

STATE OF CALIFORNIA
ANNUAL PERFORMANCE REPORT
FOR FEDERAL FISCAL YEAR 2012



PART C OF THE FEDERAL
INDIVIDUALS WITH DISABILITIES EDUCATION ACT

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Acronyms and Definitions

Acronym	Definition
API	Advanced Placement Institute
APR	Annual Performance Report
ARCA	Association of Regional Center Agencies
ASK	Abilities, Skills, and Knowledge
CAFEC	California Association of Family Empowerment Centers
CAPECSE	California Professors of Early Childhood Special Education
CAPTA	Child Abuse Prevention and Treatment Act
CCPPP	California's Community College Personnel Preparation Project
CCS	California Children's Services
CDD	Center for Development and disability
CDBS	Advisory Committee for California Deaf-Blind Services
CDE	California Department of Education
CDSS	California Department of Social Services
CFR	Code of Federal Regulations
CPEI	Center for Prevention & Early Intervention
CSEFEL	Center on Social-Emotional Foundations for Early Learning
CSPD	Comprehensive System of Personnel Development
DDS	Department of Developmental Services
DRDP	Desired Results Development Profile
ECO	Early Childhood Outcomes
EFC	Exceptional Family Circumstances
EHS	Early Head Start
EIS	Early Intervention Services
EMAPS	Metadata and Process System
ESPM	Early Start Personnel Manual
ESR	Early Start Report electronic data base used for universal reporting by local programs
ES TTA	The Early Start Training and Technical Assistance
FRC	Family Resource Center
FRCNCA	Family Resource Center Network of California
FRSI	Family Resources and Supports Institute
HRIF	High Risk Infant Follow-Up
ICC	Interagency Coordinating Council
IDA	Infant Development Association
IDEA	Individuals with Disabilities Education Act
LEA	Local Educational Agency
Local Program	Regional Center unless otherwise defined to include school districts (LEA)
MOODLE	Object-Oriented Dynamic Learning Environment

Acronym	Definition
MCAH	California Department of Public Health/ Maternal, Child and Adolescent Health
NECTAC	National Early Childhood Technical Assistance Center
NICU	Neonatal Intensive Care Unit
OSEP	Office of Special Education Programs
Part C Lead Agency	Department of Developmental Services
RC	Regional Center – Local program unless otherwise defined to include school districts (LEA)
RCMS	Regional Center Managers’ Symposium
SAMHSA	Substance Abuse and Mental Health Services Administration
SEA	State Educational Agency/School District
SEEDS	Supporting Early Education Delivery Systems
SEFEL	National Social-Emotional Foundations for Early Learning
SELPA	Special Education Local Plan Area
SFY	State Fiscal Year
SLI	Solely Low Incidence
SLPA	Speech and Language Pathology Assistant
SPP	State Performance Plan
TACSEI	Technical Assistance Center of Social Emotional Interventions
TTAC	Training and Technical Assistance Collaborative
TDIT	Training Delivery Input Team
UCEDD	University Centers for Excellence in Developmental Disabilities
WestEd	WestEd Center for Prevention and Early Intervention
WRRC	Western Regional Resource Center

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:

This Annual Performance Report (APR) for federal fiscal year (FFY) 2012 presents data covering the period from July 1, 2012, through June 30, 2013. 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).

Information from a number of sources was used to structure and develop 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 October 30, 2013, memorandum (OSEP 14-3) 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 15, 2015.
- Numerous documents posted on the SPP/APR Calendar website, e.g., worksheets, templates, FAQs, technical assistance documents, root-cause analysis, etc.
- Western Regional Resource Center (WRRRC), National Early Childhood Technical Assistance Center (NECTAC), and the Center for Individuals with Disabilities Education Act (IDEA) Early Childhood Data Systems Center (DaSy) webinars and conference calls with information and updates on preparing the FFY 2012 APR.
- E-mail and telephone communication with NECTAC, WRRRC, and OSEP's Part C state contact.
- ED Facts Metadata and Process System (EMAPS), IDEA Part C webinars.

Additionally, the Department of Developmental Services (DDS) partners with California's broad and diverse Interagency Coordinating Council. Members of the ICC include parents, professionals providing services to infants and toddlers as well as participating State departments including the California Department of Education (CDE) Special Education Division and the Office of Homeless Education, Social Services, Managed Health Care, and Health Care Services. Furthermore, appointed community representatives include parents, educators, legal advocates, social-service agency

managers, consultants, and family-support professionals from throughout the State. This partnership facilitates ongoing stakeholder input and participation in strategic planning and priority setting for early intervention services (EIS) in California.

DDS relied on input received through the ICC and various stakeholder groups in the preparation of this APR. The FFY 2012 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 15, 2014. Revisions will be posted following the OSEP clarification period. The current State Performance Plan is posted at the following link; http://www.dds.ca.gov/EarlyStart/docs/PartCStatePerformancePlan_Feb2011.pdf

Each Regional Center (RC) will receive a letter notifying them of the performance of their programs during the Fiscal year. Additionally, RC performance on the State's targets, as described in the SPP, will be posted on the DDS website no later than June 3, 2014 (120 days following the submission of this APR, as required by 34 Code of Federal Regulations (CFR) §303.702). Key stakeholders will be notified of the posting.

Status/Background of the Part C Grant

California's Early Start program has served hundreds of thousands of infants, toddlers and their families since the program's inception. 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) 2011-12, which corresponds with FFY 2011. During that year, California expended approximately \$400 million for early intervention services.

The lack of growth in the Part C grant allocation in combination with significant fiscal challenges faced by the State in recent years has resulted in changes to the program. For example, as reported in the 2010 APR, California revised eligibility criteria to exclude the "at-risk" population previously served through the Early Start program. This change will be discussed in the APR as it relates to some of the indicators.

In spite of the changes and challenges, California continues to make significant fiscal and programmatic investments in the Early Start program in order to meet the needs of the State's young children with disabilities, and their families. DDS welcomes OSEP's support, cooperation, and flexibility as California continues to face fiscal and programmatic challenges and static Part C resources.

As reported in FFY 2010, DDS implemented the Early Start Report (ESR), a web-based automated data collection and reporting system at the end of FFY 2010. As of June 30, 2013, data for more than 79,532 children had been entered into this centralized data base, an increase of almost 20 percent over last year. Data for more than 16,000 children were entered into the ESR system during FFY 2012. ESR data was used for child outcome reporting again this year.

Once planned enhancements are tested and implemented, the ESR will provide the State with a wealth of information to better assess the performance of local programs in providing children with Early Start services, and in meeting federal Part C and State program requirements.

Additionally, we are pleased to report that this year's APR contains data in all indicators for children with solely low incidence (SLI) disabilities. This allows the State to report complete data for all indicators.

Technical Assistance Received

DDS has accessed technical assistance opportunities made available through OSEP including conference calls, webinars, and calls with California's OSEP representative. Additional technical assistance was received through participation in the Infant-Toddler Coordinators Association meetings and NECTAC webinars. DDS continues to work with nationally recognized consultants on child outcomes, data parameters, monitoring, and compliance requirements through the WestEd contract and with Western Regional Resource Center in preparing the APR.

Part C State Annual Performance Report for FFY 2012

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section.

Monitoring Priority: Early Intervention Services In a Timely Manner

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 2012 (2012-2013)	100 percent of children receive services in a timely manner

Actual Target Data for FFY 2012 (2012-2013):

FFY 2012 data indicate that 87.7 percent (292 divided by 333, times 100 equals 87.7) of infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner. This figure represents slippage from FFY 2011 of 2.6 percent. (90.3 minus 87.7 equals 2.6).

RCs document exceptional family circumstances (EFC) in the infant or toddler’s record. DDS thoroughly reviews this information during site visits to ensure that EFCs are properly documented in each record and are used in circumstances allowed by law. These EFCs are collected during monitoring visits and counted in both the numerator and denominator. EFCs were documented in three of the records.

California defines timely services as those services delivered within 45 days from the date parental consent was provided. Data for compliance indicators for children served by RCs was obtained through record reviews during on-site monitoring visits. DDS conducts on-site reviews of a cohort of Regional Centers (RC) Early Start programs each year as part of a three-year monitoring cycle. DDS conducted seven on-site reviews during FFY 2012. The sample of records reviewed is random and based on the population served. CDE data is derived from monitoring for infants and toddlers served with solely low incidence disabilities in FFY 2012.

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	292
b. Total number of infants and toddlers with IFSPs	333
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)	87.7%

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target, for FFY 2012:

A comparison of data between FFY 2011 and FFY 2012 shows that California's performance reflected a slippage of 2.6 percent. California continues to work toward achieving the measurable and rigorous target of 100 percent for this indicator.

Improvement activities during FFY 2012:

Improvement Activities accomplished in FFY 2012, and those to be included in FFY 2013 are as follows:

DDS will continue to provide training about the importance of providing timely services. (see Attachment A)

Verification of Correction

California confirms that the identified EIS were provided, although late for any child whose services did not occur in a timely manner, unless the child is no longer within the jurisdiction of the early intervention system, consistent with OSEP Memo 09-02. In addition, California ensures that each agency 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 identification of noncompliance.

Correction of FFY 2011 Findings of Noncompliance:

California reported 90.3 percent compliance on Indicator 1 in FFY 2011.

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2011, through June 30, 2012)	22
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	22
Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Verification of Correction of FFY 2011 findings:**Findings identified through the DDS Monitoring Reviews**

DDS completed a verification review of all three RCs with outstanding findings from FFY 2011. All FFY 2011 findings for this indicator were verified as corrected. The following is the result of the verification review at the RCs:

- DDS confirmed that the RC provided services, although late, for any child whose services did not originally occur in a timely manner, 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 RCs are correctly implementing the specific regulatory requirements in 34 CFR, §§303.340(c), 303.342(e), and 303.344(f)(1). All subsequent records reviewed demonstrated compliance with this requirement. (Prong 2).

Findings identified through the CDE Quality Assurance Process (QAP)

CDE identified the remaining 19 findings. CDE has verified that each Local Educational Agency (LEA) with noncompliance identified in FFY 2011 has: (1) verified that each LEA is correctly implementing the specific regulatory requirements for each noncompliant finding in this indicator through evidence of student-level correction. Student-level corrective actions are to be completed within 45 days of reporting the finding to the district, and (2) ensured that a more stringent level of follow-up review and reporting is required of districts that have previously corrected noncompliance related to this indicator.

The additional reporting ensures that LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures and practices, providing staff training, and by reviewing a new sample of student records for each district-level finding. District level corrective actions are given a timeline of three months. For all findings, correction must be completed as soon as possible but, in no case later than one year.

Revisions, with justification, to Proposed Targets, Improvement Activities / Timelines / Resources for FFY 2013 (2013-2014):

California does not propose any revisions to this indicator.

Part C State Annual Performance Report for FFY 2012

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section.

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
2012 (2012-2013)	83 percent of infants and toddlers served will receive services in the natural environment.

Actual Target Data for FFY 2012 (2012-2013):

California failed to meet the measurable and rigorous target for this indicator. FFY 2012 data indicate that 75.3 percent (25,396 divided by 33,737, times 100 equals 75.3 percent) of infants and toddlers received EIS in natural environments. This figure represents slippage from FFY 2011 of 12 percent (87.3 minus 75.3 equals 12).

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target, for FFY 2012:

California fell 7.7 percent short of the indicator target. Lower percentages may be the result of increased use of private insurance as a resource for the provision of Part C services. Additionally, it should be noted the target for FFY 2012 for this indicator represents a 6 percent increase over the prior year.

Improvement Activities:

Natural Environment Resources: DDS has informed local programs about the availability of natural environment resources, including exemplary models, availability of start-up, and local training grants, and about accessing recognized experts as speakers and trainers.

Targeted Training: During federal FFY 2013, DDS will, upon request provide targeted training, technical assistance, and resources to increase opportunities for children and families to receive services alongside their peers who are typically developing.

In addition, the State's CSPD includes an online training series with a component that specifically addresses the delivery of services in the natural environment.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (2013-2014):

California does not propose any revisions to this indicator.

Part C State Annual Performance Report for FFY 2012

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section.

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);
- C. Use of appropriate behaviors to meet their needs.

Progress Categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes (for FFY 2012):

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 who entered 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.

