator's Handbook*. The review has identified inconsistencies in procedures between systems and fostered increased collaboration among stakeholders.
- *Early Childhood Mental Health Steering Committee:* The interdisciplinary workgroup has representatives from mental health, academia, professional organizations, private practitioners, and WestEd CPEI. In November 2010, the ICC adopted the *Early Start Personnel Manual*, a product of the work and support of the interdisciplinary workgroup sponsored by the California Center for Infant-Family and Early Childhood Mental Health under the direction of Dr. Marie Kanne Poulsen of the University of Southern California Center for Excellence in Developmental Disabilities, Children's Hospital Los Angeles. In addition, the workgroup finalized its update of the *California Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health (Revised)* and posted it online. The publication includes 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. It has been well received statewide and generated significant national interest as well.
- Presentations on the competencies included 1) two presentations at the April annual Infant Development Association, which highlighted training programs using the competencies and ways in which they complement the newly developed early childhood education competencies; 2) California B-5 Leadership Consortium in Los Angeles; and 3) the Los Angeles Service Area (San Gabriel Valley) Prenatal to 5 Collaborative.
- The California Center workgroup also completed its work on the development of an endorsement process and training model specific to building capacity in early mental health workforce competencies.
- WestEd CPEI, working with Project ABC in Los Angeles, co-sponsored a policy think tank on evidence-based practices for children birth to five. At the February 2, 2011, think tank event in Long Beach, national leaders in the field discussed the concerns, limitations, and advantages of models of evidence-based practices. The event culminated in an issue brief, *Challenges in the Implementation of Evidence-Based Mental Health Practices for Birth-to-Five Year Olds and their Families*, which was published in September 2011.
- *State Partnerships:* To reflect the interagency nature of early intervention services, WestEd CPEI continued to reach out to other statewide TTA partners as well as agencies and organizations that represent the interests of young children and families with special needs in the preparation and delivery of professional development activities. During the 2010-11 program year, the

Early Start Institute Series included representation from CDE, 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.

- On March 1-2, 2010, in Sacramento, DDS Early Start staff presented at and attended the SEECAP special event, Legislation Updates 2011, to share current information and discuss policy and strategies related to serving the birth-to-three population with special needs.
- *Zero-to-Three*: To stay abreast on current best-practice strategies and cutting edge research for the birth-to-three population, WestEd represented staff at the annual National Training Institute (NTI), sponsored by Zero to Three in Phoenix, Arizona, December 9–11, 2010. 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. Topic sessions related to early intervention included relationship-based practice; blending the DIR model and natural learning environment practices in early intervention service delivery; mindsight and neural integration—the mechanisms of social and emotional resilience and well-being; tailoring individual early intervention services; best practices in autism assessment; infants and trauma; and supporting maternal parenting self-efficacy. Sessions related to personnel development included workshops such as integrating reflective practice in every day supervision, preparing relationship-based early intervention personnel; developing competency standards for the infant and early childhood field; and key issues in redeveloping face-to-face training for online learning.
- *Water Cooler Conference*: Participated in the First 5 California and Water Cooler Joint Conference, March 1–2, 2010, in Sacramento, a collaborative effort to promote improvement and expansion of services for children ages birth to five. National experts discussed the most current scientifically based research, best practices, policy developments, and advocacy in the field.
- *Statewide Screening Collaborative*: Partnered with First 5 California and the California Department of Public Health/Maternal, Child & Adolescent Health to coordinate and facilitate the Statewide Screening Collaborative (SSC), an interagency group 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. The SSC works to identify and address service gaps by improving the synergies among State programs involved in recognition and response activities and adopting a common language, standard tools and screening protocols for families and children that affect healthy childhood development. Agencies involved in the SSC include the Departments of Social Services, Alcohol and Drugs, Managed HealthCare, Managed health, Education, Health Care, and Developmental

Services; California Association of Health Plans; Center for Families, Children and the Courts; Center for Healthier Children, Families and Communities; UCLAL, First 5 Association, Lucile Packard Children’s Hospital; and the Managed Risk Medical Insurance Board.

- *Community College Personnel Preparation Project (CCPPP)*: In collaboration with the California Professors of Early Childhood Special Education (CAPECSE), continues to develop articulation agreements and address issues in the implementation of an early intervention career ladder between community colleges and four-year colleges and universities.
- *Center for Social Emotional Foundations for Early Learning (CSEFEL)*: Represented Part C Early Start on the California State Leadership Team for CSEFEL as one of the states selected to receive two years of technical assistance from the national SEFEL center at Vanderbilt University, which is focused on strengthening the capacity of child care and Head Start programs to serve children with special needs in this area.
- *NECTAC/Early Childhood Outcomes Center-Sponsored Conference Calls*: Participated in calls related to the State Performance Plan (SPP) and Annual Performance Report child outcome indicators. NECTAC representatives discussed suggested formats for providing progress data and discussed examples of revised SPPs. The work has implications for data collection efforts, preparation of the focused monitoring manual and process, ICC committee support, and Early Start training priorities such as the Advanced Practice Institute and the RC Managers’ Symposium.

