

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C**

**for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act**

**For reporting on  
FFY 2021**

**California**



**PART C DUE  
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202**

## Introduction

### Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

### Intro - Indicator Data

#### Executive Summary

The California Department of Developmental Services (DDS) is the State lead agency in the administration of early intervention services (EIS) for Part C of the Individuals with Disabilities Education Act (IDEA). In California, Part C of the IDEA is referred to as the Early Start program and the DDS is responsible for program oversight and supervision which includes, but is not limited to: the development and implementation of the state policies that are consistent with Part C of the IDEA regulations; state law and agency policies and procedures; oversight of the dispute resolution system; programmatic and contract monitoring of local regional centers and local education agencies (LEAs) directly responsible for coordinating services; engaging in the continuous improvement process; ; public reporting; development and implementation of statewide personnel standards; a professional development system; federal reporting; federal grant management; and fiscal oversight and accountability.

The California Early Intervention Services Act (CEISA) establishes state authority to implement an early intervention service system congruent with federal requirements. The DDS plans, develops, implements, and monitors the statewide EIS system in collaboration with the California Department of Education (CDE) and with advice and assistance from the State Interagency Coordinating Council on Early Intervention (ICC). The Departments of Health Care Services, Public Health and Social Services cooperate and coordinate with the DDS and the CDE in the delivery of EIS, as well.

The DDS has designated general supervision procedures and policies that include multiple methods to: 1) ensure implementation of Part C of the IDEA and the accountability of local programs (i.e., regional centers and LEAs) and their providers; 2) identify and correct noncompliance; 3) facilitate continuous improvement; and 4) support practices that improve results and functional outcomes for all children with disabilities and their families. These methods and strategies are interrelated and ensure that local programs are implementing Part C of the IDEA and improving results for children and their families. These policies and procedures have been developed to: (1) be aligned with Part C of the IDEA; (2) be in effect statewide and monitor implementation of Part C EIS through the Early Start program at regional centers and LEAs. State monitoring activities focus on improving results and outcomes for all children with disabilities served in the program and ensuring local programs meet all Part C requirements.

Agency Roles of Responsibility:

The DDS

The DDS is the lead agency for California's Part C program responsible for monitoring the implementation of the IDEA, making determinations annually about the performance of each local program, using appropriate enforcement mechanisms to ensure compliance with Part C of the IDEA and report annually on the performance of the lead agency and each local program.

Regional Centers

Regional centers coordinate services from local providers who are "vendored" to provide EIS. The 21 unique regional centers across the state provide fixed points of contact in the community for persons with developmental disabilities and their families. EIS are coordinated through regional centers and are provided based on the assessed needs of the child and the family's priorities and concerns. Some regional centers also contract with LEAs or County Offices of Education (COE) to provide specialized instruction and other related EIS through their early childhood special education programs.

The CDE

The CDE receives funds from the DDS through an interagency agreement which allows LEAs to provide EIS to children who have a visual impairment, hearing impairment, severe orthopedic impairment or a combination of these. Funds are administered through formula grants based on each Special Education Local Plan Area's specific cost impacts. The CDE is responsible for monitoring the implementation of service provision of Part C of the IDEA through these LEAs and reporting findings to the DDS as outlined in the interagency agreement.

LEAs

LEAs receive funding from the CDE and the DDS to support the provision of EIS to children with low incidence disabilities. In some areas, LEAs may also work closely with regional centers to dually serve children, providing children and families with services via the regional center and LEA simultaneously.

Additionally, the DDS is responsible for the completion of the federally required Annual Performance Report (APR), for which targets are set with stakeholders and the ICC. This APR for federal fiscal year (FFY) 2021 represents data covering the period from July 1, 2021, through June 30, 2022. As required by the U.S. Department of Education Office of Special Education Programs (OSEP), this report provides information on the progress of California's Early Start program in meeting the established targets for each of the indicators listed in its APR for FFY 2021.

#### Additional information related to data collection and reporting

The California Governor's State of Emergency proclamation, issued March 4, 2020, remained in effect throughout FFY 2021 and the COVID-19 pandemic continued to have and significant impacts on California's Early Start program throughout this reporting period. Specifically, previously issued State Department Directives, providing flexibility for families to choose to conduct individualized family service plan (IFSP) meetings and engage in EIS via remote electronic communications, were extended throughout this reporting period. These directives allowed IFSP meetings and EIS to occur without delay, afforded flexibilities in program delivery and resulted in reported increases in family involvement and a decrease in travel constraints.

To further support efforts to ensure EIS are provided timely, the DDS is implementing a voluntary Quality Incentive Program (QIP) for service providers, pursuant to California Welfare and Institutions Code section 4519.10. The QIP is designed to improve consumer outcomes, service provider performance, and the quality of services. Participating service providers that meet or exceed quality measures developed by the DDS with input from stakeholders, will be eligible for incentive payments. The measure for early intervention incentivizes early intervention providers to begin services within 31 days from when the referral is received from the service coordinator at the regional center. Details about the QIP can be found at <https://www.dds.ca.gov/rc/vendor-provider/quality-incentive-program/>.

Additionally, the DDS worked with a Regional Center Performance Measures (RCPM) workgroup consisting of representatives from all aspects of California's developmental disabilities services system to develop performance incentives and measures to promote improvements in consumer outcomes and regional center performance. The RCPM workgroup identified six focus areas, with one specific to the provision of EIS by the Early Start program. Each focus area has one or more performance measures with clearly identified outcomes and corresponding performance targets and

incentives. The Early Start performance measure addressed in the directive incentivizes completion of the evaluation, assessment and initial IFSP meeting within 45 calendar days from the receipt of the referral. Details about the RCPM can be found at [https://www.dds.ca.gov/wp-content/uploads/2022/12/Regional\\_Center\\_Performance\\_Measures\\_Early\\_Start\\_Timely\\_Access\\_12132022.pdf](https://www.dds.ca.gov/wp-content/uploads/2022/12/Regional_Center_Performance_Measures_Early_Start_Timely_Access_12132022.pdf)

Additionally, as California has struggled to reach compliance with federal indicators that measure adherence to required timelines for transitioning services from Part C to Part B programs. To address related issues, California Senate Bill (SB) 75 required the CDE and the DDS to jointly convene a workgroup, the Part C to B for CA Kids Workgroup (CA Kids) , to provide input and recommendations on improving the transition of services for three-year-old children with disabilities from Part C to Part B programs. The CA Kids included representatives from LEAs, regional centers, family support organizations, vendored service provider agencies, and legislative staff. The CA Kids members engaged in a series of working sessions for one year to investigate the policies and practices involved in transitioning children from Part C to Part B in California and to develop recommendations on how to improve California's infrastructure to ensure continuity of EIS for young children with disabilities and their families.

The CA Kids recommendations were intended to facilitate the implementation of a system in which all children exiting Part C have continuity of services and access to quality education in inclusive settings, families are informed and supported throughout their child's transition experience, and state and local agencies work effectively and efficiently together to support smooth transitions. For a summary of the report and recommendations from the work completed through the SB 75 workgroup please refer to: <https://www.cde.ca.gov/sp/se/ac/sb75legreportfinal.asp>

To support implementation of the recommendations made by the CA Kids, the DDS was able to access supplemental grant funds for EIS under Part C of the IDEA through section 2014(a) of the American Rescue Plan Act of 2021 (ARPA). The DDS has allocated funds and issued a directive for each regional center to pilot school transition supports through funding a School Transition Liaison position for a 12-month period at each regional center. These positions will focus on developing collaborative partnerships with LEAs and other agencies to achieve effective and timely school transitions that promote inclusive options for children receiving regional center services who are transitioning to preschool or kindergarten. These positions will also assist regional centers in establishing and supporting local procedures and policies that further the recommendations outlined in the CA Kids report and improve family engagement and supports during transition to educational services. For further information on Regional Center School Transition Liaison positions please refer to: [https://www.dds.ca.gov/wp-content/uploads/2022/04/Transition\\_Liaisons\\_RC\\_Directive.pdf](https://www.dds.ca.gov/wp-content/uploads/2022/04/Transition_Liaisons_RC_Directive.pdf) California has also enacted permanent, full-time IDEA Specialist positions at each regional center in the state's 2022 Budget Act. These IDEA Specialist positions will serve as subject matter experts responsible for providing technical assistance on IDEA provisions to regional center service coordinators who support consumers, and their families in accessing early intervention and educational services and supports. The IDEA Specialist will support regional centers with transitioning of Early Start families to Part B services. The IDEA Specialist positions are required to collaborate with Special Education Local Planning Areas (SELPA), COEs and/or LEAs to provide trainings and resources to regional centers and LEAs Funding for the IDEA Specialist positions requires that these staff do not carry or manage caseloads.

The DDS has also implemented organizational changes to better support California's persons with developmental disabilities and their families. This included the creation of the Children, Adolescent and Young Adult Services Division. This reorganization allocated additional resources to support the implementation of Part C of the IDEA. The DDS has identified department sections responsible for: Early Start Policy and Operations; Part C Federal Reporting and Monitoring; and the oversight of implementation of statewide ARPA-funded initiatives intended to address the impacts of the pandemic and specifically improve the transition process for children and their families as they move from Part C EIS to Part B special education services.

Lastly, Early Start referral data collected during the reporting period shows significant increases in the number of infants and toddlers who were referred and assessed for program eligibility compared to FFY 2020 and demonstrates overall caseload counts have returned to pre-COVID-19 pandemic levels. Data related to these figures can be found at: Facts & Stats - CA Department of Developmental Services. This increase in children referred and assessed can be attributed to support provided by the ICC. The ICC assisted with the development of outreach materials and strategies for informing the public that Early Start programs continued to be available by via regional centers. The ICC's involvement in the development of outreach materials ensures resources are consistently reviewed by Early Start stakeholders, regional centers, LEAs, family resource centers (FRC) and other community partners.

### **General Supervision System**

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

California monitors implementation of Part C EIS through the Early Start program at regional centers and LEAs. State monitoring activities focus on improving results and functional outcomes for all children with disabilities served in the program and ensuring local programs meet all Part C requirements. Early Start services are available statewide and are provided in a coordinated, family-centered system. Infants and toddlers, from birth up to 36 months, with developmental delays or disabilities may be eligible to receive services through California's 21 community-based regional centers. Regional centers are nonprofit private corporations that contract with the DDS to provide or coordinate services and supports for children with developmental delays and their families. Children with low incidence disabilities, defined as visual impairment, hearing impairment, severe orthopedic impairment, or a combination of these, are provided EIS via the LEAs. The DDS uses a combination of integrated monitoring activities to provide a comprehensive picture of each program's level of compliance and performance results. These supervision activities: 1) are implemented fairly and consistently across programs; 2) identify areas of noncompliance; 3) trigger effective corrective actions, technical assistance, improvement strategies, fiscal decisions, and sanctions and/or incentives that ensure timely correction; and 4) lead to status determination of programs.

The DDS collaborates with the CDE on general supervision activities related to the delivery of EIS for children who qualify for Early Start under the category of Solely Low Incidence (SLI). The CDE is responsible for monitoring LEAs using a Quality Assurance Process (QAP). The CDE's monitoring process includes steps to address noncompliance and timelines for corrective actions. Through subsequent reviews, the CDE verifies the correction of noncompliance on all findings at both the individual and systemic level within a year of notification to the regional center or LEA, consistent with OSEP Memo 09-02.

The DDS monitors regional centers using quantifiable indicators in each of the priority areas specified by the OSEP. During FFY 2021, the DDS conducted program monitoring on a three-year cycle and reviewed a random selection of Early Start records. Regional centers were assigned to the three-year cycle in groups of 7, taking into account the size of the regional center's catchment area, the composition of the population and the regional center's historical performance. Sample size for the monitoring review is determined using an annual review of each regional center's caseload counts.

On July 1, 2022, the DDS modified Early Start program monitoring practices, converting from the previous three-year cycle to a biennial cycle. This modification was implemented to increase general supervision of California's Early Start program, increase the number of records reviewed for compliance, allow the DDS more timely insight into specific challenges at the local level, ensure timely correction of noncompliance, and improve the delivery of Early Start services for children and families. Additionally, the recently implemented biennial monitoring cycle utilizes a Self-Assessment Model (SAM). With the SAM, regional centers complete a self-assessment of the regional center's compliance on federal indicators via an online platform. Part of completing the self-assessment is uploading all requested corroborating documents to substantiate compliance. To verify the accuracy of the self-assessment results generated by the regional center's evaluation of compliance, the DDS completes a review of the identified Early Start records. This process is intended to facilitate a more efficient monitoring process that improves the DDS's ability to gather data at the local level to

support and inform decision making. The self-assessment also assists regional centers and the DDS in analyzing Early Start records and identifying systemic areas of strength and program challenges, and in generating strategies to overcome areas of non-compliance as related to the delivery of EIS.

As part of the General Supervision requirements, California's dispute resolution process is available to address disagreements between parents and the service system. At any time, parents have the right to request a due process hearing, a mediation conference, or file a state complaint to resolve disagreements related to Early Start services or allegations that a federal or state statute or regulation has been violated. The court appointed administrative law judge or complaint investigator may identify noncompliance during an investigation or hearing. If noncompliance has been identified, the DDS verifies the correction of findings derived from the dispute resolution process to ensure that decisions rendered are implemented at the local level.

#### **Technical Assistance System:**

#### **The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to early intervention service (EIS) programs.**

The DDS identifies the need for technical assistance (TA) through on-going monitoring activities, results of dispute resolution activities, and regular review of information contained in data collection systems. These methods allow for the provision of targeted and/or statewide assistance as needed. The DDS provides technical assistance and training that is directly linked to the SPP/APR and state monitoring activities to help programs understand the requirements related to these indicators and develop and implement meaningful improvement strategies to correct noncompliance, enhance their performance, and improve results for children and families. TA is provided in a variety of ways and may include the DDS and/or contractors in the delivery of assistance. TA is available upon request. Additionally, on-going assistance is provided on various topics.

Additionally, the DDS program staff maintains a dedicated email address and phone number for all inquiries and technical assistance requests. Staff are responsible for fielding phone calls, responding to emails, letters, and other forms of communication/correspondence from regional centers, providers, parents, the public, and all other stakeholders/interested parties on a daily basis. Any stakeholders may contact program staff to ask questions and seek assistance/guidance related to the provision of EIS through the program. Communication is on a variety of issues that includes but is not limited to: how to make a referral, clarification on policies and procedures, training, parent complaints/concerns, regulations (federal, State), Public Health Law (PHL), data reporting, and all other Programmatic questions related to the Early Start Program. All correspondence received by program staff is reviewed and discussed with DDS Managers, Directors, and other department divisions as necessary.

In addition, the DDS engages the services of the California Early Intervention Technical Assistance Network (CEITAN) at WestEd to develop, implement, evaluate, and improve technical assistance and support deliverables under the Comprehensive System of Personnel Development and Resources (CSPD-R) contract. Deliverables include the following activities and products:

**Early Start Online:** The courses on this web-based, interactive training platform address foundational and advanced knowledge-level content. Ongoing facilitation by parent-professional teams expands the expertise and perspectives available to online training participants, maintains participant satisfaction with training experiences, and supports participant course completion. Pre- and post-training assessments validate increases in knowledge levels for training participants. Participation in and feedback on Early Start Online is consistently high and positive. Impact survey results validate integration of increased knowledge into work at the individual level for Early Start Online participants. Early Start Online consists of two course series: Foundations and Skill Base.

The Early Start Online Foundations Series consists of three Foundations courses:

1. Foundations: Understanding Systems, Processes and Practices
  - Family Systems
  - Early Start System
  - Utilizing Evidence-Based Practice
  - Individual Family Service Plan (IFSP) Development
  - Supporting Families Using Coaching and Other Help--Giving Practices
2. Foundations: Working through the IFSP Process
  - Early Child Development
  - Screening, Evaluation, and Assessment
  - Creating Functional Outcomes
  - Natural Environments for Families
  - Selecting and Developing Interventions
3. Foundations: Partnering for Effective Service Delivery
  - Working with Diverse Families
  - Relationship--Based Early Intervention
  - Quality Assurance in Early Intervention
  - Transition Planning
  - Collaboration with the Early Start Team and Community Resources

**Early Start Effective Practice Training Activities:** Live trainings, online modules and real-time webinars on special, possibly one-time topics, are conducted to offer timely communication to the field on issues critical to Early Start implementation.

• **Early Start Webinar Series** are produced to address critical issues of practice and service delivery. In January through April of 2022, the DDS produced the Cultural Humility Series, consisting of four minicourses comprising topical webinars, online learning activities and discussions, and practitioner discussion panels. The Cultural Humility Series had 1,013 registrants across all four mini-courses. All webinars and course materials are archived on the Early Start Online course site for on-going access. Minicourses included:

- o Introduction to Unconscious Bias and Cultural Humility
- o Trio of Aces: Framing Our Narrative
- o Reflection on Cultural Humility Regarding Families and Child Rearing
- o Moving Forward on the Path to Cultural Competence by Delivering Services with Cultural Humility, Compassion and Courage

**Early Start Partners Symposium (ESPS)** is an annual Effective Practice training event supporting Early Start multi-disciplinary personnel and cross sector partners with skills and resources to serve children and families in communities throughout California, is produced using a collaborative process, led by the DDS, involving the participation of training and technical assistance providers representing the partner state agencies as well as regional center, regional center vendor, LEA, and FRC stakeholders from all regions of the state. ESPS 2022, entitled "Effective Practice, Innovation, and Equity in Early Start," was conducted virtually in May 2022 and attended by 450 professionals.

**Early Start Neighborhood:** The Neighborhood is a web-based community designed to inform and connect Early Start personnel with timely news and resources focusing on evidence-based practices in early intervention. Features include:

- Weekly blog posts that highlight state and federal initiatives of interest to the Early Start community, including those related to California's State Systemic Improvement Plan (SSIP) priorities.
- Resources for Early Start professionals, including the Early Start Service Coordination Handbook and similar job-related publications, which

are located and available for download from the Neighborhood.

