

STATE OF CALIFORNIA

STATE PERFORMANCE PLAN FOR PART C OF THE FEDERAL INDIVIDUALS WITH DISABILITIES EDUCATION ACT



FEDERAL FISCAL YEARS

2005 - 2012

(UPDATED FEBRUARY 1, 2011)

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Part C State Performance Plan (SPP) for 2005-2012**Overview of the State Performance Plan Development:**

The Individuals with Disabilities Education Improvement Act (IDEA) of 2004 requires states to have a State Performance Plan (SPP) for implementing the requirements and purposes of the IDEA. In California, the Department of Developmental Services (DDS) is the Lead Agency for Part C of IDEA. Part C is the early intervention service program for infants and toddlers (birth to 36 months of age). DDS employed a public input and review process through the state's Interagency Coordinating Council (ICC) and its four subcommittees to develop the SPP. The ICC, which is appointed by the Governor, is comprised of a broad and representative cross-section of the state's stakeholders. In addition, there are ICC Community Representatives who are appointed by the ICC Chair. Together, the ICC and ICC Community Representatives include parents, early intervention service providers, the allied departments in state government and other interested parties including representatives from the following: Family Resource Center Network of California (FRCNCA), child care, Head Start/Early Head Start, Association of Regional Center Agencies' Prevention Committee, local education agencies, American Academy of Pediatrics, university professors, Disability Rights California, the Infant Development Association and other entities.

The 2008 SPP consolidated all the changes and updates made since development of the original SPP. Pertinent sections of prior years' SPPs were retained where no changes had occurred, and to the extent necessary to provide essential background information and continuity for understanding the current plan. This 2009 SPP includes targets and improvement activities for each indicator through FFY 2012.

To obtain broad public input on this revised SPP, a draft version of the plan was posted on the DDS Early Start website at www.dds.ca.gov/EarlyStart, and the public was invited to review and comment. This website is heavily used, receiving about 53,000 visits annually. To ensure that key stakeholders were aware of the revised plan and its posting on the website, an email notification was disseminated to all members of the state's ICC, the statewide network of 47 Early Start family resource centers, the 21 RC (RC) Early Start Program managers, and other key stakeholders advising them of the posting.

The SPP follows a prescribed format set by OSEP. Monitoring priorities, the 14 performance indicators, and measurement formulas were determined by OSEP. California's response is identified for each indicator. OSEP requires that states set "measurable and rigorous" targets for meeting the performance indicators and extend those requirements through FFY 2012. This SPP has performance targets beginning with FFY 2005 and extending through FFY 2012, which coincide with California's state fiscal year (SFY) periods. The state obtained broad input in setting and revising the SPP targets through its ICC. Targets were discussed in ICC subcommittees, the full committee and public input sessions. Progress and/or slippage in meeting SPP targets, and on the performance of local early intervention service programs offered by RCs, will be reported to the ICC and posted annually on the above-referenced DDS Early Start website.

Current Challenges

California is proud of its Early Start Program, which has served hundreds of thousands of infants and toddlers and their families since the program's inception. However, the state's unrelenting budgetary shortfalls are creating an increasingly challenging operating environment for the program. In an August 12, 2009, letter to all state agencies and departments, the Director of California's Department of Finance stated "*Preliminary projections suggest the state will still face a significant shortfall in 2010-2011. Given this reality, program spending is likely to be further reduced.*" The state's economic and budgetary situation has continued to worsen since that statement was issued. A November 10, 2010 publication by the LAO, California's Nonpartisan Fiscal and Policy Advisor, *The 2011-12 Budget: California's Fiscal Outlook*, in its forecast of California's General Fund revenues and expenditures shows that the state must address a budget problem of \$25.4 billion between now and the time the Legislature enacts a 2011–12 state budget plan. "The budget problem consists of a \$6 billion projected deficit for 2010–11 and a \$19 billion gap between projected revenues and spending in 2011–12."

The Part C grant allocation funds a relatively small percentage of the total cost of the state's expenditures for early intervention services. In SFY 2009-10, DDS and CDE together expended over \$400 million for early intervention services (DDS and CDE expenditure data). Moreover, the state is shouldering an increasingly disproportionate share of the costs for early intervention services, given the very limited growth in the Part C grant allocation. For the three years prior to FFY 2009, expenditures for services increased at an annual rate of about 19 percent. This growth rate is not sustainable. The state's fiscal climate is causing policy makers to scrutinize all state programs and to scale back or eliminate programs, which would have been unthinkable in prior years. California's lagging economic recovery and static high unemployment are harbingers of economic struggles for several years to come. For example, the Governor's proposed budget for SFY 2011-2012 contains \$750 million in cuts to DDS programs, including Early Start.

During State Fiscal Year (SFY) 2009-10, DDS sustained the largest-ever reduction to its annual budget allocation. Changes in state law to implement the budget reductions significantly impacted developmental services in California, including the Early Start Program. See details at:

www.dds.ca.gov/Director/docs/LtrRC_StatutoryChanges_2009.pdf

Some of the more significant legislative changes and Executive Order edicts include the following:

Narrowing the Eligibility Criteria for 'Delayed' Children: The Early Start Program in California has always provided services to infants and toddlers under the age of three years who are 'developmentally delayed', have an 'established risk', or who are 'at high risk' of a developmental delay. For children who are 'developmentally delayed', legislation enacted in SFY 2009-2010 (Government Code Section 95014 (a)(1)) limits eligibility for entry into the program after 24 months of age to only those children who

have a 50% or greater delay in one domain, or delays of 33% or greater in two domains. The previous threshold for eligibility was 33% in one domain regardless of age.

Eliminating ‘At-Risk’ Children from Early Start Services: Another cost-savings measure enacted by the Legislature eliminated ‘at-risk’ children from eligibility for Early Start services. The legislation (Welfare and Institutions Code Section 4435) established a separate, less-costly state-funded program for the children who no longer qualify for the Early Start Program. This new “Prevention Program” provides intake, assessment, case management, and referral services.

Group Training for Parents on Behavior-Intervention Techniques: To reduce the cost of behavior-intervention services, state law (Government Code Section 95020) now requires that, at the time of development, review or modification of a child’s Individualized Family Services Plan (IFSP), the RCs must consider providing group training to parents in lieu of providing some or all of the in-home parent training component of the behavior-intervention services.

Prohibiting the Purchase of “Non-Required” Services: Beginning October 1, 2009, and except for durable medical equipment, state law (Welfare and Institutions Code Section 4648.5) prohibited RCs from purchasing services for Early Start consumers if the services are not required under Part C of the Individuals with Disabilities Education Act (IDEA). Prior to this time, RCs could purchase non-required services if such services were reflected on the child’s IFSP.

Required Use of Private Insurance: State law (Government Code Section 95004) now requires families whose children are recipients of Early Start services to ask their private insurance companies or health care service plans to pay for medical services covered by the insurance companies or plans. Intake and assessment remains available at no cost to families. Exceptions can be made when accessing private insurance would unduly delay services.

Furlough of State Workforce: Due to an unprecedented budget crisis, then Governor Schwarzenegger issued Executive Order S-16-08 on December 19, 2008. This order initiated the layoff process for state civil service employees, regardless of funding source, effective January 1, 2009 through June 30, 2010, and provided for the adoption of a plan to implement a furlough of two days per month effective February 1, 2009, to June 30, 2010. Additionally, Executive Order S-13-09, issued in July 2009, ordered the implementation of furloughs of state civil service employees for three days per month, regardless of funding source, effective July 1, 2009, to June 30, 2010. The furlough order for three days per month was extended in August through October 2010. In November 2010, furlough days were reduced to 1 per month for at least 12 months. All DDS employees have been impacted by these orders, including Early Start Program personnel.

Reduction of Regional Centers' Operations Budget: A network of 21 regional-center agencies comprises the system through which the preponderance of Early Start services and funding are provided to eligible children and their families in California. Providing statewide coverage, the RCs provide intake/assessment services, service coordination, planning and IFSP development activities, advocacy, purchase of needed services, resource development, monitoring, and the other services described in the following link: <http://www.dds.ca.gov/RC/RCSvs.cfm> Due to the state's chronic budget problems, which have continued to erode the RCs' operating capacity, the RCs are finding it increasingly difficult to respond to all of the state and federal regulatory demands to which they are subject. Evidence of the RCs' frustration with the Early Start Program, in particular, became apparent when, in a November 3, 2008, letter to the DDS director, the Association of Regional Centers Agencies (ARCA) expressed a need to discuss a range of issues related to Part C. In response to this letter, DDS convened a committee of Regional-Center representatives and DDS staff to review Part C requirements and the associated monitoring process. See Attachment D for a description of the Early Start Quality Assurance Committee (ESQAAC).

Regional center on-site monitoring was held in abeyance while this committee met to identify the key issues and to determine how to improve the monitoring process and protocol. The time expended in this effort led to fewer record reviews this year than projected in last year's APR; however, the state believes its revised monitoring approach is now more consistent, efficient, and productive. DDS has now resumed monitoring and is continuing to refine the new monitoring protocol informed by this collaborative process.

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

Overview of the State Performance Plan Development: Please refer to page 1, Overview of the State Performance Plan Development.

Monitoring Priority: Early Intervention Services In Natural Environments

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

(20 USC 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.

Overview of Issue/Description of System or Process:

In California, timely delivery of services is a primary goal of the Early Start Program. California defines *timeliness* as IFSP services beginning by 45 days after the IFSP date when the parent(s) has approved or accepted the service. Measurement used for this indicator is the provision of initial Part C services listed in the infant/toddler's initial IFSP no later than 45 days from the date of the IFSP. IFSP date used will be from the Early Start Report (ESR) form data on file with DDS. Early Start Reports are required for all eligible Early Start Program participants upon entering and exiting the program, and when interim updates are performed. Since processes, policies and procedures are the same for establishing IFSP services with early intervention (EI) providers for families, timeliness will not differ significantly between services for initial and subsequent IFSPs.

Commencement of IFSP services will be derived from electronic service provider claims data processed at the RCs (the date the initial service was provided). Since these claims data include claims for non-required services, which may be listed on a child's IFSP (e.g., day care or diapers), or administrative expenses (e.g., translation services or photocopying), such services will be excluded from the data used for this measure. Similar special care will be taken for claims of prior purchase transactions with unique relationships to actual dates of services.

For annual performance reporting, DDS has designed and will run a data extraction query using its Uniform Fiscal System (UFS) and San Diego Information System (SANDIS), the state's major relational databases for transactions that support, not only Early Start, but all other developmental disability programs. This query will extract the dates of IFSPs from SANDIS for those infants/toddlers with Early Start Reports and the dates that services listed for the infant/toddler were first provided from the claim data from UFS that the RCs (local programs) submit monthly to DDS. The time between the

IFSP and service provision date will be calculated for each initial service authorized in the database for each infant/toddler, and the percentage of those receiving services in a timely manner (45 days), determined. A summary of the data and percentages will be reported.

The data extraction query will collect universal data on all infants and toddlers entering the program during the fiscal year reporting period whose services are billed by service event and will be run annually for reporting to OSEP. This population will not include those infants and toddlers who receive services from a vendor with which a local program has contracted to provide services solely for group services and that submits claims to the local program for group, rather than individual consumer billing. The number of infants and toddlers receiving group contracted services is small and the amount contracted varies by local program.

The status on meeting the requirement to provide services in a timely manner will be validated during compliance monitoring activities. DDS Liaisons will extract the IFSP date and services provision date data, for initial IFSP services only, that were provided to those infants/toddlers selected by random sampling, and will be incorporated as part of the state's new "Focused Monitoring" process when implemented. The Liaisons will compare and verify the IFSP dates and the types of services provided in the IFSP to the extracted data. Differences from IFSP dates and services data will be investigated and findings reported as appropriate.

Baseline Data for Federal Fiscal Year (FFY) 2004 (2004-2005):

California's data from 2004-2005 revealed that 96.54 percent of infants and toddlers served received timely services (measurement formula: 25,728 divided by 26,649, times 100 equals 96.54 percent).

Discussion of Baseline Data:

The current baseline was calculated by measuring time from the IFSP completion date to when the purchase of service order is processed. This provides a data-driven basis for setting a baseline and establishes a methodology for continuous assessment of this measure.

OSEP requires a target of 100 percent for this indicator.

Federal Fiscal Year (FFY)	Measurable and Rigorous Target
2005 (2005-2006)	100% of participants receive services in a timely manner.
2006 (2006-2007)	100% of participants receive services in a timely manner.
2007 (2007-2008)	100% of participants receive services in a timely manner.
2008 (2008-2009)	100% of participants receive services in a timely manner.
2009 (2009-2010)	100% of participants receive services in a timely manner.
2010 (2010-2011)	100% of participants receive services in a timely manner.
2011 (2011-2012)	100% of participants receive services in a timely manner.
2012 (2012-2013)	100% of participants receive services in a timely manner.

Improvement Activities/Timelines/Resources:

DDS has designated Early Start liaisons to work collaboratively with local programs to improve their performance. The Early Start liaisons provide a focal point for RCs to access technical assistance on all Early Start issues. Focused training is also provided by the Early Start liaisons based on unique local needs and issues. California’s Early Start also has a formal training and personnel development system. DDS maintains a contract with the WestEd Center for Prevention and Early Intervention (WestEd) to provide ongoing statewide training institutes for early intervention service providers and service coordinators. This comprehensive system of personnel development ensures that early intervention personnel are appropriately trained and also have knowledge of the regulatory requirements of Early Start. The requirements and importance of timely service provision will continue to be taught and reinforced at these trainings. Please

see Attachment A for information about these trainings and other improvement activities, and their applicability to each of the Part C indicators.

Services are often delayed due to a shortage of qualified personnel, especially specialty therapists (occupational, speech and physical therapists). Due to this problem, DDS supported legislation that established a mechanism to allow RCs to use an Early Start specialized therapeutic service code to purchase services in cases where application of existing reimbursement rates would result in any delays in the provision of early intervention services. The use of this service code allows the RCs to compete fiscally in a competitive market for services and serves to improve the timeliness of both the evaluation/assessment and the provision of services.

Some local programs contract with vendors which provide services to infants and toddlers and submit claims to the RC on a group basis. In these instances, the local programs have found that services have been provided more expeditiously. Contracted claims are billed to DDS as a group and not as individual billings for each infant and toddler. This billing procedure uses far fewer resources in comparison to an individualized billing process.

Improvement Activities/Timelines/Resources (through FFY 2012):

All of the following improvement activities described in the APR will be continued in future reporting periods:

- Expanding availability of specialized resources through use of the Early Start specialized therapeutic code.
- Statewide training institutes, which include topics related to the provision of timely services.
- Authorization of the use of Speech and Language Pathology Assistants in specific situations.

In addition, DDS will implement the Early Start Report in the spring of 2011. This tool will provide electronic documentation of exceptional family circumstances that result in service initiation.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

Please refer to page 1, Overview of the State Performance Plan Development.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Overview of Issue/Description of System or Process:

With the authorization of IDEA in 1997, and the issuance of Part C federal regulations in 1999, there was a strengthened focus on the importance of providing services in natural environments. Since then, DDS has provided statewide training and other forms of technical assistance to promote the provision of services in natural environments. The philosophy of providing early intervention services within the child's *"everyday routine, relationships, activities, places, and partnerships"* was also incorporated into all the training institutes for service providers and service coordinators, as described in Attachment A.

Based on findings from OSEP's October 2006 verification visit, the provision of services in natural environments is being assessed in FFY 2005 by using universal reporting through data elements in the infant/toddlers' Early Start Reports (ESR), rather than the method previously used and described in the SPP submitted to OSEP in FFY 2004. The data used is derived from the Early Start Report's (ESR) primary location data element, which uses data definitions and guidance as provided by OSEP. The eight locations listed for provision of services in the ESR are 1) early intervention program; 2) family child care; 3) home; 4) hospital, inpatient; 5) outpatient service facility; 6) regular nursery/child care; 7) residential facility; and 8) other setting.