FFY	Measurable and Rigorous Target
<p align="center">2012 (2012-2013)</p>	<p>A-1 – 39.8% of children below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age</p> <p>A-2 – 77.0% of children who were functioning within age expectations in Outcome C by the time they turned 3 years</p> <p>B-1 – 43.0% of children below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age</p> <p>B-2 – 69.0% of children who were functioning within age expectations in Outcome C by the time they turned 3 years</p> <p>C-1 – 34.0% of children below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age</p> <p>C-2 – 72.0% of children who were functioning within age expectations in Outcome C by the time they turned 3 years</p>

Table 1: Actual Target Data for FFY 2012 (2012-2013):

FFY2012 (2012- 2013)	Measurable and Rigorous Targets for Infants and Toddlers Exiting in FFY 2010 - FFY 2012 and Baseline 2008(Excludes at-risk children)				
Summary Statements	2008 Baseline (Adjusted) ¹	Targets/Actuals for FFY 2012	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.	38.8%	39.8% / 43.3%	39.8%	39.8%	39.8%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program.	76.4%	77.0% / 64.3%	77.0%	77.0%	77.0%
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.	42.4%	43.0% / 49.5%	43.4%	43.0%	43.0%
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program.	68.0%	69.0% / 50.7%	69.0%	69.0%	69.0%
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.	33.2%	34.0% / 37.8%	34.0%	34.0%	34.0%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program.	71.0%	72.0% / 60.6%	72.0%	72.0%	72.0%

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

Part C State Annual Performance Report for FFY 2012
(OMB: 1820-0578 / Expiration Date: 08/31/2014)

Monitoring Priority - Early Intervention Services in
Natural Environments

Data Collection Plan:

For the purposes of data reporting for this APR, California once again utilized data entered into the ESR at the local level by each RC.

Data for children with SLI disabilities served by CDE on this indicator are gathered through a random sample of children who exited Part C in FFY 2012.

DDS continues to address the importance of complete data with Early Start managers during technical assistance contacts, and during training sessions such as the Advanced Practice Institute. Early Start managers have reported that quality assurance measures have already been instituted at their RC to make completed data entry a priority.

Overall, the improved sample size for the FFY 2012, and the inclusion of data for children with SLI disabilities, continues to move California's child outcomes data to better represent the total Early Start population. The final sample size of 13,015 records represents 31 percent of the total 41,641 (Total 47,814 minus 6,173 *children not receiving services as identified on the 618 Table 3*) children that exited Early Start during this reporting year and, either completed Part C services, or exited at three years old. One of the national criteria for high quality data includes reporting on 28 percent or more of children exiting Part C during this fiscal year. This total data set size has over 3,000 more completed child outcome sets than the data sample used in FFY 2011.

Another criterion for high quality state data, as identified by Early Childhood Outcomes (ECO), includes the states that meet the following patterns for each Outcome Area: category 'a' is not greater than 10%; category 'e' is not greater than 65%. California's state data meets these criteria for high quality.

Quality Assurance Measures:

Consistent with OSEP criteria, only children in the program for a minimum of six months were included in the sample for child outcomes. The electronic ESR template includes all of the OSEP required data elements for child outcomes, as well as 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 data are programmed to utilize children's data with 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 assessment techniques and instruments; (2) direct informal observations of the child; (3) review of all pertinent records; and, (4) parent/caregiver interview or discussion.

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.

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target, for FFY 2012: (2012-2013):**Improvement activities during FFY 2012:**

Data consistency and quality are a part of the continuous improvement process that has been enhanced through professional meetings that include focused discussion on assessment, measurement practices, and the ESR. DDS managers meet with the following specialty groups, as follows:

- Local early intervention managers, both Southern California and Northern California groups
- The Association of Regional Center Agencies' (ARCA) Prevention Committee

Targets were met in all three Outcome Areas for Summary Statement #1. Targets were not met in Summary Statement #2 and data will be discussed in each of the Outcome Areas.

Table 2: Data for Infants and Toddlers Exiting in FFY 2012 compared to FFY 2008 baseline (Excludes at-risk children)

A.	Positive social-emotional skills (including social relationships):	children FFY 2012	FFY 2012	FFY 2011	FFY 2008
a.	Percent of infants and toddlers who did not improve functioning	928	7.1%	6.3%	5.8%
b.	Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,407	26.2%	25.4%	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.	313	2.4%	2.4%	1.3%
d.	Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,991	23.0%	23.9%	12.8%
e.	Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	5,376	41.3%	42.1%	63.6%
Total (Due to rounding, percentages will not be exact)		13,015	100% N=13,015	100% N= 9,743	100% N= 893

B.	Acquisition and use of knowledge and skills (including early language/communication):	children FFY 2012	FFY 2012	FFY 2011	FFY 2008
a.	Percent of infants and toddlers who did not improve functioning	357	2.7%	2.5%	1.0%
b.	Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5,223	40.1%	39.8%	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.	832	6.4%	5.9%	3.8%
d.	Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4,638	35.6%	34.8%	17.0%
e.	Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,965	15.1%	17.0%	50.9%
Total (Due to rounding, percentages will not be exact)		13,015	100% N=13,015	100% N= 9,743	100% N= 893

Table 2 (cont.): Data for Infants and Toddlers Exiting in FFY 2012 compared to FFY 2008 baseline (Excludes at-risk children)

C.	Use of appropriate behaviors to meet their needs.	children FFY 2012	FFY 2012	FFY 2011	FFY 2008
a.	Percent of infants and toddlers who did not improve functioning	808	6.2%	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	4,110	31.6%	31.6%	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.	217.	1.7%	2.0%	1.2%
d.	Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,776	21.3%	21.9%	12.7%
e.	Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	5,104	39.2%	39.4%	58.4%
Total (Due to rounding, percentages will not be exact)		13,015	100% N= 13,015	100% N= 9,743	100% N= 893

Comments/Analysis on the Data Table 2:

Table 2 displays the data for the years FFY 2008, FFY 2011, and FFY 2012 for 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 2008 to FFY 2012. During this period of time, California narrowed the Early Start eligibility criteria and the data reflects these changes in some of the progress categories when looking at the trends for this period of time.

In all developmental areas, the percentage of children who did not improve functioning increased during this five year period. In the developmental area of acquisition and use of knowledge and skills (cognitive and communication), the percentage of children who did not improve functioning has increased slightly each year. All three Outcome areas had an increase in this lowest improvement category as data quantity increased and the effects of a narrowed eligibility criteria is expressed. Social/ Emotional skills shows the highest percentage of children who did not improve during their participation in Early Start. The variance between local programs for Social/Emotional domain shows 2 percent to 15.7 percent of children showing no improvement.

The 2012 data shows increasing percentages of children making developmental improvements after participating in Early Start as reflected in progress category (d) for Outcome Area B (Knowledge & Skills). Outcome Areas A and C show a stabilization of data in category (d) compared to 2011. This is an indication of data quality improvement in these areas, considering the increased quantity of data provided in the past 2 years.

Table 3: Data for Infants and Toddlers Exiting in FFY 2012 compared to FFY 2011

Summary Statements	FFY 2011	FFY 2012	Target 2012
Outcomes A: Positive social-emotional skills (including social relationships)			
1. Of those children who entered or exited the program below age expectations in Outcomes 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) X 100]	45.4%	43.3%	39.8%
2. The percent of children who were functioning within age expectations in Outcomes A by the time they turned 3 years of age or exited the program [(d + e)/ (a+b+c+d+e) X 100]	66.0%	64.3%	77.0%
Outcomes 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 Outcomes 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) X 100]	49%	49.5%	43.0%
2. The percent of children who were functioning within age expectations in Outcomes B by the time they turned 3 years of age or exited the program. [(d + e)/ (a+b+c+d+e) X 100]	51.8%	50.7%	69.0%
Outcomes C: Use of appropriate behaviors to meet their needs			
1. Of those children who entered or exited the program below age expectations in Outcomes 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) X 100]	39.4%	37.8%	34.0%
2. The percent of children who were functioning within age expectations in Outcomes C by the time they turned 3 years of age or exited the program. [(d + e)/ (a+b+c+d+e) X 100]	61.3%	60.6%	72.0%
* Percentages have been rounded.			

Comments/Analysis on the Data Table 3:

Table 3 displays the data from the entire sample for the three functional areas, distributed across the Summary Statements. All Summary Statement categories, except Summary Statement 1, Outcome Area B showed slippage in FFY 2012 compared to the previous year. There was 0.5 percent improvement for Summary Statement 1, Outcome Area B (Knowledge/ Skills).

Table 4: Data for Summary Statements 1 and 2 by Regional Center in FFY 2012

Regional Center	Child Count	Social/Emotional		Knowledge & Skills		Self Help	
		Summary 1	Summary 2	Summary 1	Summary 2	Summary 1	Summary 2
Alta	534	40.3%	70.0%	51.0%	58.6%	34.1%	66.7%
Central Valley	629	44.8%	70.1%	54.6%	56.8%	43.8%	68.4%
East Bay	683	37.9%	57.2%	46.7%	50.7%	36.3%	55.9%
East LA	421	36.2%	62.5%	31.9%	43.0%	37.2%	61.5%
Far Northern	181	62.6%	61.9%	51.5%	47.0%	55.3%	68.0%
Frank Lanterman	569	39.9%	48.9%	37.6%	39.4%	41.9%	50.8%
Golden Gate	226	30.8%	58.0%	39.7%	45.6%	23.4%	50.0%
Harbor	511	40.0%	71.2%	46.5%	63.4%	44.9%	72.8%
Inland Counties	1468	58.8%	72.9%	50.1%	42.9%	37.3%	50.1%
Kern	311	33.5%	61.7%	39.0%	47.0%	33.6%	65.0%
North Bay	356	50.0%	74.7%	58.9%	64.3%	40.4%	74.4%
North LA	1041	41.7%	62.2%	51.9%	54.3%	41.1%	62.1%
Orange County	1268	36.8%	60.6%	50.3%	46.8%	30.3%	62.9%
Redwood Coast	73	28.3%	54.8%	34.4%	38.4%	26.2%	57.5%
San Andreas	596	30.0%	55.0%	50.5%	48.8%	24.6%	46.5%
San Diego	704	35.5%	46.7%	45.4%	43.0%	36.2%	47.9%
San Gabriel / Pomona	653	39.1%	68.9%	63.0%	56.8%	40.3%	67.5%
South Central	636	42.0%	50.3%	29.3%	22.6%	30.8%	45.0%
Tri-Counties	1148	64.3%	83.2%	67.9%	70.0%	56.4%	77.4%
Valley Mountain	649	51.2%	71.2%	51.2%	56.7%	37.6%	67.5%
Westside	330	26.6%	47.9%	41.8%	51.5%	29.9%	52.7%
CDE	28	100.0%	78.0%	63.6%	96.0%	100.0%	100.0%

* Percentages have been rounded.

Comments/Analysis on the Data Table 4

Social/Emotional:

Summary Statement 1 and 2 reflect a wide local variance of results for this domain. Summary Statement 1 has a range of 26.6 percent to 64.3 percent for local programs. The State average is 43.3 percent which is higher than the target set in the SPP for FFY 2012 at 39.8 percent. Summary Statement 2 has a range of 46.7 percent to 83.2 percent for local programs. The State average is 64.3 percent which is lower than the target set in the SPP for FFY 2012 at 77.02 percent. Both summary statements in this outcome area had slippage this year and the range between local programs has narrowed.

The greatest variance across local programs appears in improvement category (e.) (infants and toddlers who maintained functioning at a level comparable to same-aged peers). In previous years data collectors noted, during site visits, a lower percentage of parents consenting to additional assessments when their children are functioning closer to age level. This factor may contribute to the wide range of results in this year's data. The percentage of incomplete data may account for the lower percentage of children showing increases in their rate of growth.

Any profile with incomplete or inaccurate data was not used in outcomes data. One issue for the child outcomes data during FFY 2010 was identified as incomplete data sets. This continued to be addressed throughout FFY 2011 and 2012 as well. 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.

The shift in responsibility for the collection of outcomes data to the RCs required them to make system changes in order to have reportable child outcomes data on all children meeting the data criteria. The ESR brings an increased awareness and accessibility to the local agencies for documenting outcomes in functional age scores for all children participating in Part C services.

Knowledge and use of skills, including cognitive and communication:

The greatest variance across local programs appears in improvement category b (improved in functioning but not sufficient to move nearer to functioning comparable to same age peers) for the Knowledge/Skills domain.

The narrowing of eligibility criteria is interpreted to be an influential factor in the percentages of children with 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 following early intervention, 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 2009.

Summary Statement 1 and 2 reflect a wide local variance of results for this domain. Summary Statement 1 has a range of 29.3 percent to 67.9 percent for local programs. The State average is 49.5 percent, which exceeded the target set in the SPP for FFY 2012 at 43.0 percent, and the outcomes increased as compared to last year's reporting. Summary Statement 2 has a range of 22.6 percent to 70.0 percent for local programs. The State average for Summary Statement 2 is 50.7 percent which is lower than the target set in the SPP for FFY 2012 at 69.02 percent. The range between local programs has narrowed for both summary statements in this outcomes area, although there was slippage in the statewide average for Summary Statement 2.