- All SSIP resources developed for the implementation of the SSIP on social and emotional development are located and available for download from the Neighborhood.
- Part C literacy materials, intended to increase knowledge about best practices and IDEA requirements, are identified by the ICC Chair, disseminated to ICC meeting attendees, and highlighted and archived on the Neighborhood.

Early Start Central Directory of Early Intervention Resources: The Central Directory lists all vetted early intervention and related service agencies statewide, organized by county, and provides narrative information describing the Early Start system and the agencies and organizations involved. The Central Directory is a robust, online database incorporating approximately 2,000 directory listings.

Early Start Service Coordination Handbook: The Handbook, last published and disseminated in 2005, is undergoing comprehensive revision to update and align content to current policy and regulations, reorganize content for clarity and ease of use, integrate evidence-based and recommended practice, provide practical tips and tools, and facilitate dissemination online. Eight chapters of the updated Early Start Service Coordination Handbook were available during FFY 2021:

- Chapter 1: Service Coordination and Coordinators
- Chapter 2: Introduction to Procedural Safeguards
- Chapter 3: Multidisciplinary Team Process
- Chapter 4: Interagency Agreements
- Chapter 5 Referral and Intake Requirements and Procedures
- Chapter 6: Evaluation and Eligibility
- Chapter 7: Assessment
- Chapter 8: Individualized Family Service Plan

#### **Professional Development System:**

**The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.**

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- Chapter 7: Assessment
- Chapter 8: Individualized Family Service Plan

The Online Peer/Expert Networking Source is an interactive website activated in April 2020 to address issues emerging due to the COVID-19 pandemic and the California statewide stay-at-home order. Early intervention resources for professionals and families during the COVID-19 pandemic were curated and disseminated on the existing Early Start Online learning management platform.

California's Early Start Effective Practice Training Activities include live trainings, online modules and real-time webinars on special topics conducted to offer timely communication to the field on issues critical to Early Start implementation.

The Early Start Partners Symposium (ESPS) 2021, an annual Effective Practice training event supporting Early Start multi-disciplinary personnel and cross sector partners with skills and resources to serve children and families in communities throughout California, was replaced with the Early Start Professional Development Webinar Series. This series included two topic areas: Tele-practice (7 sessions) focused on web-based strategies to support Early Start children and their families and Wellness, Mental Health, and Resilience (5 sessions) focused on preventing, recognizing, and addressing stressors for children, families, and professionals. The series was produced using a collaborative process, led by the DDS, involving the participation of training and technical assistance providers representing partner state agencies, regional centers, regional center vendors, LEAs, and FRC stakeholders from all regions of the state.

Features of the Early Start Neighborhood include:

- Frequent blog posts that highlight state and federal initiatives of interest to the Early Start community, including those related to California SSIP priorities.
- Resources for Early Start professionals, including the Early Start Service Coordination Handbook and similar job-related publications, which are located and available for download
- All SSIP resources developed for the implementation of the SSIP on social and emotional development are located and available for download.
- Part C literacy materials, intended to increase knowledge about IDEA Part C practices and requirements, are identified by the ICC Chair, disseminated to ICC meeting attendees and highlighted and archived on the Neighborhood for reference.

Another resource is the Transition from Early Start online course. The course may be accessed on the Early Start Online platform at <https://www.cpeionline.net/course/view.php?id=121>. This course was developed to provide regional center and LEA service coordinators, service providers, and FRCs with the knowledge, strategies, and best practices to meet all regulatory requirements and to ensure a seamless transition process

for children and their families.

This course consists of ten modules that address all aspects of transition from Early Start at age three, including: Introduction, The Family Experience, Options After Early Start, Timelines and Referrals, The Transition Conference, Transition Planning, Part B Eligibility and Planning, Lanterman Eligibility and Planning Community Resources, and Roles and Responsibilities. The 8 course objectives are to: 1. Describe the required notifications, timelines, and activities related to transition from Early Start at age three; 2. Define terms related to transition; 3. Outline the roles and responsibilities of individuals participating in the transition process; 4. Explain the process for determining eligibility and planning services for Part B and ongoing regional center services, also known as Lanterman services; 5. Offer procedures for service coordinators to identify and document timely individualized transition steps to facilitate a child's transition from Early Start; 6. Describe community resources, such as private preschool, Head Start, state preschool, etc., and procedures to facilitate family access to community resources; 7. Outline strategies to support the inclusion of families in transition planning; and 8. Provide strategies for service coordinators to generate questions to elicit information from a family to identify child and family support and information needs related to transition from Early Start.

Much of the content from this course is adapted from *Effective Early Childhood Transitions: A Guide for Transition at Age Three- Early Start to Preschool*. Developed as a joint project of the DDS and the CDE, this reference document offers guidance on regulations and recommended practices for transition at age three. The *Effective Early Childhood Transitions* guide is included in the Resources section of this course. The guide may also be accessed for free at any time on the DDS website at [www.dds.ca.gov](http://www.dds.ca.gov).

An additional resource used by California to ensure that service providers are effectively providing EIS that improve results for infants and toddlers with disabilities and their families is the Early Start Neighborhood. The Neighborhood is a web-based community designed to inform and connect Early Start personnel with timely news and resources focusing on evidence-based practices in early intervention. In addition, the Early Start Neighborhood supports the (SiMR) under California's SSIP.

#### **Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).**

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were solicited from the State's broad and diverse Interagency Coordinating Council (ICC) which 15 appointees comprise of 2 parents, 13 professionals providing services to infants and toddlers, as well as representatives from state departments involved in the provision of services for infants and toddlers. In California, the Interagency Coordinating Council allows the participation of community representatives, which increases the diversity of perspectives presented. The ICC currently has 47 community representatives that includes 11 parents and 36 professionals from the field.

The SPP/APR data and target settings were shared with the ICC during its bi-monthly public meeting on January 19, 2023, with 114 attendees. Comments and questions were related to the data sources for the indicators, the disaggregation of data at local level, and addressing barriers that families are encountering to access early intervention services via remote electronic communications or telehealth related to indicator 2. Questions related to the data allocation were reviewed and the DDS reviewed how data from compliance monitoring activities are used to report on the federal compliance indicators. There were no comments or questions on the state's compliance and performance scores for indicators 1, 2, 3, 4, 5, 6, 9, or 10. No comments or questions were received to change the established targets for any of the relevant indicators as well. Of note, the Department of Developmental Services is implementing an initiative in partnership with family resource centers to increase family participation and promote diversity of members of the community who attend ICC meetings.

The State also created an SSIP Task Force, comprised of representatives from a variety of stakeholder groups, including Family Resource Centers and the Interagency Coordinating Council. The Task Force met four times during the 2021-2022 fiscal year to discuss how to support and improve our SSIP. The task force concluded that the State's Theory of Action and activities needed modification to improve child and family outcomes. The updated SSIP materials were shared with SSIP team members by the State during the August 30, 2022 SSIP Meeting.

In the early fall of 2021, DDS began planning to review the SSIP improvement strategies to make revisions to the plan based on data review and input from a broad-based stakeholder group. A 30-member SSIP Task Force was assembled with representation from the regional centers, the family resource centers, academia, the ICC, DDS & CDE, and families of children in the Early Start program. The Task Force group held its first meeting on November 2, 2021 and proceeded to meet on a bi-weekly schedule through early July 2022. WestEd provided assistance to the DDS Early Start staff throughout Task Force convenings by facilitating structured input from the members using two methodologies, a modified Delphi procedure and nominal group technique. The Delphi is a survey technique for decision making among isolated respondents while the nominal group technique (NGT) is a highly controlled small group process for the generation of ideas. These methodologies, used in tandem, were especially useful during the COVID pandemic where meetings needed to be held virtually. NGT is conducted with small groups of participants (6-8) and is conducted in six steps, (a) formulation and presentation of the nominal question to participants; (b) silent generation of ideas in writing, (c) round-robin feedback from group members to record each idea in a succinct phrase, (d) group discussion of each idea in turn for clarification, (e) individual voting on priorities, and (f) feedback of results, further discussion, and re-voting. The Delphi technique is conducted using surveys that are completed and returned anonymously. Ideas, generally in response to a nominal question, are generated and submitted and then compiled by facilitators. Several rounds are conducted where participants have the opportunity to review all of the items that have been submitted and add any additional idea that may come to mind. Finally, participants are asked to rank-order or otherwise score items. Mean scores are calculated and posted in a second survey. This survey is distributed to all participants, who are asked to review how the other participants scored the items and to then score the items a second time.

Through the aforementioned steps, the SSIP Task Force generated and rank-ordered nineteen (19) recommendations. The eight (8) top-ranked recommendations were as follows:

- DDS will provide funding to each regional center for an Early Start-designated staff person who will identify and coordinate activities and resources for parents or other primary caregivers to promote well-being, address stress management, and so forth, to increase parent/caregiver support of child social and emotional outcomes.
- Identify and require the use of one state-wide assessment tool to standardize assessment timelines, training, and reporting outcomes for social and emotional development from birth to three to increase the reliability and validity of the State's Child Outcome measurement.
- Train providers on evidence-based practices that use coaching to support the parent/child relationship. In addition to training providers, provide support to them in implementing those practices with children and families.
- Develop interagency collaboration by establishing or strengthening relationships between Early Start programs and community mental health agencies to increase families' ease of access to both Early Start and County Departments of Mental Health.
- Create a family-centered, online resource hub for families to access and understand social and emotional development, various services Early Start provides, and strategies parents may use to support their child's social and emotional development.
- Increase abilities of Early Start service coordinators and providers to identify community activities and resources that support social and emotional development and milestones to identify relevant strategies to achieve outcomes in the Individualized Family Service Plan.
- Create, promote, or increase social and cultural connections with parent-to-parent programs, to increase access to self-identified groups, in order to aid families in supporting their child's social and emotional development, including opportunities for children's peer-to-peer relationships. These supports

should reach all programs and provide support to all families including families of children with low incidence disabilities (Deaf/hard of hearing, Blind/visual impairment, orthopedic disabilities).

· All Early Start professionals will be cognizant of their responsibilities for educating, informing, and supporting parents in exercising their vital role in Individualized Family Service Plan meetings as it specifically relates to identifying and addressing the family's concerns and aspirations about social and emotional development for their child.

DDS reviewed the recommendations and considered each for cost, feasibility, and likely impact. The Department selected and adapted improvement strategies which will be used in California's revised SSIP. A revised Theory of Action was developed and presented to the Task Force, the regional centers, and the Family Resource Centers in late August 2022.

DDS continues to review these recommendations as they develop more detailed plans of action for each of the adopted improvement strategies. The current plan is to present the revised SSIP to the regional centers in late January 2023 and address question and elicit feedback, especially in regard to the proposed implementation of the plan.

#### **Apply stakeholder input from introduction to all Part C results indicators. (y/n)**

NO

#### **Number of Parent Members:**

11

#### **Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Parent members provided comprehensive feedback and analysis of the State's recommended target updates and target setting methodology. Their analysis included reviewing trend performances of the past 5 years, examining the Office of Special Education Programs recommended approaches for target setting, and establishing a base line year for newly approved targets. To increase data literacy and engagement, data visualizations and charts were created to translate the various aspects of the data. Engagement included discussions and clarification on factors affecting data such as COVID-19, budget changes, natural disasters, and state initiatives. Data improvement strategy recommendations were collected for consideration in updating the State's current evaluation process.

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were solicited from the State's broad and diverse Interagency Coordinating Council (ICC) which 15 appointees comprise of 2 parents, 13 professionals providing services to infants and toddlers, as well as representatives from state departments involved in the provision of services for infants and toddlers. In California, the Interagency Coordinating Council allows the participation of community representatives, which increases the diversity of perspectives presented. The ICC currently has 47 community representatives that includes 11 parents and 36 professionals from the field.

The SPP/APR data and target settings were shared with the ICC during its bi-monthly public meeting on January 19, 2023, with 114 attendees. Comments and questions were related to the data sources for the indicators, the disaggregation of data at local level, and addressing barriers that families are encountering to access early intervention services via remote electronic communications or telehealth related to indicator 2. Questions related to the data used for the compliance indicators was reviewed. There were no comments or questions on the state's performance scores for indicators 3, 4, 5, 6, 9, or 10. No comments or questions were received to change the established targets for any of the relevant indicators as well. Of note, the Department of Developmental Services is implementing an initiative in partnership with family resource centers to increase family participation and promote diversity of members of the community who attend ICC meetings.

#### **Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

Edited/Added at clarification :

California completed activities to increase the capacity of diverse groups of parents by raising awareness of Early Start resources among targeted, underrepresented communities, providing financial support to families willing to engage in advocacy activities, and providing language access for program materials and meetings.

California offered and provided stipends for parents and other community members to participate in the SSIP Taskforce series of meetings and in the Statewide Screening Collaborative meetings. Stipends were to provide compensation for costs incurred in connection with participation in meetings. Examples of covered costs included childcare and reimbursement for missed wages. This was intended to allow parents from diverse backgrounds to more easily access meeting participation. SSIP Task Force meetings occurred on November 2, 2021; November 16, 2021; January 4, 2022; January 18, 2022; February 17, 2022; March 3, 2022; March 17, 2022; April 14, 2022; and May 12, 2022.

To ensure all parents and caregivers could participate, California provided translation in ICC meetings that occurred on July 15 and 16, 2021; October 14 and 15, 2021; January 20 and 21, 2022; and April 21 and 22, 2022. as well as California also supported all families' participation by providing program materials and public meetings in multiple languages, including American Sign Language (ASL)

California plans to continue to engage in greater outreach with Native American and Black or African American communities by working with FRCs and regional centers and identifying and engaging community partners from diverse communities. The DDS also plans to increase communication with the ICC and SSIP partners to generate ideas for increasing support for diverse parents and families.

Additionally, the state has publicly available resources to support the participation and decision-making processes related to child outcomes that includes:?

- A website that hosts information/resources about the SPP/APR indicators and calculations?
  - Presentations to the ICC to review/discuss historical trends, targets, and calculations for each indicator?, and;
- other language resources such as the Early Start Newsletter, Informational Guide to the Early Start Community, and other various Early Start publications to ensure that parents who do not speak English can participate and could understand materials being presented and provide input to lead agency
- o These resources can be found under: [www.dds.ca.gov/services/early-start/resources-for-families-parents-caregivers/](http://www.dds.ca.gov/services/early-start/resources-for-families-parents-caregivers/)

Parent members provided comprehensive feedback and analysis of the State's recommended target updates and target setting methodology. Their analysis included reviewing trend performances of the past 5 years, examining the Office of Special Education Programs recommended approaches for target setting, and establishing a base line year for newly approved targets. To increase data literacy and engagement, data visualizations and charts were created to translate the various aspects of the data. Engagement included discussions and clarification on factors affecting data such as COVID-

19, budget changes, natural disasters, and state initiatives. Data improvement strategy recommendations were collected for consideration in updating the State's current evaluation process.

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were solicited from the State's broad and diverse Interagency Coordinating Council (ICC) which 15 appointees comprise of 2 parents, 13 professionals providing services to infants and toddlers, as well as representatives from state departments involved in the provision of services for infants and toddlers. In California, the Interagency Coordinating Council allows the participation of community representatives, which increases the diversity of perspectives presented. The ICC currently has 47 community representatives that includes 11 parents and 36 professionals from the field.

The SPP/APR data and target settings were shared with the ICC during its bi-monthly public meeting on January 19, 2023, with 114 attendees. Comments and questions were related to the data sources for the indicators, the disaggregation of data at local level, and addressing barriers that families are encountering to access early intervention services via remote electronic communications or telehealth related to indicator 2. Questions related to the data allocation we reviewed and discussed related to the monitoring activities to report the state's compliance indicators. There were no comments or questions on the state's compliance and performance for indicators 3, 4, 5, 6, 9, or 10. No comments or questions were received to change the established targets for any of the relevant indicators as well. Of note, the Department of Developmental Services is implementing an initiative in partnership with family resource centers to increase family participation and promote diversity of members of the community who attend ICC meetings.

#### **Soliciting Public Input:**

##### **The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Public input was solicited during Zoom quarterly Interagency Coordinating Council meetings involving comprehensive feedback and analysis of the State's recommended target updates and target setting methodology. Their analysis including reviewing trend performances of the past 5 years, examining the Office of Special Education Programs recommended approaches for target setting, and establishing a base line year for newly approved targets. To increase data literacy and engagement the use of data visualizations and charts were created to translate the various aspects of the data. Engagement included discussions and clarification on impacting factors affecting data such as COVID-19, budget changes, natural disasters, and state initiatives. Data improvement strategy recommendations were collected for consideration in updating the State's current evaluation process.

#### **Making Results Available to the Public:**

##### **The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

All meeting dates, agendas, and minutes, including those containing target setting, data analysis, development of improvement strategies, and evaluation updates are posted onto the State's website at: <https://www.dds.ca.gov/services/early-start/state-icc-on-early-intervention-overview/>

#### **Reporting to the Public:**

##### **How and where the State reported to the public on the FFY 2020 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.**

The State publicly posts the performance of each local program no later than 120 days following the State's submission of its Annual Performance Report on its website along with the complete copy of the State's Annual Performance Report. The web-link of all reports and State determinations can be found here: Early Start Local Performance Materials - CA Department of Developmental Services

## **Intro - Prior FFY Required Actions**

The State's IDEA Part C determination for both 2021 and 2022 is Needs Assistance. In the State's 2022 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

#### **Response to actions required in FFY 2020 SPP/APR**

Beginning in July of 2022 the department participated in technical assistance sessions with Early Childhood Technical Assistance (ECTA), WestEd, and the center for IDEA Early Childhood Data Systems (DaSY). This collaboration provided CA with the opportunity to discuss with technical assistance providers, other state representatives, and stakeholders to identify improvement strategies to promote equity in the delivery of Early Intervention services.

The state also commenced one-on-one technical assistance through DaSY and ECTA to improve performance on child outcomes and improve local program compliance on transition indicators.

Strategies identified to improve the states determination include modifications to the process of Early Start Compliance monitoring, improving child outcomes, and adjustments met targets set forth within CA's State Systemic Improvement Plan.