Universal reporting is a more valid measure for collecting settings data. Reliability of the data will be reviewed and validated during site monitoring at local programs. Consistency in reporting settings data will be addressed through clarification of reporting procedures to the Early Start field and targeted technical assistance.

Federal regulations make allowance for the delivery of an early intervention service in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. In such cases, there must be a justification in the child's IFSP. The percent of children in Early Start who

either receive services in a natural environment or have a justification for services in another environment is over 90 percent of children served.

Baseline Data from FFY 2004 (2004-2005):

Early Start infants/toddlers receive services in the natural environments 82.95 percent of the time (measurement formula: 23,873 divided by 28,781, times 100 equals 82.95 percent). An additional 10.5 percent of infants are served in other than natural environments and there is a justification document in the case record that early intervention services cannot be satisfactorily achieved in a natural environment. That is, when services are provided in other than natural environments and a justification is included in the total percentage, the total figure becomes 93.48% (26,904 divided by 28,781, times 100 equals 93.48 percent). This is based on performance data that indicates 61.76 percent of consumers who receive services in other than a natural environment had justifications present in the record.

Discussion of Baseline Data:

The current figure of 82.95% represents a consistent level of performance on this indicator for FFY 2004. When a justification for providing services in other than natural environments is present on the child's IFSP, California shows a significant continuous improvement in this area. Discussions with the state ICC focused on the need to probe for more information on those children who are not served in natural environments and for whom there is no documented justification.

Based on the change to the collection methodology for FFY 2005, described above under "*Overview of Issue/Description of System or Process*," the targets below have been adjusted for FFY 2006 and forward to reflect appropriate expectations in meeting the state's Interagency Coordinating Council (ICC) target of 90 percent by 2010.

The targets proposed for FFY 2011 and 2012 reflect the significant program changes reported in the Overview of State Performance Plan Development section, specifically the need for parents to utilize private insurance, which may impact the state's ability to mandate where some services are provided.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	72.1% of infants and toddlers served will receive services in the natural environment.
2006 (2006-2007)	76.3% of infants and toddlers served will receive services in the natural environment.
2007 (2007-2008)	79.7% of infants and toddlers served will receive services in the natural environment.
2008 (2008-2009)	83.2% of infants and toddlers served will receive services in the natural environment.
2009 (2009-2010)	86.6% infants and toddlers served will receive services in the natural environment.
2010 (2010-2011)	90% of infants and toddlers served will receive services in the natural environment.
2011 (2011-2012)	77.0% of infants and toddlers served will receive services in the natural environment.
2012 (2012-2013)	83.0% of infants and toddlers served will receive services in the natural environment.

Improvement Activities/Timelines/Resources :

1. Continue to ensure that data collected is valid and reliable by continuing its efforts to restructure its monitoring system.
2. Provide rate increases to service providers shifting from center-based programs to natural environments. The Budget Act of 2006-07 authorized DDS to implement a rate increase to enhance the wages of direct care staff in infant development programs (IDP) and other day programs. Receiving the wage enhancement requires that IDPs provide services in natural environments 51 percent or more of the time, by June 30, 2008. Over 155 out of 173 (89.6 percent) IDPs applied for the rate increase.
3. Program Advisory: DDS issued a June 2008 program advisory that clarified natural environment settings, selection of settings and documentation of justifications by the IFSP team, as well as reporting procedures to document services delivered in natural environments. Where needed, local training will be conducted to correct any ongoing data discrepancies in local communities.

4. 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.
5. Targeted Training: During federal fiscal years (FFY) 2007-2012, DDS will identify RC catchment areas exhibiting low percentage of services delivered in natural environments and provide targeted training, technical assistance, and resources to increase opportunities for children and families to receive services alongside their peers who are typically developing.
6. DDS has drafted changes to the Early Start Report that will, when implemented, provide for improved universal reporting for this indicator.
7. DDS will continue to provide the Early Start Institute series and other related trainings annually. Additionally, DDS with assistance from WestEd has developed an enhanced training delivery model incorporating the use of state of the art technologies. One component of the new model will increase access to training material by utilizing an online training series. The training curriculum will be updated as needed to support the delivery of services in the natural environment in a timely and cost effective manner.

Improvement Activities/Timelines/Resources (through FFY 2012):

- Continued training through DDS' Comprehensive System of Personnel Development as described in Attachment A.
- Continued targeted and on-request training and technical assistance to local agencies.
- Implementation of focused monitoring.
- Implementation of the Early Start Report in the spring of 2011.

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Please refer to page 1, Overview of the State Performance Plan Development.

Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

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

Measurement:

Outcomes:

- | |
|---|
| <ul style="list-style-type: none"> A. Positive social-emotional skills (including social relationships); B. Acquisition and use of knowledge and skills (including early language/communication); and |
|---|

- | |
|--|
| <ul style="list-style-type: none"> C. Use of appropriate behaviors to meet their needs. |
|--|

Progress categories for A, B and C:

- | |
|--|
| <ul style="list-style-type: none"> a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$. b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$. c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$. d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$. e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$. |
|--|

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

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

Measurement for Summary Statement 1:

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

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

Measurement for Summary Statement 2:

Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

Overview of Issue/Description of System or Process:

California has a longstanding infrastructure of region-based service agencies that purchase services, provide various family supports and provide service coordination. These 21 “RCs” are private nonprofit corporations that contract with the Department of Developmental Services to provide or coordinate services and supports for eligible individuals and their families. Their services support, not only infants and toddlers in early intervention and their families, but also all other state residents who have a developmental disability. Indeed, California is recognized as the only state that has a “civil rights act” for persons with developmental disabilities, which Act constitutes an entitlement to services.

Based on OSEP’s determination letter and table dated June 15, 2007, California did not report the required entry data and activities submitted in the FFY 2005 SPP change because the sampling methods were deemed not technically sound. From subsequent discussions, DDS and OSEP agreed on an appropriate strategy and methodology necessary for achieving the goal of establishing baseline and target data for FFY 2009.

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

provide needed information for local programs to plan and implement improvement activities.

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

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

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

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

- 1) The child at transition age manifests an obvious developmental disability with significant delay. The parents have services in place for after Part C and “see no reason to put our child through that again.” This is not surprising since 23% of infants graduating from Part C continue services with the regional-center system.

This eligibility results from a lifelong developmental disability that is “substantially handicapping” per California state law and, therefore, the child is determined eligible for lifelong services.

- 2) The child has improved functioning significantly and is now clearly comparable to typical age peers and the parents see little value in conducting another evaluation as the child exits from regional-center services.

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

Quality Assurance Measures:

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

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

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

Children were considered “comparable to same aged peers” upon entrance into the program if their functional age in a given developmental domain was within 33 percent of their chronological age. For example, a 12-month-old infant functioning higher than 9 months on a particular developmental domain was considered within the typical range of development. Similarly, an 18-month-old infant functioning higher than the 12 month

level in a particular domain was considered "comparable to same aged peers". This criterion is based on the American Academy of Pediatrics website that details the very broad range of "typical development", i.e., the tremendous amount of individual differences for "typical" children in reaching various developmental milestones.

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

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

- A. Local early intervention managers, both Southern California and Northern California groups, convene locally as well as at statewide meetings to:
 1. Review updates on new methodologies and the use of various instruments on targeted populations.
 2. Survey continuing professional education needs and training available for community practitioners.
 3. Discuss and address current challenges experienced in evaluation and assessments in specific regions, with certain populations, and with specific professional disciplines.
- B. The RCs' Clinical Directors Group meets statewide as a group to:
 1. Review diagnostic and predictive precision in "Delay", "Established risk" and "High risk" categories.
 2. Discuss methods to analyze cost effective utilization of community clinical resources for effective measurement practices for evaluation of progress.
 3. Promote local partnerships for training and technical assistance.
- C. The Association of Regional Center Agencies Early Intervention Committee meets quarterly to:
 1. Discuss roles and responsibilities of the DDS as well as the RCs.
 2. Promote participation by the RCs in making necessary changes for federal compliance.

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

Baseline Data:

The following are the baseline data obtained through the data-collection effort described earlier:

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

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	40	5.8
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	113	16.4
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	9	1.3
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	88	12.8
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	437	63.6
Total (Due to rounding, percentages will not be exact)	N = 687	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	7	1.0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	187	27.2
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	26	3.8
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	117	17.0
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	350	50.9
Total (Due to rounding, percentages will not be exact)	N = 687	100%

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

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

Summary Statements	% of Children
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
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
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 C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	42.4
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	68.0

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 B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	33.2
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program.	71.0

Comments/Analysis on the Data Tables:

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

Predictably, the Table 3 sub-sample of children with cerebral palsy (total = 19) scored the lowest in Adaptive/Self Help with a total of 84 percent showing improvement but no nearer same age peers. Similarly, for the children with a diagnosis of Down syndrome displayed in Table 4, a slight improvement is seen in all three functional areas, but the great majority (65 to 89 percent) are functioning no nearer their typical age peers upon exiting the program at 36 months.

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

TABLE 1. All Children

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

TABLE 2. Children with Autism

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

TABLE 3. Children with Cerebral Palsy

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

TABLE 4. Children with Down Syndrome

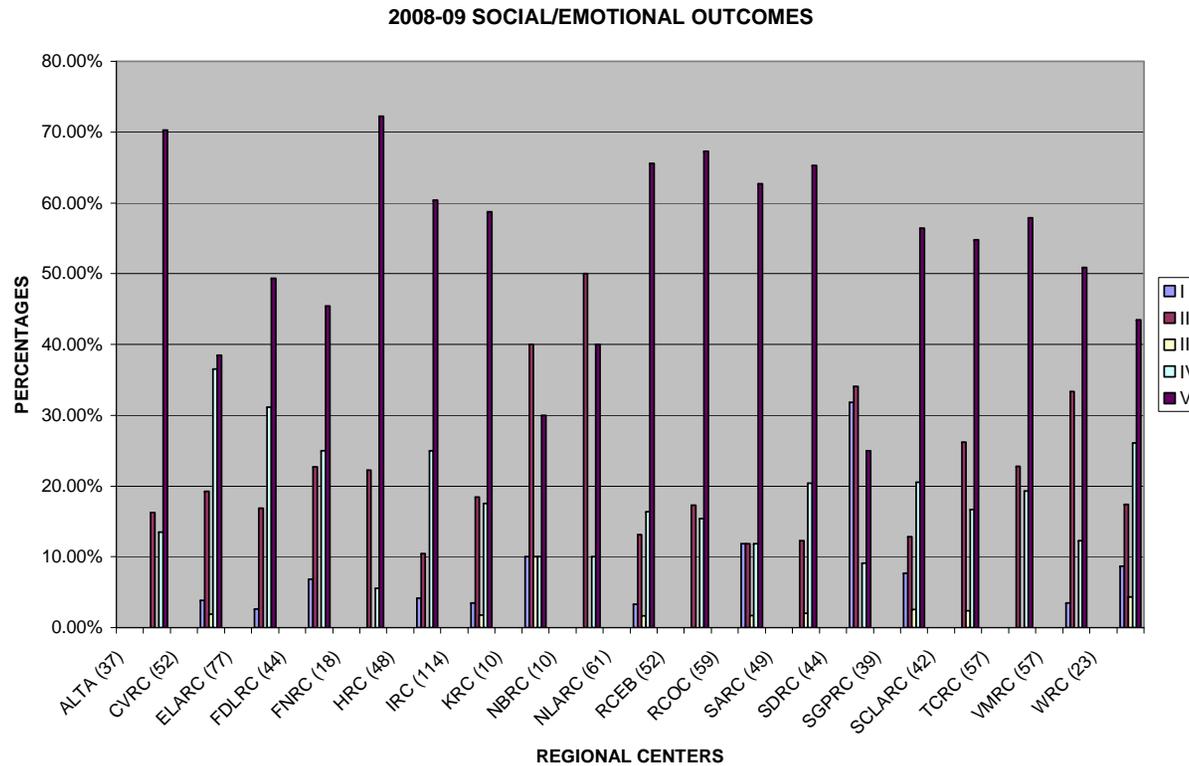
	Social Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	Enter # of Children	% of Children	Enter # of Children	% of Children	Enter # of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	1	3.8%	0	0.0%	0	0.0%
b.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

TABLE 5. Children with At-Risk Conditions

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

PROGRAM-TO-PROGRAM COMPARISONS

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

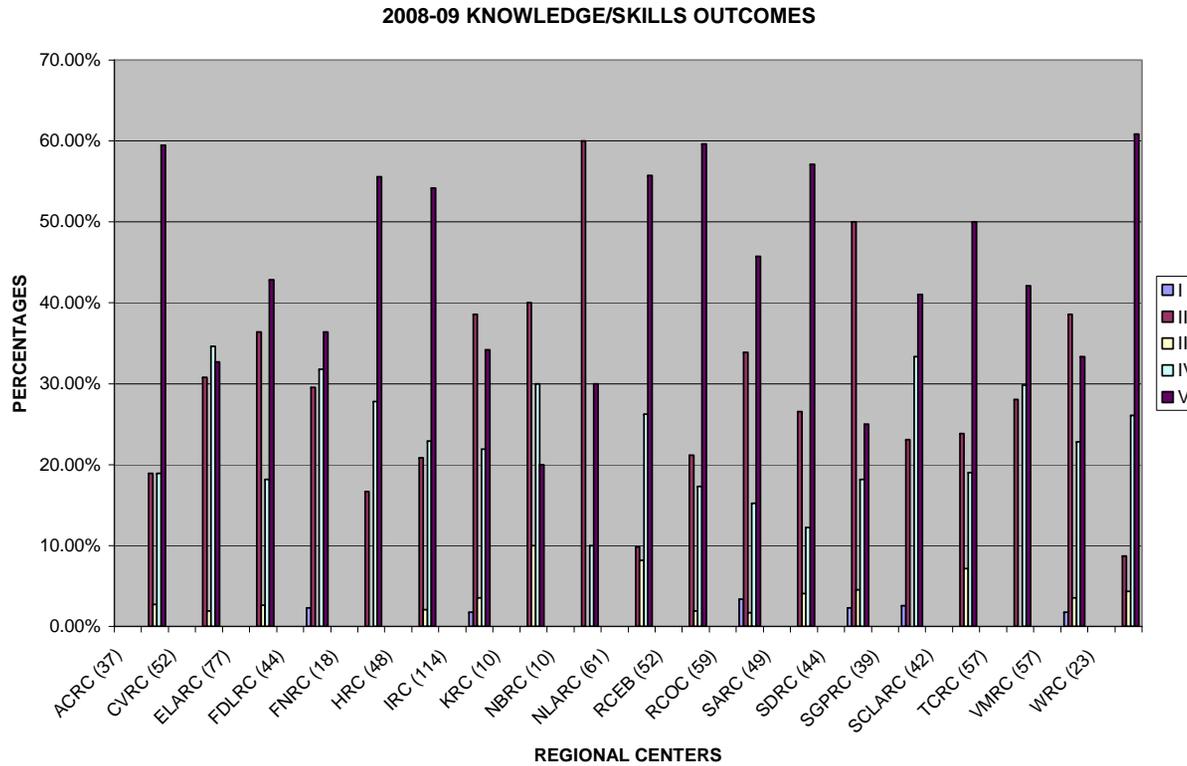


Social/Emotional: The greatest variance appears in improvement categories # IV (improved in functioning comparable to same age peers) and # V (maintained functioning comparable to same age peers). Specifically, two RCs demonstrated much lower percentages of children in improvement category V for social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