Self-help/Adaptive:

The greatest variance across local programs appears in improvement category e (infants and toddlers who maintained functioning at a level comparable to same age peers) for the Self-help/Adaptive domain. The variance when comparing local programs may be attributed to the success of RCs in obtaining parental consent for evaluations of children continuing in RC programs as well as the number of parents who are consenting to additional assessments when their children are functioning closer to age level.

Summary Statements 1 and 2 reflect a wide variance of results in this domain. Summary Statement 1 has a range of 23.4 percent to 56.4 percent for all programs. The State's average is 37.8 percent, which exceeded the target set in the SPP for FFY 2012 at 34.0 percent but has decreased from the percentage reported last year. Summary Statement 2 has a range of 45.0 percent to 77.4 percent for local programs. The State's average is 60.6 percent which showed slippage compared to last year's report. The target set in the SPP for FFY 2012 at 72.0 percent. The range between local programs has narrowed for both summary statements in this outcomes area.

Improvement Activity:

DDS has reviewed the data showing relatively low improvement numbers with some of the RC to identify possible systematic factors. There are many contributing factors that may influence low percentages in one region as compared to another. These factors may include but are not limited to: variability in assessment tools, services available, and procedures for recording data.

Discussions between RCs and the lead-agency staff regarding the collection of child outcomes expressed in functional age and recorded in the universal data collection tool took place throughout the fiscal year. As local agencies gained experience with the ESR, more technical and detailed questions were addressed by DDS staff through telephone calls and emails. Technical assistance topics and strategies for increasing the numbers of children included in the local data were addressed; using ESR reports for supervision; and pattern checking data at the local level.

By reporting on a higher percentage of participating children in Early Start, the percentages of success as summarized in Summary Statements 1 and 2 are projected to better represent the child outcomes of the local participating populations. By continuing data improvement in the areas of incomplete data and data quality, Early Start has been able to more accurately characterize the improvements in the measured developmental levels for children after participating in EIS.

During statewide professional development opportunities, break-out sessions were well attended at the Advanced Practice Institute, which featured three sessions on quality data topics and the ESR. The following topics were presented:

- *Reflections on Results-Driven Accountability in 2013: Shift in Emphasis or Earthquake?* Presented by W. Alan Coulter
- *Making Real Improvement: Rethinking the Use of Data to Improve Implementation.* Presented by W. Alan Coulter
- *Update on Desired Results Development Profile (DRDP) access for Infants and Toddlers* (CDE assessment tools)

Local quality assurance measures took place throughout the year:

- ES Managers update ESR child outcomes at child's entry & exit from the program
- Protocols were developed for Exit Assessments in all domains
- ES managers using ESR as a management tool: features such as tickler reports; service coordinator reports; and child outcomes reports
- Updated Frequently Asked Questions were posted on the ESR website

Training and technical assistance will continue to be planned to improve the documentation of child outcomes.

Revisions, with justification, to Proposed Targets, Improvement Activities / Timelines / Resources for FFY 2013 (2013-2014):

California does not propose any revisions to this indicator.

Part C State Annual Performance Report for FFY 2012

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section.

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
2012 (2012-2013)	4-A. 51.5 percent of families participating in Part C report that early intervention services have helped the family <i>'know their rights.'</i> 4-B. 45.5 percent of families participating in Part C report that early intervention services have helped the family <i>'effectively communicate their children's needs.'</i> 4-C. 75.7 percent of families participating in Part C report that early intervention services have helped the family <i>'help their children develop and learn.'</i>

Actual Target Data for FFY 2012:

California exceeded the measurable and rigorous targets for this indicator. The FFY 2012 data indicate that (A=77.2 percent; B=81.8 percent; and C= 79.2) families report that early intervention services have helped the family in the three sub-indicator categories.

Although the response rate was lower for FFY 2012, the scores exceeded our rigorous targets for each of the three sub-indicators. The lower response rate may be due to the transition into a more robust and comprehensive seventeen question survey in FFY 2012. The survey presented in FFY 2011 contained only three questions.

DDS employed an adapted version of the *Family Outcomes Survey* (FOS Revised Part C, 2010)² to gather and analyze Indicator 4 data for FFY 2012. Beginning in FFY 2012, DDS expanded the survey to include seventeen questions in a self-report survey. The expanded survey will allow DDS to compile more accurate data with regard to early intervention services. The questions were designed to be easy to understand, and are aligned with Indicator 4 sub-indicators, A, B, and C. They were:

(4A) Percent of families participating in Part C report that early intervention services have helped the family ‘know their rights.’

Q1. How helpful has early intervention been in giving you useful information about services and supports for you and your child?

Q2. How helpful has early intervention been in giving you useful information about your rights related to your child’s special needs?

Q3. How helpful has early intervention been in giving you useful information about who to contact when you have questions or concerns?

Q4. How helpful has early intervention been in giving you useful information about available options when your child leaves the program?

Q5. How helpful has early intervention been in explaining your rights in ways that are easy for you to understand?

(4B) Percent of families participating in Part C report that early intervention services have helped the family ‘effectively communicate their children’s needs.’

Q6. How helpful has early intervention been in giving you useful information about your child’s delays or needs?

Q7. How helpful has early intervention been in listening to you and respecting your choices?

Q8. How helpful has early intervention been in connecting you with other services or people who can help your child and family?

Q9. How helpful has early intervention been in talking with you about your child and family’s strengths and needs?

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..>

Q10. How helpful has early intervention been in talking with you about what you think is important for your child and family?

Q11. How helpful has early intervention been in developing a good relationship with you and your family?

(4C) Percent of families participating in Part C report that early intervention services have helped the family ‘help their children develop and learn.’

Q12. How helpful has early intervention been in giving you useful information about how to help your child get along with others?

Q13. How helpful has early intervention been in giving you useful information about how to help your child learn new skills?

Q14. How helpful has early intervention been in giving you useful information about how to help your child take care of his/her needs?

Q15. How helpful has early intervention been in giving you useful information about how to help your child learn and grow?

Q16. How helpful has early intervention been in sharing ideas on how to include your child in daily activities?

Q17. How helpful has early intervention been in working with you to know when your child is making progress?

These seventeen questions were measured on a 5-point Likert scale (1= Poor to 5= 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 4 (Good) and calculating the percentage of responses that are 4 (good) and higher for OSEP data reporting purposes. Analyses of response data indicate that California met its 2012 Indicator 4 target for each of the three sub-indicators (See Table 1).

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.

TABLE 1. INDICATOR 4 – TARGET MEASUREMENTS				
Percent of families participating in Part C who report that early intervention has been helpful:	2012 TARGETS	SURVEY RESULTS BY AREA	SURVEY RESULTS BY QUESTION	FREQUENCY
A. Providing Information about services and supports.	51.5%	77.2%	84.3%	1534
A. Providing information about their rights.			76.3%	1534
A. Providing information about who to contact with concerns.			78.9%	1534
A. Providing information about options upon child's program exit.			69.4%	1534
A. Explaining rights in easy to understand ways.			78.3%	1534
B. Providing information about their child's delays or needs.	45.5%	81.8%	83.9%	1534
B. Listening to them and respecting their choices.			89.0%	1534
B. Connecting them with other helpful services.			76.6%	1534
B. Talking with them about family strengths and needs.			78.9%	1534
B. Talking with them about what they think is important.			79.1%	1534
B. Developing a good relationship with their family.			85.0%	1534
C. Providing information about the child interacting with others.	75.5%	79.2%	71.4%	1534
C. Providing information about helping the child learn new skills.			82.7%	1534
C. Providing information about helping the child fulfill his/her needs.			77.0%	1534
C. Identifying what will help the child learn and grow.			83.0%	1534
C. Sharing ideas on including child in daily activities.			78.7%	1534
C. Working with them to identify when the child is making progress.			83.5%	1534

Families of Children Served by Regional Centers

DDS drew a random sample of families of children served by RCs from the total population (approximately 29,000 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 (February 2013). These selection criteria yielded a sample of approximately 14,626 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, African American, 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 20.3 percent to achieve significance.

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 in April 2013 utilizing the same methods as were used in FFY 2011. All packets included cover letters and surveys in English and Spanish, and a self-addressed return envelope. Follow-up postcard reminders were sent six days after the initial survey mailing. A total of 1,534 valid surveys were returned, yielding an overall response rate of 27.8 percent. No surveys were returned that had missing cases. DDS noted that 210 addresses from the stratified sample were not recognized as valid addresses. Specifically, the majority (195) were categorized as *not deliverable as addressed* and *attempted not known* and fifteen were labeled *insufficient address*. Descriptive statistics (means, frequencies, percentages and standard deviations) were employed to analyze the responses to the seventeen Indicator 4 survey items within the three target areas.

When delineated by ethnicity, results indicated that the Asian, Hispanic, White, and 'Declined to State' subgroups achieved the response rates needed to indicate a representative sample (see Table 2). Only the Native American and African American subgroups did not achieve the response rates needed to adequately represent these families in our State.

⁴ Dillman, D., Smythe, J., & Christian, M. (2009). *Internet, Mail and Mixed-Mode Surveys: The Tailored Design Method*. New York: John Wiley & Sons, Inc.

TABLE 2. INDICATOR 4 – ETHNICITY RESPONSE RATES								
Ethnicity	Population	Sample	Frequency	Return Needed	Response Rate	% of 4 or 5 Responses		
						Area 1	Area 2	Area 3
Asian	1,525	1,129	258	19.4%	34.5%	75.4%	79.8%	79.8%
African American	1,043	1,043	304	19.2%	19.8%	81.7%	87.0%	85.8%
Hispanic	8,790	1,292	363	20.2%	27.8%	77.6%	79.8%	79.8%
Native American	52	52	16	75.0%	25.2%	77.4%	84.8%	83.4%
White	4,086	1,247	290	20.0%	17.7%	86.7%	93.3%	93.3%
Declined to State	3,643	1,237	303	20.0%	29.7%	78.3%	89.3%	86.1%
Total	19,139	6,000	1,534		27.8%			

Families of Children Diagnosed with SLI Disabilities

To measure the responses of families who have children diagnosed with SLI disabilities (a separate subset of families who are served and monitored by CDE), served by LEAs only, identical cover letters and surveys were provided in both an online format as well as a printed version by CDE. A total of 119 families responded to the survey. Responses demonstrated by Early Start families indicated that overall, families of children with low incidence disabilities rated the questions in between *Good* and *Excellent* for all three survey items. Specifically, they reported:

- (a) Questions 1-5 (90.6 percent of responses = 4's & 5's);
- (b) Questions 6-11 (94.2 percent of responses = 4's & 5's); and
- (c) Questions 12-17 (93.1 percent of responses = 4's & 5's)

Table 3 displays the percentage of families of children with low incidence disabilities responding 4 and higher to the three target areas. The results indicated that there were large percentages (90.6%-94.2%) indicating families felt *Good* to *Excellent* about each of the questions.

TABLE 3. INDICATOR 4 - SLI FAMILY RESPONSE RATES				
Percent of families participating in Part C who report that early intervention has been helpful:	2012 TARGETS	SURVEY RESULTS BY AREA	SURVEY RESULTS BY QUESTION	FREQUENCY
A. Providing Information about services and supports.	51.5%	90.6%	94.1%	119
A. Providing information about their rights.			87.9%	119
A. Providing information about who to contact with concerns.			93.0%	119
A. Providing information about options upon child's program exit.			83.6%	119
A. Explaining rights in easy to understand ways.			93.9%	119
B. Providing information about their child's delays or needs.	45.5%	94.2%	94.9%	119
B. Listening to them and respecting their choices.			94.9%	119
B. Connecting them with other helpful services.			92.3%	119
B. Talking with them about family strengths and needs.			94.0%	119
B. Talking with them about what they think is important.			94.0%	119
B. Developing a good relationship with their family.			94.9%	119
C. Providing information about the child interacting with others.	75.5%	93.1%	90.8%	119
C. Providing information about helping the child learn new skills.			93.1%	119
C. Providing information about helping the child fulfill his/her needs.			93.2%	119
C. Identifying what will help the child learn and grow.			92.4%	119
C. Sharing ideas on including child in daily activities.			93.2%	119
C. Working with them to identify when the child is making progress.			96.3%	119

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2012:

Target measures met. In FFY 2012, California transitioned into a more robust and comprehensive seventeen question survey.

Revisions, with justification, to Proposed Targets, Improvement Activities / Timelines / Resources for FFY 2013 (2013-2014):

California does not propose any revisions to this indicator.

Part C State Annual Performance Report for 2012

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section.

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 toddlers 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
2012 (2012-2013)	.98 percent of infants and toddlers birth to one in California will have IFSPs.

Actual Target Data for FFY 2012 (2012-2013):

FFY 2012 data indicate that .77 percent (3,910 divided by 510,414 times 100) of infants, ages birth to 1, were served. This figure is .21 percent below the State’s measurable and rigorous target and .29 percent below the national average of 1.06 percent. This figure represents an improvement of .05 percent from FFY 2011 (.77 minus .72 equals .05).