The state had taken steps beforehand to explore resources available and needed to increase frequency of monitoring local programs. On July 1, 2022; the Department modified the program monitoring cycle from the previous three year cycle to a biennial cycle. This modification was implemented to: increase opportunities to gain insight on program implementation challenges at the local level and provide technical assistance when applicable, increase the number of sample records reviewed for compliance, and ensure timely correction of noncompliance.

Also, as related to the child outcomes and the state's SSIP, the state is currently developing a webinar to present information on the range of options for evaluating the frequency, intensity, and quality of the evidence-based practice implemented and the benefits associated with collecting and using these kinds of data. It is expected that this webinar will increase knowledge of evidence-based practices implementation evaluation strategies and how to use the collected data make informed decisions to support child outcomes.

Also, the state utilized an SSIP taskforce to assist in analyzing available data to determine areas to modify in order to identify strategies to improve child and family outcomes. The taskforce consisted of a diverse group of stakeholders, including parents, early intervention practitioners, an early intervention mental health expert, and other early intervention advocates, as well as representatives from the Department of Developmental Services, the California Department of Education, Part C local agencies, the Interagency Coordinating Council, and the National Center for Systemic Improvement and Center



for Prevention & Early Intervention.

Based on feedback received from TA providers and the SSIP Task force, the State has modified its Theory of Action and implementation activities to support improvements made to the current SiMR. These components are slated for completion in Spring 2022. While the current Theory of Action strands will remain the same, gathered stakeholder feedback supports designing additional resources for families, providers, and advocacy agencies as well as updating outreach for and recruitment for new activities that are culturally diverse and more inclusive than previous implementation activities. New activities are slated to begin in Summer 2022. Additionally, a fidelity webinar is approved to be distributed in January 2022. Outcomes from this webinar series will provide richer data to inform decisions on what level of technical assistance is needed for program evaluation that will lead to the development of a pilot program designed to help providers to evaluate the effectiveness of their evidence-based programs and capture necessary data for informing decisions at the local level.

### **Intro - OSEP Response**

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

While the State has described the mechanisms for soliciting broad stakeholder input on the State's targets and increasing family participation, that description does not contain the required information. Specifically, the State did not report activities conducted to increase the capacity of diverse groups of parents.

The State's determinations for both 2021 and 2022 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2022 determination letter informed the State that it must report with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

### **Intro - Required Actions**

The State's IDEA Part C determination for both 2022 and 2023 is Needs Assistance. In the State's 2023 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2022 SPP/APR submission, due February 1, 2024, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

### Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

### 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.

### Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	91.50%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	78.45%	82.15%	82.86%	81.36%	89.86%

### Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

### FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
240	295	89.86%	100%	88.47%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Federal Fiscal Year (FFY) 2021 data indicates 88.47 percent of services were delivered within required timelines. This figure represents slippage from FFY 2020 of 1.39 percent. The slippage may be attributed to a variety of factors including personnel shortages for both service coordinators and early intervention service providers. Provider agencies report losing therapists and other direct service providers to schools and health insurance provider agencies. Additionally, the COVID-19 pandemic exacerbated existing barriers to meeting this target and further added stress on systems already lacking resources and coordination.

California provided targeted technical assistance and support to local programs struggling to comply with this requirement. Furthermore, the Department of Developmental Services (DDS) continues to provide staff development and capacity building through California's Comprehensive System of Personnel Development.

**Number of documented delays attributable to exceptional family circumstances**

*This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.*

21

**Provide reasons for delay, if applicable.**

Delays in the provision of Early Intervention Services were identified in 76 of the 295 records reviewed for this indicator. Of the 76 records, 21 of the records included documented delays due to exceptional family circumstances, including child or family illness, families missing scheduled appointments, and other scheduling difficulties related to the challenges facing both providers and families in the COVID-19 pandemic. The 55 remaining records that noted delays in the provision of Early Intervention Services, including insufficient documentation of the reason for delay, personnel related issues throughout the system, including qualified service providers and service coordinators. The COVID-19 pandemic exacerbated an already existing problem in the system. To address some of these systemic issues, California has committed a variety of resources to improve the provision of quality early intervention services to all eligible infants and toddlers in a timely manner.

The DDS took steps to mitigate the impacts of these delays by providing individual technical assistance and guidance to regional centers on the requirements to continue to implement the provisions of Part C of IDEA during the COVID-19 pandemic. DDS established a web page for information and guidance related to COVID-19 on the DDS website at: <https://www.dds.ca.gov/corona-virus-information-and-resources/>

To further support efforts to ensure EIS are provided timely, the DDS is implementing a voluntary Quality Incentive Program (QIP) for service providers, pursuant to California Welfare and Institutions Code section 4519.10. The QIP is designed to improve consumer outcomes, service provider performance, and the quality of services. Participating service providers that meet or exceed quality measures developed by the DDS with input from stakeholders, will be eligible for incentive payments. The measure for early intervention incentivizes early intervention providers to begin services within 31 days from when the referral is received from the service coordinator at the regional center. Details about the QIP can be found at [https://www.dds.ca.gov/wp-content/uploads/2022/10/QIP\\_Access\\_to\\_Early\\_Start\\_Services\\_for\\_Children\\_and\\_Families.pdf](https://www.dds.ca.gov/wp-content/uploads/2022/10/QIP_Access_to_Early_Start_Services_for_Children_and_Families.pdf).

Additional efforts to ensure the delivery of EIS in California, include the amendment of the state's government code to require an average service coordinator-to-consumer ratio of 1 to 40 for all children enrolled in Early Start birth through age five (children ages three and four are served under the Lanterman Developmental Disabilities Services Act). The reduction in caseload is intended to improve access and service delivery for consumers in underserved and diverse communities, including non-white, non-English speaking, hearing impaired, and other populations preapproved by the DDS. With smaller caseloads, specially trained service coordinators can provide focused support and engage in quarterly contact with the families of the infants and toddlers they serve.

The DDS will begin collecting data on these incentives in subsequent APR reporting periods.

**Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

California defines timeliness as early intervention service identified on an infant or toddler's IFSP starting as soon as possible, but no later than 45 days after the parent(s) provides consent for the service.

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

The DDS conducts comprehensive regional center Early Start programs reviews via a three-year monitoring cycle of identified cohorts. A statistically representative sample size is identified for each regional center that is based on the number of children served by the regional center in the previous fiscal year broken into corresponding counties. Additionally the DDS requires the sample to include demographic representation on populations within a regional center's catchment area that includes: primary language, ethnicity, residence type, and if the child is eligible for state service programs.

Edited/Added at clarification:

The DDS conducted seven reviews during FFY 2021. The sample of records reviewed is random and based on the population served. The California Department of Education (CDE) data is collected in the California Longitudinal Pupil Achievement Data System (CALPADS). At the end of each year, each LEA is required to submit and certify data to the CDE about services for infants and toddlers with IFSPs. The CALPADS is one of many tools used to support the CDE's valid and reliable data efforts. The percentage sample of records is based on the total number of children served with solely low incidence disabilities in FFY 2021.

**Provide additional information about this indicator (optional)**

1. The impact on data completeness, validity and reliability for the indicator:  
Data analysis indicates COVID-19 did not impact data completeness, validity, or reliability for this indicator.
2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator:  
There is no evidence indicating that COVID-19 impacted the State's ability to collect data for this indicator.
3. Any steps the State took to mitigate the impact of COVID-19 on the data collection:  
No additional steps were taken since data collection was not impacted by COVID-19.

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
26	24	2	0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

Edited/Added at clarification:

California verifies that noncompliance is corrected by confirming that the identified early intervention services were provided, although late, unless the child is no longer within the jurisdiction of the early intervention services program, consistent with Office of Special Education Programs (OSEP) Memo 09-02. In addition, California ensures that each early intervention services program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent reviews of records to verify 100 percent compliance as soon as possible, but in no case later than one year from identification of noncompliance. Of the twenty-six findings of noncompliance identified in FFY 2020, six findings were identified by the DDS. The 20 remaining findings were identified by the CDE.

**Findings identified by the DDS**

The DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center and notifies the regional center, in writing, of the noncompliance. Subsequently, a root cause analysis for all outstanding findings is completed by the regional center, with technical assistance from the DDS, to determine the actions necessary to achieve compliance. These actions are documented in a plan of correction and submitted to the DDS. Based on that plan of correction, the DDS ensures each regional center with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm the identified early intervention services (EIS) were provided, unless the child is no longer within the jurisdiction of the EIS program.

In addition to the plan of correction, the DDS completes periodic subsequent reviews of an additional sample of records until 100 percent compliance is achieved for each regional center finding of noncompliance. During the subsequent review process, the DDS provides technical assistance that includes but is not limited to: resources on available staff training or professional development courses, and guidance on pertinent procedures, practices, and regulations as related to their EIS program.

In accordance with the OSEP Memo 09-02, the DDS executed the process outlined above with the six regional centers with noncompliance identified in FFY 2020 and verified that four of the six regional centers achieved 100 percent compliance in correctly implementing the specific regulatory requirements in October of 2022, January of 2022, March of 2022, and October of 2022, which was within the required timeline.

However, two regional centers did not achieve 100 percent compliance within the twelve-month timeline. Challenges that contributed to the continued noncompliance included: staff shortages due to COVID-19, and not having necessary equipment or infrastructure to pivot to remote delivery of services as requested by parents. The DDS completed a series of subsequent reviews with these regional centers to correct the noncompliance. In May of 2022, the DDS verified that one of the two regional centers corrected the noncompliance, is correctly implementing the specific regulatory requirements and demonstrated 100 percent compliance with this indicator in accordance with the OSEP 09-02 Memo. In October of 2022, the DDS verified that the remaining regional center is correctly implementing the specific regulatory requirements and demonstrated 100 percent compliance for this indicator in accordance with the OSEP 09-02 Memo.

**Findings identified by the CDE**

The CDE requires a stringent level of follow-up review and reporting in districts with identified noncompliance related to this indicator. The CDE ensures local education agencies (LEAs) are correctly implementing the specific regulatory requirements by reviewing policies, procedures, and practices, providing staff training, and by reviewing a new sample of student records for each district-level finding. District-level corrective actions are given a timeline of three months. For all findings, correction must be completed as soon as possible but, in no case later than one year in accordance with the OSEP 09-02 Memo.

The CDE issued the remaining 20 findings identified on this indicator that were verified as corrected within the required timeline in accordance with the OSEP 09-02 Memo. The CDE verified that each LEA with noncompliance identified in FFY 2020 is correctly implementing the specific regulatory requirements and demonstrated 100 percent compliance for this indicator.

**Describe how the State verified that each individual case of noncompliance was corrected.**

The DDS and the CDE verified correction of each individual case of noncompliance through the monitoring review process and subsequent follow-up. The DDS or the CDE verified the identified early intervention services were provided, although late, unless the child is no longer within the jurisdiction of the early intervention services program; consistent with OSEP Memo 09-02. For each individual finding identified, the state verified that the noncompliance was corrected, and all early intervention services were provided by obtaining documentation confirming start date of early intervention services.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	1	1	0

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**FFY 2019**

**Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

Edited/Added at clarification:

California verifies that noncompliance is corrected by confirming that the identified early intervention services were provided, although late, unless the child is no longer within the jurisdiction of the early intervention services program, consistent with Office of Special Education Programs (OSEP) Memo 09-02. In addition, California ensures that each early intervention services program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent reviews of records to verify 100 percent compliance as soon as possible, but in no case later than one year from identification of noncompliance. Specifically, thirty-nine of the forty findings were cleared following the above process within the required one-year timeline and achieved 100 percent compliance, and was reported as such in the FFY 2020 APR. The remaining finding that exceeded one year was identified by the DDS.

Findings identified by the DDS

The DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center and notifies the regional center, in writing, of the noncompliance. Subsequently, a root cause analysis for all outstanding findings is completed by the regional center, with technical assistance from the DDS, to determine the actions necessary to achieve compliance. These actions are documented in a plan of correction and submitted to the DDS. Based on that plan of correction, the DDS ensures each regional center with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm the identified early intervention services (EIS) were provided, unless the child is no longer within the jurisdiction of the EIS program.

In addition to the plan of correction, the DDS completes periodic subsequent reviews of an additional sample of records until 100 percent compliance is achieved for each regional center finding of noncompliance. During the subsequent review process, the DDS provides technical assistance that includes but is not limited to: resources on available staff training or professional development courses, and guidance on pertinent procedures, practices, and regulations.

The DDS completed the above-mentioned process in accordance with the OSEP 09-02 Memo with the one regional center that had an outstanding finding in FFY 2019. The regional center was experiencing shortage of Early Intervention Service providers. As a result, the DDS completed a series of subsequent reviews with the regional center. In April of 2022, the DDS verified the remaining regional center is now correctly implementing the specific regulatory requirements and demonstrates 100 percent compliance with this indicator.

**Describe how the State verified that each individual case of noncompliance was corrected.**

The DDS and CDE ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. The DDS verified the identified early intervention services were provided, although late, unless the child is no longer within the jurisdiction of the early intervention services program; consistent with OSEP Memo 09-02. For each individual finding identified, the state verified that the noncompliance was corrected, and all early intervention services were provided by obtaining documentation confirming start date.

**1 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 21 SPP/APR, that the one remaining finding of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019 : (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

Please see sections, FFY 2020 Findings of Noncompliance Verified as Corrected and FFY 2019 Findings of Noncompliance Verified as Corrected , for the information on the status of correction of noncompliance identified in FFY 2020 and FFY 2019 for this indicator.

**1 - OSEP Response**

Although the State describes the method used to select regional center Early Start programs for monitoring, OSEP cannot determine the process the California Department of Education used to select and monitor the EIS program that provides services to infants and toddlers with solely low-incidence disabilities.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2020 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2020 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

**1 - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 26 uncorrected findings of noncompliance identified in FFY 2020 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)).

**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.

**Instructions**

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2018	93.81%

FFY	2016	2017	2018	2019	2020
Target>=	87.50%	88.00%	88.50%	89.00%	93.81%
Data	91.34%	95.62%	93.81%	94.03%	93.22%

**Targets**

FFY	2021	2022	2023	2024	2025
Target >=	93.90%	94.00%	94.10%	94.20%	94.30%

**Targets: Description of Stakeholder Input**

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were solicited from the State's broad and diverse Interagency Coordinating Council (ICC) which 15 appointees comprise of 2 parents, 13 professionals providing services to infants and toddlers, as well as representatives from state departments involved in the provision of services for infants and toddlers. In California, the Interagency Coordinating Council allows the participation of community representatives, which increases the diversity of perspectives presented. The ICC currently has 47 community representatives that includes 11 parents and 36 professionals from the field.

As described in California's Part C Federal Fiscal Year (FFY) 2020 SPP/APR, previous baseline year of 2005 with baseline data of 72.09% needed to be updated based on the Office of Special Education Programs guidance document. The identified Baseline FFY of 2018 was the last Fiscal Year prior to impact of COVID and so it provided the most representative and normalized benchmark for data comparison. In FFY 2020, this data was reviewed and targets were set to increase by 0.10% and began in FFY 2020. This allowed for a post-COVID recovery of historical service delivery settings through FFY 2025.

The SPP/APR data and target settings were shared with the ICC during its bi-monthly public meeting on January 19, 2023, with 114 attendees. Comments and questions were related to the data sources for this indicator, the disaggregation of data at local level, and addressing barriers that families are encountering to access early intervention services via remote electronic communications or telehealth. No comments were received to change the targets. Of note, the Department of Developmental Services is implementing an initiative in partnership with family resource centers to increase family participation and promote diversity of members of the community who attend ICC meetings. This initiative is expected to include webinars and trainings that will assist the stakeholders in understanding and contributing to APR target settings and data review in the months to come.

**Prepopulated Data**

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	48,549
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey;	07/06/2022	Total number of infants and toddlers with IFSPs	52,210

Source	Date	Description	Data
Section A: Child Count and Settings by Age			

**FFY 2021 SPP/APR Data**

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
48,549	52,210	93.22%	93.90%	92.99%	Did not meet target	No Slippage

**Provide additional information about this indicator (optional).**

1. The impact on data completeness, validity and reliability for the indicator:  
Data analysis indicates COVID-19 did not impact data completeness, validity, or reliability for this indicator.
2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator:  
There is no evidence indicating that COVID-19 impacted the State's ability to collect data for this indicator.
3. Any steps the State took to mitigate the impact of COVID-19 on the data collection:  
No additional steps were taken since data collection was not impacted by COVID-19.

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**



## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** 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)

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

**Summary Statement 1:** Of those infants and toddlers who entered 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.

#### Instructions

*Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

### 3 - Indicator Data

**Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)**

YES

#### Targets: Description of Stakeholder Input

Input on current and future targets included in this Annual Performance Report was solicited from the State's broad and diverse Interagency Coordinating Council (ICC). The ICC is comprised of 15 appointed members that includes 2 parents, 13 professionals providing services to infants and toddlers, and representatives from state departments involved in the provision of services for infants and toddlers. In California, the Interagency Coordinating Council allows the participation of community representatives, which increases the diversity of perspectives represented. The ICC currently has 47 community representatives that includes 11 parents and 36 professionals from the field.

As described in California's Part C Federal Fiscal Year (FFY) 2020 SPP/APR, baseline years of 2013 and 2015 for 3A1, 3B1, and 3C1 were previously used for this indicator. The state updated baseline year and baseline data due to corrections made to the calculations regarding child outcomes for this indicator as reported in FFY 2018 SPP/APR. As a result, the State's data more accurately reflects the progress infants and toddlers made during their time receiving services in the Early Start Program.

The SPP/APR data and target setting were shared with the ICC during its bi-monthly public meeting on January 19, 2023, with xx1143 attendees. Comments and questions for Indicator 3 were related to the data sources for this indicator, the disaggregation of data at local level, and addressing barriers that families are encountering to access early intervention services via remote electronic communications or telehealth. Additionally, it was noted that performance in this indicator continues to be below all targets for 3a, 3b and 3c for both Summary Statements, however, remain consistent from prior year performance. Of note, the Department of Developmental Services is implementing an initiative to partner with family resource centers to increase family participation and promote the diversity of members in the community who attend ICC meetings. This initiative is expected to include webinars and trainings that will assist the stakeholders in understanding and contributing to APR target settings and data review in the months to come.

**Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C?**

Aggregated Performance

#### Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2019	Target>=	45.00%	47.00%	49.00%	49.50%	67.39%
A1	67.39%	Data	46.93%	48.24%	66.20%	67.39%	66.46%
A1 ALL	2019	Target>=	45.00%	47.00%	49.00%	49.50%	67.39%
A1 ALL	67.39%	Data	47.12%	49.29%	66.09%	67.23%	66.07%
A2	2019	Target>=	66.00%	66.50%	67.00%	67.50%	67.00%
A2	67.00%	Data	67.75%	68.90%	68.65%	67.00%	64.98%
A2 ALL	2019	Target>=	66.00%	66.50%	67.00%	67.50%	67.00%
A2 ALL	67.00%	Data	67.83%	69.11%	68.77%	67.22%	65.21%
B1	2019	Target>=	50.00%	50.50%	51.00%	51.50%	76.67%
B1	76.67%	Data	50.53%	50.78%	76.57%	76.67%	75.78%
B1 ALL	2019	Target>=	50.00%	50.50%	51.00%	51.50%	76.67%
B1 ALL	76.67%	Data	50.60%	50.98%	75.38%	75.51%	74.36%
B2	2019	Target>=	53.00%	53.50%	54.00%	54.50%	53.14%
B2	53.14%	Data	54.91%	56.23%	56.07%	53.14%	52.33%
B2 ALL	2019	Target>=	53.00%	53.50%	54.00%	54.50%	53.14%
B2 ALL	53.14%	Data	55.01%	56.39%	56.20%	53.44%	52.64%
C1	2019	Target>=	38.50%	39.00%	39.50%	40.00%	57.90%
C1	57.90%	Data	39.11%	38.94%	58.10%	57.90%	57.02%
C1 ALL	2019	Target>=	38.50%	39.00%	39.50%	40.00%	57.90%
C1 ALL	57.90%	Data	39.39%	40.10%	57.78%	57.67%	56.61%
C2	2019	Target>=	62.00%	62.50%	63.00%	63.50%	60.70%
C2	60.70%	Data	63.76%	63.71%	63.29%	60.70%	59.86%
C2 ALL	2019	Target>=	62.00%	62.50%	63.00%	63.50%	60.70%
C2 ALL	60.70%	Data	63.85%	63.80%	63.13%	60.72%	59.83%

#### Targets

FFY	2021	2022	2023	2024	2025
Target A1 >=	67.50%	67.75%	68.00%	68.25%	68.50%
Target A1 ALL >=	67.50%	67.75%	68.00%	68.25%	68.50%
Target A2 >=	67.10%	67.20%	67.30%	67.40%	67.50%
Target A2 ALL >=	67.10%	67.20%	67.30%	67.40%	67.50%
Target B1 >=	76.70%	76.80%	76.90%	77.00%	77.10%
Target B1 ALL >=	76.70%	76.80%	76.90%	77.00%	77.10%
Target B2 >=	53.24%	53.34%	53.44%	53.54%	53.64%
Target B2 ALL >=	53.24%	53.34%	53.44%	53.54%	53.64%
Target C1 >=	58.00%	58.25%	58.50%	58.75%	59.00%
Target C1 ALL >=	58.00%	58.25%	58.50%	58.75%	59.00%
Target C2 >=	60.80%	60.90%	61.00%	61.10%	61.20%
Target C2 ALL >=	60.80%	60.90%	61.00%	61.10%	61.20%

**FFY 2021 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

22,366

**Outcome A: Positive social-emotional skills (including social relationships)**

Not including at-risk infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1,525	7.25%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,682	12.74%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,330	15.82%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4,812	22.87%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	8,695	41.32%

Just at-risk infants and toddlers/All infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1,537	6.87%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,063	13.69%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,334	14.91%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	5,458	24.40%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	8,974	40.12%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A1. Of those children who entered or exited the program	8,142	12,349	66.46%	67.50%	65.93%	Did not meet target	No Slippage

<b>Not including at-risk infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2020 Data</b>	<b>FFY 2021 Target</b>	<b>FFY 2021 Data</b>	<b>Status</b>	<b>Slippage</b>
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							
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	13,507	21,044	64.98%	67.10%	64.18%	Did not meet target	No Slippage

<b>Just at-risk infants and toddlers/All infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2020 Data</b>	<b>FFY 2021 Target</b>	<b>FFY 2021 Data</b>	<b>Status</b>	<b>Slippage</b>
A1. 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	8,792	13,392	66.07%	67.50%	65.65%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	14,432	22,366	65.21%	67.10%	64.53%	Did not meet target	No Slippage

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

<b>Not including at-risk infants and toddlers</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	732	3.48%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,109	14.77%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	6,414	30.48%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6,054	28.77%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4,735	22.50%

<b>Just at-risk infants and toddlers/All infants and toddlers</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	746	3.34%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,633	16.24%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	6,416	28.69%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6,689	29.91%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4,882	21.83%

<b>Not including at-risk infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2020 Data</b>	<b>FFY 2021 Target</b>	<b>FFY 2021 Data</b>	<b>Status</b>	<b>Slippage</b>
B1. Of those children who entered or exited the program	12,468	16,309	75.78%	76.70%	76.45%	Did not meet target	No Slippage

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
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							
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	10,789	21,044	52.33%	53.24%	51.27%	Did not meet target	Slippage

**Provide reasons for B2 slippage, if applicable**

California's child outcomes performance is impacted by significant data limitations. California currently uses the Early Start Report (ESR) online database to collect and compile evaluation and assessment data on children in the Early Start program. Upon preliminary review and analysis of data, some barriers may include, but not limited to technological barriers preventing the ESR from identifying all children with entrance and exit scores that received at least 6 months of early intervention services and administrative issues related to the COVID-19 Pandemic that impacted staff resources to ensure data entry of child exit scores were inputted into the ESR system. California will work to identify the issues related to data allocation and data validity as well as refine the data collection/analysis methods to ensure accurate child outcomes for children.

Additionally, data for California's child outcomes may also be impacted by provider usage of multiple evaluation tools across the state. DDS does not require providers use a specific assessment instrument(s) for collecting child outcomes data. Instead, the State follows the Division for Early Childhood's (DEC) recommendations for assessment. DEC recommends assessment materials and strategies be appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics. Providers use a variety of assessment methods, including observation, interviews, and reviews of records to gather information from multiple sources, including the child's family and other significant individuals in the child's life and obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community. The provider delivering services to the child selects the assessment instrument to administer based on need. Although this allows the providers with the freedom to utilize the evaluation tool they feel best meets their communities' needs, it also presents additional variability into the evaluation process. This variability across evaluation tools may impact California's child outcomes data.

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B1. 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	13,105	17,484	74.36%	76.70%	74.95%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	11,571	22,366	52.64%	53.24%	51.73%	Did not meet target	No Slippage

**Outcome C: Use of appropriate behaviors to meet their needs**

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1,575	7.48%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,766	17.90%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,278	15.58%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	3,547	16.86%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	8,878	42.19%

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1,594	7.13%

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4,265	19.07%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,279	14.66%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4,140	18.51%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	9,088	40.63%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. 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	6,825	12,166	57.02%	58.00%	56.10%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	12,425	21,044	59.86%	60.80%	59.04%	Did not meet target	No Slippage

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. 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	7,419	13,278	56.61%	58.00%	55.87%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	13,228	22,366	59.83%	60.80%	59.14%	Did not meet target	No Slippage

**The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.**

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	43,688
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	9,184

Sampling Question	Yes / No
Was sampling used?	NO

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)**

NO

**Provide the criteria for defining "comparable to same-aged peers."**

Children were considered comparable to same-aged peers if their functional age in a given developmental domain was within 25 percent of their chronological age.

**List the instruments and procedures used to gather data for this indicator.**

Data for this indicator is gathered by the Department of Developmental Services (DDS) and the California Department of Education (CDE). DDS' online Early Start Report captures federally required data elements for children assessed in all child outcome areas, served by all 21 regional centers. CDE's data is gathered via the Desired Results Developmental Profile and includes all infants and toddlers with solely low incidence disabilities assessed in all

child outcome areas.

DDS does not require providers use a specific assessment instrument(s) for collecting child outcomes data. Instead, the State follows the Division for Early Childhood's (DEC) recommendations for assessment. DEC recommends assessment materials and strategies be appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics. Providers use a variety of assessment methods, including observation, interviews, and reviews of records to gather information from multiple sources, including the child's family and other significant individuals in the child's life and obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community. The provider delivering services to the child selects the assessment instrument to administer based on need. Assessment instruments being used in the field include, but are not limited to:

Bayley Scales of Infant and Toddler Development (Bayley)  
Batelle Developmental Inventory (Batelle)  
Hawaii Early Learning Profile (HELP)  
Developmental Assessment of Young Children (DAY-C)  
Infant-Toddler Developmental Assessment (IDA)  
Devereux Early Childhood Assessment (DECA)  
Ages and Stages Questionnaire (ASQ)

**Provide additional information about this indicator (optional).**

Added at clarification:

The state reported figure of 22,366 represents the total for "All infants and toddlers". The figure of 21,044 represents the total number of children excluding at-risk infants and toddlers. As this figure excludes a portion of the overall population, the number is slightly less than the overall total.

California's child outcomes performance is impacted by significant data limitations. California currently uses the Early Start Report (ESR) online database to collect and compile evaluation and assessment data on children in the Early Start program. California also uses a separate data management systems to track the number of children enrolled in the Early Start program. Data allocated from these systems identified that 43,688 children exited from the Early Start program per the state's 618 child exit data submission for FY 2021. Upon preliminary review and analysis of data, some barriers may include, but not limited to: technological barriers preventing the ESR from identifying all children with entrance and exit scores that received at least 6 months of early intervention services and administrative issues related to the COVID-19 Pandemic that impacted staff resources to ensure data entry of child exit scores were inputted into the ESR system. California will work to identify the issues related to data allocation and data validity as well as refine the data collection/analysis methods to ensure accurate child outcomes for children.

Additionally, data for California's child outcomes may also be impacted by provider usage of multiple evaluation tools across the state. DDS does not require providers use a specific assessment instrument(s) for collecting child outcomes data. Instead, the State follows the Division for Early Childhood's (DEC) recommendations for assessment. DEC recommends assessment materials and strategies be appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics. Providers use a variety of assessment methods, including observation, interviews, and reviews of records to gather information from multiple sources, including the child's family and other significant individuals in the child's life and obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community. The provider delivering services to the child selects the assessment instrument to administer based on need. Although this allows the providers with the freedom to utilize the evaluation tool they feel best meets their communities' needs, it also presents additional variability into the evaluation process. This variability across evaluation tools may impact California's child outcomes data.

Added at clarification:

California does not use sampling for child outcomes, Indicator 3. Sampling is used only for family outcomes, Indicator 4. The submitted sampling plan does not apply to this indicator.

### **3 - Prior FFY Required Actions**

None

### **3 - OSEP Response**

### **3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

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

#### Data Source

State selected data source. State must describe the data source in the SPP/APR.

#### Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

#### Instructions

*Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

**Beginning with the FFY 2022 SPP/APR, due February 1, 2024**, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2019	Target>=	70.00%	70.00%	70.00%	70.50%	72.23%
A	72.23%	Data	80.97%	80.70%	79.60%	72.23%	76.81%
B	2019	Target>=	80.00%	80.00%	80.00%	80.50%	84.33%
B	###C04BBA SEDA TA###	Data	83.71%	83.91%	83.38%	84.33%	81.57%
C	2019	Target>=	75.00%	75.00%	75.00%	75.50%	83.60%



C	83.60 %	Data	81.62%	81.89%	82.54%	83.60%	78.18%
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**Targets**

FFY	2021	2022	2023	2024	2025
Target A>=	72.50%	72.50%	72.50%	72.50%	72.50%
Target B>=	84.34%	84.34%	84.34%	84.34%	84.34%
Target C>=	83.61%	83.61%	83.61%	83.61%	83.61%

**Targets: Description of Stakeholder Input**

Input on current and future targets included in this Annual Performance Report (APR), including those associated with California's State Systemic Improvement Plan (SSIP), was solicited from the State's broad and diverse Interagency Coordinating Council (ICC). The ICC includes 15 appointees and is comprised of two parents, 13 professionals providing services to infants and toddlers, as well as representatives from state departments involved in the provision of services for infants and toddlers. In California, the ICC allows the participation of community representatives, which increases the diversity of perspectives presented. The ICC currently has forty seven community representatives, which includes 11 parents and 36 professionals from the field.

As indicated in APR submission for Federal Fiscal Year (FFY) 2020, previous baseline year was 2005 and the baseline year for Indicator 4a was chosen as FFY 2019, since this was the most recent data collected and provides the most representative and normalized benchmark for data comparison. The target for FFY 2020 of 72.23 percent was set according to linear regression. The target for FFY 2021 of 72.50 percent is an increase of 0.25 percent from the previous year's target. The following years' targets remain constant at 72.5 percent.

The baseline year for Indicator 4b was chosen as FFY 2019, since this was the most recent data collected and provides the most representative and normalized benchmark for data comparison. The target for FFY 2020 of 84.33 percent was set according to linear regression and is the same as the actual performance from the base year. The target for FFY 2021 of 84.34 percent is an increase of 0.01 percent from the previous year's target. The following years' targets remain constant at 84.34 percent.

The baseline year for Indicator 4c was chosen as FFY 2019, since this was the most recent data collected and provides the most representative and normalized benchmark for data comparison. The target for FFY 2020 of 83.6 percent was set according to linear regression and is the same as the actual performance from the base year. The target for FFY 2021 of 83.61 percent is an increase of 0.01 percent from the previous year's target. The following years' targets remain constant at 83.61 percent.

The APR data and target setting were shared with the ICC during its bi-monthly public meeting on January 19, 2023, with 114 attendees. There were no public comments or questions specific to this indicator or the proposed targets. Of note, the Department of Developmental Services (DDS) is implementing an initiative in partnership with family resource centers to increase family participation and promote diversity of members of the community who attend ICC meetings. This initiative is expected to include webinars and trainings that will assist stakeholders in understanding and contributing to APR target setting and data review discussions in the months to come.

**FFY 2021 SPP/APR Data**

The number of families to whom surveys were distributed	7,954
Number of respondent families participating in Part C	933
Survey Response Rate	11.73%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	716
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	922
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	761
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	921
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	735
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	919

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	76.81%	72.50%	77.66%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family	81.57%	84.34%	82.63%	Did not meet target	No Slippage

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
effectively communicate their children's needs (B1 divided by B2)					
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	78.18%	83.61%	79.98%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	NO

**Describe the sampling methodology outlining how the design will yield valid and reliable estimates.**

The DDS identified all children, ages zero to 36 months actively participating in the Early Start program in the month of July 2022. The resulting list was stratified by the child's reported ethnicity. The data was entered into Custom Insight's Random Sampling tool to identify a representative sample population size for each ethnicity reported. Calculations accounted for 6 percent error and used the 95 percent confidence interval, with a 20 percent response rate. This tool was used to identify a statistically representative data sample of families, by ethnicity, participating in California's Early Start program.

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	NO

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

The DDS began implementing strategies to increase communication with stakeholders regarding the Family Outcome Survey in FFY 2021. Clear communication about the family survey, which included articulating what the survey is about, why it is being conducted, why it is important to participants and their communities, and emphasizing the value of the participant's perspective, was promoted with regional centers and family resource centers (FRC). Going forward, the DDS will consider simplifying the wording of the survey, reducing repetitiveness in survey questions and reducing the overall number of questions on the survey. The DDS will also consider creating supporting content that will utilize examples and images featuring traditionally under-represented populations. The DDS will also look at how survey results can be shared with families in a more engaging way, especially noting any specific changes made based on participant feedback.

To further increase accessibility and expand the availability of the survey to Early Start families, the DDS recently posted the Family Outcomes Survey on the Early Start website. The DDS is anticipating this will encourage families, especially those from traditionally under-represented groups, to complete the survey.

Additionally, the DDS requested that FRCs provide families with a reminder to complete the survey. FRCs did this using their local websites, social media outlets, and in their local newsletters.

The DDS benefits from funding via the American Rescue Plan Act of 2021. The funding is being used towards efforts that not only address the impacts of the pandemic but would also increase access and equity in the Early Start Program. Increasing equity in access to Early Start services will result in a more diverse program population, which will potentially impact survey response rates among the targeted communities.

**Survey Response Rate**

FFY	2020	2021
Survey Response Rate	12.17%	11.73%

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

California continues to look at ways to distribute the Family Outcome Survey (FOS) to a larger population of Early Start participants. This year, the DDS implemented an online completion option for the FOS. The DDS contracted with an agency to design and implement an online data collection tool to collect FOS responses. The DDS will use this new system not only to compile responses but also for analyzing information using dashboards and visual representations of data.

**Added at clarification:**

California is implementing several strategies to increase response rates for under-represented sub-groups, including the families of male children, Black or African American families, and Native American or Native Alaskan families. First, we have asked Family Resource Centers and regional centers to increase their outreach to families to enhance these families' awareness and understanding of the FOS. Second, we are in the process of identifying additional languages in which we need to reproduce the survey. Third, and most importantly, we are working with regional centers and FRCs to identify and address the reasons why families are unable or unwilling to respond to the survey request. Finally, we also plan to increase communication with all partners on the importance of the FOS, raising awareness about survey dissemination and the assistance available to families completing the survey. Further, the DDS are collecting feedback from FRCs and regional centers on changes that may be necessary in the survey itself, or in the approach for measuring family outcomes.?

Each family in the sample was mailed a copy of the survey in English and Spanish, with a cover letter that outlined the importance of their feedback.