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

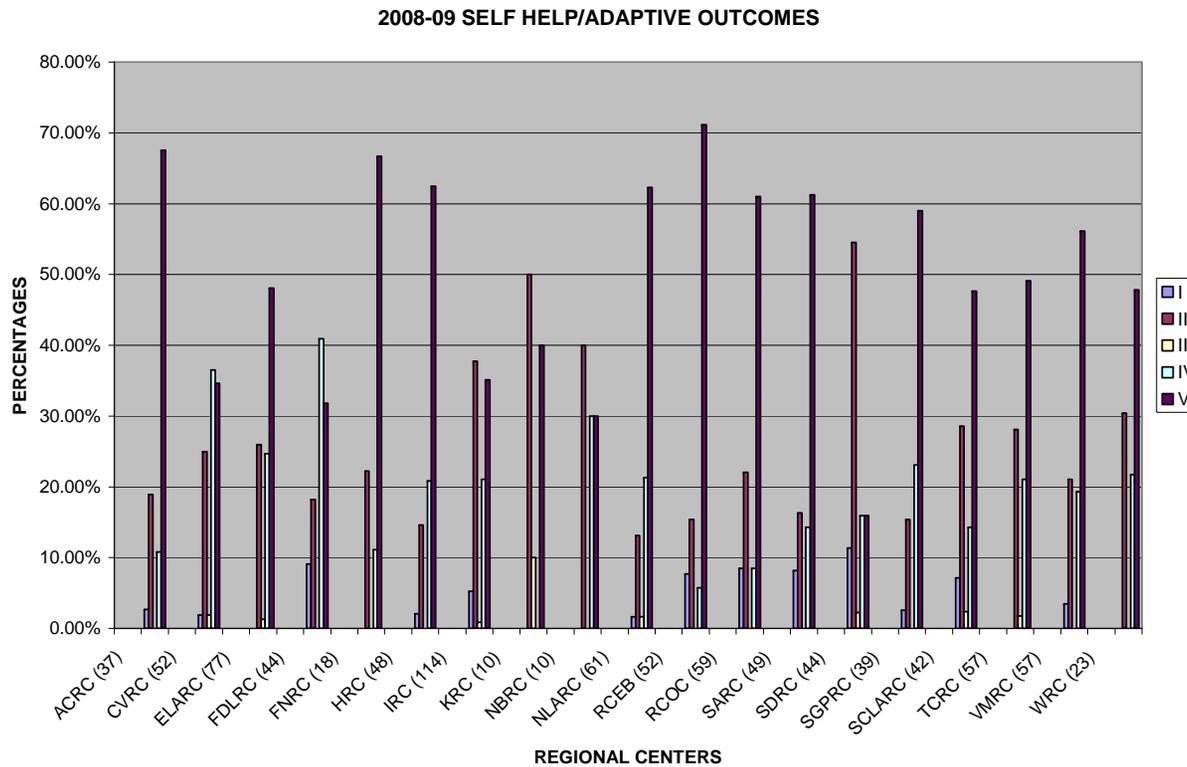
Improvement category #4 also reflected inter-region differences in child outcomes in the social/emotional domain. Most remarkably, Far Northern and San Diego Regional Center showed relatively low percentages for improvement category # V (< 10 percent) compared to other regions.

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



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

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



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

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

Measurable and Rigorous Target:

Targets for Infants and Toddlers Exiting in FFY 2009-10 through FFY 2012

(Excludes at-risk children)

Summary Statements	2008 Baseline (Adjusted) ¹	Targets for FFY 2009 (% of children)	Targets for FFY 2010 (% of children)	Targets for FFY 2011 (% of children)	Targets for FFY 2012 (% of children)
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	39.3	39.8	39.81	39.82
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	76.4	76.9	77	77.01	77.02
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)					
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	42.4	42.9	43.4	43.0	43.01
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	68	68.5	69	69.01	69.02
Outcome C: Use of appropriate behaviors to meet their needs					
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	33.2	33.7	34.02	34.03	34.04
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.	71	71.5	72	72.01	72.02

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

The state's projection of more conservative improvement targets through FFY 2012 due to the following factors:

- **Changes in eligibility.** California narrowed its eligibility criteria for the Part C program in FFY 2009. One of the few remaining states to continue to serve children who were only at-risk, California was forced by the state budget crisis and the flat federal funding for this program to eliminate the discretionary eligibility category of children who were solely “at-risk” for delay or disability. Thus, in determining improvement targets for Indicator 3, we are selectively referencing the current improvement data from the stratified random sample. We are including those children with delays and those who are eligible under “established risk” and excluding the data for those children who were served in the “at-risk” category. This defined segment of the current sample most mirrors the population changes from FFY 2008 to FFY 2009.
- **Fiscal cutbacks in most community agencies.** Many community agencies making referrals to the Early Start program have and continue to experience cutbacks, which are anticipated to result in delayed referrals (i.e., children referred when older) and, therefore, less favorable outcomes for some of these children. Further, those families who historically have benefitted from blended services for their infants with special needs (food stamps, social services supports, community health initiatives, etc.), will receive fewer support services. These reductions may also impact developmental outcomes for children in the Early Start program.
- **Fiscal cutbacks in professional schools.** There are also significant budget reductions and resulting program reductions at the colleges and universities charged with preparing the therapists needed for evaluating and treating infants and toddlers with special needs. Long-standing shortages of ancillary therapists (PT, OT, and SLP) are becoming more acute as the professional schools graduate fewer therapists for all service sectors.
- **Increased paper compliance and cumbersome procedures as a condition of federal funding.** Increased procedural compliance (i.e., increased data and paperwork burden) that does not enhance direct service to infants and families forces states to divert even more scarce resources away from direct service and immediate family benefit. Infants and their families will be afforded even less direct service as states buckle under increased program demands with no additional federal Part C funding.

Improvement Activities/Timelines/Resources (through FFY 2012):

The improvement activities listed under each of the graphs in the “Program-to-Program Comparisons” section above will continue through FFY 2012.

In addition, implementation of the revised Early Start Report will provide the state with universal child-outcome data when it is implemented in the spring of 2011.

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Please refer to page 1, Overview of the State Performance Plan Development.

<p>Monitoring Priority: Early Intervention Services In Natural Environments</p>
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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 USC 1416(a) (3) (A) and 1442)

<p>Measurement:</p>

- | |
|--|
| <ul style="list-style-type: none"> 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. |
|--|

Overview of Issue/Description of System or Process:

Baseline Data Survey Tool included all items on the National Center for Special Education Accountability Monitoring (NCSEAM) *Family-Center Services Scale* and *Impact of Early Intervention Services on Your Family Scale* as well as additional demographic and open-ended questions. Independent contractor(s) conducted the survey and the data analysis.

Sampling Plan and Methodology was conducted using a stratified random sample. The sample was selected from all families participating in Part C services through the Department of Developmental Services (n=14,535), California Department of Education (n=1,361), or dually served through both agencies (n=2,674) for a total of 18,570 families. Of all families participating in Part C, incomplete records resulted in an eligible sample of 14,183 families. A stratification plan to approximate representation of the California Part C population included age of child, ethnicity of family, and RC. Data for the DDS and dually-served population were gathered by phone interviews in the family's

primary language. The percentage of families declining to be interviewed was 4.7 percent. Response rate for DDS data was 100 percent of the number of families targeted. CDE data were collected by CDE due to difficulties with interagency data sharing. The surveys were primarily distributed via service providers. Representative data for each local educational agency was not collected. Response rate for the CDE data was 57 percent of the targeted number. The CDE data represents approximately 4 percent of the total number of families surveyed. The final stratified random sample included 5,413 parents or guardians of children served under Part C. The confidence interval for sample size data parameters ranged from 83.7 to 99 percent for DDS RCs and CDE services.

Data analysis of the *Impact of Early Intervention Services on Your Family Scale* met or exceeded the NCSEAM 2005 National Item Validation Study's standards for the internal consistency, completeness, and overall quality expected from this survey. California families responded on average to about 21 of the 22 questions on this scale. Measurement reliability ranged from .94 to .95, depending on how error is estimated, meaning that the measures fall in at least four statistically distinct ranges. Overall data consistency was acceptable, as indicated by several different model fit statistics.

Analysis to determine baseline measures for sub-indicators 4a-c was conducted using Rasch analysis of the families' responses on the NCSEAM *Early Intervention Services on Your Family Scale*. The Rasch measurement framework is recommended by the NCSEAM authors. Rasch measurement is also preferred for multi-factor analysis when the factors are highly correlated, as is the case in an assessment of family outcomes. The NCSEAM Rasch measurement framework was developed using data from the NCSEAM National Item Validation Study. California was one of the eight states that contributed data to validate the NCSEAM tool. The Rasch measurement framework statistically ordered all items on the *Early Intervention Services on Your Family Scale* to obtain a calibration 'ruler' that ranked the scale items according to the degree of attribute measured. The attribute of interest is 'families participating in Part C who report that early intervention services helped the family'. Baseline data for Indicator 4 aggregated the measures of all Part C respondent families to obtain a state measure.

The state measure for the NCSEAM *Impact of Early Intervention on Your Family Scale* was compared to the NCSEAM recommended standard for each sub-indicator (4A-C). The recommended standard was established utilizing a national stakeholder group with broad representation of families, state and local agencies, advocates, and researchers. California chose to use the NCSEAM recommended standard. The recommended standard is 539 for sub-indicator 4A 556 for sub-indicator 4B and 516 for sub-indicator 4C

Performance results on Indicator 4 are calculated as the percent of respondent families participating in Part C in California who report measures at or above the standard established for each indicator. Responses for all items on the scales were also compared by RC, gender, age, and ethnicity to determine variation in responses that might inform improvement activities.

Measurable and rigorous targets for years 2006-2010 were calculated using the NCSEAM Improvement Calculator developed as a companion tool for the NCSEAM

Scales. Using the state mean (574), established standard for each sub-indicator, sample size (5,413), and standard deviation (128), the Improvement Calculator determines the percent of change that will indicate a statistically significant improvement in each sub-indicator measure. Guidance from the NCSEAM technical assistance center indicates that some states might see statistically significant improvement in one reporting year while others may not document statistically significant improvement until the end of the SPP reporting period (2010). California will target a .5 percent change for each sub-indicator (4A-C) over the next 5 reporting years (2006-2010) for a total of 2.5 percent change in each sub-indicator by reporting year 2010. This exceeds the minimum percent change required to demonstrate statistical significance by an average of 27 percent across the three sub-indicators.

Baseline Data for FFY 2005 (2005-2006):

- 4A. **48%** of respondent families participating in Part C report measures at or above the standard established for sub-indicator *'early intervention services have helped the family know their rights'* on the National Center for Special Education Accountability Monitoring (NCSEAM) *Impact of Early Intervention Services on the Family Scale*.
- 4B. **42%** of respondent families participating in Part C report measures at or above the standard established for the sub-indicator *'effectively communicate their children's needs'* on the National Center for Special Education Accountability Monitoring (NCSEAM) *Impact of Early Intervention Services on the Family Scale*.
- 4C. **71%** of respondent families participating in Part C report measures at or above the standard established for the sub-indicator *'help their children develop and learn'* on the National Center for Special Education Accountability Monitoring (NCSEAM) *Impact of Early Intervention Services on the Family Scale*.

Discussion of Baseline Data:

A state mean measure of 574 and standard deviation of 128 were calculated for all respondent families participating in Part C as measured by the NCSEAM *Impact of Early Intervention Services on the Family Scale*. This analysis had a measurement reliability of .94. Baseline levels are established at 48 percent above the established standard for indicator 4A, 42 percent above the standard for indicator 4B, and 71 percent above the standard for indicator 4C.

Analysis of the data indicate no systematic variation in the results for all three sub-indicators based upon gender of child, age of child, ethnicity of child or family, or gender of parent reporting. This suggests that California's outreach efforts to serve families from different ethnic and linguistic backgrounds and ages appear to contribute to similar experiences for most California families. Baseline data also indicate a greater need to help families effectively communicate their child's needs and know their rights as compared to activities geared toward assisting families to help their child develop and learn.

There is variation in the sub-indicator measures when comparing the state’s RCs. For this analysis, differences between RCs appear to be a result of the agency rather than geographic location or family demographics. For example, a RC with middle-rank performance is geographically adjacent to a lower-performing RC. Likewise, a high-performing RC has a similar percentage of families from ethnically and linguistic diverse backgrounds as a lower-performing RC. While ethnic diversity and geographic region do not appear to be major contributors to the differences between RCs, the three lowest-performing RCs are in an urban area with a high percentage of families from diverse backgrounds. However, the three highest-performing RCs are located throughout the state and each has unique service challenges such as remote access and/or high numbers of immigrant families. The higher-performing RCs will be used to contribute promising practices as part of the improvement activities.

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<p>4A. 48.0 percent of families participating in Part C report that early intervention services have helped the family <i>‘know their rights.’</i></p> <p>4B. 42.0 percent of families participating in Part C report that early intervention services have helped the family <i>‘effectively communicate their children’s needs.’</i></p> <p>4C. 71.0 percent of families participating in Part C report that early intervention services have helped the family <i>‘help their children develop and learn.’</i></p>
<p>2006 (2006-2007)</p>	<p>4A. 48.5 percent of families participating in Part C report that early intervention services have helped the family <i>‘know their rights.’</i></p> <p>4B. 42.5 percent of families participating in Part C report that early intervention services have helped the family <i>‘effectively communicate their children’s needs.’</i></p> <p>4C. 71.5 percent of families participating in Part C report that early intervention services have helped the family <i>‘help their children develop and learn.’</i></p>
<p>2007 (2007-2008)</p>	<p>4A. 49.0 percent of families participating in Part C report that early intervention services have helped the family <i>‘know their rights.’</i></p> <p>4B. 43.0 percent of families participating in Part C report that early intervention services have helped the family <i>‘effectively communicate their children’s needs.’</i></p> <p>4C. 72.0 percent of families participating in Part C report that early intervention services have helped the family <i>‘help their children develop and learn.’</i></p>

FFY	Measurable and Rigorous Target
<p>2008 (2008-2009)</p>	<p>4A. 49.5 percent of families participating in Part C report that early intervention services have helped the family <i>'know their rights.'</i></p> <p>4B. 43.5 percent of families participating in Part C report that early intervention services have helped the family <i>'effectively communicate their children's needs.'</i></p> <p>4C. 72.5 percent of families participating in Part C report that early intervention services have helped the family <i>'help their children develop and learn.'</i></p>
<p>2009 (2009-2010)</p>	<p>4A. 50.0 percent of families participating in Part C report that early intervention services have helped the family <i>'know their rights.'</i></p> <p>4B. 44.0 percent of families participating in Part C report that early intervention services have helped the family <i>'effectively communicate their children's needs.'</i></p> <p>4C. 73.0 percent of families participating in Part C report that early intervention services have helped the family <i>'help their children develop and learn.'</i></p>
<p>2010 (2010-2011)</p>	<p>4A. 50.5% of respondent families participating in California Part C report measures at or above the standard established for indicator 'early intervention services have helped the family know their rights'.</p> <p>4B. 44.5% of respondent families participating in California Part C report measures at or above the standard established for indicator <i>'effectively communicate their children's needs'</i>.</p> <p>4C 73.5% of respondent families participating in California Part C report measures at or above the standard established for the indicator <i>'help their children develop and learn'</i>.</p>
<p>2011 (2011-2012)</p>	<p>4A. 51% of respondent families participating in California Part C report measures at or above the standard established for indicator 'early intervention services have helped the family know their rights'.</p> <p>4B. 45% of respondent families participating in California Part C report measures at or above the standard established for indicator <i>'effectively communicate their children's needs'</i>.</p> <p>4C 75% of respondent families participating in California Part C report measures at or above the standard established for the indicator <i>'help their children develop and learn'</i>.</p>