Data is derived from Office of Special Education Table C1-9 entitled *Percent of Infants and Toddlers Receiving EIS under Individuals with Disabilities Education Act Part C, by Age and State: 2012*.

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target for FFY 2012:

Due to changes in eligibility requirements in FFY 2009, children who were deemed at-risk are no longer included in the percentage of children served, therefore the State did not meet the measurable and rigorous target of .98 percent since the target was set based on the broader eligibility criteria.

Improvement Activities

The State has a comprehensive and statewide public awareness, education, and Child Find system operating collectively through its RCs, LEAs, family resource centers (FRC)s and other Early Start partners. These activities are mandated by state law and/or required by contract. Efforts are supported and augmented, as follows:

Materials Distribution:

As part of the State's ongoing Child Find efforts regarding education and resource development/dissemination, the *Reasons for Concern* brochure is located on DDS' Early Start website at www.dds.ca.gov/EarlyStart. Hard copies of the brochure can be ordered in five languages. The brochure is also posted on the CDE's website, DDS' partner for Part C in California, at <http://www.cde.ca.gov/sp/se/fp/concerns.asp>. The *Reasons for Concern* concept offers families and providers a comparison of development that may warrant further evaluation. The total number of hard copies distributed during FFY 2012 was 44,742. (See Attachment A)

Child Abuse Prevention and Treatment Act (CAPTA):

DDS continues its collaboration with the California Department of Social Services (CDSS) on pursuing outreach and training for those serving infants and toddlers and their families.

In the FFY 2012 reporting period, there were approximately 22,268 substantiated cases of abuse and neglect in the child welfare system. The number of children in out-of-home placements, aged birth to three years, as of July 1, 2013, with an open welfare case, was 11,609 children.

California Home Visiting Program (CHVP):

DDS staff has participated in the State Interagency Team, Youth and Families, CHVP Workgroup which met every other month to improve the quality, efficiency, and effectiveness of home visiting through interagency collaboration. The workgroup efforts include: program implementation; continuous quality improvement; interagency efforts to improve referrals; interagency coordination and data sharing; and collaboration with other child-serving agencies at state and local levels to support Maternal, Infant, and Early Childhood Home Visiting (MIECHV).

CHVP has identified DDS as a resource which is included in the referral network. Home visiting personnel utilize this resource with participating families. This collaboration is important for Early Start's Child Find efforts. CHVP staff performs developmental screenings as a regular part of the family home visits and refers children who need evaluation of developmental concerns to RCs. DDS staff made a presentation to the workgroup to facilitate understanding of Early Start's role in meeting the service needs of families participating in CHVP.

California Statewide Screening Collaborative (CSSC)

Since 2007, DDS and CDE have 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 deliver effective and well-coordinated health, developmental, and early mental health screenings for young children, aged birth to five years. The CSSC also serves as the advisory board for *Help Me Grow* California which is an affiliate of the national *Help Me Grow* Network. *Help Me Grow* is a coordinated approach to early identification and linking services for young children and their families. Eighteen counties in California are working on planning or implementing the *Help Me Grow* model at varied levels to promote healthy development for all children.

Newborn Hearing Screening Program (NHSP):

The purpose of NHSP is to require that every approved California Children's Services (CCS) hospital, offer hearing screenings to newborns. Newborn hearing data is currently available from the California Department of Health Care Services on a calendar year basis, and the most current data comes from numbers gleaned in calendar Year 2011. NHSP screened 492,337 infants (98 percent) of the total 503,016 births in California during 2011. Of those infants screened 894 infants were identified with a hearing loss which represents 1.8/1,000 infants screened. All of these infants were referred to Early Start. Data collected from NHSP indicate that 774 infants (87 percent) who were referred to Early Start actually enrolled.

By the end of 2011, there were 256 hospitals certified and participating in the NHSP. There were ten hospitals that received initial NHSP certification during the FFY 2010. Early Start staff members participate in the NHSP Quality Improvement Collaborative Team which meets biweekly. Further program information can be found at: www.dhcs.ca.gov/services/nhsp.

Newborn Screening Program (NBS)

The purpose of the NBS Program is to screen for the most common treatable diseases, as recommended by the American College of Medical Genetics and collaborative partner, the March of Dimes. Currently, up to 80 disorders are screened for in order to assure that affected babies are diagnosed and provided treatment before symptoms or permanent damage occurs. 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 plans to continue to work with CCS and the Genetic Disease Branch on referral procedures that will benefit California's Child Find efforts. More information about this program can be found at the website: www.cdph.ca.gov/programs/NBS.

Neonatal Intensive Care Unit (NICU) Liaisons:

RCs continued liaison activities with their local NICUs throughout FFY 2012. Liaison activities included Child Find activities, referrals, intakes, and discharge planning with hospital staff to provide continuity of care between hospital and home. In 2012, the statewide total number of infants discharged from NICUs was 14,362, as follows:

- Infants discharged to home: 13,129
- Infants transferred to another facility: 56

The California Children's Services High Risk Infant Follow-Up (HRIF):

HRIF provides developmental surveillance and diagnostic evaluations for infants who are graduates of a CCS-approved NICU and who are at increased risk for neurodevelopmental problems. Risk factors for infants who receive HRIF services include very low birth weight, evidence of central nervous system pathology, and cardiorespiratory depression at birth.

The purpose of HRIF is to identify new or emerging problems for which appropriate referrals are indicated. HRIF provides 3 evaluation visits for young children up to age 3. These visits include comprehensive history and physical examination, including neurologic assessment, a developmental assessment, and one family psychosocial assessment. Referrals for ophthalmologic assessment and diagnostic audiology assessment are provided when indicated. Each HRIF program has a HRIF Coordinator who ensures that diagnostic follow-up is completed and that needed referrals are made. Such referrals may include the local Early Start programs. The HRIF coordinator also provides families with referrals to appropriate community social and developmental programs.

Homeless Education Program

DDS began a collaborative partnership last year with the Homeless Education Program at the CDE. DDS staff members and the CDE Education Program Consultant for the Homeless Education Program in California have met several times this year to discuss strategies for collaboration between Early Start and programs funded by the McKinney-Vento Act. Collaboration activities have included the sharing and distribution of local contact lists for both programs; Homeless Education Program posters were sent to Early Start managers in English and Spanish; and an ICC presentation was given at the May 2012 meeting to bring increased awareness of the thousands of homeless infants and toddlers in California that are at-risk for developmental delays. An Early Start presentation was offered to the 2012 Fall Coordinators Training for McKinney-Vento Act grantees. Additionally, a joint session was presented at the Early Start Advanced Practice Institute (API) and Family Resources and Supports Institute (FRSI) by Early Start staff and the Homeless Education Program Consultant. The topic for each presentation was Early Intervention and Families Experiencing Homelessness, emphasizing strategies for improving coordination between homeless education liaisons and local Early Start staff.

Indian Health Program

The Indian Health Program, within the California Department of Health Care Services established new connections with Early Start in 2012. Planning meetings with Indian Health Program staff have been scheduled for the coming fiscal year.

BabyLine

DDS continues to maintain a toll-free telephone line [referred to as the *BabyLine* [1-800-515-BABY (2229)], which provides information in English and Spanish on Early Start, including resources and referral information for families. During FFY 2012, DDS staff received a total of 612 calls. This information is also posted on the Early Start website at: <http://www.dds.ca.gov/EarlyStart/WhatsES.cfm>.

DDS, CDE and RC Websites

DDS maintains a comprehensive website where information about Early Start services is located. The website takes into consideration that a new user may not know what services are available and the *Birth to 36 Months* webpage outlines the options for infants and toddlers. The section of this website that houses Early Start information alone received over 10,162 visitors in FFY 2012. <http://www.dds.ca.gov/EarlyStart/home.cfm>.

Every RC in the State also maintains its own website, which includes Early Start information. A complete listing of RCs and their websites can be located on the DDS website under the *Regional Centers* tab.

CDE maintains a comprehensive website with information about Early Start services and resources. CDE maintains a link to the DDS Early Start website. <http://www.cde.ca.gov/fg/fo/profile>.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013: (2013-2014):

California does not propose any revisions to this indicator.

Part C State Annual Performance Report for 2012

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section.

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 toddlers 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
2012 (2012-2013)	2.0 percent of infants and toddlers birth to three in California will have IFSPs.

Actual Target Data for FFY 2012 (2012-2013):

California exceeded the measurable and rigorous target for this indicator. FFY 2012 data indicate that 2.2 percent (33,737 divided by 1,527,403, times 100 equals 2.2) of infants and toddlers in California have IFSPs, ages birth to three years old. The FFY 2011 figure remained the same in FFY 2012. (2.2 equals 2.2).

Data was derived from OSEP Table C1-9 entitled *Percent of Infants and Toddlers Receiving EIS under Individuals with Disabilities Education Act C, by Age and State: 2012*.

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target for FFY 2012:

Target Met.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (2013-2014):

California does not propose any revisions to this indicator.

Part C State Annual Performance Report for FFY 2012

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section.

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
2012 (2012-2013)	100 percent of infants and toddlers had an evaluation, assessment, and an IFSP meeting within 45 days.

Actual Target Data for FFY 2012 (2012-2013):

FFY 2012 data indicate that 91.3 percent of infants and toddlers had an evaluation and assessment completed and an initial IFSP meeting held within 45 days of referral (304 divided by 333, times 100 equals 91.3 percent). This figure represents an improvement of 7.3 percent from FFY 2011. (91.3 minus 84 equals 7.3).

RCs document EFCs in the infant or toddler’s records. DDS thoroughly reviews this information during site visits to ensure that EFCs are properly documented in each record and are used in circumstances allowed by law. These EFCs are collected during monitoring visits and counted in both the numerator and denominator. EFCs were documented in 22 of the records.

Evaluation and assessment requirements and initial IFSP meeting timelines are compliance items for which performance data is obtained through record reviews during on-site monitoring visits. DDS conducted seven on-site reviews for FFY 2012.

DDS works with programs performing below 100 percent on this indicator, drilling down to help identify the root cause of the delays and providing technical assistance to address the systemic issues causing delays in the 45-day timeline.

CDE data is derived from monitoring for children served with solely low incidence disabilities in FFY 2012.

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

c. 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	304
d. Number of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted	333
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)	91.3%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2012:

A comparison of the data between FFY 2011 and FFY 2012 shows that California’s performance improved by 7.3 percent. California continues to work on the online training modules that address the importance of conducting timely evaluations and assessments. Additionally, California continues to provide staff development and capacity building through California’s Comprehensive System of Personnel Development (CSPD). (see Attachment A)

Training and Personnel Development:
(see Attachment A)

California’s Community College Personnel Preparation Project (CCPPP):
(see Attachment A)

Speech and Language Pathology Assistant (SLPA) Efforts:

The ICC work group completed a document titled, *Guidelines for the Speech Language-Pathology Assistants Duties and Responsibilities in Early Intervention Services*. This document was distributed to stakeholders statewide.

Verification of Correction:

California confirms that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS, consistent with OSEP Memo 09-02. In addition, California ensures that each agency

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 identification of noncompliance.

Correction of FFY 2011 Findings of Noncompliance

California reported 84.0 percent compliance on Indicator 7 in FFY 2011.

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011, through June 30, 2012)	14
2. Number of FFY 2010 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	14
Number of FFY 2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Verification of Correction of FFY 2011 noncompliance:

Findings identified through the DDS Monitoring Reviews

DDS completed verification reviews at four RCS that were issued findings in FFY 2011 on this indicator. The findings identified for this indicator for FFY 2011 were verified as corrected within the required timeline. Results of these visits are as follows:

- DDS confirmed that the RCs held the IFSP meeting, although late for all children whose IFSP meetings did not occur in a timely manner unless the child is no longer within the jurisdiction of the EIS program. This verification occurred at the original monitoring visit (Prong 1).
- 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. All subsequent records demonstrated that all children (100%) had an evaluation and assessment and IFSP meeting within 45 days of referral (Prong 2).

Findings identified through the CDE QAP

CDE identified the remaining 10 findings. CDE has verified that each LEA with noncompliance identified in FFY 2011 has: (1) verified that each LEA is correctly implementing the specific regulatory requirements for each noncompliant finding in this indicator through evidence of student-level correction. Student-level corrective actions are to be completed within 45 days of reporting the finding to the district, and (2) ensured that a more stringent level of follow-up review and reporting is required of districts that have previously corrected noncompliance related to this indicator. The additional reporting ensures that LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures and practices, providing staff training, and by reviewing a new sample of student records for each district-level finding.

District level corrective actions are given a timeline of three months. For all findings, correction must be completed as soon as possible but, in no case later than one year.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013: (2013-2014):

California does not propose any revisions to this indicator.

Part C State Annual Performance Report for FFY 2012

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8A: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday.