Each letter contained a scannable Quick Response (QR) code and a website link that would take the user directly to the survey. The addition of the QR code was intended to make California's FOS more accessible to families, eliminate the inconvenience of entering a website address, and grant quicker access to the FOS. Participants were also given the option to complete the survey in eight available languages: English, Spanish, Chinese, Tagalog, Hmong, Korean, Farsi and Vietnamese. It is the DDS' intent that providing the survey materials in the family's native language will increase understanding of the survey and result in increased participation and accuracy of participant feedback. Survey participants also had the ability to complete the survey by hand in English or Spanish and then either mail the survey back to the DDS using the self-addressed stamped envelope or scan the document to be sent via email. Families were also mailed a postcard approximately 2 weeks prior to the survey deadline to remind them to complete the survey to increase the overall survey response rate.

To promote survey completion among identified families, the DDS requested that FRCs provide families with a reminder to complete the survey on their local website or in their newsletter. The DDS has also added the survey to the Early Start homepage with the goal of encouraging additional stakeholders to also complete the survey. The DDS shares the results of the FOS with regional centers periodically to ensure the data is used to inform their related practices and policies.

The DDS benefits from funding via the American Rescue Plan Act of 2021. The funding is being used for several pilot projects and initiatives focused on increasing access and equity in the Early Start Program. Increasing equity in access to Early Start services will result in a more diverse program population, which will potentially impact survey response rates among the targeted communities.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

California's overall survey response rate this year was 11.72 percent, which is a slight decrease compared to previous year's return rate of 12.17 percent. It was observed that 49 percent of survey respondents completed the survey electronically, while the remaining 51 percent chose to complete the survey on paper.

**Response rate by ethnicity:**

The DDS' survey analysis shows Asian families had the highest response rate at 26.29 percent, followed by White families at 25.32 percent, Hispanic families at 19.85 percent, more than one race families at 15.45 percent, Black or African American families at 8.26 percent and Native American or Native Alaskan families at 1.29 percent. This represents a significant increase of 11.68 percent among Hispanic families compared to the FFY 2020 response rate of 8.17 percent. This also represents an increase of 1.25 percent among Black or African American families compared to the FFY 2020 response rate of 7.01 percent. Response rates for Asian, White, Hispanic, and More than one race families were above the statewide overall return rate of 11.72 percent, while response rates for Black or African American and Native American or Native Alaskan families were below the statewide overall return rate.

**Response rate by program location:**

Twenty-one regional centers are located throughout the state to ensure local services are available to all families. There are 7 regional centers in the Los Angeles area to support the many families living within this relatively small geographic location. The distribution of families in Early Start shows 40 percent are served by a Los Angeles area regional center. The response rate for families served by Los Angeles area regional centers was 9.9 percent. The response rate for families served by the remaining 14 regional centers throughout California was 10.3 percent.

**Response rate by gender:**

The distribution of gender shows males account for 65.18 percent of children participating in California's Early Start program. Females account for the remaining 34.82 percent of children participating in the program. The response rate for families of male children participating in Early Start was 10.25 percent. The response rate for families of female children participating in Early Start was 11.37 percent.

Based on a question on household income, 9.51 percent of respondents could qualify for Medicaid (known as Medi-Cal in California). The response rate for families eligible for participation in Medi-Cal (income-based program) was 9.51 percent, which is slightly lower (-2.21 percent) than the statewide overall return rate.

There is indication of nonresponse bias since response rates for families of male children, Black or African American and Native American or Native Alaskan families were below the statewide overall return rate. Historically, African American and Native Americans have had the lowest response rates compared to other ethnicities. To address this, greater outreach with Native American and Black or African American communities will be conducted by engaging FRCs and regional centers to enhance awareness of the survey, identify additional languages that the survey should be made available in, and most significantly, identify and address reasons for an inability or unwillingness of these communities to participate in the survey. The DDS plans to increase communication with the ICC, regional centers, and SSIP partners, and FRCs on the importance of the FOS, dates of survey dissemination, and assistance available for families completing the survey.

**Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.**

Representativeness was analyzed using Early Childhood Technical Assistance (ECTA) Center's Representativeness Calculator to determine if responses were representative based on ethnicity, gender and program location.

**Representativeness by ethnicity:**

The distribution of families in Early Start shows the following: Hispanic families had the highest percentage in Part C (45.33 percent), followed by White families (16.8 percent), Asian families (7.62 percent), African American or Black families (4.3 percent), More than one race families (2.32 percent), American Indian families (0.21 percent) and Native Hawaiian families (0.19 percent). Ethnicity and race were not identified in records for 22.69 percent of the Part C population.

Asian families had the highest representation among surveys received (26.37 percent), followed by White families (25.29 percent), Hispanic families (19.83 percent), More than one race families (15.43 percent), African American or Black families (8.25 percent), and Native American or Native Alaskan families (1.29 percent). Ethnicity and race were not identified for 6.65 percent of survey respondents and no surveys were returned from families identified as Native Hawaiian.

The ECTA response rate and representativeness calculator, which applies proportional testing, was utilized to determine if the surveys received were representative of the target population. The results show that African American or Black families were under-represented (-10.59 percent difference) in the surveys received. Native American (-0.06 percent difference) and More than one race (+3.14 percent difference) families were over-represented in the surveys received. Asian (+17.70 percent difference), White (+15.08 percent difference) and Hispanic (+3.31 percent difference) families were over-

represented in the surveys received.

#### Representativeness by program location:

Twenty-one regional centers are located throughout the state to ensure local services are available to all families. There are 7 regional centers in the Los Angeles area to support the many families living within this relatively small geographic location. The distribution of families in Early Start shows 40 percent are served by a Los Angeles area regional center. Families served by Los Angeles area regional centers represented 36.2 percent of survey respondents. The remaining 63.8 percent of survey respondents participate in local Early Start programs via the other 14 regional centers throughout California.

The ECTA response rate and representativeness calculator, which applies proportional testing, was utilized to determine if the surveys received were representative of the target population. The results show that families participating in Early Start in the Los Angeles area (-2.7 percent difference) were represented in the surveys received. The results also indicate that families participating in Early Start throughout the remaining regional centers (+2.7 percent difference) were represented in the surveys received.

#### Representativeness by gender:

The distribution of gender shows males account for 65.18 percent of children participating in California's Early Start program. Females account for the remaining 34.82 percent of children in the program. Survey respondents for families of male children participating in Early Start represented 53.74 percent of the surveys received. Families of female children represented the remaining 31.84 percent of surveys received.

The ECTA response rate and representativeness calculator, which applies proportional testing, was utilized to determine if the surveys received were representative of the target population. The results show that families of male children participating in Early Start (-2.39 percent difference) were represented in the surveys received. The results also indicate that families of female children participating in Early Start (+2.39 percent difference) were represented in the surveys received.

#### **Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

The DDS uses ECTA Center's 'Representativeness Calculator' to examine the quality of family outcomes data. This is an Excel-based calculator that uses a statistical formula to determine if two percentages (i.e., percent of surveys received versus percent of families in target population) should be considered different from each other. The user enters the values by subgroup and the calculator computes the statistical significance of the difference between the two percentages and highlights significant differences. The calculator uses an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon the 90 percent confidence intervals for each indicator (significance level = .10).

#### **Provide additional information about this indicator (optional).**

1. The impact on data completeness, validity and reliability for the indicator:

Data analysis indicates COVID-19 did not impact data completeness, validity, or reliability for this indicator.

2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator:

There is no evidence indicating that COVID-19 impacted the State's ability to collect data for this indicator.

3. Any steps the State took to mitigate the impact of COVID-19 on the data collection:

No additional steps were taken since data collection was not impacted by COVID-19 for this FFY.

#### Added text at clarification:

California is currently in the process of updating our Part C indicator 4 Sampling Plan and currently receiving Technical Assistance through DASY and ECTA to ensure that the plan is comprehensive and effective to yield valid and reliable data for indicator 4. Additionally, the revised sampling plan includes information that describes strategies that will be implemented to increase the response rate year over year for those groups that are underrepresented.??

## **4 - Prior FFY Required Actions**

None

## **4 - OSEP Response**

### **4 - Required Actions**

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

OSEP's response to the State's initial FFY 2021 SPP/APR submission required the State to submit a revised sampling plan for this indicator by June 1, 2023. The State has responded, requesting additional time to submit its revised plan. The State must submit by September 1, 2023 its revised sampling plan that the State plans to use for its FFY 2022 – FFY2025 data collections and indicate how the revised plan addresses the concerns identified in OSEP's evaluation.

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

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

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

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

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the *EDFacts* Metadata and Process System (*EMAPS*)) and Census (for the denominator).

#### Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2018	1.09%

FFY	2016	2017	2018	2019	2020
Target >=	0.82%	0.83%	0.84%	1.09%	1.09%
Data	1.07%	1.08%	0.63%	1.11%	0.98%

### Targets

FFY	2021	2022	2023	2024	2025
Target >=	1.09%	1.10%	1.10%	1.11%	1.11%

### Targets: Description of Stakeholder Input

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were solicited from the State's broad and diverse Interagency Coordinating Council (ICC) which 15 appointees comprise of 2 parents, 13 professionals providing services to infants and toddlers, as well as representatives from state departments involved in the provision of services for infants and toddlers. In California, the Interagency Coordinating Council allows the participation of community representatives, which increases the diversity of perspectives presented. The ICC currently has 47 community representatives that includes 11 parents and 36 professionals from the field.

As described in California's Part C Federal Fiscal Year (FFY) 2020 SPP/APR; previous baseline year was 2013 with a 0.79% and required update. The identified Baseline FFY of 2018 was the last Fiscal Year prior to impact of COVID and so it provided the most representative and normalized benchmark for data comparison. In FFY 2020, this data was reviewed and the target was set to 1.09% for 2020 and 2021; then increase to 1.1% in FFY 2022 and FFY 2023, and to 1.11% in FFY 2024 and FFY 2025. This allowed for a post-COVID recovery of historical service delivery settings through FFY 2025.

The SPP/APR data and target settings were shared with the ICC during its bi-monthly public meeting on January 19, 2023, with 114 attendees. There were no comments or questions specific to this indicator. Additionally no comments were received to change the targets established for this indicator as well. Of note, the Department of Developmental Services is implementing an initiative in partnership with family resource centers to increase family participation and promote diversity of members of the community who attend ICC meetings. This initiative is expected to include webinars and trainings that will assist the stakeholders in understanding and contributing to APR target settings and data review in the months to come.

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	4,697
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	422,861

### FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
4,697	422,861	0.98%	1.09%	1.11%	Met target	No Slippage

**Provide additional information about this indicator (optional)**

1. The impact on data completeness, validity and reliability for the indicator:  
Data analysis indicates COVID-19 did not impact data completeness, validity, or reliability for this indicator.
2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator:  
There is no evidence indicating that COVID-19 impacted the State's ability to collect data for this indicator.
3. Any steps the State took to mitigate the impact of COVID-19 on the data collection:  
No additional steps were taken since data collection was not impacted by COVID-19.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

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

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

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

#### Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)) and Census (for the denominator).

#### Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

## 6 - Indicator Data

Baseline Year	Baseline Data
2018	3.47%

FFY	2016	2017	2018	2019	2020
Target >=	2.20%	2.20%	2.20%	2.70%	3.47%
Data	2.94%	3.18%	3.47%	3.76%	3.34%

#### Targets

FFY	2021	2022	2023	2024	2025
Target >=	3.47%	3.48%	3.48%	3.49%	3.49%

#### Targets: Description of Stakeholder Input

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were solicited from the State's broad and diverse Interagency Coordinating Council (ICC) which 15 appointees comprise of 2 parents, 13 professionals providing services to infants and toddlers, as well as representatives from state departments involved in the provision of services for infants and toddlers. In California, the Interagency Coordinating Council allows the participation of community representatives, which increases the diversity of perspectives presented. The ICC currently has 47 community representatives that includes 11 parents and 36 professionals from the field.

As described in California's Part C Federal Fiscal Year (FFY) 2020 SPP/APR; previous baseline year was 2005 with a 1.99% and required update. The identified Baseline FFY of 2018 was the last Fiscal Year prior to impact of COVID and so it provided the most representative and normalized benchmark for data comparison. In FFY 2020, this data was reviewed and the target was set to 3.47% for 2020 and 2021; then increase by .01% for FFY 2022 and every other year thereafter through 2025. This allowed for a post-COVID recovery of historical service delivery settings through FFY 2025.

The SPP/APR data and target settings were shared with the ICC during its bi-monthly public meeting on January 19, 2023, with 114 attendees. There were no comments or questions specific to this indicator. Additionally, no comments were received to change the targets established for this indicator as well. Of note, the Department of Developmental Services is implementing an initiative in partnership with family resource centers to increase family participation and promote diversity of members of the community who attend ICC meetings. This initiative is expected to include webinars and trainings that will assist the stakeholders in understanding and contributing to APR target settings and data review in the months to come.

#### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	52,210
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	1,296,640

#### FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
52,210	1,296,640	3.34%	3.47%	4.03%	Met target	No Slippage

**Provide additional information about this indicator (optional).**

1. The impact on data completeness, validity and reliability for the indicator:

Data analysis indicates COVID-19 did not impact data completeness, validity, or reliability for this indicator.

2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator:

There is no evidence indicating that COVID-19 impacted the State's ability to collect data for this indicator.

3. Any steps the State took to mitigate the impact of COVID-19 on the data collection:

No additional steps were taken since data collection was not impacted by COVID-19.

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**



## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

#### Measurement

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers 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.

#### Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	90.43%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	78.80%	86.87%	78.21%	87.46%	91.55%

### Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

### FFY 2021 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
209	295	91.55%	100%	78.64%	Did not meet target	Slippage

### Provide reasons for slippage, if applicable.

Federal Fiscal Year (FFY) 2021 data indicates 78.64 percent of Individualized Family Service Plans (IFSP) for whom an initial evaluation, assessment and an initial IFSP meeting was conducted within 45 days. This figure represents slippage from FFY 2020 of 12.91 percent. The slippage may be attributed to a variety of administrative factors that include but are not limited to: lack of resources related to provider availability, provider language capabilities, personnel shortages, including service providers and service coordinators, scheduling challenges with families and service providers, reimbursement rates for service providers, as well as documentation issues related to tracking the 45-day timeline. Additionally, the COVID-19

pandemic exacerbated existing barriers to meeting this target and further added stress on systems already lacking resources that greatly impacted the availability of qualified service providers and service coordinators.

California provided targeted technical assistance and support to local programs struggling to comply with this requirement. Furthermore, the Department of Developmental Services (DDS) continues to provide staff development and capacity building through California's Comprehensive System of Personnel Development.

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.**

23

**Provide reasons for delay, if applicable.**

Delays in evaluation, assessment and the initial IFSP were noted in 86 of the 295 records. Of the 86 records, 23 records included documented exceptional family circumstances, including child or family illness, families missing scheduled appointments, and other scheduling difficulties related to the challenges facing both providers and families in the COVID-19 pandemic. The 63 remaining records that noted delays in the evaluation, assessment and development of the initial IFSP included insufficient documentation of the reason for delay, personnel related issues throughout the system for both qualified personnel to complete the initial evaluation, assessment, and case management staff to complete the initial IFSP. The COVID-19 pandemic exacerbated an already existing problem in the system.

To address some of these systemic issues, California has committed a variety of resources to improve and ensure the IFSP was completed within 45 days. The DDS provided targeted technical assistance and support to the local programs struggling to comply with this requirement. Furthermore, the Department of Developmental Services (DDS) continues to provide staff development and capacity building through California's Comprehensive System of Personnel Development. The DDS also established a web page for information and guidance related to COVID-19 on the DDS website at: <https://www.dds.ca.gov/corona-virus-information-and-resources/>

Additionally, the DDS worked with a Regional Center Performance Measures (RCPM) workgroup consisting of representatives from all aspects of California's developmental disabilities services system to develop performance incentives and measures to promote improvements in consumer outcomes and regional center performance. The RCPM workgroup identified six focus areas, with one specific to the provision of EIS by the Early Start program. Each focus area has one or more performance measures with clearly identified outcomes and corresponding performance targets and incentives. The Early Start performance measure addressed in the directive incentivizes completion of the evaluation, assessment and initial IFSP meeting within 45 calendar days from the receipt of the referral. Details about the performance measures can be found at: [https://www.dds.ca.gov/wp-content/uploads/2022/12/Regional\\_Center\\_Performance\\_Measures\\_Early\\_Start\\_Timely\\_Access\\_12132022.pdf](https://www.dds.ca.gov/wp-content/uploads/2022/12/Regional_Center_Performance_Measures_Early_Start_Timely_Access_12132022.pdf)

Additional efforts to ensure the initial IFSPs are completed timely, in California, include the amendment of the state's government code to require an average service coordinator-to-consumer ratio of 1 to 40 for all children enrolled in Early Start birth through age five (children ages three and four are served under the Lanterman Developmental Disabilities Services Act). The reduction in caseload is intended to improve access and service delivery for consumers in underserved and diverse communities, including non-white, non-English speaking, hearing impaired, and other populations preapproved by the DDS. With smaller caseloads, specially trained service coordinators can provide focused support and engage in quarterly contact with the families of the infants and toddlers they serve.

The DDS will begin collecting data on these incentives in subsequent APR reporting periods.

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

The DDS conducts comprehensive regional center Early Start programs reviews via a three-year monitoring cycle of identified cohorts. A statistically representative sample size is identified for each regional center that is based on the number of children served by the regional center in the previous fiscal year broken into corresponding counties. Additionally the DDS requires the sample to include demographic representation on populations within a regional center's catchment area that includes: primary language, ethnicity, residence type, and if the child is eligible for state service programs.

Edits/corrections added at clarification:

The DDS conducted seven reviews during FFY 2021. The sample of records reviewed is random and based on the population served. The California Department of Education (CDE) data is collected in the California Longitudinal Pupil Achievement Data System (CALPADS). At the end of each year, each LEA is required to submit and certify data to the CDE about services for infants and toddlers with IFSPs. The CALPADS is one of many tools used to support the CDE's valid and reliable data efforts. The percentage sample of records is based on the total number of children served with solely low incidence disabilities in FFY 2021.

**Provide additional information about this indicator (optional).**

1. The impact on data completeness, validity, and reliability for the indicator:  
Data analysis indicates COVID-19 did not impact data completeness, validity, or reliability for this indicator.
2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator:  
There is no evidence indicating that COVID-19 impacted the State's ability to collect data for this indicator.
3. Any steps the State took to mitigate the impact of COVID-19 on the data collection:  
No additional steps were taken since data collection was not impacted by COVID-19.