ATTACHMENT C

Family Survey Materials

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, SACRAMENTO, CALIFORNIA 95834
SACRAMENTO, CALIFORNIA 95834
TDD: 916-228-2064 (for the Hearing Impaired)
(916) 228-2229



May 25, 2011

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 California improve its services to other families with infants and toddlers who have special developmental needs.

By **June 20, 2011**, please complete and return this short survey using the enclosed stamped, self-addressed envelope. If you have any questions, please contact your local Family Resource Center, which can be found at <http://www.frnca.org/directory.html>.

Thank you for helping us improve services to California's children and families.

Sincerely,


Rick Ingraham, Manager
Children and Family Services Branch

"Building Partnerships, Supporting Choices"

FAMILY SURVEY FORM

Instructions:

- This survey should be filled out by the person in your family who has the most interaction with your child's early intervention (Early Start).
- All of the questions include the word "your," which refers to your family and means parents and others who support and care for your child. Every family is different, so think of what "family" means to you when answering each question.
- 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.
- There are two ways to get help completing this survey:

(1) Contact your local Family Resource Center, which can be found at <http://www.frcrc.org/directory.html> or

(2) Call 1 (800) 515-BABY (515-2223) and someone will return your call within one business day.

Read each question and circle the number from 1 to 7 that best describes your family right now.

| | | | | | | |
|---|---|-----------|---|-----------|---|----------------|
| 1. To what extent has early intervention helped your family <u>know and understand your rights?</u> | | | | | | |
| Poor 1 | 2 | Fair 3 | 4 | Good 5 | 6 | Excellent 7 |
| 2. To what extent has early intervention helped your family <u>effectively communicate your child's needs?</u> | | | | | | |
| Poor 1 | 2 | Fair 3 | 4 | Good 5 | 6 | Excellent 7 |
| 3. To what extent has early intervention helped your family be able to <u>help your child develop and learn?</u> | | | | | | |
| Poor 1 | 2 | Fair 3 | 4 | Good 5 | 6 | Excellent 7 |

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 330, M.S. 3-8
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-2205



25 de mayo 2011

Estimados Padres de Familia:

Usted ha sido seleccionado para proporcionar la información en tres áreas de su experiencia con los servicios de Intervención Temprana (Early Start), ofrecidos a usted y su hijo.

La información obtenida a través de esta encuesta, que se encuentra en la parte posterior de esta carta, sólo se reportará por medio de un resumen de las respuestas en grupo, de todas las familias que participen. Sus respuestas individuales NO se reportarán. La información que usted proporcione ayudará al estado de California para mejorar sus servicios a otras familias con bebés y niños pequeños que tienen necesidades especiales de desarrollo.

Por favor complete esta breve encuesta antes del **20 de junio 2011**, y regrésela dentro del sobre sellado y pre-escrito con la dirección de retorno que aquí le enviamos. Si usted tiene alguna pregunta, por favor contacte a su Centro Local de Recursos para Familias que se puede encontrar en el sitio Web <http://www.frcnca.org/directory.html>.

Gracias por ayudarnos a mejorar los servicios a los niños y sus familias en California.

Atentamente,


Rick Ingraham, Gerente
Servicios para Niños y Familias

"Building Partnerships, Supporting Choices"

FORMULARIO DE ENCUESTA DE LA FAMILIA
[Versión Español]

Instrucciones:

- Esta encuesta debe ser completada por la persona en su familia que tiene mayor interacción con la Intervención Temprana (Early Start) de su hijo.
- Todas las preguntas incluyen la palabra "su", que se refiere a su familia y significa a los padres y otras personas que apoyan y atienden a su hijo. Cada familia es diferente, así que piense en lo que "su familia" significa para usted al responder a cada pregunta.
- Si usted no sabe cómo responder a una pregunta, o si usted no está cómodo respondiendo la pregunta, salte esa pregunta y continúe a la siguiente.
- Hay dos maneras para obtener ayuda para completar esta encuesta:
 - (1) Comuníquese con su Centro Local de Recursos para la Familia, que se puede encontrar en <http://www.frcnca.org/directory.html> o
 - (2) Llame al 1 (800) 515-BABY (515-2229) y alguien le contestará la llamada dentro de un día laboral.