FFY	Measurable and Rigorous Target
<p>2012 (2012-2013)</p>	<p>4A. 51.5% of respondent families participating in California Part C report measures at or above the standard established for indicator ‘early intervention services have helped the family know their rights’.</p> <p>4B. 45.5% of respondent families participating in California Part C report measures at or above the standard established for indicator ‘<i>effectively communicate their children's needs</i>’.</p> <p>4C. 75.5% of respondent families participating in California Part C report measures at or above the standard established for the indicator ‘<i>help their children develop and learn</i>’.</p>

Improvement Activities/Timelines/Resources:

1. Dissemination of the NCSEAM survey results and solicitation of stakeholder input regarding recommended standards, targets, and improvement activities will be conducted with the California ICC, RC managers, and Family Resources Centers. The Family Outcomes Survey results for individual RCs will be disseminated to each RC. A presentation and discussion of the NCSEAM survey results, implications and improvement activities will be a major activity during the Regional Center Managers’ Symposium, May 2007. Annually, an update of the activities to support improvement in this area will be conducted in multiple venues including the ICC and the Regional Center Managers Symposium.
2. Mechanisms are in place to ensure that service providers receive technical assistance and training to implement family-centered practices and to ensure that technical assistance and training is responsive to the diverse cultures represented by eligible families in the provision of early intervention services. The Early Start Comprehensive System of Personnel Development includes four institutes for service providers, five institutes for service coordinators, and one institute for family support personnel that includes information about the latest evidence-based practices related to family centered and culturally responsive services. Each series of institutes has a session that specifically addresses culturally responsive services. One of the Service Coordinator Institutes is dedicated to relationship-based services. In fact, family centered and culturally responsive practices are embedded into the entire curriculum. The Service Coordinators Institute is based on the Service Coordinator’s Handbook which incorporates implementation ideas in each section that are family focused and culturally responsive. There is a separate section on strategies that assist and support families in accessing services. All technical assistance activities also incorporate best practices that support family centered services and cultural responsiveness. Comprehensive System of Personnel Development (CSPD) improvement activities will include:

- a. Service Coordinator's Institute: The Service Coordinators Institute recommended for all Early Start entry-level service coordinators will strengthen material about identifying family outcomes and preparing families to identify their child's needs and know their rights.
- b. Family Resource Support Institute: An annual multi-day conference is offered each year for family resource center staff. Workshops and materials will be developed to provide strategies for family-to-family support in the targeted areas.
- c. CORE Training: The CORE training is a 64-hour specialized early intervention training program geared to entry-level service providers. Strategies in the targeted areas, including case studies, will be added.
- d. Advanced Practice Institute and Special Topic Trainings: Early Start sponsored trainings will be developed for advanced practitioners, managers, and university professors so that they can be better prepared to supervise and assist early intervention staff in the targeted areas.
- e. Early Intervention Competencies: Part C Lead Agency recommended early intervention and early intervention assistant competencies will be review and changed if needed to address the need for service providers to assist families in the targeted areas.

A complete listing of other pertinent training and activities is included in Attachment A.

3. Mechanisms are in place to ensure that California assists families in supporting the child's outcomes. Families are assisted in supporting their child's outcomes by receiving services that are family focused, culturally responsive and that are delivered in natural environments. Parents are encouraged and supported by service providers to optimize learning opportunities that occur in their daily activities and routines at home, in day care, and in the community. Relationship-based services promote the parent's role in their young child's life and parents are encouraged to be full, informed participants on the IFSP team.
4. Promising Practices Strategies: Promising Practice Strategies to address the targeted areas are currently under development. The Promising Practice Strategies will incorporate national promising practices and strategies collected from high-performing California RCs. The Promising Practice Strategies will be disseminated to RCs as technical assistance materials. They will also be showcased at Early Start training venues each year. State monitoring efforts will use the Promising Practices as tools to assist low-performing RCs as part of focused monitoring.
5. Service Coordinator Handbook: A new chapter on family outcomes and assessment is under development and will be added to the Early Start Service Coordinators' Handbook. This chapter will outline ways that RC service coordinators can participate in family-directed identification of needs and a family-directed assessment of resources, priorities, and concerns of the family. This chapter and the accompanying training sessions for service coordinators will outline strategies to guide families to identify supports and services necessary to

enhance the family's capacity to meet the developmental needs of their child. In addition, updates and revision to the chapter addressing parental rights and the IFSP will help the early intervention provider fully explain to the parents the content of the IFSP and identify areas where parental written approval is needed prior to the provision of services. The Handbook forms the foundation for the Service Coordinators Institute recommended for all Early Start entry-level service coordinators. This material will be incorporated in the curriculum.

6. A comprehensive system of procedural safeguards is in place to protect the rights of Early Start children and their families. Families are informed through the use of public awareness materials. In addition, Early Start Service Coordinators are trained about their responsibilities to inform families about the procedural safeguards available to them. Parents are provided information on their rights at least annually. In addition, Early Start Family Resource Center personnel are available to assist families in understanding their rights. DDS Liaisons and the Office of Human Rights and Advocacy also assist families by answering questions and clarifying their procedural safeguards. Improvement activities to assist families know their rights include:
 - a. Public Awareness Materials: Public awareness materials will be reviewed by the ICC Public Awareness Committee to determine ways to strengthen existing materials and/or add additional materials in the targeted areas. The ICC provides ongoing assistance to DDS by reviewing publications to ensure that they are family friendly and promote family-focused and culturally-responsive services.
 - b. In 1994, California's ICC parents developed a booklet entitled "Family Support Guidelines for Effective Practice" for dissemination to the field to promote a family-centered system. Almost 1000 were distributed during 2005-06. A final draft update of this booklet has been prepared.
 - c. Currently, a booklet entitled "Parents' Rights: An Early Start Guide for Families" is distributed to parents statewide. The booklet is available in four different languages to accommodate the cultural diversity of our state. During 2005-06 over 31,000 booklets were distributed. In addition, a two-page parents' rights text in multiple languages is available for distribution with IFSPs. Almost 5,000 were distributed during 2005-06. This information is available for downloading from the Early Start website.
7. A focused monitoring and technical assistance process regarding all three sub-indicators will be developed and implemented for lower-performing RCs.
8. Performance on this indicator will continue to be measured using an adapted version of the *Family Outcomes Survey* instrument developed by the Early Childhood Outcomes Center. The state believes that using selected questions drawn from the Family Outcomes Survey (FOS) represents an improved data-collection methodology since the questions directly target the three sub-indicator areas and are very family friendly and transparent. Also, since the FOS is increasingly being used by other states it will allow for comparison with other states' performance. DDS will collaborate with the ICC Data Committee about any

adjustments that should be made to the baseline data because of transitioning to the new survey process. See Attachment F for copies of the family-outcomes survey materials.

9. Future surveys will, resources permitting, be expanded and enhanced to provide more data to allow for (1) comparing performance by local programs, (2) reporting statistically-significant low-incidence data from local education agencies, (3) crafting improvement activities that distinctly contribute to positive family outcomes, and (4) eliciting more responses by ethnicity group.

Improvement Activities/Timelines/Resources (through FFY 2012):

The improvement activities listed above and in the APR will continue through FFY 2012.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

Please refer to page 1, Overview of the State Performance Plan Development.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

Overview of Issue/Description of System or Process:

Until submission of the 2008 APR, states were required to compare their percentage of children with IFSPs against comparable states and National data. This analysis was made possible by using the comparison table offered by OSEP for the categorization of the various eligibility criteria. Using the list provided, California determined that Texas was the most comparable state in terms of eligibility criteria and also in matching geographic size, demography, urban-rural mix, ethnic mix, and migration patterns. The comparable-state comparison was not required from 2008 forward, when the comparison of California had only to be made with the national data for all states.

This analysis is made possible by using the comparison table offered by OSEP (found at: <http://spp-apr-calendar.rfcnetwork.org/explorer/view/id/912>)

Baseline Data for FFY 2004 (2004-2005):

- A. The percentage of California's population served under the age of one year equals 0.95 percent (measurement formula: 5,643 divided by 595,039, times 100 equals 0.95 percent).

This compared favorably to the Texas 0.81 percent and the national percentage of 0.92 percent (3,054 divided by 378,946, times 100 equals 0.81 percent). The Texas data was derived from OSEP table 8-4 entitled "Infants under 1 year of age receiving early intervention services under IDEA."

- B. The percent in the national data is 0.92 percent (38,192 divided by 4,143,461, times 100 equals 0.92 percent).

Discussion of Baseline Data:

California reported in the 2003-2004 Annual Performance Report (APR) that all 21 RCs have liaison activities with Neonatal Intensive Care Units (NICU). These activities include

discharge planning with hospital staff to provide continuity of care between hospital and home. DDS is also working with the California Department of Social Services on implementing the policies and procedures for making and receiving referrals from Child Protective Services per the requirements of the Child Abuse Prevention and Treatment Act (CAPTA). This ensures prompt response to referrals of children from these agencies.

The ICC recommended earlier that the national average be used as the target for this indicator. However, since California exceeds the national average the target was set to maintain the current high level of performance.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	.95% of infants and toddlers birth to one in California will have IFSPs.
2006 (2006-2007)	.95% of infants and toddlers birth to one in California will have IFSPs
2007 (2007-2008)	.95% of infants and toddlers birth to one in California will have IFSPs
2008 (2008-2009)	.95% of infants and toddlers birth to one in California will have IFSPs
2009 (2009-2010)	.95% of infants and toddlers birth to one in California will have IFSPs
2010 (2010-2011)	.96% of infants and toddlers birth to one in California will have IFSPs
2011 (2011-2012)	.97% of infants and toddlers birth to one in California will have IFSPs
2012 (2012-2013)	.98% of infants and toddlers birth to one in California will have IFSPs

Since the initial targets were set, the state's ongoing budget crises led to the enactment of new state laws that have narrowed the definition for eligibility under Part C, and established a new, lower cost, state-only Prevention Program. These law changes eliminated "at-risk" as a qualifying condition for Part C services, and also restricted eligibility under the "developmental delay" category. The new Prevention Program now serves these "at-risk" and less "delayed" children, albeit in a more limited way. Therefore, the children now ineligible for the Part C program are not included in any of the Part C child counts, including counts for this indicator.

Improvement Activities/Timelines/Resources:

Child find is a high priority in California. In addition to the state's ongoing improvement activities, a revised public outreach and referral brochure entitled *Reasons for Concern* was developed in collaboration with CDE. This publication was pilot tested in three RC catchment areas and now has been distributed statewide. The publication has an easily understood message about when to refer a child for early childhood services.

In Los Angeles, the BEST PCP (Primary Care Physicians) project has begun using a standardized assessment for pediatric patients. Of all Californians, 27.92 percent reside in Los Angeles County. Therefore, a more systematic developmental assessment of young children should yield increased numbers of referrals to Early Start programs in the southern California region.

In California, 21 key child-find activities have been identified and the RCs have been ranked according to these activities. The Public Awareness Committee of the ICC will assist Early Start by making recommendations based on data presented to them as to which of these activities are most strongly associated with high referral rates of eligible infants and toddlers.

Further, we anticipate a continued increase in the percent served due to the statewide implementation of the Newborn Hearing Screening Program. California is currently providing hearing screening for 70 percent of all newborns. Finally, the expansion of the Newborn Genetic Screening Program is also expected to increase referrals to Early Start. More than 50 conditions have been added to the genetic screening protocol.

DDS is in discussions with CDE to develop data sets and data merges to allow a longitudinal perspective of children who have transitioned from Part C to other CDE programs. The two departments will study the hypothesis that children served in Part C programs require fewer special education services in Part B than children with identical conditions whose parents refused Part C services.

In spite of California's significant budget issues and policy changes that reduced eligibility for Early Start, DDS continues to work with other state and local agencies to identify infants and toddlers who are eligible for Part C services. Examples include the partnership with the Department of Social Services to assure referrals of young children with substantiated cases of child abuse and ongoing liaison activities with hospital NICUs.

While it would be difficult to accurately predict the combined effect of factors such as the economic recovery, the Patient Protection and Affordable Care Act of 2010, budget deficits and state-level policy changes, California's proposed revisions to FFY 2011 and 2012 measurable targets will bring the state closer to the national average. In addition to reflecting the recommendations of the ICC, these revised targets demonstrate confidence in the state's system of Regional Centers, the high-quality public awareness materials and activities

Improvement Activities/Timelines/Resources (through FFY 2012):

California will continue support for its Comprehensive System of Personnel Development, professional training, and collaborative work at the state and local level, as described above and in the APR, through FFY 2012.

Part C State Performance Plan (SPP) for 2005-2010**Overview of the State Performance Plan Development:**

Please refer to page 1, Overview of the State Performance Plan Development.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

Overview of Issue/Description of System or Process:

Until submission of the 2008 APR, states were required to compare their percentage of children with IFSPs against comparable states and National data. This analysis was made possible by using the comparison table offered by OSEP for the categorization of the various eligibility criteria. Using the list provided, California determined that Texas was the most comparable state in terms of eligibility criteria and also in matching geographic size, demography, urban-rural mix, ethnic mix, and migration patterns. The comparable-state comparison was not required from 2008 forward, when the comparison of California had only to be made with the national data for all states.

This analysis is made possible by using the comparison table offered by OSEP (found at: <http://spp-apr-calendar.rfcnetwork.org/explorer/view/id/912>)

Baseline Data for FFY 2004 (2004-2005):

- A. California's percent served birth to 36 months of age equals 1.74 percent (28,781 divided by 1,653,968, times 100.) Texas' percent equals 1.84 percent (20,641 divided by 1,121,408, times 100.)
- B. The national baseline is 2.20 percent. (Source: Table 8-5 Infants and Toddlers ages birth to 36 months of age, from the federal resource center website.)

Discussion of Baseline Data:

When annual figures are used instead of point in time data, California serves 2.82 percent of the general population of children from birth to 36 months of age. California graduates successful infants and toddlers as they progress and no longer need services or when they reach age three. The "point-in-time" calculation formula may serve to underestimate the percent of children served. Texas also uses the community-based approach.

California has significant prevention efforts that contribute to a lower than average number of reported birth defects. Those differences include: higher rates of mothers receiving prenatal care, more attended births, lower rates of mothers who smoke and

fewer mothers who labor beyond 24 hours due to Caesarian sections being performed for prolonged birthing.

Regardless, the lead agency will examine the variance across regions in percent served and provide technical assistance to those regions with the lowest percentages. It should be noted that the range across the 21 regions is from 0.68 percent to 2.50 percent.

The ICC recommended that by 2010, 2.20 percent of infants and toddlers birth to three in California have IFSPs. This target equals the national average. However, California outperforms the national average in many correlates of a healthy birth outcome including better prenatal care, fewer teen pregnancies, fewer women who smoke, fewer preterm births, fewer newborns with low birth weight, etc. Therefore, DDS has considered these efforts in primary prevention in setting targets for FFY 2011 and 2012.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	1.76% of infants and toddlers birth to three in California will have IFSPs.
2006 (2006-2007)	1.80% of infants and toddlers birth to three in California will have IFSPs.
2007 (2007-2008)	1.85% of infants and toddlers birth to three in California will have IFSPs.
2008 (2008-2009)	1.90% of infants and toddlers birth to three in California will have IFSPs.
2009 (2009-2010)	1.95% of infants and toddlers birth to three in California will have IFSPs.
2010 (2010-2011)	2.00% of infants and toddlers birth to three in California will have IFSPs.
2011 (2011-2012)	2.01% of infants and toddlers birth to three in California will have IFSPs.
2012 (2012-2013)	2.02% of infants and toddlers birth to three in California will have IFSPs.