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
24	24	0	0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

Edits/corrections added at clarification:

California verified the noncompliance is corrected by confirming that the IFSP was completed, although late, unless the child is no longer within the jurisdiction of the early intervention services program, consistent with Office of Special Education Programs (OSEP) Memo 09-02. In addition, California

ensures that each early intervention services program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent reviews of records to verify 100 percent compliance as soon as possible, but in no case later than one year from identification of noncompliance. Of the twenty-four findings of noncompliance identified in FFY 2020, four findings were identified by the DDS. The 20 remaining findings were identified by the CDE.

**Findings identified by the DDS**

The DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center and notifies the regional center, in writing, of the noncompliance. Subsequently, a root cause analysis for all outstanding findings is completed by the regional center, with assistance from the DDS, to determine the actions necessary to ensure compliance. These actions are documented in a plan of correction and submitted to the DDS. Based on that plan of correction, the DDS ensures that each regional center with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm the IFSP was completed, unless the child is no longer within the jurisdiction of the early intervention service (EIS) program. In addition to the plan of correction, the DDS completes periodic subsequent reviews of an additional sample of ten records until 100 percent compliance is achieved for each regional center with a finding of noncompliance. During this subsequent review process, the DDS provides technical assistance that includes but is not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their EIS program. In accordance with the OSEP Memo 09-02, the DDS executed the process outlined above with the four regional centers with identified noncompliance and verified that the four regional centers were correctly implementing the specific regulatory requirements and achieved 100 percent compliance in July of 2021, November of 2021, January of 2022, and March of 2022, which was within the required timeline.

**Findings identified by the CDE**

The CDE requires a stringent level of follow-up review and reporting in districts with identified noncompliance related to this indicator. The CDE ensures local education agencies (LEAs) are correctly implementing the specific regulatory requirements by reviewing policies, procedures, and practices, providing staff training, and by reviewing a new sample of student records for each district-level finding in accordance with the OSEP Memo 09-02. District-level corrective actions are given a timeline of three months. For all findings, correction must be completed as soon as possible but, in no case later than one year.

The CDE issued the remaining 20 findings identified on this indicator that were verified as corrected within the required timeline. The CDE verified that each LEA with noncompliance identified in FFY 2020 is correctly implementing the specific regulatory requirements and are in 100 percent compliance in accordance with the OSEP Memo 09-02.

**Describe how the State verified that each individual case of noncompliance was corrected.**

The DDS and the CDE ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. The DDS or the CDE verified that the IFSP was completed, although late for all children whose IFSP did not occur in a timely manner, unless the child is no longer within the jurisdiction of the early intervention services (EIS) program; consistent with OSEP Memo 09-02. For each finding identified, the DDS verified the noncompliance was corrected and the IFSP was completed by obtaining a copy of the IFSP to confirm correction of noncompliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	1	1	0

**FFY 2019**

**Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

Edits/corrections added at clarification:

California verified that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In addition, California ensures that each EIS program with identified noncompliance is correctly implementing the specific regulatory requirements by completing a subsequent review of records to achieve 100 percent compliance as soon as possible, but in no case later than one year from identification of noncompliance. Specifically, thirty-nine of the forty findings were cleared following the above process within the required one-year timeline and achieved 100 percent compliance. The remaining finding that exceeded one year was identified by the DDS.

**Findings identified by the DDS:**

The DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center and notifies the regional center in writing, of the noncompliance. Subsequently, a root cause analysis for all outstanding findings is completed by the regional center, with assistance from the DDS, to determine the actions necessary to ensure compliance. These actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each regional center with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm that the identified EIS were provided, unless the child is no longer within the jurisdiction of the EIS program. In addition to the plan of correction, the DDS completes periodic subsequent reviews of an additional sample of ten records until 100 percent compliance is achieved for each regional center finding of noncompliance. During this subsequent review process, the DDS provides technical assistance that includes but is not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their EIS program. The steps are taken to ensure regional centers are correctly implementing the specific regulatory requirements.

The DDS completed the above-mentioned process with the one regional center that had outstanding findings in FFY 2019, however; this regional center did not meet 100 percent compliance within the twelve-month timeline due to lack of staff and administrative issues. As a result, the DDS completed a series of subsequent reviews with the regional center and in April of 2022, the DDS verified the remaining regional center corrected the noncompliance, is correctly implementing the specific regulatory requirements and is in 100 percent compliance in accordance with the OSEP 09-02 Memo.

**Describe how the State verified that each individual case of noncompliance was corrected.**

The DDS ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. The DDS verified the IFSP was completed, although late for all children whose IFSP did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS program; consistent with OSEP Memo 09-02. For each finding identified, the DDS verified the noncompliance was corrected and the IFSP was completed by obtaining a copy of the IFSP to confirm correction of noncompliance.

## **7 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the one remaining finding of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019 : (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

### **Response to actions required in FFY 2020 SPP/APR**

Please see sections, FFY 2020 Findings of Noncompliance Verified as Corrected and FFY 2019 Findings of Noncompliance Verified as Corrected, for the information on the status of correction of noncompliance identified in FFY 2020 and FFY 2019 for this indicator.

## **7 - OSEP Response**

Although the State describes the method used to select regional center Early Start programs for monitoring, OSEP cannot determine the process the California Department of Education used to select and monitor the EIS program that provides services to infants and toddlers with solely low-incidence disabilities.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2020 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2020 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

## **7 - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 24 uncorrected findings of noncompliance identified in FFY 2020.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

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

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	85.71%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	79.12%	74.47%	81.65%	89.16%	89.38%

**Targets**

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

**FFY 2021 SPP/APR Data**

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
243	282	89.38%	100%	90.43%	Did not meet target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

12

**Provide reasons for delay, if applicable.**

Delays in developing the IFSP with transition steps and services were noted in 39 records. Of the 39 records with delays 12 contained documented exceptional family circumstances, including child or family illness, families missing scheduled appointments, and other scheduling difficulties related to the challenges facing both providers and families in the COVID-19 pandemic. The other 27 records with delays in the development of the IFSP with transition steps and services, lacked sufficient documentation on the reason/cause of delay as well as higher caseloads that were exacerbated by the COVID 19 pandemic.

California has struggled to reach compliance items as related to adherence to required timelines for transitioning services from early intervention programs to special education programs. The Department of Developmental Services (DDS) also took steps to mitigate the impacts of these delays by providing individual technical assistance and guidance to regional centers on the requirements to continue to implement the provisions of Part C of Individuals with Disabilities Education Act (IDEA) during the COVID-19 pandemic. The DDS established a web page for information and guidance related to COVID-19 on the DDS website at: <https://www.dds.ca.gov/corona-virus-information-and-resources/>

To address related issues, California Senate Bill (SB) 75 required the CDE and the DDS to jointly convene a workgroup, the Part C to B for CA Kids Workgroup (CA Kids), to provide input and recommendations on improving the transition of services for three-year-old children with disabilities from Part C to Part B programs. The CA Kids included representatives from LEAs, regional centers, family support organizations, vendored service provider agencies, and legislative staff. The CA Kids members engaged in a series of working sessions for one year to investigate the policies and practices involved in transitioning children from Part C to Part B in California and to develop recommendations on how to improve California's infrastructure to ensure continuity of EIS for young children with disabilities and their families.

The CA Kids recommendations were intended to facilitate the implementation of a system in which all children exiting Part C have continuity of services and access to quality education in inclusive settings, families are informed and supported throughout their child's transition experience, and state and local agencies work effectively and efficiently together to support smooth transitions. For a summary of the report and recommendations from the work completed through the SB 75 workgroup please refer to: <https://www.cde.ca.gov/sp/se/ac/sb75legreportfinal.asp>

To support implementation of the recommendations made by the CA Kids, the DDS was able to access supplemental grant funds for EIS under Part C of the IDEA through section 2014(a) of the American Rescue Plan Act of 2021 (ARPA). The DDS has allocated funds and issued a directive for each regional center to pilot school transition supports through funding a School Transition Liaison position for a 12-month period at each regional center. These positions will focus on developing collaborative partnerships with LEAs and other agencies to achieve effective and timely school transitions that promote inclusive options for children receiving regional center services who are transitioning to preschool or kindergarten. These positions will also assist regional centers in establishing and supporting local procedures and policies that further the recommendations outlined in the CA Kids report and improve family engagement and supports during transition to educational services. For further information on Regional Center School Transition Liaison positions please refer to: [https://www.dds.ca.gov/wp-content/uploads/2022/04/Transition\\_Liaisons\\_RC\\_Directive.pdf](https://www.dds.ca.gov/wp-content/uploads/2022/04/Transition_Liaisons_RC_Directive.pdf)

California has also enacted permanent, full-time IDEA Specialist positions at each regional center in the state's 2022 Budget Act. These IDEA Specialist positions will serve as subject matter experts responsible for providing technical assistance on IDEA provisions to regional center service coordinators who support consumers, and their families in accessing early intervention and educational services and supports. The IDEA Specialist will support regional centers with transitioning of Early Start families to Part B services. The IDEA Specialist positions are required to collaborate with Special Education Local Planning Areas (SELPA), COEs and/or LEAs to provide trainings and resources to regional centers and LEAs Funding for the IDEA Specialist positions requires that these staff do not carry or manage caseloads.

The DDS has also implemented organizational changes to better support California's persons with developmental disabilities and their families. This included the creation of the Children, Adolescent and Young Adult Services Division. This reorganization allocated additional resources to support the implementation of Part C of the IDEA. The DDS has identified department sections responsible for: Early Start Policy and Operations; Part C Federal Reporting and Monitoring; and the oversight of implementation of statewide ARPA-funded initiatives intended to address the impacts of the pandemic and specifically improve the transition process for children and their families as they move from Part C EIS to Part B special education services.

Additionally, to further support efforts in meeting this target to ensure that IFSPs with transition steps and services occur at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday, state's government code to require an average service coordinator-to-consumer ratio of 1 to 40 for all children enrolled in Early Start birth through age five (children ages three and four are served under the Lanterman Developmental Disabilities Services Act). The reduction in caseload is intended to improve access and service delivery for consumers in underserved and diverse communities, including non-white, non-English speaking, hearing impaired, and other populations preapproved by the DDS. With smaller caseloads, specially trained service coordinators can provide focused support and engage in quarterly contact with the families of the infants and toddlers they serve.

These efforts are promising investments that are oriented to improve the number of children who have an IFSP with transition steps and services within required timelines.

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

The DDS conducts comprehensive regional center Early Start programs reviews via a three-year monitoring cycle of identified cohorts. A statistically representative sample size is identified for each regional center that is based on the number of children served by the regional center in the previous fiscal year broken into corresponding counties. Additionally the DDS requires the sample to include demographic representation on populations within a regional center’s catchment area that includes primary language, ethnicity, residence type, and if the child is eligible for state service programs. The DDS conducted seven reviews during FFY 2021. The sample of records reviewed is random and based on the population served.

**Provide additional information about this indicator (optional)**

Issues that impacted CDE Reporting on this indicator:

- (1) The data is limited in both scope and use therefore impacts validity and reliability. COVID-19 not only created challenges for teaching and learning but also for the administration of data collection which was severely impacted.
- (2) The data was specifically impacted by COVID-19 because Indicator 12 data is collected during the end of year CALPADS submission which includes the period of time schools were either returning to school full-time or with hybrid instruction in the spring. Most schools braked for the summer or implemented summer programming to catch up students which had delayed transitions.
- (3) The CDE took steps to mitigate the impact on the data collection by issuing guidance to local educational agencies on the requirement to continue to implement the requirements of IDEA as schools returned to campuses either full time or hybrid. The CDE provided additional funding for schools via Assembly Bill 86: [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220AB86](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB86) to help schools recover and expand student supports. Schools used the funds to begin expanded supports beginning summer 2021. The challenges that students and educators faced during the pandemic were multi-dimensional and disruptive to learning and mental health. California along with other states nationwide was severely impacted by the COVID-19 closures and is on the long road to recovery to sustain student supports.

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

California verifies the noncompliance is corrected by working directly with regional center staff to obtain documentation to confirm that an IFSP with transition steps and services were completed, although late, unless the child is no longer within the jurisdiction of the early intervention services program, consistent with Office of Special Education Programs (OSEP) Memo 09-02. In addition, the DDS ensures that each early intervention services program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent reviews of records to verify 100 percent compliance as soon as possible, but in no case later than one year from identification of noncompliance.

Findings identified by the DDS:

The DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center. and notifies the regional center, in writing, of the noncompliance. Subsequently, a root cause analysis for all outstanding findings is completed by the regional center, with assistance from the DDS, to determine the actions necessary to ensure compliance. These actions are documented in a plan of correction and submitted to the DDS. Based on plan of correction, the DDS ensures that each regional center with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm that IFSPs with transition steps and services occur at least 90 days prior to the child’s third birthday, unless the child is no longer within the jurisdiction of the EIS program. In addition to the plan of correction, the DDS completes periodic subsequent reviews of an additional sample of ten records until 100 percent compliance is achieved for each regional center finding of noncompliance. During this subsequent review process, the DDS provides technical assistance that includes but is not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their EIS program. As a result of the process outline above, the DDS was able to verify that the five regional centers identified in FY 2020 are correctly implementing the specific regulatory requirements.

**Describe how the State verified that each individual case of noncompliance was corrected.**

The DDS ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. The DDS verified that an IFSP with transition steps and services was completed, although late, for any child whose IFSP with transition steps and services did not occur in a timely manner, unless the child was no longer within the jurisdiction of the early intervention service (EIS) program; consistent with OSEP Memo 09-02. For each finding identified, the DDS verified that the noncompliance was corrected by obtaining a copy of the IFSP that outlines transition steps and services to confirm correction of noncompliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8A - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory

requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

Please see sections, FFY 2020 Findings of Noncompliance Verified as Corrected and FFY 2019 Findings of Noncompliance Verified as Corrected, for the information on the status of correction of noncompliance identified in FFY 2020 and FFY 2019 for this indicator.

**8A - OSEP Response**

**8A - Required Actions**

Although the State describes the method used to select regional center Early Start programs for monitoring, OSEP cannot determine the process the California Department of Education used to select and monitor the EIS program that provides services to infants and toddlers with solely low-incidence disabilities.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.



## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

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

Account for timely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	92.86%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	78.85%	87.23%	86.83%	85.37%	81.94%

**Targets**

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

**FFY 2021 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
258	282	81.94%	100%	91.49%	Did not meet target	No Slippage

**Number of parents who opted out**

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

0

**Provide reasons for delay, if applicable.**

Timely referral to Part B delays were noted in 24 of the 215 records. The 24 records that noted delays that were caused by personnel related issues, that included staffing shortages, as well as administrative challenges related to insufficient data tracking systems at the local level to ensure notifications were sent within required timeframes. The COVID-19 pandemic exacerbated an already existing problem in the system.

California has struggled to reach compliance items as related to adherence to required timelines for transitioning services from early intervention programs to special education programs. To address some of these systemic issues, California has committed a variety of resources to ensure notifications are sent within required timeframes. The Department of Developmental Services (DDS) also took steps to mitigate the impacts of these delays by providing individual technical assistance and guidance to regional centers on the requirements to continue to implement the provisions of Part C of Individuals with Disabilities Education Act (IDEA) during the COVID-19 pandemic. The DDS established a web page for information and guidance related to COVID-19 on the DDS website at: <https://www.dds.ca.gov/corona-virus-information-and-resources/>

To address related issues, California Senate Bill (SB) 75 required the CDE and the DDS to jointly convene a workgroup, the Part C to B for CA Kids Workgroup (CA Kids), to provide input and recommendations on improving the transition of services for three-year-old children with disabilities from Part C to Part B programs. The CA Kids included representatives from LEAs, regional centers, family support organizations, vendored service provider agencies, and legislative staff. The CA Kids members engaged in a series of working sessions for one year to investigate the policies and practices involved in transitioning children from Part C to Part B in California and to develop recommendations on how to improve California's infrastructure to ensure continuity of EIS for young children with disabilities and their families.

The CA Kids recommendations were intended to facilitate the implementation of a system in which all children exiting Part C have continuity of services and access to quality education in inclusive settings, families are informed and supported throughout their child's transition experience, and state and local agencies work effectively and efficiently together to support smooth transitions. For a summary of the report and recommendations from the work completed through the SB 75 workgroup please refer to: <https://www.cde.ca.gov/sp/se/ac/sb75legreportfinal.asp>

To support implementation of the recommendations made by the CA Kids, the DDS was able to access supplemental grant funds for EIS under Part C of the IDEA through section 2014(a) of the American Rescue Plan Act of 2021 (ARPA). The DDS has allocated funds and issued a directive for each regional center to pilot school transition supports through funding a School Transition Liaison position for a 12-month period at each regional center. These positions will focus on developing collaborative partnerships with LEAs and other agencies to achieve effective and timely school transitions that promote inclusive options for children receiving regional center services who are transitioning to preschool or kindergarten. These positions will also assist regional centers in establishing and supporting local procedures and policies that further the recommendations outlined in the CA Kids report and improve family engagement and supports during transition to educational services. For further information on Regional Center School Transition Liaison positions please refer to: Transition Liaisons RC Directive (ca.gov)

California has also enacted permanent, full-time IDEA Specialist positions at each regional center in the state's 2022 Budget Act. These IDEA Specialist positions will serve as subject matter experts responsible for providing technical assistance on IDEA provisions to regional center service coordinators who support consumers, and their families in accessing early intervention and educational services and supports. The IDEA Specialist will support regional centers with transitioning of Early Start families to Part B services. The IDEA Specialist positions are required to collaborate with Special Education Local Planning Areas (SELPA), COEs and/or LEAs to provide trainings and resources to regional centers and LEAs Funding for the IDEA Specialist positions requires that these staff do not carry or manage caseloads.