Lea cada pregunta y circule el número del 1 al 7 que mejor describe a su familia en este momento.

| | | | | | | |
|--|---|---------|---|-------|---|-----------|
| 1. ¿En qué medida ha ayudado la Intervención Temprana para que su familia <u>conozca y comprenda mejor sus derechos?</u> | | | | | | |
| Pobre | | Regular | | Bueno | | Excelente |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. ¿En qué medida ha ayudado la Intervención Temprana para que su familia <u>comunique eficazmente las necesidades de su hijo?</u> | | | | | | |
| Pobre | | Regular | | Bueno | | Excelente |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. ¿En qué medida ha ayudado la Intervención Temprana para que su familia <u>pueda ayudar a su hijo a desarrollarse y a aprender?</u> | | | | | | |
| Pobre | | Regular | | Bueno | | Excelente |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 330, MS 3-8
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) (916) 654-2205



2011年五月二十五日

親愛的家長：

你已被選定就你對早期介入服務 (Early Start)

為你和你孩子提供三方面服務之經驗，提供意見。

通過此信背頁的調查所收集的資料，只會用作參與調查的所有家庭之答案摘要提出報告。

我們不會報告個別家庭的答案。你提供的資料，將幫助加州改善其對其他有特殊發展需要

嬰孩和幼兒家庭的服務。

請在2011年六月二十日前用附上已付郵資的回郵信封寄回此簡短調查問卷。如果你有

任何問題，請聯絡本地的家庭中心，聯絡資料可在 <http://www.frcnca.org/directory.html>

找到。

謝謝你幫助我們改善對加州兒童和家庭的服務。

兒童和家庭服務部經理

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

"Building Partnerships, Supporting Choices"

家庭調查表格

【中文版】

指示：

- 此調查表格應由府上與孩子早期介入 (Early Start) 服務有最多接觸的家人填寫。
- 所有問題包括有「你」字一詞，意指你的家庭和父母，以及支持和照護你孩子的其他人。每個家庭都不同的，所以在填答問題時應考慮「家庭」對你的含義。
- 如你不知道如何回答一題問題，或對回答該問題不感舒服，你可以跳開不答，填答下一題。
- 取得幫助填寫此調查表格有兩個方法：
 - (1) 聯絡本地的家庭資源中心，聯絡資料可在 <http://www.frcnca.org/directory.html> 網頁查找，或
 - (2) 來電 1 (800) 515-BABY (515-2229)，我們會有人在一個工作天內回電給你。

請閱讀以下每題問題，並用1至7的分數，說明你家庭目前的體驗。

| | | | | | | |
|-------------------------------------|---|----|---|---|---|----|
| 1. 在什麼程度上早期介入服務幫助你的家庭認識和明白你的權利？ | | | | | | |
| 差 | | 普通 | | 好 | | 卓越 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. 在什麼程度上早期介入服務幫助你的家庭有效地溝通了解你孩子的需要？ | | | | | | |
| 差 | | 普通 | | 好 | | 卓越 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. 在什麼程度上早期介入服務能幫助你家庭的孩子發展和學習？ | | | | | | |
| 差 | | 普通 | | 好 | | 卓越 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Attachment D

Table 4 Report of Dispute Resolution Under Part C

TABLE 4
 REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE
 INDIVIDUALS WITH DISABILITIES EDUCATION ACT
2010-11

| SECTION A: Written, Signed Complaints | |
|---|-----|
| (1) Total number of written, signed complaints filed | 17 |
| (1.1) Complaints with reports issued | 12 |
| (a) Reports with findings of noncompliance | 11 |
| (b) Reports within timeline | 11 |
| (c) Reports within extended timeline | 1 |
| (1.2) Complaints pending | 0 |
| (a) Complaints pending a due process hearing | 0 |
| (1.3) Complaints withdrawn or dismissed | 5 |
| SECTION B: Mediation Requests | |
| (2) Total number of mediation requests received | 101 |
| (2.1) Mediations held | 28 |
| (a) Mediations held related to due process complaints | 19 |
| (i) Mediation agreements related to due process complaints | 15 |
| (b) Mediations held not related to due process complaints | 9 |
| (i) Mediation agreements not related to due process complaints | 8 |
| (2.2) Mediations pending | 1 |
| (2.3) Mediations not held | 72 |
| SECTION C: Due Process Complaints | |
| (3) Total number of due process complaints filed (for all States) | 125 |
| (3.1) Resolution meetings (applicable ONLY for States using Part B due process hearing procedures) | -9 |
| (a) Written settlement agreements reached through resolution meetings | -9 |
| (3.2) Hearings fully adjudicated (for all States) - | 15 |
| (a) Complete EITHER item (1) <u>OR</u> item (2), below, as applicable. | -9 |
| (1) Decisions within timeline - <u>Part C</u> Procedures | 4 |
| (2) Decisions within timeline - <u>Part B</u> Procedures | -9 |
| (b) Decisions within extended timeline (applicable ONLY if using Part B due process hearing procedures) | -9 |
| (3.3) Hearing pending (for all States) | 2 |
| (3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing) (for all States) | 108 |