Additional factors considered in developing measurable targets for this indicator include the state's ongoing budget crises, new state laws that have narrowed the definition for eligibility for Early Start to exclude "at-risk" and less "delayed" children who no longer meet the definition of Part C. Those children are now served by the state-only Prevention Program are not included in any of the Part C child counts, including counts for this indicator.

All of the above, combined with factors such as the economic recovery, Patient Protection and Affordable Care Act of 2010, ongoing budget challenges, and California's significant prevention efforts make it difficult to predict future trends. However, based on actual performance, and input from the ICC, California revised its FFY 2011 and 2012 measurable targets for this indicator. The incremental increases will bring California into alignment with the national average by FFY 2012. These revised targets demonstrate confidence in the state's system of Regional Centers, the high-quality public awareness materials and activities, Comprehensive System of Personnel Development, professional training, and extensive collaborative work at the state and local level.

Improvement Activities/Timelines/Resources (through FFY 2012):

The Improvement Activities/Timelines/Resources under Indicator 5 above apply to this indicator as well.

Part C State Performance Plan (SPP) for 2005-2010**Overview of the State Performance Plan Development:**

Please refer to page 1, Overview of the State Performance Plan Development.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 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.

Overview of Issue/Description of System or Process:

Evaluation and assessment requirements and initial IFSP meeting timelines are compliance items for which performance data is obtained through record reviews during site-monitoring visits. Regional centers are measured on this item based on timeliness and completeness of evaluations and assessments. IFSPs that are based on incomplete data are not credited. To correct this, RCs have technical assistance provided by DDS staff aimed at marshalling the resources needed to comply within one year of the non-compliance finding.

In OSEP's September 30, 2005, letter to DDS, California was directed to address plans to improve performance in this area in the SPP. The OSEP letter was in response to the state's April 19, 2005, submission of the federal fiscal year 2003 Annual Performance Report. Specifically, the state was directed to ensure compliance with the requirement that initial evaluations and assessments are completed, and an initial IFSP meeting is convened, within 45 days from referral. California must also ensure that IFSPs include a statement of the child's present level of development in five areas: cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.

Baseline Data for FFY 2004 (2004-2005):

Baseline data from 2004-05 indicates that 72.38 percent of children have their evaluation and assessment completed and have an initial IFSP meeting held within 45 days of referral (422 divided by 583, times 100 equals 72.38 percent.)

Discussion of Baseline Data:

Often during the first IFSP meeting, it is determined that additional assessments in specific areas are needed to determine additional service needs. When this requires the services of specialty therapists (speech, occupational, physical and/or sensory integration therapists) or personnel experienced in early childhood vision and/or hearing impairments, there can be delays in obtaining the assessments. Further, RCs have been held to the standard of having completed both initial evaluations and also more comprehensive evaluations in the same specialty areas if the initial evaluation indicates a need for a more comprehensive evaluation. California will continue to dialogue with OSEP regarding the evaluations and assessments required within the first 45 days, as it is likely that California is much closer to the required standard than our reported percent for this indicator.

Finally, the state continues to experience shortages of these qualified professionals required to conduct the evaluations in the different specialty areas.

OSEP requires a target of 100 percent for this indicator.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of children have evaluation, assessment and IFSP meeting within 45 days.
2006 (2006-2007)	100% of children have evaluation, assessment and IFSP meeting within 45 days.
2007 (2007-2008)	100% of children have evaluation, assessment and IFSP meeting within 45 days.
2008 (2008-2009)	100% of children have evaluation, assessment and IFSP meeting within 45 days.
2009 (2009-2010)	100% of children have evaluation, assessment and IFSP meeting within 45 days.
2010 (2010-2011)	100% of children have evaluation, assessment and IFSP meeting within 45 days.
2010 (2010-2011)	100% of children have evaluation, assessment and IFSP meeting within 45 days.
2010 (2010-2011)	100% of children have evaluation, assessment and IFSP meeting within 45 days.

Improvement Activities/Timelines/Resources:

In major urban areas, the competition for clinical specialists is keen because of the scarcity of such providers and the great demand for their services. Moreover, this competition has led to rates of payment for these providers that exceed what RCs generally are allowed to pay. However, DDS has now been authorized by a statutory change to use an Early Start specialized therapeutic service code to purchase these services in cases where applying existing rates would result in any delays in the provision of early intervention services. The use of this service code should improve the timeliness of both the evaluation and assessment and the provision of services. DDS will also be working with the ICC to identify improvement activities focusing on increasing the supply of providers in these high-demand occupations. Finally, DDS will continue to partner with the University of California Medical Schools to improve the professional expertise of community clinicians to promote increased access to quality services.

Local programs are encouraged to initiate services in a timely manner for all services determined at the initial IFSP meeting. Additional service needs identified in subsequent assessments will be initiated as soon as possible. DDS is collaborating with CDE to develop strategies such as joint training of LEAs, collaborative local technical assistance, state-level planning meetings, and co-sponsorship of local pilot projects to improve the performance of LEAs in meeting this target.

Also, DDS is continuing to work on revising its Early Start Report form which will include elements that will provide universal data for this indicator.

Improvement Activities/Timelines/Resources (through FFY 2012):

DDS will continue the Improvement activities described in the APR through FFY 2012. They include:

- Expanded use of the Specialized Therapeutic Service Code to fund hard-to-find clinicians.
- Training and personnel development through the Comprehensive System of Personnel Development as detailed in Attachment A.
- Capacity building through the Community College Personnel Preparation Project.
- Collaboration with local programs to address the shortage of licensed speech and language pathologists and audiologists.
- Focused monitoring.
- Ongoing technical assistance.
- Implementation of the Early Start Report in the spring of 2011.

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Please refer to page 1, Overview of the State Performance Plan Development.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

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

Measurement:

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

Account for untimely transition conferences, including reasons for delays.

Overview of Issue/Description of System or Process:

This item is measured by reviewing the data found in the clinical records during periodic record reviews. The sampling is organized in such a way as to insure that some transition children are included in each record review.

Baseline Data for FFY 2004 (2004-2005):

Transition Steps: 90.24 percent (34 divided by 41, times 100 equals 90.24 percent)

LEA Notification: 91.89 percent (34 divided by 37, times 100 equals 91.89 percent)

Transition Conference with LEA: 88.37 percent (39 divided by 43, times 100 equals 88.37 percent).

Discussion of Baseline Data:

Each RC works with many LEAs. The effectiveness of their collaborative transition activities varies.

OSEP requires a target of 100 percent for this indicator.

FFY	Measurable and Rigorous Target		
	Transition Steps	LEA Notification	Transition Conference
2005 (2005-2006)	100%	100%	100%
2006 (2006-2007)	100%	100%	100%
2007 (2007-2008)	100%	100%	100%
2008 (2008-2009)	100%	100%	100%
2009 (2009-2010)	100%	100%	100%
2010 (2010-2011)	100%	100%	100%
2011 (2011-2012)	100%	100%	100%
2012 (2012-2013)	100%	100%	100%

Improvement Activities/Timelines/Resources:

The improvement strategy for this item will involve improvement in key components of the special education system. In FFY 2005 (2005-2006), DDS and the California Department of Education (CDE) began conducting transition workshops in locations across the state. These workshops communicate the requirements and importance of interagency communication for successfully transitioning Early Start children.

Through training efforts, Early Start will share with RCs the transition models that have been successful in many communities, such as identified agency contacts for addressing transition issues. This model identifies an LEA contact person to work with each Early Start office or service coordinator. This contact is available on a year-round basis to facilitate the transition of Early Start referrals.

The SPPs for both DDS and CDE (Part B of IDEA) include indicators measuring the completion of transition from Part C to Part B by the child's third birthday. DDS and CDE will continue to foster collaboration between the RCs and LEAs to enhance transitions performance. Further, DDS and CDE will continue to improve their collaborative partnership through joint-planning sessions, joint trainings of RCs and LEAs, and also local pilot projects to field test service models focusing on outcome evaluation.

DDS is revising its existing Early Start Report (ESR) to include additional data elements to collect universal data for better assessing compliance with this indicator. The revised ESR will also provide data identifying the specific geographic areas and entities where the need for intervention to improve transition is greatest. Implementation of the revised ESR is expected to occur in the spring of 2011.

In FFY 2006, both DDS and CDE committed to participate in the National Early Childhood Transition Initiative, through the Western Regional Resource Center, to improve transition outcomes in California. This included joint trainings to the community that focused on conducting transition meetings, preparing families for transition, interagency communication and notification, developing and implementing transition steps, and facilitating dialogue between Part C and B personnel. DDS and CDE implemented many of the recommendations, including some of the following activities: revising a joint transition handbook, developing and disseminating transition brochures, developing a short section for the Service Coordinator's Handbook on preparing families for transition, developing a letter announcing transition training at the Institutes through WestEd, developing an annual letter and quarterly bulletins to SELPA Directors and Early Start Managers on expectations for local programs around transition, and providing local contacts and available resources. DDS and CDE continue to work with WRRC regarding availability of webinar capabilities and transition videos. The Early Start Report changes will also allow DDS to obtain better data and to meet the California Department of Education's (CDE) transition-reporting needs.

Improvement Activities/Timelines/Resources (through FFY 2012): DDS will continue the improvement activities described in the APR, including:

- Training in transition planning as part of the state's Comprehensive System of Personnel Development, described in Attachment A.
- Collaboration with CDE as described in the APR.
- Working with the Early Start Quality Assurance Advisory Committee to address transition issues, described in Attachment D.
- Continued utilization of technical assistance available through OSEP and OSEP contractors.
- Statewide implementation of the Early Start Report in the spring of 2011.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

Please refer to page 1, Overview of the State Performance Plan Development.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

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

Overview of Issue/Description of System or Process:

For this performance indicator, California has restructured its General Supervision System database and for baseline development, used a variation of the OSEP document submitted for the FFY 2005 APR. This document is re-titled “*Aggregated Baseline Data for 2005-2010*” (Attachment D). Refer to Tables 9A, 9B, and 9C for data collected. Data for measurement of Indicators A and B were retrieved from performance data during RC record reviews. For measurement C above, these data are drawn from the DDS Office of Human Rights and Advocacy Services (complaints) and the Office of Administrative Hearings (OAH) database (mediations and due process hearings).

Baseline Data for FFY 2004 (2004-2005):

The measurement formula for the overall performance rate for this indicator is (number of potential findings, less number of findings, plus number of timely corrections) divided by number of potential findings. For FFY 2004, the overall performance rate is 96.27 percent ((28,474 plus 1,128 less 66) / 28,474 equals 96.27 percent). The measurement formula for the overall correction rate is number of timely corrections divided by the number of findings. For FFY 2004, the overall correction rate is 5.85 percent (66 divided by 1,128 times 100 equals 5.85 percent). As reported in the FFY 2005 Annual Performance Report, the majority of findings is perhaps due to DDS’s treatment of findings from FFY to FFY and because timely corrective action to take was not appropriately stipulated in finding letters to the RCs.

Table 9A

This table is comprised of indicators specified by OSEP. For FFY 2004 (2004-2005), DDS is unable to report on Indicator 1 (Refer to Indicator 1 for clarification). Indicator 3 data reported is a preliminary baseline (Refer to Indicator 3 for clarification). With the exception of Indicators 2, 5, and 6, all measurements are based on record reviews conducted at ten of the 21 RCs (local programs). Indicators 5 and 6 were measured from available data. Indicator 2 is also measured from available data but as discussed in California’s FFY 2005 APR, target data for it has been adjusted because of the new data collection methodology being applied.

Indicator	Potential Findings	Findings	Number Verified Corrected	% Corrected in Timelines	Overall Performance Rate
Services Are Provided in a Timely Manner	26,649	921	0	0.00%	96.54%
Services Are Provided in Natural Environment	195	4	0	2.05%	97.95%
IFSPs Are Established Within the 45-Day Timeline	195	43	6	13.95%	86.05%
Timely Transition Planning Part C to Part B	59	6	5	83.33%	98.31%
Total	27,098	974	11	1.13%%	96.45%

Table 9B

This table is comprised of six indicators that California will monitor because of their association with the priority indicators in Table A, importance to the provision of timely services to the infants/toddlers and their families, and because of both federal and state mandated requirements. All measurements for these specific indicators are based on record reviews conducted at ten of the 21 RCs (local level).

Indicator	Potential Findings	Findings	Number Verified Corrected	% Corrected in Timelines	Overall Performance Rate
IFSP Contains 5 Domains	195	45	19	42.22%	86.67%
IFSP Meeting Notice Provided to Family	195	26	12	46.15%	92.82%
Outcomes Contain Procedures, Criteria, Timelines	195	15	9	60.0%	96.92%
Services Contain Method, Frequency, Intensity, Duration	195	7	3	42.86%	97.95%
IFSP Contains Family Concerns, Priorities, Resources	195	3	1	33.33%	98.97%
Evaluations Are Conducted in Timely Manner	195	53	6	11.32%	75.90%
Total	1,170	149	50	33.56%	91.54%

Table 9C

Indicator	Potential Findings	Findings	Number Corrected	% Corrected in Timelines	Overall Performance Rate
Agencies in Which Noncompliance Was Identified (Two Agencies)	173	0	0	100%	100%

Discussion of Baseline Data:

Table 9A

Although the reporting requirement only demonstrates a “noncompliance rate” based on the number of findings and the findings that were verified as corrected within one year, further analysis of the data indicates that California’s overall performance regarding the indicators measured is high. There were 195 records reviewed at ten RCs for this table. With the addition of the electronic data for timely services, there was a potential for 27,098 findings. Even though results yielded 974 findings that were not verified as corrected in a timely fashion, 96.45 percent (27,098 less 974 plus 11) divided by 27,098 times 100 equals 96.45 percent) of all other record elements examined were satisfactory.

Table 9B

Analysis of the data for Table 9B demonstrates that California's overall performance regarding the indicators measured is high. There were 195 records reviewed at ten RCs for this table and across all indicators, a potential for 1,170 findings. While results yielded 149 findings that were not verified as being corrected in a timely fashion, 91.54 percent $((1,170 \text{ less } 149 \text{ plus } 50) \text{ divided by } 1,170 \text{ times } 100 \text{ equals } 91.54 \text{ percent})$ of all other record elements examined were satisfactory.

The indicator "Evaluations Are Conducted in Timely Manner" is not associated with the initial evaluations/assessments and establishment of an infant/toddler's IFSP within 45 days, but is the higher measurement standard California has mandated for professional evaluation at the RCs. These findings are related to the lack of access to professional services for evaluations of hearing and vision, which continues to be addressed by DDS through the use of the specialized therapeutic service code and waivers to state requirements that allow the use of speech and language assistants.

Table 9C

California's overall performance rate for this indicator was 100 percent, with no findings to for this indicator.

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

Following a technical assistance (TA) visit from OSEP September 3 – 5, 2008, OSEP issued a letter to DDS dated March 25, 2009, finding California out of compliance in its complaint and mediation procedures. After the TA visit from OSEP in 2008, DDS had begun to address the identified complaint and mediation concerns identified by OSEP. In accordance with federal statute and regulations, California has revised its procedures and notified the Early Start community including RCs, special education local plan areas, family resource centers and advocacy groups. A state complaint can now be filed for any violation of Part C including services and eligibility. Mediation, as an alternative method of resolution, is available at any time. Informal local resolution is encouraged but not required. Many issues are resolved in this informal, local manner.