The DDS has also implemented organizational changes to better support California's persons with developmental disabilities and their families. This included the creation of the Children, Adolescent and Young Adult Services Division. This reorganization allocated additional resources to support the implementation of Part C of the IDEA. The DDS has identified department sections responsible for: Early Start Policy and Operations; Part C Federal Reporting and Monitoring; and the oversight of implementation of statewide ARPA-funded initiatives intended to address the impacts of the pandemic and specifically improve the transition process for children and their families as they move from Part C EIS to Part B special education services.

Additionally, to further support efforts in meeting this target to ensure a notification to the SEA and LEA occurred at least 90 days prior to a child's third birthday for toddlers potentially eligible for Part B preschool services, state's government code to require an average service coordinator-to-consumer ratio of 1 to 40 for all children enrolled in Early Start birth through age five (children ages three and four are served under the Lanterman Developmental Disabilities Services Act). The reduction in caseload is intended to improve access and service delivery for consumers in underserved and diverse communities, including non-white, non-English speaking, hearing impaired, and other populations preapproved by the DDS. With smaller caseloads,

specially trained service coordinators can provide focused support and engage in quarterly contact with the families of the infants and toddlers they serve.

These efforts are promising investments that are oriented to improve the number of children who are referred to an SEA/LEA within required timeframes.

**Describe the method used to collect these data.**

Notification to the LEA :

The DDS conducts comprehensive regional center Early Start programs reviews via a three-year monitoring cycle of identified cohorts A statistically representative sample size is identified for each regional center that is based on the number of children served by the regional center in the previous fiscal year broken into corresponding counties. Additionally, the DDS requires the sample to include demographic representation on populations within a regional center’s catchment area that includes: primary language, ethnicity, residence type, and if the child is eligible for state service programs. The DDS conducted seven reviews during FFY 2021. The sample of records reviewed is random and based on the population served.

Notification to the State Educational Agency (SEA):

Each month, the DDS notifies CDE of children potentially eligible for Part B services at least 90 days prior to each child’s third birthday.

**Do you have a written opt-out policy? (yes/no)**

NO

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

The DDS conducts comprehensive regional center Early Start programs reviews via a three-year monitoring cycle of identified cohorts A statistically representative sample size is identified for each regional center that is based on the number of children served by the regional center in the previous fiscal year broken into corresponding counties. Additionally, the DDS requires the sample to include demographic representation on populations within a regional center’s catchment area that includes primary language, ethnicity, residence type, and if the child is eligible for state service programs. The DDS conducted seven reviews during FFY 2021. The sample of records reviewed is random and based on the population served.

See answers to COVID impact questions in the 'Provide additional information about this indicator' section.

**Provide additional information about this indicator (optional).**

Edited /Added at clarification:

Issues that impacted CDE Reporting on this indicator:

(1) The data is limited in both scope and use therefore impacts validity and reliability. COVID-19 not only created challenges for teaching and learning but also for the administration of data collection which was severely impacted.

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	4	1	1

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

Edited /Added at clarification:

California verifies that the LEA and SEA notification occurred, although late, for any child whose transition notification did not occur in a timely manner, unless the child was no longer within the jurisdiction of the early intervention service (EIS) program, consistent with Office of Special Education Programs (OSEP) Memo 09-02. In addition, California ensures that each EIS program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent review of records in order to achieve 100 percent compliance as soon as possible, but in no case later than one year from identification of noncompliance. All six findings of noncompliance identified in FFY 2020 were identified by DDS as data from the CDE was not provided in FFY 2020.

Findings identified by Department of Developmental Services the (DDS)

The DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center and notifies the regional center, in writing, of the noncompliance. Subsequently, a root cause analysis for all outstanding findings was completed for each regional center, with assistance from the DDS, to determine the actions necessary to ensure compliance. These actions were documented in a plan of correction and submitted to the DDS. Based on that plan of correction, the DDS ensured each regional center with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm that the timely notification to the LEA was provided, although late, unless the child is no longer within the jurisdiction of the Early Intervention Service program. In addition to the plan of correction, the DDS completed periodic subsequent reviews of an additional sample of ten records until 100 percent compliance was achieved for each regional center finding of noncompliance. During this subsequent review process, the DDS provided technical assistance that included but is was not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their early intervention program.

In accordance with? the OSEP Memo 09-02, the DDS executed the process outlined above with the six regional centers?and verified that four of the six? regional centers? achieved 100 percent compliance in correctly implementing the specific regulatory requirements in November 2021, March of 2022, May of 2022, and October of 2022. As a result of the process outlined above, the DDS was able to verified that the four of the six regional centers identified in FY 2020 are correctly implementing the specific regulatory requirements.

However, to date, the remaining regional center has not yet corrected the finding of noncompliance nor have they met specific regulatory requirements.? This regional center?remains non-compliant with this indicator. As a result of this continued noncompliance, the DDS has taken steps to remediate this remaining item immediately by working directly with this regional center to develop an appropriate process to track timelines, procedures to ensure documentation is captured that notifications are sent timely, trainings for early staff on the transition process and provide support and guidance in enhancing their programs data system to support tracking and notification for each child within their program. Additionally, the department will be conducting additional compliance reviews specific to this item to ensure that:? the regional center corrects the noncompliance, the department can verify the regional center is correctly implementing specific regulatory requirements, and compliance can be sustained for this item.

**Describe how the State verified that each individual case of noncompliance was corrected.**

The DDS ensured the appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. The DDS verified that the LEA notification occurred, although late, for any child whose transition notification did not occur in a timely manner, unless the child was no longer within the jurisdiction of the early intervention service program, consistent with OSEP Memo 09-02. For each finding identified, the DDS verified that the noncompliance was corrected by obtaining a copy of the notification sent to the LEA and SEA to confirm correction of noncompliance.

CDE did not issue findings in FFY 2020.

**FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The DDS has completed a series of subsequent reviews with the regional center since the noncompliance was identified in FFY 2020.

Edited /Added at clarification:

As a result of the this continued noncompliance, the DDS has taken steps to remediate this remaining finding by requiring this regional center to develop an appropriate process to track timelines, procedures to ensure documentation is captured that notifications are sent timely, trainings and support are provided for Early Start staff on the transition process and guidance is provided for enhancing their programs data system to track notification timelines for each child within their program. Additionally, the department is conducting additional compliance reviews specific to this item to ensure that: the regional center corrects the noncompliance, the department can verify the regional center is correctly implementing specific regulatory requirements, and compliance can be sustained for this item.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8B - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

Please see section, FFY 2020 Findings of Noncompliance Verified as Corrected, for the information on the status of correction of noncompliance identified in FFY 2020 for this indicator.

**8B - OSEP Response**

The State reported in its narrative that "data from the CDE was not provided in FFY 2020." In order for the State to identify noncompliance and ensure timely correction of noncompliance, the State must collect and review data to verify that the EIS provider is correctly implementing the specific regulatory requirement.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2020 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2020 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

**8B - Required Actions**

The State must describe in its FFY 2022 SPP/APR how it is ensuring that CDE as an EIS provider is reporting data under this indicator and also how the State is monitoring CDE for transition requirements.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 6 uncorrected findings of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

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

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	92.86%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	88.60%	90.91%	84.31%	81.56%	87.40%

**Targets**

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

**FFY 2021 SPP/APR Data**

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
200	282	87.40%	100%	79.92%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Federal Fiscal Year (FFY) 2021 data indicates 79.92 percent of infants and toddlers had a transition conference within the required timelines. This figure represents slippage from FFY 2020 of 7.48 percent. This slippage may be attributed to a variety of factors, including but not limited to: administrative challenges related to coordination issues between regional centers and local education agencies (LEA) and LEA closures due to the COVID-19 pandemic. The COVID-19 pandemic exacerbated an already existing problem in the system. To address some of these systemic issues, California has committed a variety of resources to improve the transition process for all eligible infants and toddler.

California provided targeted technical assistance and support to the local programs struggling to comply with this requirement. Furthermore, the Department of Developmental Services (DDS) continues to provide staff development and capacity building through California's Comprehensive System of Personnel Development.

**Number of toddlers for whom the parent did not provide approval for the transition conference**

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

23

**Number of documented delays attributable to exceptional family circumstances**

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

7

**Provide reasons for delay, if applicable.**

There were various reasons for delay in timely conference including but not limited to: personnel related issues throughout the system, including staff at LEAs and service coordinators that impacted staff availability to ensure the transition conference was completed timely, insufficient data tracking systems at the local level, and insufficient documentation on causes of delays. The COVID-19 pandemic exacerbated an already existing problem in the system. To address some of these systemic issues, California has committed a variety of resources to improve the provision of quality early intervention services to all eligible infants and toddler in a timely manner.

Delays in timely transition conference were noted in 45 of the 215 records due to personnel related issues throughout the system, including staff at LEAs and service coordinators that impacted staff availability to ensure the transition conference was completed timely, insufficient data tracking systems at the local level, and insufficient documentation on causes of delays. The COVID-19 pandemic exacerbated an already existing problem in the system. To address some of these systemic issues, Additionally, of these records reviewed there were 23 records where it was documented that the parent declined the transition meeting and 7 records where the cause of the delay was due to exceptional family circumstance that included child or family illness, families missing scheduled appointments, and other scheduling difficulties related to the challenges facing both providers and families in the COVID-19 pandemic.

California has struggled to reach compliance items as related to adherence to required timelines for transitioning services from early intervention programs to special education programs. To address some of these systemic issues, California has committed a variety of resources to ensure notifications are sent within required timeframes. The Department of Developmental Services (DDS) also took steps to mitigate the impacts of these delays by providing individual technical assistance and guidance to regional centers on the requirements to continue to implement the provisions of Part C of Individuals with Disabilities Education Act (IDEA) during the COVID-19 pandemic. The DDS established a web page for information and guidance related to COVID-19 on the DDS website at: <https://www.dds.ca.gov/corona-virus-information-and-resources/>

To address related issues, California Senate Bill (SB) 75 required the CDE and the DDS to jointly convene a workgroup, the Part C to B for CA Kids Workgroup (CA Kids), to provide input and recommendations on improving the transition of services for three-year-old children with disabilities from Part C to Part B programs. The CA Kids included representatives from LEAs, regional centers, family support organizations, vendored service provider agencies, and legislative staff. The CA Kids members engaged in a series of working sessions for one year to investigate the policies and practices involved in transitioning children from Part C to Part B in California and to develop recommendations on how to improve California's infrastructure to ensure continuity of EIS for young children with disabilities and their families.

The CA Kids recommendations were intended to facilitate the implementation of a system in which all children exiting Part C have continuity of services and access to quality education in inclusive settings, families are informed and supported throughout their child's transition experience, and state and

local agencies work effectively and efficiently together to support smooth transitions. For a summary of the report and recommendations from the work completed through the SB 75 workgroup please refer to: <https://www.cde.ca.gov/sp/se/ac/sb75legreportfinal.asp>

To support implementation of the recommendations made by the CA Kids, the DDS was able to access supplemental grant funds for EIS under Part C of the IDEA through section 2014(a) of the American Rescue Plan Act of 2021 (ARPA). The DDS has allocated funds and issued a directive for each regional center to pilot school transition supports through funding a School Transition Liaison position for a 12-month period at each regional center. These positions will focus on developing collaborative partnerships with LEAs and other agencies to achieve effective and timely school transitions that promote inclusive options for children receiving regional center services who are transitioning to preschool or kindergarten. These positions will also assist regional centers in establishing and supporting local procedures and policies that further the recommendations outlined in the CA Kids report and improve family engagement and supports during transition to educational services. For further information on Regional Center School Transition Liaison positions please refer to: Transition Liaisons RC Directive (ca.gov)

California has also enacted permanent, full-time IDEA Specialist positions at each regional center in the state's 2022 Budget Act. These IDEA Specialist positions will serve as subject matter experts responsible for providing technical assistance on IDEA provisions to regional center service coordinators who support consumers, and their families in accessing early intervention and educational services and supports. The IDEA Specialist will support regional centers with transitioning of Early Start families to Part B services. The IDEA Specialist positions are required to collaborate with Special Education Local Planning Areas (SELPA), COEs and/or LEAs to provide trainings and resources to regional centers and LEAs Funding for the IDEA Specialist positions requires that these staff do not carry or manage caseloads.

The DDS has also implemented organizational changes to better support California's persons with developmental disabilities and their families. This included the creation of the Children, Adolescent and Young Adult Services Division. This reorganization allocated additional resources to support the implementation of Part C of the IDEA. The DDS has identified department sections responsible for: Early Start Policy and Operations; Part C Federal Reporting and Monitoring; and the oversight of implementation of statewide ARPA-funded initiatives intended to address the impacts of the pandemic and specifically improve the transition process for children and their families as they move from Part C EIS to Part B special education services.

Additionally, to further support efforts in meeting this target to ensure that timely transition conferences occur at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday, state's government code to require an average service coordinator-to-consumer ratio of 1 to 40 for all children enrolled in Early Start birth through age five (children ages three and four are served under the Lanterman Developmental Disabilities Services Act). The reduction in caseload is intended to improve access and service delivery for consumers in underserved and diverse communities, including non-white, non-English speaking, hearing impaired, and other populations preapproved by the DDS. With smaller caseloads, specially trained service coordinators can provide focused support and engage in quarterly contact with the families of the infants and toddlers they serve.

These efforts are promising investments that are intended to improve the number of children who have a transition conference within the required timeframe.

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

The DDS conducts comprehensive regional center Early Start programs reviews via a three-year monitoring cycle of identified cohorts A statistically representative sample size is identified for each regional center that is based on the number of children served by the regional center in the previous fiscal year broken into corresponding counties. Additionally, the DDS requires the sample to include demographic representation on populations within a regional center's catchment area that includes primary language, ethnicity, residence type, and if the child is eligible for state service programs. The DDS conducted seven reviews during FFY 2021. The sample of records reviewed is random and based on the population served.

CDE was not able to conduct any monitoring activities in FFY 2021. See answers to COVID impact questions in the 'Provide additional information about this indicator' section.

**Provide additional information about this indicator (optional).**

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator:

Issues that impacted CDE Reporting on this indicator:

- (1) The data is limited in both scope and use therefore impacts validity and reliability. COVID-19 not only created challenges for teaching and learning but also for the administration of data collection which was severely impacted.
- (2) The data was specifically impacted by COVID-19 because Indicator 12 data is collected during the end of year CALPADS submission which includes the period of time schools were either returning to school full-time or with hybrid instruction in the spring. Most schools braked for the summer or implemented summer programming to catch up students which had delayed transitions.
- (3) The CDE took steps to mitigate the impact on the data collection by issuing guidance to local educational agencies on the requirement to continue to implement the requirements of IDEA as schools returned to campuses either full time or hybrid. The CDE provided additional funding for schools via Assembly Bill 86: [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220AB86](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB86) to help schools recover and expand student supports. Schools used the funds to begin expanded supports beginning summer 2021. The challenges that students and educators faced during the pandemic were multi-dimensional and disruptive to learning and mental health. California along with other states nationwide was severely impacted by the COVID-19 closures and is on the long road to recovery to sustain student supports.

Added text at clarification:

The data used for this indicator reflects only those toddlers where a transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

California verifies that a timely transition conference is completed, although late, for any child whose transition did not occur in a timely manner, unless the child was no longer within the jurisdiction of the early intervention service program, consistent with OSEP Memo 09-02. In addition, DDS ensures

that each early intervention service program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent review of records.

**Findings identified by DDS:**

The DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center and notifies the regional center, in writing, of the noncompliance. Subsequently, a root cause analysis for all outstanding findings is completed by the regional center, with assistance from the DDS, to determine the actions necessary to ensure compliance. These actions are documented in a plan of correction and submitted to the DDS. Based on that plan of correction, the DDS ensures each regional center with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm that the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B, unless the child is no longer within the jurisdiction of the early intervention service program. In addition to the plan of correction, the DDS completes periodic subsequent reviews of an additional ten records until 100 percent compliance is achieved for each regional center finding of noncompliance. During this subsequent review process, the DDS provides technical assistance that includes but is not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their early intervention service program. As a result of the process outlined above, the DDS was able to verify that the five regional centers identified in FY 2020 are correctly implementing the specific regulatory requirements.

**Describe how the State verified that each individual case of noncompliance was corrected.**

The DDS ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. The DDS verified verifies the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction of the early intervention service program, consistent with Office of Special Education Programs (OSEP) Memo 09-02. For each finding identified, the state verified that the noncompliance was corrected by obtaining documentation that the transition conference was held, although late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8C - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

Please see section, FFY 2020 Findings of Noncompliance Verified as Corrected, for the information on the status of correction of noncompliance identified in FFY 2020 for this indicator.

**8C - OSEP Response**

**8C - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.



## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (EMAPS)).

#### Measurement

Percent = (3.1(a) divided by 3.1) times 100.

#### Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

### 9 - Indicator Data

#### Not Applicable

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

This indicator is not applicable because the State does not follow Part B due process procedures.

### 9 - Prior FFY Required Actions

None

### 9 - OSEP Response

### 9 - Required Actions

OSEP notes that this indicator is not applicable.

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (EMAPS)).

#### Measurement

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

#### Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

### 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.**

NO

**Prepopulated Data**

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	5
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	1
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.b.i Mediations agreements not related to due process complaints	1

**Targets: Description of Stakeholder Input**

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were solicited from the State's broad and diverse Interagency Coordinating Council (ICC) which 15 appointees comprise of 2 parents, 13 professionals providing services to infants and toddlers, as well as representatives from state departments involved in the provision of services for infants and toddlers. In California, the Interagency Coordinating Council allows the participation of community representatives, which increases the diversity of perspectives presented. The ICC currently has 47 community representatives that includes 11 parents and 36 professionals from the field.

The SPP/APR data and target settings were shared with the ICC during its bi-monthly public meeting on January 19, 2023, with 114 attendees. There were no comments or questions specific to this indicator. Additionally no comments were received to change the targets established for this indicator as well. Of note, the Department of Developmental Services is implementing an initiative in partnership with family resource centers to increase family participation and promote diversity of members of the community who attend ICC meetings. This initiative is expected to include webinars and trainings that will assist the stakeholders in understanding and contributing to APR target settings and data review in the months to come.