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

Measurement:

Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

Account for untimely transition planning, including the reasons for delays.

FFY	Measurable and Rigorous Target
FFY 2012 (2012-2013)	100% of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday.

Actual Target Data for FFY 2012 (2012-2013):

FFY 2012 data indicate 82.0 percent of the children exiting Part C have an IFSP with transition steps and services (228 divided by 278 times 100 equals 82.0 percent). This figure represents slippage from FFY 2011 of 12.8 percent (94.8 minus 82.0 equals 12.8).

The data for the children served by DDS on 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. For FFY 2012, DDS conducted seven on-site reviews. DDS monitors RCs on a cyclical basis every three years.

Data for children with SLI disabilities served by CDE on this indicator are gathered through a random sample of children who exited Part C in FFY 2012.

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	228
b. Number of children exiting Part C	278
The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday. (Percent = [(a) divided by (b)] times 100)	82.0%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2012:

A comparison of the data between FFY 2011 and FFY 2012 shows that California’s performance slipped by 12.8 percent on Indicator 8A.

This is the first reporting year that included data for children with SLI disabilities on this indicator from CDE; therefore it is not comparable to prior year data.

Improvement Activities Completed During FFY 2012

Although the data reflects slippage, both DDS and CDE have dedicated resources to improving performance on this indicator. The following improvement activities focus on the transition process:

- California’s CSPD (see Attachment A) continues to include the Early Start Institute Series for service providers, service coordinators, family support personnel and other interested parties. DDS contracted with WestEd to coordinate implementation of these personnel development activities.
- The following are collaborative activities by DDS and CDE in FFY 2012 to improve transition from Part C to Part B:
 - DDS and CDE published a joint transition handbook, *Effective Early Childhood Transitions-A Guide for Transition at Age Three- Early Start to Preschool*. This guide will provide the tools for IFSP team members to provide a smooth process for the families transitioning from Part C to Part B.
 - DDS and CDE devoted resources to address the transition process in California at the local level. Since February 2012, DDS and CDE have jointly assisted 14 of the 21 RC catchment areas including their respective LEA, and Special Education partners. The joint trainings focus on conducting the transition meetings, preparing families for transition, interagency communication and

notification, developing and implementing transition steps, defining agency responsibilities and facilitating dialogue between Part C and B personnel. The remaining seven RC catchment areas will be trained by the end of FFY 2013.

- DDS, CDE, and the WestEd Center for Prevention and Early Intervention have developed, and are offering a series of on-line interactive courses for intervention personnel who serve Early Start children and families. Transition planning is part of the Foundations Series.
- The State has utilized a number of technical assistance resources including but not limited to OSEP conference calls and National Infant Toddler Association meetings as well as calls and events sponsored by OSEP technical assistance partners

Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance California reported for FFY 2011 for this indicator: 94.8%

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011 through June 30, 2012)	3
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	3
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2011 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Verification of Correction of FFY 2011 noncompliance (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 the policies. 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 actions necessary 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.

CDE did not collect data for this Indicator for FFY 2011, therefore did not issue any findings.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011:

DDS completed a verification review of the three RCs with outstanding findings from FFY 2011. FFY 2011 findings for this indicator were verified as corrected. The following is the result of the verification review at three RCs:

- DDS confirmed that all children 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, §§ 303.209 and 303.344(h). All of the records reviewed demonstrated compliance with C-8A, transition steps and services (Prong 2).

An additional RC cleared a potential finding on this indicator prior to the issuance of the report in FFY 2012. The RC cleared the potential finding on both the individual child level (Prong 1) and systemic level (Prong 2), consistent with OSEP Memo 09-02.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable):

California does not propose any revisions to this indicator.

Part C State Annual Performance Report for FFY 2012

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8B: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has notified (consistent with any opt-out policy adopted by the State) the State Educational Agency/School District (SEA) and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for potentially eligible Part B preschool services. (Transition Notification)

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

Measurement:

Percent = [(# of toddlers with disabilities exiting part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and the LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities who were potentially eligible for Part B)] times 100.

Account for untimely transition planning, including the reasons for delays.

FFY	Measurable and Rigorous Target
FFY 2012 (2012-2013)	100 percent of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for potentially eligible Part B preschool services.

Actual Target Data for FFY 2012:

FFY 2012 data indicate that notification to the LEA occurred for 87.2 percent of children exiting Part C and potentially eligible for Part B (245 divided by 281 times 100 equals 87.2 percent). This figure represents slippage from FFY 2011 of 6.1 percent (93.3 minus 87.2 equals 6.1).

The data for the children served by DDS on 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. For FFY 2012, DDS conducted seven on-site reviews. DDS monitors RCs on a cyclical basis every three years.

Data for children with SLI disabilities served by CDE on this indicator are gathered through a random sample of children who exited Part C in FFY 2012.

The SEA was notified of all children who transitioned in FFY 2012; however, this notification was not timely. DDS and CDE have developed and implemented a plan to notify the SEA in a timely manner for future reporting years.

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	245
b. Number of children exiting Part C who were potentially eligible for Part B	281
The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for potentially eligible Part B preschool services. (Transition Notification) (Percent = [(a) divided by (b)] times 100)	87.2%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2012:

A comparison of the data between FFY 2011 and FFY 2012 shows that California’s performance slipped by 6.1 percent on Indicator 8B

This is the first reporting year that included data for children with SLI disabilities on this indicator from CDE; therefore it is not comparable to prior year data.

Improvement Activities Completed During FFY 2012:

The improvement activities completed in FFY 2012 for Indicator 8B are listed in Indicator 8A.

Correction of FFY 2011 Findings of Noncompliance:

Level of compliance (actual target data) State reported for FFY 2011 for this indicator: 93.3%

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011 through June 30, 2012)	4
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	4
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2011 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Verification of Correction of FFY 2011 noncompliance (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 the 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 actions that are necessary 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.

CDE did not collect data for this Indicator for FFY 2011, therefore did not issue any findings.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011: DDS completed a review of records at the four RCs with findings from FFY 2011. The findings for this indicator for FFY 2011 were verified as corrected. The following is the result of the verification review:

- DDS confirmed that notification was provided to the LEA for all children, 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 RCs are correctly implementing the LEA notification requirements in 34 CFR, §§ 303.209 and 303.344(h). 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 2012 (if applicable):

California does not propose any revisions to this indicator.

Part C State Annual Performance Report for FFY 2012 Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8C: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

Measurement:

Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning, including the reasons for delays.

FFY	Measurable and Rigorous Target
FFY 2012 (2012-2013)	100 percent of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

Actual Target Data for FFY 2012:

FFY 2012 data indicate that the transition conference occurred for 74.3 percent of the children exiting Part C, and potentially eligible for Part B (205 divided by 276 times 100 equals 74.3 percent). This figure represents slippage from FFY 2011 of 11.6 percent (85.9 minus 74.3 equals 11.6).

RCs document exceptional family circumstances (EFC) in the infant or toddler’s record. DDS thoroughly reviews this information during site visits to ensure that EFCs are properly documented in each record and are used in circumstances allowed by law. These EFCs are collected during monitoring visits and counted in both the numerator and denominator. EFCs were documented in 12 of the 276 records depicted in the numerator as timely.

Timely Transition Data

The data for the children served by DDS on 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. For FFY 2012, DDS conducted seven on-site reviews. DDS monitors RCs on a cyclical basis every three years.

Data for children with SLI disabilities served by CDE on this indicator are gathered through a random sample of children who exited Part C in FFY 2012.

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	205
b. Number of children exiting Part C who were potentially eligible for Part B	276
The percentage of toddlers with disabilities exiting Part C with timely transition planning, for whom the lead agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services(Transition Conference) (Percent = [(a) divided by (b)] times 100)	74.3%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2012⁵:

A comparison of the data between FFY 2011 and FFY 2012 shows that California’s performance slipped by 11.6 percent on Indicator 8C.

This is the first reporting year that included data for children with SLI disabilities on this indicator from CDE; therefore it is not comparable to prior year data.

The improvement activities completed in FFY 2012 for Indicator 8C are listed in Indicator 8A.

Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2011 for this indicator: 85.9%

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011 through June 30, 2012)	4
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	4
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2011 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Verification of Correction of FFY 2011 noncompliance (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 of 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 actions that are necessary 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.

CDE did not collect data for this Indicator for FFY 2011, therefore did not issue any findings.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011:

DDS completed a review of records for the four RCs with findings from FFY 2011. The findings for this indicator for FFY 2011 were verified as corrected. The following is the result of the verification review:

- DDS confirmed that a transition conference was conducted, although late, for all children, 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 RCs are correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344 (h). A subsequent review of records reviewed demonstrated compliance with C-8C, Timely Transition Conference (Prong 2).

An additional RC cleared a potential finding on this indicator prior to the issuance of the report in FFY 2012. The RC cleared the potential finding on both the individual child level (Prong 1) and systemic level (Prong 2), consistent with OSEP Memo 09-02.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable):

California does not propose any revisions to this indicator.

Part C State Annual Performance Report for FFY 2012

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section.

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.

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 2012 (2012-2013)	100% of noncompliance findings are corrected within one year of identification.

Actual Target Data for FFY 2012:

California met the measurable and rigorous target for this indicator. FFY 2012 data indicate that 100 percent of noncompliance findings were corrected within one year of identification (85 divided by 85, times 100 equals 100).

Describe the process for selecting EIS programs for Monitoring:

DDS monitors the implementation of Part C EIS provided in California through the Early Start programs at RCs. 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 three year cycle.

In addition, DDS and CDE verify the correction of findings derived from complaints and due process hearings to ensure that decisions rendered are implemented.

DDS reviews a random selection of records during the Part C on-site review. The correction of items in noncompliance continues to be a priority for California. For FFY 2012, DDS completed verification reviews of five RCs, all of which were able to demonstrate correction of findings.

Compliance monitoring for the Early Start programs at the LEAs is addressed in the Special Education Division’s QAP. The QAP addresses noncompliance and timelines for corrective action.

The data for this indicator includes children with solely low-incidence disabilities being served through Part C by CDE.

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target that occurred for FFY 2012:

The state reported 100% compliance on this indicator.

Timely Correction of FFY 2011 Findings of Noncompliance (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2011, through June 30, 2012) (Sum of Column a on the Indicator C 9 Worksheet)	85
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)	85
Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Verification of Correction of FFY 2011 Findings

Findings identified through the DDS Monitoring Reviews

DDS has verified that each RC with noncompliance identified in FFY 2011: (1) has corrected each individual case of noncompliance, unless the child was no longer in the jurisdiction of the program and (2) is correctly implementing the specific regulatory requirements based on verification reviews of subsequent records.

Findings identified through the CDE QAP

CDE has verified that each LEA with noncompliance identified in FFY 2011: (1) is correctly implementing the specific regulatory requirements for each noncompliant finding in this indicator through evidence of student-level correction. Student-level corrective actions are to be completed within 45 days of reporting the finding to the district, and (2) ensured that a more

stringent level of follow-up review and reporting is required of districts that have previously corrected noncompliance related to this indicator. The additional reporting ensures that LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures and practices, providing staff training, and by reviewing a new sample of student records for each district-level finding. District level corrective actions are given a timeline of three months. For all findings, correction must be completed as soon as possible but, in no case later than one year.

Findings identified through the Dispute Resolution Process

DDS and CDE have verified each RC and LEA with noncompliance identified through the dispute resolution process in FFY 2011 as corrected within the required timeline. DDS and CDE verified that each RC and LEA completed the required actions to correct the noncompliance.

INDICATOR C-9 FFY 2011 FINDINGS OF NONCOMPLIANCE WORKSHEET				
Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2011 (7/1/11 through 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 through 6/30/12)	(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	22	22	22
	Dispute Resolution: Complaints, Hearings	4	4	4
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	4	4	4
	Dispute Resolution: Complaints, Hearings	0	0	0

INDICATOR C-9 FFY 2011 FINDINGS OF NONCOMPLIANCE WORKSHEET				
7. Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial 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	14	14	14
	Dispute Resolution: Complaints, Hearings	4	4	4
8. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	8	8	8
A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;	Dispute Resolution: Complaints, Hearings	0	0	0
8. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	4	4
B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and	Dispute Resolution: Complaints, Hearings	4	4	4
8. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	4	4

INDICATOR C-9 FFY 2011 FINDINGS OF NONCOMPLIANCE WORKSHEET				
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Developmental levels in all 5 developmental domains listed on the Annual Review	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: Timely Written Notice of the IFSP	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	4	4
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: IFSPs list services for the child that include the frequency of Early Intervention Services	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: IFSPs list services for the child that include the length of the session for each Intervention Service	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3
	Dispute Resolution: Complaints, Hearings	0	0	0

INDICATOR C-9 FFY 2011 FINDINGS OF NONCOMPLIANCE WORKSHEET				
OTHER AREAS OF NONCOMPLIANCE: Parental consent for evaluation and assessment	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	2
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Evaluation/Assessment in all 5 developmental domains completed prior to the initial IFSP.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: IFSPs include Early Intervention Services	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			85	85
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%

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (2013-2014):

California does not propose any changes to this indicator.