OSEP requires a target of 100 percent for this indicator, as follows:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of noncompliance findings are corrected within one year of identification
2006 (2006-2007)	100% of noncompliance findings are corrected within one year of identification
2007 (2007-2008)	100% of noncompliance findings are corrected within one year of identification
2008 (2008-2009)	100% of noncompliance findings are corrected within one year of identification
2009 (2009-2010)	100% of noncompliance findings are corrected within one year of identification
2010 (2010-2011)	100% of noncompliance findings are corrected within one year of identification
2011 (2011-2012)	100% of noncompliance findings are corrected within one year of identification
2012 (2010-2011)	100% of noncompliance findings are corrected within one year of identification

Improvement Activities/Timelines/Resources through FFY 2012:

1. Following site monitoring visits, results of findings will continue to be sent to RCs requesting that corrective action be taken and that findings are to be corrected by no later than one year from the date of the transmittal letter. Additionally, DDS will prescribe actions that a RC can take to be considered appropriate corrective action. Included will be a request to notify DDS in writing that corrective action has been completed and what specific actions were performed. Upon receipt of the RC's letter of completed corrective action, DDS will verify where possible and consider the findings as having been corrected.
2. DDS will continue to analyze and reconfigure its database to effectively track and monitor timeliness for correction of identified non-compliance and for use in identifying potential statewide/RC-specific systemic issues that might require targeted technical assistance. In the spring of 2011, DDS will implement the revised Early Start Report statewide. This instrument will capture all data

necessary to support focused monitoring and more comprehensive, accurate and timely data to DDS and CDE.

3. For RCs that are identified as not appropriately correcting non-compliance in a timely manner, DDS will review the case and consider the following actions to take:
 - a. Technical assistance only
 - b. Additional site monitoring visits focusing on areas of non-compliance
 - c. Combined additional site monitoring visits with technical assistance
 - d. Training
 - e. Combined Training with technical assistance.
 - f. Letter from the Director of DDS to the Executive Director of the RC
 - g. Performance contract language for improvement

In FFY 2006, DDS began exploring the potential of general supervision through focused monitoring. The current general supervision system consists of reviewing/analyzing data extracted from SANDIS/UFS, conducting triennial Site Monitoring Visits, and conducting periodic on-site record reviews of individual infants and toddlers as a follow up activity to the more comprehensive Site Monitoring Visits. From these activities, DDS determines the status of local programs in meeting indicator targets, identifies statewide and local program strengths and weaknesses, plans improvement activities and takes enforcement actions where needed, and reports to OSEP each year. The concept behind the new system will be to identify and use all available data and information (statewide and local) in the planning and implementation of on-site visits to local programs given available resources and create new sources or acquisition methodologies if needed. Visits will be planned using a desk audit to focus on specific aspects of programs, policies, and/or procedures designed to yield results for local program improvement, APR indicator reporting, and corrective action planning. DDS continues to move toward focused monitoring as a key element of the state's system of general supervision.

As mentioned in the Overview, the state's chronic budget problems have continued to erode the RCs' operating capacity and RCs are finding it increasingly difficult to respond to all the requirements to which they are subject. Evidence of the RCs' frustration with the Early Start Program in particular, became apparent when, in a November 3, 2008, letter to the DDS director, the Association of Regional Centers Agencies expressed a need to discuss, among other issues, ". . . *opting out of the Part C program* . . ." In response to this letter, the DDS convened a committee of RC representatives and DDS staff to review Part C requirements and related monitoring processes. Regional-center monitoring was held in abeyance while this committee met to identify the key issues and how to improve the monitoring process and protocol. The time expended in this effort led to fewer record reviews this year than projected in last year's APR; however, the state believes its revised monitoring approach is now more consistent, efficient and productive. DDS has now resumed monitoring and is continuing to refine a new monitoring protocol informed by this collaborative process.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

Please refer to page 1, Overview of the State Performance Plan Development.

Monitoring Priority: Effective General Supervision Part C / General Supervision:

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

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

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

Overview of Issue/Description of System or Process:

All state complaint decisions dealing with children and families served by the RCs or LEAs are issued through the DDS Office of Human Rights and Advocacy Services. DDS investigates complaints for children who are served by RC while CDE investigates complaints for children served solely by the LEA. Complaints filed against both a RC and LEA are jointly investigated by DDS and CDE as required in the interagency complaint procedures. Of the six complaints reported below, two of the six were CDE complaints.

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

Following a technical assistance (TA) visit from OSEP in September 2008, OSEP issued a letter to DDS dated March 25, 2009, finding California out of compliance in its existing complaint and mediation procedures. In response, and as of July 1, 2009, California has provided the option to file a complaint alleging any violation of federal or state statute or regulations governing Early Start, including services and determination of eligibility. This action complies with the OSEP directive, as does DDS' revision of the dispute resolution processes and notification given to required entities. Also, DDS has revised state regulations to codify these changes and the amendments are currently under review and approval by the Office of Administrative Law who will issue the revised regulations.

DDS will continue to meet the 100 percent target for investigating and completing state complaints in a timely manner by continuously monitoring the complaint process using

an existing tracking system. Any deviation will be noted and corrected. DDS will also continue to inform families of their right to file a complaint by distributing the booklet “*Parents’ Rights: An Early Start Guide for Families*” to parents and by posting it on the DDS website in downloadable format. It can now be found at: www.dds.ca.gov/EarlyStart/ResourceMaterials.cfm

The Early Start web site at www.dds.ca.gov/Complaints/Home.cfm#es also has information regarding procedures and rights related to filing a complaint. Based on OSEP’s finding, all public information regarding procedural safeguards (mediation, state complaint and due process) have been revised in accordance with federal statute and regulations.

Baseline Data for FFY 2004 (2004-2005):

The current data indicates that complaints are resolved within the 60 day timeline 100 percent of the time (measurement formula: 5 plus 1 divided by 6, times 100 equals 100 percent.) Also see the Indicator 9 tables for a display of this data. See Attachment C.

Discussion of Baseline Data:

California meets the OSEP required target of 100 percent for this indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities

California recognized that restructuring the state complaint process was necessary to fully comply with current federal statutes and regulations. This effort required a significant amount of work and additional funding in several areas. The following activities have, or are being taken, to improve performance on this area:

1. State Regulation Revision: California Code of Regulations, Title 17 (Public Health), Division 2 (Health and Human Services Agency), Department of Developmental Services, Chapter 2 (Early Intervention Services) have been revised to conform to the requirements of federal law as specified by OSEP. The regulations codify changes that have already been implemented administratively. The state’s regulation development process is a very comprehensive and complex, involving many control agencies and hearings to ensure maximum public input and adherence to the state’s Administrative Procedures Act. The revised regulations have been reviewed within the Administration and through a public hearing process. They are currently at the independent state Office of Administrative Law for approval of the final package. DDS anticipates approval by spring 2011.
2. Training: Training curriculum for the Early Start Institutes was revised for the FFY 2009 to reflect changes in the complaint procedures. The targeted audience for the institutes included service coordinators, service providers, family support personnel and RC and local education agency managers and supervisors. Regional centers, local education agencies, and family resource centers ensure that program staff are fully informed and trained. DDS personnel including Early Start and OHRAS staff have been informed and involved in implementation of the new procedures.

3. Publications and Citations: Publications are posted on the DDS’ website. Their revision status is as follows:
 - a. Parents’ Rights: An Early Start Guide for Families – Revisions completed, posted on website. Pending translation into multiple languages.
 - b. Service Coordinator’s Handbook – Revisions projected to be completed by June 2011.
 - c. Starting Out Together: An Early Intervention Guide for Families – Revisions completed, awaiting translations and printing.
 - d. Early Start Compliance Complaints Process (web page) – Revisions completed.
 - e. Early Start Mediation Conference and Due Process Hearing Request Process (web page) -Revisions completed.
 - f. Early Start Complaint Investigation Request Form (DS 1827) – Revisions completed.
 - g. Due Process Mediation and Hearing Request Forms (DS 1802 & 1808) – Revisions completed.

DDS also sent letters to OAH and to the Early Start community informing them of the procedural safeguard changes required by OSEP.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of reports will be complete within 60 days.
2006 (2006-2007)	100% of reports will be complete within 60 days.
2007 (2007-2008)	100% of reports will be complete within 60 days.
2008 (2008-2009)	100% of reports will be complete within 60 days.
2009 (2009-2010)	100% of reports will be complete within 60 days.
2010 (2010-2011)	100% of reports will be complete within 60 days.
2011 (2011-2012)	100% of reports will be complete within 60 days.
2012 (2012-2013)	100% of reports will be complete within 60 days.

Improvement Activities/Timelines/Resources (through FFY 2012):

To ensure that Early Start continues to offer prompt investigations to children and families, DDS will continuously monitor the process by use of a tracking system. Any variance will be noted and corrected. Additionally, DDS will continue training activities as described in the APR and will ensure relevant publications are available in multiple languages.

Part C State Performance Plan (SPP) for 2005-2012**Overview of the State Performance Plan Development:**

Please refer to page 1, Overview of the State Performance Plan Development.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

Overview of Issue/Description of System or Process:

All participants in the Early Start Program are informed of their due process rights to resolve disagreements with a RC, or a local education agency, related to a proposal or refusal for identification, evaluation, assessment, placement, or services. DDS contracts with the state Office of Administrative Hearings (OAH) to impartially adjudicate these issues through the use of administrative law judges (ALJs). OAH provides DDS with the results of the hearings and formal mediation agreements, and data on the number of cases pending, resolved and dismissed. DDS works with OAH to help ensure the administrative law judges are familiar with Part C procedural safeguard requirements and timelines. This is important since the process and timelines differ from the procedural safeguards for individuals over age three who are served under the Lanterman Developmental Disabilities Services Act.

Baseline Data for FFY 2004 (2004-2005):

The current data indicates that due process hearing requests are adjudicated within the 30 day timeline 100 percent of the time (measurement formula: 16 plus 0, divided by 16 times 100 equals 100 percent).

Discussion of Baseline Data:

DDS acknowledges the importance of achieving 100 percent compliance on this indicator, while recognizing the challenge of consistently meeting such a rigorous standard presents. Though the state could, under federal law, opt to use the more liberal Part B timeline it has chosen to use the more rigorous standard because the need for quick resolution is important for very young children requiring services.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of cases will be adjudicated within the 30-day timeline.
2006 (2006-2007)	100% of cases will be adjudicated within the 30-day timeline.
2007 (2007-2008)	100% of cases will be adjudicated within the 30-day timeline.
2008 (2008-2009)	100% of cases will be adjudicated within the 30-day timeline.
2009 (2009-2010)	100% of cases will be adjudicated within the 30-day timeline.
2010 (2010-2011)	100% of cases will be adjudicated within the 30-day timeline.
2011 (2011-2012)	100% of cases will be adjudicated within the 30-day timeline.
2012 (2012-2013)	100% of cases will be adjudicated within the 30-day timeline.

Improvement Activities/Timelines/Resources:

In a September 30, 2005, letter from OSEP to DDS, California was directed to address plans in the SPP to change its process in this area. The OSEP letter, which was issued in response to the state's federal fiscal year 2003 Annual Performance Report submission, directed the state to ensure compliance with the requirement that, not later than 30 days after the receipt of a parent's complaint, the impartial proceeding required under this subpart was completed and a written decision mailed to each of the parties.

When the OAH receives a parent's request for a due-process hearing or a mediation conference, the hearing decision or the mediation agreement will be issued within 30 days for each process. Participation in the process is voluntary. OAH may allow an extension to the 30-day timeline only when the justification for the extension is due to exceptional circumstances. Exceptional circumstances may include family illness, the family's absence from the geographical area or the family's request to secure evidence

pertaining to the complaint. Exceptional circumstances do not include administrative delays by the RC/LEA.

To emphasize the importance of ensuring that all due process hearings and written decisions are issued within the 30-day timeline, DDS informs the Director of OAH about specific cases that may fall outside the 30-day timeline and the need for intervention with the individual administrative law judges (ALJs) who handle these cases.

DDS works collaboratively with OAH and has instituted the following improvement activities designed to attain 100 percent compliance with this important indicator:

DDS added emphasis to language in the Interagency Agreement with OAH emphasizing that Part C hearing decisions must be completed, and written decisions signed, within 30 days;

At the request of OAH, DDS augmented the Interagency Agreement with OAH by \$75,000 in March 2010;

DDS implemented an electronic system specifically dedicated to communicating with OAH on Early Start cases in April 2010; and

DDS and OAH are currently testing software that will allow DDS to have real-time access to all Early Start cases at OAH so that closer monitoring by DDS can occur.

Improvement Activities/Timelines/Resources (through FFY 2012): DDS will continue improvement activities described in the APR, including:

- Training on procedural safeguards as part of the Comprehensive System of Personnel Development, described in Attachment A.
- Collaboration with the Office of Administrative Hearings.
- Implementation of a new electronic tracking system that will allow DDS real-time access to Early Start cases at OAH.
- Continuing to make information available to families in multiple languages.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development: N/A

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

Please refer to page 1, Overview of the State Performance Plan Development.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.
(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent equals (2.1)(a) (i) plus (2.1)(b) (i) divided by (2.1)(a) times 100.

(Percent equals (number of mediations not related to due process plus number of mediation agreements) Divided by total number of mediations times 100)

Overview of Issue/Description of System or Process:

All participants in the Early Start Program are informed of their due process rights to resolve disagreements with a RC or a local education agency related to a proposal or refusal for identification, evaluation, assessment, placement, or services. DDS contracts with the state Office of Administrative Hearings (OAH) to impartially adjudicate these issues through the use of administrative law judges (ALJs). OAH provides DDS with the results of the hearings and formal mediation agreements, and data on the number of cases pending, resolved and dismissed. DDS works with OAH to help ensure their ALJs are familiar with Part C procedural safeguard requirements and timelines. This is important since the process and timelines differ from the procedural safeguards for individuals over age three who are served under the Lanterman Developmental Disabilities Services Act.

Baseline Data for FFY 2004 (2004-2005):

Baseline data indicates that 51.52 percent of mediations that were held resulted in an agreement (measurement formula: 17 plus 0, plus 0 divided by 33 times 100 percent equals 51.52 percent).

Discussion of Baseline Data:

Of the 167 due process filings for this period, 104 were withdrawn subsequent to informal processes. The parties agreed prior to the scheduled formal mediation or due process hearing. Therefore, mediation was offered to the remaining 33 cases. Of these, 17 had formal mediation agreements and the remaining 16 were fully adjudicated in a due process hearing.

The ICC recommended setting the measurement for this indicator at 50 percent with the understanding that the lead agency will explore ways to probe individual cases to determine the reasons why a family may withdraw its request for mediation/due process

hearing in the majority of filings. With the baseline percentage of 51.52 percent, and considering the ICC’s recommendation, DDS established a target of 55 percent for mediations held that resulted in mediation agreements.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	55% of mediations will result in agreements.
2006 (2006-2007)	55% of mediations will result in agreements.
2007 (2007-2008)	55% of mediations will result in agreements.
2008 (2008-2009)	55% of mediations will result in agreements.
2009 (2009-2010)	55% of mediations will result in agreements.
2010 (2010-2011)	55% of mediations will result in agreements.
2011 (2011-2012)	55.01% of mediations will result in agreements.
2012 (2012-2013)	55.02% of mediations will result in agreements.

Improvement Activities/Timelines/Resources:

Following a technical assistance (TA) visit from OSEP in September of 2008, OSEP issued a letter to DDS dated March 25, 2009, finding California out of compliance in its complaint and mediation procedures. Immediately following this TA visit, DDS began to address the identified complaint and mediation concerns identified by OSEP. In accordance with federal statute and regulations, California has revised its procedures and notified the Early Start community including RCs, special education local plan areas, family resource centers and advocacy groups. A state complaint can now be filed for any violation of Part C, including services and eligibility, and mediation, as an alternative method of resolution, is available at any time. Public information sources (publications, forms, websites) regarding the mediation, state complaint and due process procedures have been revised in accordance with federal statute and regulations as specified in the improvement activity below.