Attachment E

Part C Indicator C 9 Worksheet

INDICATOR C-9 WORKSHEET

| Indicator/Indicator Clusters | General Supervision System Components | # of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10) | (a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10) | (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: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 0 | 0 | 0 |
| | Dispute Resolution: Complaints, Hearings | 3 | 5 | 5 |
| 2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 0 | 0 | 0 |
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| 3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 0 | 0 | 0 |
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |

INDICATOR C-9 WORKSHEET

| | | | | |
|--|--|---|----|----|
| 4. Percent of families participating in Part C who report that early intervention services have helped the family | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 0 | 0 | 0 |
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| 5. Percent of infants and toddlers birth to 1 with IFSPs | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 0 | 0 | 0 |
| 6. Percent of infants and toddlers birth to 3 with IFSPs | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| 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: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 1 | 1 | 1 |
| | Dispute Resolution: Complaints, Hearings | 6 | 10 | 10 |

INDICATOR C-9 WORKSHEET

| | | | | |
|---|---|----------|----------|----------|
| <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>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p> | <p>0</p> | <p>0</p> | <p>0</p> |
| <p>A. IFSPs with transition steps and services;</p> | <p>Dispute Resolution: Complaints, Hearings</p> | <p>5</p> | <p>6</p> | <p>6</p> |
| <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>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p> | <p>0</p> | <p>0</p> | <p>0</p> |
| <p>B. Notification to LEA, if child potentially eligible for Part B; and</p> | <p>Dispute Resolution: Complaints, Hearings</p> | <p>0</p> | <p>0</p> | <p>0</p> |
| <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>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p> | <p>0</p> | <p>0</p> | <p>0</p> |
| <p>C. Transition conference, if child potentially eligible for Part B.</p> | <p>Dispute Resolution: Complaints, Hearings</p> | <p>0</p> | <p>0</p> | <p>0</p> |

INDICATOR C-9 WORKSHEET

| | | | | |
|---|--|---|---|---|
| OTHER AREAS OF NONCOMPLIANCE:5 Developmental Domains | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 0 | 0 | 0 |
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| OTHER AREAS OF NONCOMPLIANCE: Timely Written Notice | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 1 | 1 | 1 |
| | Dispute Resolution: Complaints, Hearings | | | |
| 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: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 1 | 1 | 1 |
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| OTHER AREAS OF NONCOMPLIANCE: IFSPs list services for the child that contain method, frequency, intensity, and duration. | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 0 | 0 | 0 |

INDICATOR C-9 WORKSHEET

| | | | | |
|--|--|---|-------------------|---------|
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| OTHER AREAS OF NONCOMPLIANCE: IFSPs contain family concerns, priorities and resources. | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 0 | 0 | 0 |
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| OTHER AREAS OF NONCOMPLIANCE: IFSPs Evaluations were conducted in a timely manner. | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 1 | 1 | 1 |
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| Sum the numbers down Column a and Column b | | | 25 | 25 |
| Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100. | | | (b) / (a) X 100 = | 100.00% |

Attachment F

California Department of Developmental Services Corrections

| APR Indicator | Status of APR Data/SPP Revision Issues | California Response | OSEP Analysis/Next Steps | California Response |
|---------------|--|---|--|---|
| 8A | The State reported that one of three findings of noncompliance identified in FFY 2007 was corrected. | Replace with: one of two findings | The State must demonstrate, in the FFY 2010 APR, that the remaining two uncorrected noncompliance findings identified in FFY 2008 and the remaining two uncorrected findings identified in FFY 2007 were corrected. | Replace with: one remaining uncorrected finding |
| 8B | The State also reported that three findings of noncompliance identified in FFY 2007 were corrected . | Replace with: remain uncorrected. | | |
| 8C | Although the State reported less than 100% compliance for this indicator for FFY 2007, the State did not provide information on any findings of noncompliance identified in FFY 2007 for this indicator. | This finding was reported as cleared within the required timelines. | | |
| 9 | The State reported that 18 of 45 findings of noncompliance identified in FFY 2007 were corrected. | Replace with: 27 of 45 | The State must demonstrate, in the FFY 2010 APR, that the remaining four findings of noncompliance identified in FFY 2008, the remaining four findings of noncompliance identified in FFY 2007... | Replace with: <u>FFY 2008</u> : 13 findings <u>FFY 2007</u> : 18 findings |