Part C State Annual Performance Report for 2012
Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

**[The State is not required to report on Indicator 10 in the FFY 2012
APR.]**

Part C State Annual Performance Report for 2012
Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

[The State is not required to report on Indicator 11 in the FFY 2012 APR.]

Part C State Annual Performance Report for 2012
Overview of the Annual Performance Report Development:

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, the State is not required to report on Indicator 12 in the FFY 2012]

Part C State Annual Performance Report for 2012

Overview of the Annual Performance Report Development: See *Overview of the Annual Performance Report Development* section.

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
2012 (2012-2013)	55 percent of mediations will result in agreements.

Actual Target Data for FFY 2012 (2012-2013):

California exceeded the measurable and rigorous targets for this indicator. Data from FFY 2012 indicate that 95.8 percent of mediations held (18 plus 5 divided by 24, times 100 equals 95.8 percent) resulted in mediation agreements. Performance is well above the 55 percent measurable and rigorous target set by the State. This figure represents improvement over FFY 2011 of 4.9 percent (95.8 minus 90.9 equals 4.9).

Mediation Requests	2012-2013
(2) Mediation requests total	66
(2.1) Mediations	24
(a) Mediations related to due process	18
(i) Mediation agreements	18
(b) Mediation not related to due process	6
(i) Mediation agreements	5
(2.2) Mediations pending	5
(2.3) Mediations not held	37

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target for FFY 2012.

Target met.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (2013-2014):

California does not propose any revisions to this indicator.

**Part C State Annual Performance Report for 2012
Overview of the Annual Performance Report Development:**

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

[The State is not required to report on Indicator 14 in the FFY 2012 APR.]

ATTACHMENT A

The following chart shows which of CSPD trainings and other state activities address the assurance of the State that an appropriately prepared and trained pool of early intervention providers are available to meet the requirements for the listed SPP/APR indicators, and/or constitute improvement activities that promote progress for the specified indicator. The cover sheet following the chart describe the major components of the CSPD.

	INDICATOR ⁶										
	1	2	3	4	5	6	7	8	10	11	13
TRAINING COMPONENT											
<i>Early Start Institute Series*</i>											
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
<i>Early Start Online Training Series</i>											
Foundations I, II & III	X	X	X	X	X	X	X	X	X	X	X
Skill Base (SE)		X	X	X							
<i>Early Start Personnel Model</i>											
The model outlines how personnel from multiple disciplines meet comparable early intervention standards and responsibilities across agencies and programs.	X	X	X	X			X	X			
<i>Statewide System of Focused Monitoring</i>											
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
<i>Early Start Personnel Development Fund</i>											
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

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

	INDICATOR ⁷											
	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				

* *Monitoring Priority*: Early Intervention Service in Natural Environment

⁷ Inclusion of indicators 9, 12, and 14 is not applicable for purposes of this chart.
 Part C State Annual Performance Report for FFY 2012 Monitoring Priority - Early Intervention Services in
 (OMB: 1820-0578 / Expiration Date: 08/31/2014) Natural Environments

Introduction

In California, the Early Start 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 both state and local levels through a variety of activities defined by DDS.

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 GC § 95022(d)]. Early intervention personnel may be certificated, registered, licensed, or credentialed by the state, or by their professional organizations, pursuant to applicable state regulations.

The FFY 2012 marked the third year of a five-year transition from a traditional, event-based personnel delivery model CSPD and technical assistance, to an integrated, multi-modal delivery model. Awareness and knowledge-level content, piloted and launched two years ago, was delivered this year via web-based training. Face-to-face training institutes continued to build upon the information from the web-based trainings and provide opportunities for skill practice. This model, using web-based education, including facilitated interaction, to increase access for field professionals, prepares participants for higher-level learning through the more intensive, face-to-face trainings. An evaluation plan, also implemented two years ago, accomplished two related objectives: assessment of the fidelity of the integrated multi-modal delivery model to achieve participant outcomes, and the effectiveness of the design to deliver the content.

Training and Technical Assistance Activities

Early Start Personnel Development System Overview

The Early Start Training and Technical Assistance (ES TTA) Development Leadership Group, comprised of DDS, CDE, and WestEd staff, convened regularly to address on-going development and implementation of the multi-modal personnel development system. Components of the Early Start Personnel Development Systems include:

Early Start Online: Web-based, interactive training modules that address foundational and advanced knowledge-level content.

Early Start Institutes: One and two-day events, each conducted once during the fiscal 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.

Additional webinars and live events are developed as needed, to provide timely communication to the field, on topics of special or critical interest. Activities conducted in real-time are archived for later reference.

Early Start Online Overview

Design and development of the Early Start Online Series continues to require coordination of collaborative efforts among Early Start partners under direction from DDS. In addition to the ES TTA Development Leadership Group, the Training Delivery Input Team (TDIT), comprised of Early Start stakeholders (DDS, regional center, local education agency, vendor, and family resource center staff) continues to provide valuable guidance as content is prepared for final review. TDIT members apply their specific areas of expertise, or experience in reviewing content and learning outcomes. Input is integrated, as appropriate, prior to submission to DDS for final review and approval.

With DDS input and approval, an ongoing cycle of development, research, evaluation, and improvement has been established for the development and management of web-based delivery systems, e-learning publishing tools and effective practices, and personnel development competencies and curricula.

Curriculum development: The original Early Start core Institute curriculum serves as the foundation for the curricula for Early Start Online. Learning outcomes are aligned with the *ICC-Recommended Early Start Personnel Manual (ESPM)* and have been reviewed for relevance to the Part C State Performance Plan indicators. Content and activities to address the learning outcomes are drawn from past training resources, current research, and updated policy and regulation.

Course design: Content and activities are translated into e-learning formats and published as narrated presentations, online activities, and downloadable digital resources. Courses are enriched by illustrative family story videos depicting families sharing recent or current experiences with Early Start services and reflecting California's diversity.

Early Start Online is delivered through a hosted Object-Oriented Dynamic Learning Environment (Moodle) site: Remote-Learner. Moodle is an open-source e-learning course management system; Remote-Learner is a host, providing a server and access to the Moodle platform for education institutions, government agencies, non-profits, and corporations.

Course enrollment and activation: Early Start Online is promoted through mass email communications and website postings. Registration is conducted online as well. Each facilitated course originally accommodated up to 80 participants; however, because of demand, beginning with the Winter 2013 session, enrollment for each course was increased to accommodate up to 120 participants. Participants were grouped into cohorts of 40—the original enrollment maximum for online courses—and each cohort was assigned to a facilitator.

Course implementation: During 2012–2013, training was delivered through Early Start Online in the following Foundations series courses. This year also marked the development and delivery of the first course in the Skill Base series:

Foundations I

- 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

- Child Development
- Screening, Evaluation, and Assessment
- Creating Functional Outcomes
- Natural Environments for Families
- Selecting and Developing Interventions

Foundations III

- Working with Diverse Families
- Relationship-Based Early Intervention
- Quality Assurance in Early Intervention
- Transition Planning
- Collaboration Within the Early Start Team and Community Resources

Skill Base I: Facilitating Social and Emotional Development (Skill Base SE)

- Social and Emotional Developmental Milestones
- Essentials of Assessment of Social and Emotional Development
- Red Flags, Common Disabilities and Referrals
- Outcomes, Services and Coordination
- Intervention Strategies to Work with Children and Their Families
- Individual learners access content, and participate in discussions housed in a learning content management system via their personal or agency computers. Assistance is provided by Early Start Online Help (WestEd staff) directly to participants or to technology support staff at Early Start partner agencies to facilitate access to the course delivery system.

Course facilitation: Each Early Start Online course is facilitated by a parent/ professional team, with oversight provided by an early childhood development specialist. When enrollment increased to 120 participants per course, the number of parent/professional facilitators increased to three per course. Each facilitator monitors and responds to assignment and discussion forum submissions by up to 40 participants. Facilitation activities for assignments focus on checking for, and supporting understanding of course content. Facilitation activities for discussion forums promote peer interactions, and encourage higher-order thinking around specific topics.

To maintain the “high touch” characteristics of Early Start Online and ensure effective facilitation, the Center for Prevention & Early Intervention (CPEI) engaged the services of consultants with previous experience as Early Start personnel development providers, and offered an orientation to the Early Start Online system, along with guidance for managing the facilitation activities.

Course completion: Participants who complete all requirements (view presentations, submit responses to all assignments, complete quizzes and feedback) receive certificates of completion.

Four hundred forty-seven (447) participants received certificates of completion, an increase of more than 40 percent over last year: 181 in Foundations I, 123 in Foundations II, 102 in Foundations III and 41 in Skill Base SE.

Course evaluation: Evaluation data is collected from course assignments, pre and post-course quizzes, participant feedback surveys and impact surveys. Post-course quizzes consistently document increases in participant knowledge. Participant feedback results confirm that delivery methods are appropriate and effective from the participant perspective. Impact survey results indicated that participants are integrating new knowledge into their daily work, and that they found course content pertinent to their needs.

Intended audience: Overall attendance data for this time period indicate that training reached the intended audience of professionals from early intervention partner agencies:

- Forty-two (42) percent of the participants represented regional centers.
- Sixteen (16) percent of the participants represented regional center vendors.
- Three (3) percent of the participants represented family resource centers.
- Fifteen (15) percent of the participants represented local education agencies.
- Ten (10) percent of the participants represented Early Head Start/Head Start.
- Other participants represented community partners including county/community agencies, state agencies and child care agencies.

Course improvement: Based on analysis of evaluation results, course activities, delivery methods, or learning objectives are revised. Evaluation results also inform the development of content, activities, and delivery of courses in development.

Foundations III, the third and final Foundations course, was developed in 2011–2012 and initiated this year.

One Skill Base course—*Facilitating Social and Emotional Development*—was developed, finalized and approved this year. Development of an additional Skill Base course—*Facilitating Sensory Processing Development*—was initiated this year for completion next year.

Skill Base I: *Facilitating Social and Emotional Development* (Skill Base SE) content included:

- Social and Emotional Developmental Milestones
- Essentials of Assessment of Social and Emotional Development
- Red Flags, Common Disabilities and Referrals
- Outcomes, Services and Coordination
- Intervention Strategies to Work with Children and Their Families

Early Start Institutes Overview

In 2012–2013, 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.

The Family Resources and Supports Institute: The FRSI, entitled *Investing in Families*, provided a variety of high-quality training sessions for new and veteran family support professionals addressing current issues and critical practice topics. Resources for planning and documenting personnel development included training materials (a training guide and CD), the California Early Start Orientation Guide, the ASK (Abilities, Skills, and Knowledge) Passport, and the Parent Portfolio Notebook. Content and training strategies addressed both professional and personal issues facing Early Start FRC staff. This year, two general sessions were offered with one replacing a long-standing regional networking session. The planning process for the FRSI, using the expertise of professionals working in the field as members of the planning committee, resulted in training that participants found relevant and useful.

- Attendance: 189
- Three weeks after attending FRSI, 75 of 189 participants completed a 10 question impact evaluation survey to assess the relevancy and impact of the Institute.
- Ninety–three (93) percent of respondents said that the material presented at the Institute was relevant to their profession.
- Ninety-one (91) percent of respondents reported applying the content learned from the Institute to their work.
- Specifically, respondents reported that the Institute content helped them to increase efforts to include fathers in events and activities, increased their knowledge about how to contact local agencies to increase outreach services to homeless populations, and increased their overall preparedness when working with families.
- Overall, 93 percent of respondents reported feeling confident using the content learned from the Institutes.
- Ninety-seven (97) percent of respondents would recommend FRSI sessions to colleagues.
- Ninety-six (96) percent would enroll in another Institute.

The Early Start Advanced Practice Institute: The API, entitled *Reflect, Rethink and Revitalize: Keeping It Real for Families*, provided higher-level training for more experienced early intervention professionals. Training materials included a printed training guide and CD insert. The planning process for the API, using the expertise of professionals representing a cross-section of Early Start partner agencies as members of the planning committee, resulted in training that participants found relevant and useful.

- Attendance: 194
- Four weeks after attending API, 50 participants responded to an online impact evaluation survey to provide additional feedback on what they learned at the Institute and its relevance to their work.
- Ninety-two (92) percent had applied the content they learned at the Institute to their work.
- Ninety-six (96) percent felt that the material presented was relevant to their profession.
- Specifically, respondents reported that they had broadened their knowledge of family assessment components, conducted outreach to hard-to-reach populations, supported more children and families with diverse needs, and shared information with staff. Respondents also reported that the content of the sessions had positively affected their work and enabled them to focus more on family assessment and outcomes, enhance staff orientation, and increase their awareness of how to engage families.
- Overall, a high percentage of respondents (94 percent) reported feeling confident in their profession after attending the Institute.
- Ninety-eight (98) percent of respondents would recommend the Institute to a colleague.
- Ninety-four (94) percent would enroll in another Institute.