California recognized that restructuring the state procedural safeguards was necessary to fully comply with federal law. This effort required a significant amount of work and additional funding in several areas. Despite the size and complexity of the program in the state, full compliance was achieved by June 30, 2009. Improvement activities undertaken and completed by DDS include the following:

1. **Procedural Changes:** DDS revised its mediation and complaint procedures in accordance with federal statute and regulations, and notified the Early Start Community, including RCs, Special Education Local Plan Areas, Family Resource Centers, and advocacy groups. A state complaint can now be filed for any violation of Part C, including services and eligibility. Mediation, as an alternative method of resolution, is available at any time.
<http://www.dds.ca.gov/Complaints/Home.cfm>
2. DDS now counts separately those mediation requests that are related to due process and those that are mediation requests only. All are reported under Indicator 13.
3. **Training:** Curriculum for the Early Start Institutes was revised for FFY 2009 to reflect changes in procedural safeguards. The targeted audience for the Institutes included RC service coordinators, service providers, family support personnel and RC and LEA managers and supervisors. RCs, LEAs and family resource centers ensured that program staff were fully informed and trained. DDS personnel, including Early Start and OHRAS staff, have been informed and involved in implementation of the new procedures.
4. **Publications and Citations:** DDS has reviewed all public information that contains information regarding mediation, complaint and due process procedures. DDS has revised these publications, where indicated, to ensure compliance with federal statute and regulations. DDS has completed revisions on the following publications and all have been available on the DDS website since July 1, 2009:
 - a. Early Start Compliance Complaints Process
 - b. Early Start Mediation, Conference and Due Process Hearing Requests
 - c. Early Start Complaint Investigation Request Form (DS 1827)
 - d. Due Process Mediation and Hearing Request Form (DS 1802); and,
 - e. A separate Mediation Request Form (DS 1808).

State regulations are also being revised as described in California's 2009 APR to codify changes that have been implemented administratively.

Improvement Activities/Timelines/Resources (through FFY 2012): In addition to continuing the above activities as described in the APR, DDS proposes to revise the Notice of Resolution form in collaboration with OAH to ensure consistent and comprehensive data is collected.

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

Please refer to the overview of SPP development on page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

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

Overview of Issue/Description of System or Process:

California’s size, complexity, diversity, and continuing fiscal crises present unique challenges for the Lead Agency in preparing its SPP, 618 data tables, and APRs. DDS continues to meet these challenges while engaging in improvement activities. Development of the required APR, SPP, and 618 data tables are among DDS’s highest priorities. Technical assistance has been obtained by Westat, NECTAC, and Western Regional Resource Center to assist DDS with achieving quality program reporting and components. Progress is tracked closely and weekly internal meetings are held to discuss issues and barriers. A weekly tracking report is prepared, updated regularly, and disseminated to all participants, with individual work plans developed, as needed.

Baseline Data for FFY 2004 (2004-2005):

California submitted its data tables on or before the due dates in 2005.

Discussion of Baseline Data:

The state is committed to ensuring the integrity and functionality of all of its data. Improvements continue to be made to the Legacy system and the state is reviewing options, other than the California Developmental Disabilities Information System

(CADDIS), for improving the collection, security, functionality, and integrity of its information technology systems.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of Tables and APR will be accurate and submitted on time.
2006 (2006-2007)	100% of Tables and APR will be accurate and submitted on time.
2007 (2007-2008)	100% of Tables and APR will be accurate and submitted on time.
2008 (2008-2009)	100% of Tables and APR will be accurate and submitted on time.
2009 (2009-2010)	100% of Tables and APR will be accurate and submitted on time.
2010 (2010-2011)	100% of Tables and APR will be accurate and submitted on time.
2011 (2011/2012)	100% of Tables and APR will be accurate and submitted on time.
2012 (2012/2013)	100% of Tables and APR will be accurate and submitted on time.

Improvement Activities/Timelines/Resources:

DDS, as California’s Part C Lead Agency, continues to examine methods to improve both the accuracy and the timeliness of the data reporting. DDS awaits the promulgation of the draft Part C regulations to correctly align data collection and reporting with other methods to ensure compliance and timely reporting by all programs within California.

Earlier iterations of the SPP discussed the new data system (CADDIS) which DDS was pilot testing. However, after many years of design and testing, and a sizable financial investment, a decision was made to terminate the program due to continuing problems. Despite this occurrence, the state is continuing to work with RCs and others to improve the quality and integrity of its data systems, and most recently completed an information technology business-needs assessment of all RCs. Of particular importance are revisions to the Early Start Report, which is to be implemented in the spring of 2011 and will significantly improve the state’s ability to capture and report universal data in many indicator areas, including child outcomes. Modifying or developing new information

systems is challenging and success is not assured; however, DDS is confident that its efforts will yield positive results, improving the state's capacity to collect, report and use universal data, and will support focused monitoring in the near future.

As the state gradually moves toward a “focused monitoring” approach to make more effective and efficient use of resources, it will also lead to more accessible and higher quality data. These changes will take time to implement, but the trajectory is set in a direction that will ultimately lead to improved outcomes for all Part C participants. The expectation is that focused monitoring will be implemented statewide before the end of FFY 2011. DDS's efforts to effect these changes will be aided to the extent that existing Part C requirements remain the same and federal data and reporting changes are minimized. Regardless, DDS is committed to ensuring its state-reported data, including the SPP, APRs, and 618 data tables are accurate and timely.

Improvement Activities/Timelines and Resources (through FFY 2012): DDS will implement both the Early Start Report, in spring of 2011, and focused monitoring before the end of FFY 2011. Both of these changes will lead to more accessible and high quality data necessary for program improvement and reporting.

ATTACHMENT A

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

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

² Inclusion of indicators 9, 12, and 14 is not applicable for purposes of this chart.

TRAINING COMPONENT	INDICATOR ²											
	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

Introduction

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

Training and Technical Assistance Activities

Early Start Institute Series Overview

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

DDS sponsors many training opportunities as part of its Early Start Institute series, which address the needs of new and seasoned service providers and a variety of other early intervention-related disciplines. Early Start Institutes attendance data indicate that in FFY 2009, training reached the intended audience of professionals from early intervention partner agencies:

- 54 percent of the participants represented regional centers and regional center vendors
- 15 percent of the participants represented local education agencies

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

- 74 percent of the Early Start Essentials Institute participants represent regional centers, regional center vendors, and local education agencies
- 51 percent of the Skillbuilder Institute participants represent regional centers, regional center vendors, and local education agencies
- 80 percent of the Advanced Practice Institute participants represent regional centers, regional center vendors, and local education agencies
- 84 percent of the Family Resources and Supports Institute represent family support personnel

During FFY 2009, 724 early intervention and related service providers were trained in Institutes throughout the state.

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

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

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

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

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

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

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

Training of Trainers: Builds team cohesiveness within individual Early Start Institutes for both training teams and staff and generates awareness of content, activities, and connectedness within and across Institutes. This year's topic, "Creative Training Techniques," offered multiple strategies for engaging and energizing Institute participants. Members of both the state Training and Technical Assistance Collaborative (TTAC) and the Association of Regional Center Agencies (ARCA) also participated in the Training of Trainers.

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 2009 program year represents the thirteenth year of this project. Funds are awarded to local early intervention service providers, agencies, or programs to provide supplemental funding for costs associated with attending or conducting early intervention-related trainings. Funds are awarded through an application approval process and must meet the specified criteria under the four categories that allow for the diversity of training needs that exist in California's Early Start community:

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

During FFY 2009, applicants from 197 programs and agencies applied for and received Early Start Personnel Development funds under the various award categories. A total of 1,561 qualifying early intervention staff from local programs and agencies were provided supplemental funds to attend statewide and local training events (59 percent of all Early Start Institutes series participants), as well as to complete related course work through California-accredited universities and colleges. The total fund of \$235,107 was distributed by the end of June 2010.

Additional data indicate that:

- A total of 310 applicants received attendance scholarships.
- Nine direct service providers received course work scholarships to attend various California accredited universities and community colleges.
- A total of 43 direct services providers were trained through training grants received by their agencies/programs on personnel development procedures or innovative processes or systems that would enhance the quality of Early Start services they provide. A total of \$10,000 was awarded to early intervention programs/agencies for these activities.
- A total of 944 Early Start direct service providers attended local specialized training events that focused on the specific needs of their communities due to training grant fund awards. A total of \$56,040 was awarded to provide support for these local trainings.
- Seventeen of the 21 regional centers accessed scholarships funds.
- Analysis by discipline showed support personnel (social workers; psychologists; specialized consultants; physical, occupational, and speech therapists; and medical providers) were the largest group of professionals to access funds (49 percent), followed by administrative/management staff (19 percent) and then early intervention direct service providers (16 percent) and paraprofessional/transition preschool teachers (16 percent).
- The majority (82 percent) of personnel who accessed scholarships funds were those with either a bachelor of arts/science degree (30 percent) or a master of arts/science degree (52 percent).

In a significant improvement to the program, the scholarship application packet was made available online. This cost-efficient move was well received by applicants. For further cost savings and staff efficiency, scholarship team staff is also beginning to integrate the scholarship application with the Early Start Institutes registration that is already online.

California Community College Personnel Preparation Project

California's two-year public institution system is composed of 112 colleges organized into 72 districts and represents the largest system of higher education in the nation (campuses serve more than 2.9 million students per year). The Community College Personnel Preparation Project (CCPPP) is an activity under the Early Start CSPD designed to support the development of competencies for early intervention assistants

and paraprofessionals who work with young children with disabilities and other special needs and their families in a variety of settings. Since 2000, CCPPP has been building capacity through the community college system to support personnel development and provide training for this particular group of professionals. Prior to the CCPPP collaborative effort, no formal statewide training was available for paraprofessionals or early intervention assistants working in the field of early intervention.

Currently, nearly half of the state's 112 community colleges participate in CCPPP (the pilot project in 1998 began with seven). Forty-three community colleges are involved as network colleges and have either the final implementation phase to complete or have completed the project and remain connected to receive current updates and maintain their program's consistency with Early Start CCPPP research and practices. Another 10 campuses are in the initial implementation phase; another campus has submitted its application, and yet another is awaiting approval from the Community College Chancellor's Office of their Early Intervention Assistant Certificate Programs.

CCPPP continues to contribute to capacity building and sustainability in the preparation and support of early intervention assistants through the community college system. The Faculty Mentor model continues to bring about a network of mentor colleges as the faculty mentors work with college faculty throughout the state.

All of the colleges include early intervention agencies in their Child Development Advisory Committees and work directly with community agencies. Additionally, colleges are building upon existing partnerships as they participate in CCPPP.

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

Training for faculty and lab staff was offered at college sites. Topics include orientation to the project, introduction to early intervention services in California, curriculum adaptation, inclusive practice, challenging behaviors, assessment, and college classroom resources.

Public Awareness and Outreach

Early Start Resources

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

Staff oversees the dissemination and inventory of 46 products to a variety of early intervention and early intervention-related affiliate agencies and organizations, including

child development organizations, colleges and universities, county offices of education, early care and education agencies, and related stakeholder organizations. Early Start materials were also disseminated at meetings, conferences, trainings, and workshops at which staff served as support, presenters, or participants. Regional centers, local education agencies, and family resource centers were those who most frequently requested materials for local dissemination. In addition, approximately 20 training and outreach products were completed during the program year.

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

Interagency Collaboration

Coordination and Support Activities

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

Following are interagency activities sponsored or supported by DDS:

- *State Interagency Coordinating Council (ICC) on Early Intervention:* Assists and advises DDS concerning the statewide system of early intervention services and assists DDS in achieving the full 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 early intervention services. ICC members are appointed by the Governor; the council itself is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention.
- *Training and Technical Assistance Collaborative (TTAC):* Serves as a forum for discussion of professional and program development issues important to the early intervention and early childhood field. TTAC is the only statewide forum that convenes training and technical assistance coordinators and providers, as well as representatives from the funding agencies that support them, to discuss issues and explore coordination and collaboration opportunities.
- *California Department of Education Personnel Qualifications Workgroup:* Represented DDS for Part C Early Start CSPD, Part C lead agency, and Part B with the CDE as lead agency.

- *National Association of State Directors of Special Education (NASDSE) National Center to Improve the Recruitment and Retention of Qualified Personnel for Children with Disabilities:* As a member of its Panel of Experts, DDS-supported staff provide expertise on retention issues in the field of early intervention. The personnel center focuses on systemic issues related to the recruitment and retention of qualified personnel via information about how states, preparation programs, and local schools and communities address current issues and access current research results and policy briefs.
- *Advisory Committee for California Deaf-Blind Services (CDBS) Representation:* CDBS focuses on building local and state capacity to serve children from birth to age 22 who are deaf-blind and to support their families. Collaborative efforts include CDBS staff presenting on topics related to deafness/blindness at California Early Start events and CDBS contributing materials and resources that are provided to the field in the specialized area of deafness/blindness.
- *Child Abuse Prevention and Treatment Act (CAPTA):* DDS and WestEd staff worked with the California Department of Social Services (CDSS) and the University of California, Davis' Center on Family Focused Practice to continue support of local collaborations formed to address the joint referral requirements in CAPTA and IDEA through a series of webinars.
- *OSEP Annual Conference:* Represented DDS at the annual OSEP National Early Childhood Conference in Washington, D.C.
- *Monitoring Activities:* Engaged in collegial discussions related to the monitoring of major activities by First 5, CDE/Child Development Division, and other state departments to identify opportunities to collaborate, coordinate, and provide resources.
- *NECTAC/Early Childhood Outcomes Center-Sponsored Conference Calls:* Participated in calls related to the State Performance Plan (SPP) and Annual Performance Report child outcome indicators. NECTAC representatives discussed suggested formats for providing progress data and discussed examples of revised SPPs. The work has implications for data collection efforts, preparation of the focused monitoring manual and process, ICC committee support, and Early Start training priorities such as the Advanced Practice Institute and the Regional Center Managers' Symposium.
- *National Early Childhood Technical Assistance Center (NECTAC) and Western Regional Resource Center (WRRC):* Continued work with NECTAC and WRRC in the review of both the *Handbook on Transition* from the CDE Special Education Division and the "transition" section from the *Early Start Service Coordinator's Handbook*.
- *Early Childhood Mental Health Steering Committee:* The interdisciplinary workgroup has representatives from mental health, university professors, professional organizations, and practitioners. The workgroup updated the training guidelines and personnel competencies originally developed by California's Infant, Preschool & Family Mental Health Initiative to include evidence-based practices and their application to the early childhood field as well as a framework

for programs and individuals interested in obtaining specialized training in infant-family and early childhood mental health.

- *State Partnerships:* The Early Start Institute Series included representation from CDE, Supporting Early Education Delivery Systems (SEEDS), Family Voices of California, Family Resource Centers Network of California (FRCNCA), University Centers for Excellence in Developmental Disabilities (UCEDD), Early Head Start (EHS) Volunteers of America, the Epilepsy Foundation, Strategies, the Arc of California, California Association of Family Empowerment Centers (CAFEC), Alta California Regional Center, Far Northern Regional Center, Shasta County Office of Education, and the Southwest SELPA.
- *Zero-to-Three:* Represented DDS at the annual National Training Institute (NTI), sponsored by Zero to Three. The NTI is a multidisciplinary conference for infant/family professionals working in the areas of child care, mental health, early intervention, family support, social service, child welfare, and health care.
- *Water Cooler Conference:* Participated in the Water Cooler Conference, a collaborative effort by the Advancement Project, the California Community Foundation, Children Now, Fight Crime: Invest in Kids, First 5 California, Preschool California, Zero to Three, the California Association for the Education of Young Children, California Resource & Referral Network, and other organizations that address early care and learning.
- *Statewide Screening Collaborative:* Partnered with First 5 California and the California Department of Public Health/Maternal, Child & Adolescent Health to coordinate and facilitate the Statewide Screening Collaborative (SSC) as the focus ECCS activity in California. The SSC is an interagency group formed to enhance the capacity of the state to promote and deliver effective and well-coordinated health, developmental, and early mental health screenings throughout California. Among SSC's many activities, an SSC Advisory Council serves Project LAUNCH to promote the interests of children ages birth to three and their families, specifically in the areas of developmental screening, early childhood mental health consultation and home visiting.
- *California Professors of Early Childhood Special Education (CAPECSE):* In collaboration with the Community College Personnel Preparation Project (CCPPP), continued to develop articulation agreements and address issues in the implementation of an early intervention career ladder between community colleges and four-year colleges and universities.
- *Center for Social Emotional Foundations for Early Learning (CSEFEL):* Represented Part C Early Start on the California State Leadership Team for CSEFEL as one of the states selected to receive two years of technical assistance from the national SEFEL center at Vanderbilt University, which is focused on strengthening the capacity of child care and Head Start programs to serve children with special needs in this area.