The Early Start Regional Center Managers' Symposium: The Early Start Regional Center Managers' Symposium (RCMS) provided an opportunity for Early Start managers from regional centers to examine issues, requirements, and the use of data for improvement activities.

- Attendance: 53
- An event evaluation indicated that participants rated the content as relevant to their work (83 percent Strongly Agree), easy to understand (75 percent Strongly Agree), and as presenting new information (58 percent Strongly Agree). Participants also reported that they received enough information to use the content of the sessions outside RCMS (81 percent Strongly Agree). Overall, participants reported being very satisfied (17 percent) or extremely satisfied (83 percent) with the effectiveness of the Symposium.

In total, 883 early intervention and related service providers received Early Start training through the Early Start Personnel Development System during 2012–2013: 436 individuals were trained in Institutes throughout California and 447 individuals were trained through Early Start Online.

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 FFY 2012 program year represents the sixteenth 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 FFY 2012, applicants from 147 programs and agencies applied for and received Early Start Personnel Development funds under the various award categories. A total of 2,750 qualifying early intervention staff from local programs and agencies were provided supplemental funds to attend statewide and local training events as well as to complete related course work through California-accredited universities and colleges. The total fund of \$196,279 was distributed by the end of June 2013.

Additional data indicate:

- A total of 794 applicants received attendance scholarships.
- A total of 80 direct service providers were trained through Quality Assurance grants addressing quality assurance and non-compliance findings of Early Start programs. A total of \$3,636 was awarded to early intervention programs/agencies for these activities.
- As a result of training grant fund awards, a total of 938 Early Start direct service providers attended local specialized training events that focused on the specific needs of their communities. A total of \$40,519 was awarded to provide support for these local trainings.
- Eighteen of the 21 regional centers accessed scholarships funds.
- Analysis of the role of personnel that accessed Early Start Personnel Funds indicated that the early intervention direct service providers were the largest group of professionals to access funds, followed by support personnel and both paraprofessional/transition preschool teacher and administrative staff.
- The majority of personnel who accessed scholarships funds were those with either a master of arts/science degree (57 percent) or a bachelor of arts/science degree (27 percent).

California Community College Personnel Preparation Project

California's two-year public institution system is composed of 112 colleges and represents the largest system of higher education in the nation. CCPPP is an activity under the Early Start CSPD designed to support the development of early intervention assistants and paraprofessionals to work with young children from birth to age three with disabilities and other special needs and their families in a variety of settings. Approximately 98 of the system's 112 colleges have lab schools or campus children's centers.

Currently, nearly half of the state's community colleges participate in CCPPP (the pilot project in 1998 began with six). Fifty-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 program goals include the following:

- Create access to a statewide system of early intervention training for paraprofessionals via community college child development departments.
- Infuse early intervention competencies into all child development courses.
- Support community college child development programs to offer courses and certificates for early intervention assistants.
- Promote interagency coordination and community involvement via supervised field placement and future employment.
- Coordinate early intervention certificates, degrees, and training between two year and four-year colleges and universities, leading to much-needed career pathways.
- Establish statewide networks with field-based mentors who support those who train early intervention assistants and other paraprofessionals.
- Support community colleges through all phases of establishing the certificate program.

A FFY 2012 project evaluation assessed the efficacy of CCPPP in assisting colleges and faculty to provide early intervention training, and to infuse requisite early intervention competencies in child development and early childhood education courses. This project year, staff developed three faculty surveys to better understand the experiences and needs of each college according to their program status: (1) faculty in *active colleges*, (2) faculty in *colleges that have completed the EIA program*, and, (3) faculty in colleges that have *completed the initial implementation* of the program. The evaluation also assessed students' perceptions of their early intervention training and the training's helpfulness to them in securing employment in early intervention and early childhood special education professional environments.

The evaluation revealed the following highlights:

- Overall, faculty reported implementing the EIA competencies with high fidelity. Half of the faculty reported implementing EIA competencies with fidelity 90 percent of the time.
- Faculty reported that CCPPP assisted their colleges to promote collaboration in a variety of ways, including assistance in establishing community partners, workshops and trainings near campus, and other types of assistance such as receiving resource lists and attending meetings and workshops near campus.
- Faculty further reported that interagency collaboration resulted in their child development center becoming more inclusive, a higher number of children with disabilities being served, and working with a larger number of students in the EIA program.
- Faculty reported high satisfaction rates overall in the support they received during initial implementation phases of the program.

Highlights of survey questions to students included the facts that:

- EIA training was very helpful. Specifically, 85 percent of students reported that EIA courses were Moderately to Very Helpful.
- Students indicated that additional classes in American Sign Language and in special needs populations would have been helpful in the program.
- Eighty-five (85) percent of students reported being Moderately to Highly Satisfied with the EIA training they received in the community colleges.
- In addition, 44 percent of students reported feeling Extremely Confident with the knowledge gained in family collaborations and family involvement in intervention, and 38 percent reported feeling Extremely Confident with the knowledge gained in family development, functioning, and family systems.

To further opportunities in the profession, CCPPP has been working in collaboration with the California Professors of Early Childhood Special Education to address strategies 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.

Public Awareness and Outreach

Early Start Resources

Early Start Resources 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 some 50 products. This year, 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.

Similar to previous years, demand was highest for the Introduction to Early Start brochure, *Parents' Rights: An Early Start Guide for Families, Starting Out Together*, and *Reasons for Concern* in English. Also as in past years, family resource centers and regional centers submitted the most requests and for the largest amount of product; however, a host of local agencies throughout the state also took advantage of these resources for their clients. Early Start materials were also disseminated at approximately 12 meetings, conferences, trainings, and workshops at which staff served as support, presenters, or participants.

A number of products and resources were either created, updated, and/or launched and disseminated:

Compilation of Early Start Statutes and Regulations, Ninth Edition, was updated to include current federal and state statutes and regulations and posted on DDS' and the Early Start websites. This update also included IDEA's 74-page index to the federal regulations. Organized by topic, the index offers significantly enhanced user-friendly access to the regulations by both professionals and families.

California Early Start 2013 Central Directory of Early Intervention Resources was completely updated, with some 2,000 entries checked and refreshed. New resources were added, obsolete entries deleted, and the comprehensive index expanded and updated. The update also included a complete reorganization of certain state agency sections to reflect legislatively mandated changes, as well as a complete update of the listings and map for family resource centers and contact information statewide.

Effective Early Childhood Transitions: A Guide for Transition at Age Three—Early Start to Preschool, the result of a few years of concentrated team work among DDS, CDE and CPEI, received final approval.

The initial draft of Assessment of Family Strengths and Needs, a section of the *Early Start Service Coordination Handbook*, was completed and submitted to DDS and to the State Interagency Coordinating Council. The *Handbook* is scheduled for revision in the 2013–2014 program year.

A completely reorganized, redesigned and updated Early Start website; <http://www.ceitan-earlystart.org> was developed, designed, tested and launched, offering Early Start users a more comprehensive, user-friendly, attractive and robust resource.

Starting Out Together, a comprehensive DDS guide for parents and families, was revised to accommodate editorial changes.

Compliance with ADA section 508 continued as a standard requirement when posting material to the Internet.

Interagency Collaboration

Collaboration contributes significantly to comprehensive, coordinated services. Because 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.

Coordination and Support Activities

The following interagency activities are sponsored and/or supported by DDS and coordinated and/or supported by WestED staff under DDS' direction.

State Interagency Coordinating Council on Early Intervention: The ICC assisted and advised DDS concerning the statewide system of EIS and assisted DDS in achieving the participation, cooperation, and coordination of appropriate public agencies that serve young children and their families. The ICC serves as a forum for public input from parents, service providers, service coordinators, and others about federal, state, or local policies that support the timely delivery of appropriate EIS. This year, among many other concerns, the ICC focused on supporting work in the areas DDS had identified as needing priority attention, including filling vacancies on the ICC General Council, performing outreach to increase the number of community representatives active in the state, and in successfully establishing statewide guidelines for the role and responsibilities of speech and language therapy assistants.

Training and Technical Assistance Collaborative (TTAC): 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. In response to member preferences, in addition to exploring collaboration opportunities, the meetings provide presentations on issues of concern to early intervention providers, such as initiating early intervention among homeless children. For the first time this year, members held a roundtable discussion reviewing and investigating their role in serving the state's children and considered the possibility of a joint product or project to enhance their service.

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: DDS collaboratively convened meetings with the CDSS to discuss how regional centers and local education agencies coordinate with their county DSS agencies regarding CAPTA-related requirements. The year's activities included participation in CAPTA-related webinars hosted by CDSS and the University of California, Davis.

Annual State Infant/Toddler Coordinators Meeting and OSEP Annual Leadership Conference: Participated in the annual OSEP National Early Childhood Conference in Washington, D.C., representing California early intervention stakeholders.

California Center for Infant-Family and Early Childhood Mental Health: In the role of collaborative partner on behalf of DDS, staff coordinates and facilitates regular meetings of the California Center for Infant-Family and Early Childhood Mental Health. In its role as facilitator, CPEI supports training programs to represent issues and strategies to provide high quality training in social and emotional mental health competencies for multidisciplinary professionals seeking a specialty in early childhood mental health. Among this year's activities:

- Continue to build appropriate linkages for representing the early intervention community of professionals in shared areas of interest, including personnel qualifications and early intervention services.
- Provided professional endorsement to approximately 70 professionals from across the state who received professional endorsement based on the *California Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health, Revised*. Reflecting multiple disciplines, the work group largely responsible for the training guidelines meets monthly to develop and implement activities that promote the endorsement process.
- Continued to refine and promote the online endorsement process for infant-family and early childhood mental health professionals.

Early Start Institutes/Early Start Online: Both the Early Start Institutes and Early Start Online include community professionals to serve as engagement facilitators. Staff secured individuals representing the broad spectrum of early intervention community stakeholders: regional centers, family resource centers, local education agencies and other Early Start community partner agencies and institutions of higher education.

- *Early Start Online* included representation from CDE, Supporting Early Education Delivery Systems (SEEDS), Family Voices of California, University Centers for Excellence in Developmental Disabilities (UCEDD), Early Head Start (EHS) Volunteers of America, the Epilepsy Foundation, 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 Special Education Local Plan Area (SELPA).
- *Family Resources and Supports Institute* presenters included Family Resources Center Network of California, Strategies, California Deaf Blind Services, Alta California Regional Center, National Indian Parent Information Center, Uptown Studios, California Department of Managed Care, California Department of Education, and the Department of Developmental Services.
- *Advanced Practice Institute* presenters included Alta California Regional Center, Autism and Behavior Training Associates, California State University Sacramento, Center of Early Intervention on Deafness, Children’s Hospital Oakland, Desired Results access Project, MIND Institute, National Indian Parent Information Center, North Bay Regional Center, Rise and Shine, Regional Center of Orange County, San Andreas Regional Center, Santa Clara County Office of Education, Southwest Human Development, SEEDS, Warmline Family Resource Center, California Children’s Services, the California Department of Education, and the Department of Developmental Services.

NECTAC and WRRC: Work with NECTAC and WRRC in the review of the Handbook on Transition from the transition sections of DDS’ *Early Start Service Coordinator’s Handbook* and CDE Special Education Division. The review identified areas needing clarification in the final draft.

Collaboration with Department of Public Health/Maternal Child and Adolescent Health: Home visiting continued to receive high visibility this year as a result of federal funding to states through the Affordable Care Act. The California Department of Public Health/Maternal, Child and Adolescent Health (MCAH) received funds to implement two evidence-based models of home visiting— Nurse Family Partnership and Health Families America—in 21 counties. Planning for implementation involved interagency support from a variety of early childhood agencies that now serve on a state-level Home Visiting Advisory Council to support the implementation of home visiting through interagency collaboration. DDS is represented on this Advisory Council.

- On behalf of DDS, WestEd CPEI provided support to MCAH in the development of system integration efforts to embed home visiting as one component of a comprehensive early childhood system. Supporting the formation of the Advisory Council, informing professional development activities, and identifying best practices are some of the key staff activities in home visiting.

- Staff partnered with the Department of Public Health/Maternal Child and Adolescent Health in myriad ways:
- Finalized scopes of work reflecting a partnership with the Department of Education/Center for Development and disability (CDD) Early Learning Challenge, specifically online learning modules on social emotional development of young children and the relationship to school readiness.
- Coordinated early intervention and health priorities with Race-to-the-Top/Early Learning Challenge.
- Supported efforts to develop a new proposal for new priorities under the federal Early Childhood Comprehensive Systems.
- Explored linkages to Early Start in the work of California's Project LAUNCH, a federal initiative integrating system that serves young children and addresses their physical, emotional, social, cognitive, and behavioral growth.
- Supported the interagency coordination aspects of the new federal home visiting program, specifically by developing plans for systems development, and a home visiting advisory council.
- Discussed planning for cross-agency work related to federal early childhood comprehensive systems.
- Monitor, on an ongoing basis, the Statewide Screening Collaborative, most recently featuring a presentation on the Affordable Care Act and developmental screening.

Help Me Grow: Supported as a collaborative activity by DDS, First 5, and the Department of Health, CPEI coordinates California Help Me Grow, a state replication project funded by the Kellogg Foundation that offers an approach to early identification and links to services for young children. CPEI is charged with learning how this federal project identifies best practices in early identification and coordination of services and then providing feedback to the Early Start and early intervention communities on how that information can affect their work. Some of the tasks included:

- Reviewing applications and accepting 15 counties for membership in the Help Me Grow Learning Community to learn more about best practices in early identification and coordination of services.
- Organizing site visits for 15 counties to visit three existing programs.
- Holding monthly calls with the national Help Me Grow Technical Assistance Project to manage coordination of project activities.

- Working with Orange, Alameda, and Fresno counties to plan for needed technical assistance from the national project.

California Statewide Screening Collaborative: Each quarter, staff coordinates and hosts a meeting of the CSSC, a multidisciplinary group of professionals whose work, directly and indirectly, affects services for early intervention. Staff is responsible not only for hosting the meeting, but also for establishing the agenda, ensuring a substantive discussion, and managing any follow-up that the meeting generates.

- In addition to coordinating and hosting the collaborative, staff facilitated the September 2012 meeting featuring a presentation from Children NOW on the Affordable Care Act and developmental screening.

Project LAUNCH/Substance Abuse and Mental Health Services Administration Program: WestEd CPEI serves as the California lead for a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant awarded to MCAH to link early childhood systems. One of 17 locations across the country awarded this grant funding, California Project LAUNCH develops and supports state-level efforts to strengthen connections across child-serving agencies. Developmental screening and assessment, early childhood mental health, home visiting, family engagement, and the integration of behavioral health into primary care are the key aspects of this funding. State-level work includes continued convening of the Statewide Screening Collaborative to promote best practices in early identification and timely referral, support of California's new home visiting program, and promoting Strengthening Families as a framework to engage families and to share a common language across child-serving agencies at the state and local level.

Center on Social-Emotional Foundations for Early Learning (CSEFEL): DDS and CPEI staff participate in monthly California CSEFEL leadership team meetings with its many collaborative statewide partners. WestEd CPEI is part of the California State Leadership Team for CSEFEL, a national center focused on strengthening the capacity of early care and education programs to serve children with social-emotional and challenging behaviors.

DDS and CPEI collaborated with CDE/CDD in a grant awarded to California as a new recipient of a two-year project to receive training and technical assistance based on the Pyramid Model Partnership to promote social-emotional competence in California's young children. This is a federally funded project in its fourth, five-year iteration and is funded by Office of Head Start and the Child Care Bureau. It is a sister project with the Technical Assistance Center of Social Emotional Interventions (TACSEI), which is funded by OSEP.

California submitted the application to become a TTA state based on partnerships with many agencies and a focus on interagency collaboration.

- Elements of the framework include workforce development/support; relationships/supportive environments (that is, all children benefit from high quality environments and relationships); social-emotional teaching strategies (specific support and interventions that focus on social-emotional development); and specific and intense interventions. The model is based on helping service providers see that when they understand the comprehensive nature of the model, and look seriously at the bottom of the pyramid and follow the teaching strategies, very few kids reach the top. It is now considered an evidence-based practice, and is most effective when done by an entire program with a leadership model.
- CSEFEL has a broad goal in its work with participating states to “enhance collaborations by bringing together a leadership team that includes multiple stakeholders. The goal is to have all involved work more to resolve state-level barriers, with training for various professional development systems based on a common model, and facilitating access to necessary interventions at the local level.” The model is a framework that helps participants focus their efforts.
- In California, the focus is on enhancing capacity to adopt the model, and adding more coaches and demonstration sites, as well as an evaluation component. The real desire is to have representation of key agency people address systems barriers. CPEI coordinates the logistics for the California CSEFEL training of trainers, coaches, and college faculty. Early Start partners, CCPPP and Early Start Institutes presenters are invited, and supported by CPEI to attend the trainings.

Early Start Community College Personnel Preparation Project: In collaboration with Maurine Ballard Rosa, an Early Start/CPEI consultant who serves as the California Professors of Early Childhood Special Education (CAPECSE) liaison, DDS and WestEd CPEI continue efforts toward developing articulation agreements and addressing articulation issues in the implementation of an early intervention career ladder between community colleges and four-year colleges and universities.

Presentations and Workshops

DDS partnered with West Ed CPEI to present technical training workshops throughout the state on natural environments, IFSP process, and other topics.

Birth to Three: To stay abreast on current best-practice strategies and cutting edge research for the birth-to-three population, staff attended and facilitated meetings and chaired graduate fellow events at the Zero to Three National Training Institute, November 28th – December 1st 2012, in Los Angeles, California. Topics included building and enhancing a comprehensive approach to collaboration and program excellence in diverse practice settings. Staff also participated in the annual Zero-to-Three Scientific Meeting in Washington, D.C, in spring 2013.

Strengthening Families Roundtable: Participated in this interagency group that promotes the five protective factors in interagency work, personnel development, and parent engagement. Meeting participants include state and county representatives of First 5, resource and referral agencies, higher education, and FRCs.

Center for Social-Emotional Foundations for Early Learning: Represented early intervention/ Part C Early Start on the California State Leadership Team for CSEFEL with consultation from the National Social-Emotional Foundations for Early Learning (SEFEL) center at Vanderbilt University, which is focused on strengthening the capacity of child care and Early/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 SPP and APR child outcomes 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 Regional Center Managers' Symposium.

Occupational Therapy Association: At the annual conference in Sacramento on October 15, 2012, presented a workshop on Writing Functional Outcomes in Early Intervention for occupational therapists.

ATTACHMENT B

ICC Annual Activities Report

**CALIFORNIA INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
Annual Activities for FY 2012-2013**

“Together We Make A Difference”

ICC General Meeting Activities	
Action Items-	<p><i>Action Items:</i></p> <ul style="list-style-type: none"> ▪ Approved <i>Guidelines for the Role of Speech and Language Pathology Assistants for Early Intervention Services</i>. Note: this document is located on the Early Start web page under Resource Materials ▪ Approved 2013 Meeting Schedule.
Public Input	Public input was received at each meeting from parents, professionals and others interested in early intervention services. Input is documented in the ICC minutes.
Family Resource Centers Network of California	Reported on statewide family support activities. Details are available in the ICC minutes.
State Agency Reports	Agency reports center around issues effecting services for young children. Details are available in the ICC minutes.
Special Presentations	<p><i>The following presentations were made to the ICC:</i></p> <ul style="list-style-type: none"> ▪ Susan Roddy, Prevention Resources and Referral Services (PRRS) Project Director, gave an update on the first year of operations. ▪ Leanne Wheeler, CDE, gave a presentation on Homeless Education, (McKinney-Vento Homeless Education Act –Title X, Part C). ▪ The ICC Coordinator gave a special presentation on the redesigned ICC website.
ICC Parent Leadership Award	<p>Annual recognition by the ICC of parents who make a difference in their Early Start community.</p> <p>The recipient of the 2011-2012 ICC Parent Leadership Award, Diane Simon Smith, was also selected for a 2012 Regional Parent Leadership Award by the national Infant Toddler Coordinators Association.</p>

**CALIFORNIA INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
Annual Activities for FY 2012-2013**

“Together We Make A Difference”

Joint Executive and Standing Committee Activities	
Strategic Planning	<p>A special strategic planning meeting facilitated by Cheryl Treadwell and Diane Brown of the Department of Social Services was held in February 2013 to address the ICC’s infrastructure in terms of how the ICC does its work. Discussions and exercises revolved around the following:</p> <ul style="list-style-type: none"> ▪ Prior Accomplishments – ICC web page redesign, information and outreach publications, FRCNCA membership, ICC Parent Leadership Award. ▪ Identifying Priorities – Recruitment and retention were identified as the highest priorities. ▪ Discussions focused on membership, committee structure, appointments by Governor, State agency representation and Community Representatives role and involvement. ▪ Clarification of ICC’s role as a Council, within the early childhood community and with DDS. ▪ Examination of what is working and what needs improvement for the ICC. ▪ Tasks were identified and ranked in order of importance.
Executive Committee	<p>Due to ICC travel restrictions the ICC met using WebEx and conference call capabilities for the meetings in September and November 2012. February and May 2013 meetings were conducted in-person and included virtual components for off-site attendees.</p> <ul style="list-style-type: none"> ▪ Member recruitment and retention continued to be an important issue in 2012-2013 <ul style="list-style-type: none"> ○ Members were concerned that the ICC is out of compliance because the Governor’s Office has not appointed new members. Members contacted their legislators to urge the Governor to make appointments. ○ Considerable discussion occurred regarding the inability to fund Community Representatives’ travel costs to meet in person with the Council. As a result there has been a reduction of community representative participation. Various options to increase participation were examined.

**CALIFORNIA INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
Annual Activities for FY 2012-2013**

“Together We Make A Difference”

Joint Executive and Standing Committee Activities	
Executive committee continued	<ul style="list-style-type: none"> ▪ Parents and professionals were the focus of recruitment. <ul style="list-style-type: none"> ○ A recruitment work plan was developed including a list of child and family service organizations which were assigned to ICC members to contact to request support in recruiting members and encouraging the Governor’s Office to make appointments. ○ The Acting Chair reviewed a summary of community representatives meeting participation which was compiled by DDS. Participation is limited and sporadic. ○ DDS sent out a survey to gauge which community representatives were interested in continuing to be active in the ICC. Most community representatives expressed an interest in participating in the work of the ICC. ▪ Members decided the ICC format should have: <ul style="list-style-type: none"> ○ A Committee of the Whole (COTW) to address standing committee work until a full complement of members join the Council, ○ Ad hoc or work groups to handle special topics, and ○ ICC meetings continue to meet in a two-day format.
Department of Developmental Services Update	<ul style="list-style-type: none"> ▪ The Annual Performance Report (APR) was submitted in February to OSEP. ▪ Part C grant application for 2013 was submitted to OSEP ▪ Ongoing budget reports were provided. ▪ DDS recruited a California Department of Education-Homeless Education representative for the ICC.

**CALIFORNIA INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
Annual Activities for FY 2012-2013**

“Together We Make A Difference”

ICC General Meeting Activities Continued	
Under Representation and Outreach Work Group	<ul style="list-style-type: none"> ▪ The workgroup discussed: <ul style="list-style-type: none"> ○ Structure/focus and determined that this group is a workgroup not a committee. ○ Developed an action plan addressing recruitment and outreach, orientation and training for new members to the ICC. ○ Created a recruitment packet for community representatives - available on the ICC web site.
Speech and Language Work Group	<ul style="list-style-type: none"> ▪ This group is composed of speech and language pathologists, regional center representatives, ICC members, DDS and WestEd. ▪ The goal of this group was to establish best practices for the use of speech and language pathology assistants and to clarify their roles. ▪ The work group created guidelines and models which clarified what a SLPA license enables one to do; including supervisory requirements and who they may treat. <i>Guidelines for the Role of Speech and Language Pathology Assistants for Early Intervention Services</i> was submitted to the ICC for approval, and approved by the ICC

CALIFORNIA INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
Annual Activities for FY 2012-2013

“Together We Make A Difference”

ANNUAL REPORT CERTIFICATION OF THE INTERAGENCY COORDINATING COUNCIL UNDER PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.604(c), the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency’s Annual Performance Report (APR)⁸ under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 15, 2013.

On behalf of the ICC of the State/jurisdiction of California, I hereby certify that the ICC is: [please check one]

1. Submitting its own annual report (which is attached); or
2. Using the State’s Part C APR for FFY 2010 in lieu of submitting the ICC’s own annual report. By completing this certification, the ICC confirms that it has reviewed the State’s Part C APR for accuracy and completeness.⁹

I hereby further confirm that a copy of this Annual Report Certification and the annual report or APR has been provided to our Governor.

Theresa A Rossini

Signature of ICC Chairperson

01/27/2014

Date

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⁸ Under IDEA Sections 616(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency’s APR must report on the State’s performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

⁹ If the ICC is using the State’s Part C APR and it disagrees with data or other information presented in the State’s Part C APR, the ICC must attach to this certification an explanation of the ICC’s disagreement and submit the certification and explanation no later than February 15, 2013.