ATTACHMENT B

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

RECORDING CHILD OUTCOME DATA FOR EARLY START

11-10-08

Introduction:

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

Before Starting:

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

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

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

Recording outcome data

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

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

- E. Record diagnosis (this may be hard to find.) The diagnosis may be different than “reason for referral”. For example, a child may be referred because she is not walking but she may have a diagnosis in her medical records of “cerebral palsy”. A Psychological Eval. used for Intake or Exit report should have Diagnoses given. The medical history and physical, routine medical records or Hospital Discharge summaries should also have diagnoses listed. Record the major diagnoses. For example, Betty may have a diagnosis of mental retardation and autism. Both of these diagnoses would be important to understand her progress, or lack of progress, in the different developmental areas.

Rules about completing the form.

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

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

Child Outcome Data Collection Frequently asked questions

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

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

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

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

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

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

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

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

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

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

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

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

Early Start Outcomes Formulas

Outcomes

A. Positive social-emotional skills (including social relationships)

- *Social-emotional*

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy)

- (Cognitive) + (averaged expressive and receptive communication)

C. Use of appropriate behaviors to meet their need

- *Self Help*

Progress categories for A, B, and C:

I. Percent of children who did not improve functioning = [(# of children who did not improve functioning) divided by (# of children assessed)] times 100.

- *Formula: $(D \leq B)$*

II. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of children who improved functioning but not sufficient to move nearer to functioning comparable to same aged peers) divided by (# of children assessed)] times 100.

- *Formula: $(B < .67 \times A)$, AND $(D > B)$ AND $(C - D) \geq (A - B)$*

III. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of children assessed) times 100.

- *Formula: $(B < .67 \times A)$, AND $(D > B)$ AND $D < (0.75 \times C)$ AND $(A - B) > (C - D)$*

IV. Percent of children who improved functioning to reach a level comparable to same-aged peers = [(# of children who improved functioning to reach a level comparable to same-aged peers) divided by (# of children assessed) times 100.

- *Formula: $B < .67 \times A$ AND $(D > B)$ AND $D \geq (0.75 \times C)$*

V. Percent of children who maintained functioning at a level comparable to same-aged peers = [(# of children who maintained functioning at a level comparable to same-aged peers) divided by (# of children assessed) times 100.

- *Formula: $B \geq (0.67 \times A)$ AND $D \geq (0.75 \times C)$*

A = entrance chronological age

B = entrance functional age

C = exit chronological age

D = exit functional age

Proposed Summary Statements for each of the Three Outcomes:

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

Calculation for Summary Statement 1:

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

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

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

Calculation for Summary Statement 2:

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

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

ATTACHMENT C

**The following chart contains baseline and 2009 data
for procedural safeguard requirements.**

**Report of Dispute Resolution Under Part C
Complaints, Mediations, and Due Process Hearings**

SECTION A: Signed, written complaints	Baseline	FFY 2009
(1) Signed, written complaints total		37
(1.1) Complaints with reports issued	6	14
(a) Reports with findings	6	8
(b) Reports within timeline	5	14
(c) Reports within extended timelines	1	0
(1.2) Complaints withdrawn or dismissed	0	23
(1.3) Complaints pending	0	0
(a) Complaints pending a due process hearing	0	0

SECTION B: Mediation requests	Baseline	FFY 2009
(2) Mediation requests total	63	231
(2.1) Mediations		31
(a) Mediations related to due process	33	23
(i) Mediation agreements	17	23
(b) Mediations not related to due process	0	8
(i) Mediation agreements	0	8
(2.2) Mediations not held (including pending)	30*	200*

SECTION C: Hearing requests	Baseline	FFY 2009
(3) Hearing requests total	167	245
(3.1) Resolution sessions	Not applicable	Not applicable
(a) Settlement agreements	Not applicable	Not applicable
(3.2) Hearings (fully adjudicated)	16	44
(a) Decisions within timeline 30 day/Part C	16	8
(b) Decisions within extended timeline	0	0
(3.3) Resolved without a hearing	121	195

* = Withdrawn (resolved prior to mediation) or pending but within timeline

ATTACHMENT D

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

Early Start Quality Assurance Advisory Committee

Established in the summer of 2009, the Early Start Quality Assurance Advisory Committee (ESQAAC) represents a paradigm shift by DDS to integrate leaders of local programs in the review, design, decision-making, and implementation of the over-haul of the oversight and monitoring of Part C requirements. DDS collaborated closely with local RC programs and accomplished the following:

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

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

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

Areas receiving ongoing review by the ESQAAC include, but are not limited to, the following state policies/practices:

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

The ESQAAC met four times during FFY 2009. The meetings provided a forum for discussion and clarification of issues around standards and monitoring. Federal and state regulations were reviewed along with corresponding DDS monitoring standards. Areas in need of additional clarification were identified and clarification was provided. In January 2010, DDS resumed monitoring activities using the newly-revised Early Start monitoring standards. The initial field test was conducted at the North Los Angeles County Regional Center. Following this initial review, the revised standards, which now align in all areas with federal requirements and no longer include non-required state-only elements, were finalized and approved.

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

Attachment E

Aggregated Baseline Data For Indicator #9

Aggregated Baseline Data for 2005-2010

Indicator 9:

	# of findings of noncompliance	# of corrections verified within one year	Percent corrected
A. Monitoring Priorities	974	11	1.13%
B. Other	149	50	33.56%
C. Other mechanisms	5	5	100.00%
TOTAL	1,128	66	1,128/66 = 5.85%

Table for #9A

Monitoring Priority: Effective General Supervision Part C		
Indicator	Measurement Calculation	Explanation
<p>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.</p> <p>A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:</p> <p>a. # of findings of noncompliance made related to monitoring priority areas and indicators.</p> <p>b. # of corrections completed as soon as possible but in no case later than one year from identification.</p> <p>Percent = b divided by a times 100.</p>	<p>See attached Calculation Chart for specifications of data included here</p> <p>a = 974</p> <p>b = 11</p> <p>$b/a - 11/974 = 0.0113 \times 100 = 1.13\%$</p>	<p>An on-site review was conducted for only 6 of the 21 RC programs.</p> <p>There was the potential for 244 findings for this table, which demonstrates that overall, there was only a 5.74% noncompliance rate and a 94.26% compliance rate.</p>

Compilation Table

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (Refer to Indicator 1 for discussion)	Self-Review	NA				NA
	On-site Visit	NA				NA
	Data Review	26,649	921	921	0	0.00%
	Other: Specify	NA				NA
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.	Self-Review	NA				NA
	On-site Visit	195	4	4	0	0%
	Data Review	NA				NA
	Other: Specify	NA				NA

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
3. Percent of infants and toddlers with IFSPs who demonstrate improved: positive social-emotional skills, acquisition and use of knowledge and skills; use of appropriate behaviors to meet their needs. NEW INDICATOR NO DATA 2004-05	Self-Review					
	On-site Visit					
	Data Review					
	Other: Specify					
4. Percent of families participating in Part C who report that early intervention services helped the family: know their rights; effectively communicate their children’s needs; and help their children develop and learn. NEW INDICATOR NO DATA 2004-05	Self-Review					
	On-site Visit					
	Data Review					
	Other:					
5. Percent of infants and toddlers birth to 1 with IFSPs.	Self-Review	NA				NA
	On-site Visit	NA				NA
	Data Review	5,643	NA	NA	NA	NA
	Other: Specify	NA				NA
6. Percent of infants and toddlers birth to 3 with IFSPs.	Self-Review	NA				NA
	On-site Visit	NA				NA
	Data Review	28,781	NA	NA	NA	NA
	Other: Specify	NA				NA
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45 day timeline.	Self-Review					NA
	On-site Visit	195	43	43	6	13.95%
	Data Review	NA				NA
	Other: Specify	NA				NA

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday.	Self-Review	NA				NA
	On-site Visit	59	6	6	5	83.33%
	Data Review	NA				NA
	Other: Specify	NA				NA
TOTALS	SUM COLUMNS A AND B			974	0	

Table for #9B

Monitoring Priority: Effective General Supervision Part C		
Indicator	Measurement Calculation	Explanation
<p>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.</p> <p>B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:</p> <p>a. # of findings of noncompliance made related to such areas.</p> <p>b. # of corrections completed as soon as possible but in no case later than one year from identification.</p> <p>Percent = b divided by a times 100.</p>	<p>a = 149</p> <p>b = 50</p> <p>$b/a - 50/149 = 0.3356$</p> <p>$\times 100 = 33.56\%$</p>	<p>An on-site review was conducted for only 6 of the 21 RC programs.</p> <p>There was the potential for 690 findings for this table, which demonstrates that overall, there was only a 7.83% noncompliance rate and a 92.17% compliance rate.</p>

Table for Indicator #9C

Monitoring Priority: Effective General Supervision Part C		
Indicator	Measurement Calculation	Explanation
<p>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.</p> <p>C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:</p> <p>a. # of agencies in which noncompliance was identified through other mechanisms.</p> <p>b. # of findings of noncompliance made.</p> <p>c. # of corrections completed as soon as possible but in no case later than one year from identification.</p> <p>Percent = c divided by b times 100.</p>	<p>a = 2</p> <p>b = 5</p> <p>c = 5</p> <p>$c/b - 5/5 \times 100 = 1 \times 100 = 100\%$</p>	<p>A data review was conducted for all 21 RC programs.</p>

Aggregated Baseline Data for 2005-2010 SPP

Indicator 9:

	# of findings of noncompliance	# of corrections verified within one year	Percent corrected
A. Monitoring Priorities	974	11	1.13%
B. Other	149	50	33.56%
C. Other mechanisms	5	5	100.00%
TOTAL	1,128	66	1,128/66 = 5.85%

Table for #9A

Monitoring Priority: Effective General Supervision Part C		
Indicator	Measurement Calculation	Explanation
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. A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification: c. # of findings of noncompliance made related to monitoring priority areas and indicators. d. # of corrections completed as soon as possible but in no case later than one year from identification. Percent = b divided by a times 100.	See attached Calculation Chart for specifications of data included here $a = 974$ $b = 11$ $b/a - 11/974 = 0.0113 \times 100 = 1.13\%$	An on-site review was conducted for only 6 of the 21 RC programs. There was the potential for 244 findings for this table, which demonstrates that overall, there was only a 5.74% noncompliance rate and a 94.26% compliance rate.

Compilation Table

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
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	On-site Visit	NA				NA
	Data Review	26,649	921	921	0	0.00%
	Other: Specify	NA				NA
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.	Self-Review	NA				NA
	On-site Visit	195	4	4	0	0%
	Data Review	NA				NA
	Other: Specify	NA				NA
3. Percent of infants and toddlers with IFSPs who demonstrate improved: positive social-emotional skills, acquisition and use of knowledge and skills; use of appropriate behaviors to meet their needs. NEW INDICATOR NO DATA 2004-05	Self-Review					
	On-site Visit					
	Data Review					
	Other: Specify					

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
4. Percent of families participating in Part C who report that early intervention services helped the family: know their rights; effectively communicate their children’s needs; and help their children develop and learn. NEW INDICATOR NO DATA 2004-05	Self-Review					
	On-site Visit					
	Data Review					
	Other:					
5. Percent of infants and toddlers birth to 1 with IFSPs.	Self-Review	NA				NA
	On-site Visit	NA				NA
	Data Review	5,643	NA	NA	NA	NA
	Other: Specify	NA				NA
6. Percent of infants and toddlers birth to 3 with IFSPs.	Self-Review	NA				NA
	On-site Visit	NA				NA
	Data Review	28,781	NA	NA	NA	NA
	Other: Specify	NA				NA
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45 day timeline.	Self-Review					NA
	On-site Visit	195	43	43	6	13.95%
	Data Review	NA				NA
	Other: Specify	NA				NA
8. Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday.	Self-Review	NA				NA
	On-site Visit	59	6	6	5	83.33%
	Data Review	NA				NA
	Other: Specify	NA				NA
TOTALS	SUM COLUMNS A AND B			974	0	

Table for #9B

Monitoring Priority: Effective General Supervision Part C		
Indicator	Measurement Calculation	Explanation
<p>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.</p> <p>B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:</p> <p>c. # of findings of noncompliance made related to such areas.</p> <p>d. # of corrections completed as soon as possible but in no case later than one year from identification.</p> <p>Percent = b divided by a times 100.</p>	<p>a = 149</p> <p>b = 50</p> <p>$b/a - 50/149 = 0.3356$</p> <p>$\times 100 = 33.56\%$</p>	<p>An on-site review was conducted for only 6 of the 21 RC programs.</p> <p>There was the potential for 690 findings for this table, which demonstrates that overall, there was only a 7.83% noncompliance rate and a 92.17% compliance rate.</p>

Table for Indicator #9C

Monitoring Priority: Effective General Supervision Part C		
Indicator	Measurement Calculation	Explanation
<p>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.</p> <p>C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:</p> <p>d. # of agencies in which noncompliance was identified through other mechanisms.</p> <p>e. # of findings of noncompliance made.</p> <p>f. # of corrections completed as soon as possible but in no case later than one year from identification.</p> <p>Percent = c divided by b times 100.</p>	<p>a = 2</p> <p>b = 5</p> <p>c = 5</p> <p>$c/b - 5/5 \times 100 = 1 \times 100 = 100\%$</p>	<p>A data review was conducted for all 21 RC programs.</p>

ATTACHMENT F

The following are copies of the transmittal letters, surveys, and follow-up postcard used to collect family-outcome data for Indicator #4 of the 2009 APR, submitted February 1, 2011.

DEPARTMENT OF DEVELOPMENTAL SERVICES

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



December 1, 2009

Dear Parent(s):

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

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

Sincerely,

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

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

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

"Building Partnerships, Supporting Choices"

FAMILY SURVEY FORM
[English Version]

Instructions:

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

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

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

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

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

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

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

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

DEPARTMENT OF DEVELOPMENTAL SERVICES

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



1^{ero} de Diciembre 2009

Estimado (s) Padre (s):

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

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

Atentamente,

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

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

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

FORMULARIO DE ENCUESTA DE LA FAMILIA
[Spanish Version]

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

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

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

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

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

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

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

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

Reminder Postcard

You recently received an Early Start Family Survey Form.

If you completed and returned the survey, thanks. If you have not, please do so by **December 10, 2009**.

Your responses will contribute to improving the quality of services for California's children.

If you did not receive a copy of the survey, or if it was misplaced, please e-mail dpollar@wested.org or call 916.492.4011.



Recientemente usted recibió una formulario de encuesta de la familia de Early Start. Si usted completó y devolvió la encuesta, gracias.

Si usted no lo ha hecho, favor de hacerlo antes del **10 de diciembre de 2009**. Sus respuestas contribuirán a mejorar la calidad de los servicios para los niños de California.

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