**Historical Data**

Baseline Year	Baseline Data
2005	55.00%

FFY	2016	2017	2018	2019	2020
Target>=	85.00%	85.00%	85.00%	85.00%	80.00%
Data	100.00%	80.00%	87.50%	100.00%	85.71%

**Targets**

FFY	2021	2022	2023	2024	2025
Target>=					

**FFY 2021 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1	1	5	85.71%		40.00%	N/A	N/A

**Provide additional information about this indicator (optional)**

This year this indicator does not appear to be affected by COVID-19.

**Additions at clarification:**

The State reported fewer than ten mediations held in FFY 2021 and is not required to meet its targets until any fiscal year in which ten or more mediations were held.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

The State reported fewer than ten mediations held in FFY 2021. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

**10 - Required Actions**



## Indicator 11: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

#### Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

#### Instructions

**Baseline Data:** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Targets:** In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

#### Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

##### Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

**Phase II: Plan** (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

**Phase III: Implementation and Evaluation** (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

#### Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

##### Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

##### A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

##### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

**C. Stakeholder Engagement**

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

**Additional Implementation Activities**

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

**11 - Indicator Data**

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

Increase the percentage of infants and toddlers with disabilities in California who will substantially increase their rate of growth in positive social-emotional skills (including social relationships) by the time they exit the early intervention program.

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)**

NO

**Is the State’s theory of action new or revised since the previous submission? (yes/no)**

NO

**Please provide a link to the current theory of action.**

[https://www.dds.ca.gov/wp-content/uploads/2019/02/EarlyStart\\_TheoryofAction\\_20190205.pdf](https://www.dds.ca.gov/wp-content/uploads/2019/02/EarlyStart_TheoryofAction_20190205.pdf)

**Progress toward the SiMR**

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages).**

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

Baseline Year	Baseline Data
2019	67.39%

**Targets**

FFY	2021	2022	2023	2024	2025
Target>=	67.50%	67.75%	68.00%	68.25%	68.50%

**FFY 2021 SPP/APR Data**

Number of children who substantially increased their rate of growth in social-emotional development by the time they turned 3 years of age or exited the program	All children except those who have positive social emotional skills at a level comparable to same-aged peers	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
8,792	13,383	66.46%	67.50%	65.70%	Did not meet target	No Slippage

**Provide the data source for the FFY 2021 data.**

Data for this indicator is gathered by the Department of Developmental Services (DDS) and the California Department of Education (CDE). DDS’ Early Start Report system captures federally required data elements for children assessed in all child outcome areas. Assessments are conducted by regional center-contracted providers and results are submitted to the 21 regional centers for data entry into Early Start Report system. CDE’s data is gathered via the Desired Results Developmental Profile and includes all infants and toddlers with solely low incidence disabilities assessed in all child outcome areas.

Edited/added at clarification:

Numerator: Number of children who moved closer to or improved their social-emotional skills like same-aged peers.

Denominator: All children except those who have positive social emotional skills at a level comparable to same-aged peers

**Please describe how data are collected and analyzed for the SiMR.**

The data for the SiMR is gathered by the Department of Developmental Service (DDS) and the California Department of Education (CDE).

DDS does not require providers use a specific assessment instrument(s) for collecting social-emotional child outcomes data. Instead, the State follows the Division for Early Childhood's (DEC) recommendations for assessment. DEC recommends assessment materials and strategies be appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics. Providers use a variety of assessment methods, including observation, interviews, and reviews of records to gather information from multiple sources, including the child's family and other significant individuals in the child's life and obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community. The provider delivering services to the child selects the assessment instrument to administer based on need.

Data collected for the SiMR includes infants and toddlers who entered early intervention below age expectations in social and emotional development and substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Data regarding child outcomes are, at a minimum, gathered at the initial IFSP and at the exit from the department's Early Start Report (ESR) for all children eligible for early start services. The Early Start Report (ESR) is the primary means for collecting information related to the performance of the state and regional centers with respect to meeting the federal and state requirements of the Part C Early Start Program. This ESR was designed specifically to meet the state and regional centers' need for objective data to measure the extent to which Early Start is achieving its desired child outcomes and complying with applicable federal and state laws. Regional Centers are required to provide the data on the functional age of each child at initial IFSP and exit from the early start program. The ESR data system generates an on-demand report that the department uses to verify accuracy, completeness, and review of program improvement. The departments also analyzes this data as part of measuring progress towards the SiMR.

The department also has begun analysis involved looking at the particular FFY by itself and across multiple years and looking at trending data of entry/exit ratings and then comparing those percentages to the specific SS1 percent and SS2 percent for each year. This analysis shows the trending data per outcomes and years and compares to SS1 percent to give a view of how the SiMR is progressing, where there are trending patterns of note, and how the SiMR is being impacted. The state has also received technical assistance from the Center for IDEA Early Childhood Data Systems (DaSy) to identify trends and patterns with the intent to improve our data allocation and reporting.

The following formula was used for calculations:

Numerator: # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)

Denominator: # 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)

**Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)**

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

Three questions included on the annual Family Outcomes Survey are specifically designed to assess how helpful early intervention has been to families in three areas related to a child's social and emotional development. Families rated items on a 5-point Likert scale (5=Extremely Helpful to 1=Not at all Helpful).

The first question asks parents to rate how helpful early intervention has been in providing useful information about responding to your child's emotions. 71.68 percent out of 918 responses indicated early intervention had been 'Very Helpful' or 'Extremely Helpful' in this area. This is an increase of 2.68 percent from last year's survey results of 69 percent.

The second question asks parents to rate how helpful early intervention has been in providing useful information about helping your child learn to calm down when they are upset or overwhelmed? 67.58 percent out of 913 responses indicated early intervention had been 'Very Helpful' or 'Extremely Helpful' in this area. This is an increase of 5.58% from last year's survey results of 62 percent.

The final question asks parents to rate how helpful early intervention has been in providing useful information about identifying ways for you to encourage appropriate behavior from your child. 74.45 percent out of 916 responses indicated early intervention had been 'Very Helpful' or 'Extremely Helpful' in this area. This is an increase of 13.45 percent from last year's survey results of 61 percent.

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

NO

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

1. The impact on data completeness, validity and reliability for the indicator:

The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data compared to the number of infants and toddlers with IFSPs assessed continues to be negatively affected due to COVID-19. These include personnel shortages for service coordinators and early intervention providers that may have impacted the timely data allocation and entry related to the SSIP.

2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator:

Regional centers experienced limited IT technology supplies (laptops, phones, etc.,) broadband infrastructure and families having accessibility to and knowledge of technology.

3. Any steps the State took to mitigate the impact of COVID-19 on the data collection: California has enhanced communication and technical assistance with regional centers and Office of Education to improve the accuracy of reporting the status of infants and toddlers exiting the Part C program. DDS took steps to mitigate the impact on the data collection by issuing guidance to regional centers on the requirement to continue to implement the

requirements of IDEA during the pandemic. DDS established a web page for information and guidance related to COVID-19 on the DDS website at: <https://www.dds.ca.gov/corona-virus-information-and-resources>

## Section B: Implementation, Analysis and Evaluation

### Please provide a link to the State's current evaluation plan.

SSIP Evaluation Plan - 2016-2020 (ca.gov)

Based on technical assistance received from WestEd and DaSy beginning in July of 2022 and the feedback received from OSEP and the SSIP Task force, the State has modified its Theory of Action and implementation activities to support improvements made to the current SiMR. These components are slated for completion in Spring 2023. With the modifications to the Theory of Action strands, stakeholder feedback supports the design of additional resources for families, providers, and advocacy agencies as well as updating outreach for and recruitment for new activities that are culturally diverse and more inclusive than previous implementation activities. New activities are slated to begin in Summer 2023. Additionally, a fidelity webinar is approved to be distributed in early Spring of 2023. Outcomes from this webinar series will provide richer data to inform decisions on what level of technical assistance is needed for program evaluation that will lead to the development of a pilot program designed to help providers to evaluate the effectiveness of their evidence-based programs and capture necessary data for informing decisions at the local level.

Added at clarification:

The state is extending the use of the existing SSIP Plan from 2016-2020 through 22-23, while efforts, in collaboration with the stakeholders, DDS' consultants in WestEd, and OSEP-funded technical assistance providers (DASY and ECTA), to revise California's SSIP evaluation plan for the period starting 2023-23 are underway. The state tracked minimal changes in implementation strategies as reported by local implementation teams, thus the existing evaluation plan was used for consistency. Going forward, the updated evaluation plan will prioritize data fidelity and the use of evidence-based practices. Additionally, the state intends to implement steps to ensure the evaluation data collected is reliable, valid, and meaningful. The state also recognizes the critical role that evidence-based practices play in improving child outcomes, and the need to investigate policies and procedures that will promote the use of these practices. To that end, our revised evaluation plan will prioritize the use of evidence-based practices in our interventions and support strategies.

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

### Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

The following changes or improvements to infrastructure supports are indicators of impacts. Regional Center Leads were asked to rate the extent to which infrastructure components were in place to support the regional center's plan using a 3-point scale (0 = Not in Place, 1 = Partially in Place, and 2 = Fully in Place). The following is a list of the nine components identified, in order of most in place to least in place:

1. Assessment tools and/or procedures to specifically evaluate children's social and emotional outcomes have been adopted and are being implemented.; 86% of regional centers reported this strategy is fully in place
2. IFSPs are monitored to ensure that social and emotional (SE outcomes) are included for all children whose parents express concern about or priority for the child's SE development.; 86% of regional centers reported this strategy is fully in place
3. Specific evidence-based practices/approaches for promoting children's SE development have been adopted by the RC.; 76% of regional centers reported this strategy is fully in place
4. Strategies to increase stakeholder engagement in SSIP activities have been adopted and are being implemented.; 57% of regional centers reported this strategy is fully in place
5. Improvements have been made to the RC's training system (e.g. hiring new trainers/coaches, requiring all new staff to complete the Early Start Online course in SE development, and so on).; 52% of regional centers reported this strategy is fully in place
6. Role descriptions & responsibilities for service coordinators are written and include expectations for the implementation of practices that support children's SE development.; 43% of regional centers reported this strategy is fully in place
7. A written strategic plan has been developed that specifies Regional Center (RC) actions to increase the emphasis on supporting social and emotional development in children for the RC catchment area.; 38% of regional centers reported this strategy is fully in place
8. Interagency agreements are in place for all ES provider agencies and include expectations for the use of evidence-based practices to support SE development and participation in SSIP activities.; 29% of regional centers reported this strategy is fully in place

Practices have been implemented that improve the use of data to make decisions about SSIP implementation.; 29% of regional centers reported this strategy is fully in place.

### Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

Evaluation data on Implementation and Outcomes findings for the SSIP for FFY 2021 are organized by activity strand and evaluation questions. Each activity strand reports introduced evaluation findings by providing a table that described the surveys, associated activity, evaluation questions, respondents, and administration methods. The information illustrated how the evaluation measures aligned with the theory of action; data sources and the number of respondents for each measure; and data collections procedures and methods. The data below was collected by a series of surveys and respondents to the various surveys include: families of infants and toddlers in the Part C program; providers of early intervention services; regional center Leads; local participating agencies who are members of the Local Implementation Teams (LIT); and trainees who participated in the social emotional training program. Findings are reported by activity strand and evaluation question.

Strand of Action 1: Parent and Provider Education to develop and implement sustainable outreach, education, and training strategies for the Early Start community, including families and service providers, on evidence-based practices and family-centered philosophies.

Resources – Take a minute:

Regional center leads (n = 21) reported that 95% of them were using the Take a Minute flyer, 81.4% of service coordinators (all or many) were consistently disseminating the resources to families, 71.4% were discussing resources with families and 61.9% were revisiting the resources at regular intervals with families.

LIT members were asked about approaches used to promote social emotional development. Responses (n = 60) indicated 75.9% provided parent education through distribution of the Take a Minute resources, and 67.2% provided education to direct service providers through Take a Minute Provider Tips.

Did Take a Minute materials increase family's knowledge?

Families (n = 346) provided responses to questions about how much they agreed or disagreed with statements about what they had learned through their exposure to and use of the Take a Minute resources. Over 70% of the respondents agreed or strongly agreed that they learned strategies to help their child (75.6%), about their child's social and emotional development (72.8%), and their role in supporting social and emotional development (76.0%). Are families using practices from the Take a Minute materials?

Families were surveyed about how they were using the strategies for supporting social and emotional development that were introduced in the resource. The percentage of families who responded that they agreed or strongly agreed with a series of statements ranged from 88% to 82%. In addition to providing information about the strategies they were using, families also provided information about practices they would welcome additional help for or more information about. The percentage of families who requested assistance for each strategy ranged from 40 to 55 percent.

Are providers and other staff given, and do they use, the Take a Minute and Provider Tips resources?

Regional centers reported use of the Take a Minute flyer (95%) and Provider Tips (65%). Fewer than 49% of the centers reported using the Take a Minute video.

Regional centers reported distribution and use of Provider Tips to staff. Centers reported that 38.1 percent of staff had received the resource, 23.8% used the resource regularly and 14.4% participated in related trainings.

The LIT survey asked respondents (n = 60) about the resources used by their agency/program to promote increased knowledge and skill in supporting social and emotional development in young children and reported 76% used the Take a Minute resources and 67% used the Provider Tips resource.

The LITs were also asked about the percentages of agency personnel who had been trained in and consistently used the evidence-based approaches/practices effectively: 63.8% of respondents indicated that all or most of their early intervention personnel had been trained, and 63.8% of respondents indicated that all or most of those trained personnel used the practices consistently.

What evidence of the effectiveness of the Take a Minute and Provider Tips materials and strategies and the impact of SSIP activities is reported?

Between 63 and 72 percent of LIT respondents agreed or strongly agreed their participation in the SSIP initiative and activities resulted in increased knowledge of resources, practices, and skills for supporting social and emotional development in children.

Strand of Action 2: Professional Development to promote and implement sustainable evidence-based training strategies for the entire Early Start community on social emotional development, evidence-based assessments, and parent-child relationships. Leverage effective, evidence-based practices of regional centers and local educational agencies (LEAs) in engaging families in the social-emotional development of the child through enhanced parent-child relationships.

How many trainees completed the social-emotional (SE) training?

The State offers facilitated and open-access online courses on social and emotional development. Between July 1, 2021 and June 30, 2022 two hundred three (203) participants completed the social emotional development course sequence (n = 12 for facilitated, n = 191 for open-access).

Did the web-based course increase participants' knowledge?

Individuals who complete the Early Start online, skill-based course on social and emotional development complete a pre-course quiz and a post-course quiz. Scores are averaged across all participants. Average pre-course score on the quiz was 73.3% for facilitated and 61.7% for open-access. Average post-course score on the quiz was 81.8% for facilitated and 70.9% for open-access. This represents an increase in quiz scores from pre-course to post-course of 8.5 to 9.3 percentage points.

Are participants using what they learned in their daily work?

In follow up surveys completed with participants in the social emotional development course reported the content was relevant to their work (53% agree, 47% strongly agree), that they've applied practices learned in the training (40% agree, 53% strongly agree), and they are confident using those practices (53% agree, 40% strongly agree).

Strand of Action 3: Interagency Collaboration to Identify and partner with statewide collaboratives to disseminate information on the importance of parent-child relationships and social-emotional development with the ICC as the lead.

The Interagency Collaboration strand of action focuses on forming alliances with Partner Agencies within the regional center catchment area and leveraging resources to collaborate on training. These collaborations are referred to as Regional Center Local Implementation Assessments.

Did training and other SSIP activities result in increased knowledge of local training participants with the RC catchment area?

LIT survey participants were asked to rate effectiveness of activities at increasing local participants' knowledge related to aspects of the Plan.

Respondents reporting effective or very effective strategies include increasing parent or provider knowledge of strategies to support social development (71.6%), increasing provider knowledge of practices to increase parent engagement (70.0%) and increasing provider participation in Plan activities (63.3%).

Do training participants implement practices and use resources from the Plan initiative?

LIT survey participants reported 75.9% of agencies were providing parent education through the distribution of the Take a Minute resources, 67.2% of agencies were participating in provider training using the Take a Minute Provider Tips resources, 86.2% of agencies have providers participate in the Early Start online training on social and emotional development, and 85.0% of agencies have staff access the Early Start Neighborhood for information and resources.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

To train LIT teams to measure fidelity of the evidence-based practices implemented by providers, the State is currently developing a webinar to present information on the range of options for evaluating the frequency, intensity, and quality of the evidence-based practice implemented and the benefits associated with collecting and using these kinds of data. It is expected that this webinar will increase knowledge of evidence-based practices implementation evaluation strategies and how to use the collected data to make informed decisions to support child outcomes related to social emotional development.

Also, the state utilized an SSIP taskforce to assist in analyzing available data to determine areas to modify in order to identify strategies to improve child and family outcomes. The taskforce consisted of a diverse group of stakeholders, including parents, early intervention practitioners, an early intervention mental health expert, and other early intervention advocates, as well as representatives from the Department of Developmental Services, the California Department of Education, Part C local agencies, the Interagency Coordinating Council, and the National Center for Systemic Improvement and Center for Prevention & Early Intervention.

Based on technical assistance received from WestEd and DaSy beginning in July of 2022 and the feedback received from OSEP and the SSIP Task force, the State has modified its Theory of Action and implementation activities to support improvements made to the current SiMR. These components are slated for completion in Spring 2023. With the modifications to the Theory of Action strands, stakeholder feedback supports the design of additional resources for families, providers, and advocacy agencies as well as updating outreach for and recruitment for new activities that are culturally diverse and more inclusive than previous implementation activities. New activities are slated to begin in Summer 2023. Additionally, a fidelity webinar is approved to be distributed in early Spring of 2023. Outcomes from this webinar series will provide richer data to inform decisions on what level of technical assistance is needed for program evaluation that will lead to the development of a pilot program designed to help providers to evaluate the effectiveness of their evidence-based programs and capture necessary data for informing decisions at the local level.



### List the selected evidence-based practices implemented in the reporting period:

Evaluation findings for the State Systemic Improvement Plan (SSIP), for the period July 1, 2021, through June 30, 2022, indicate the following evidence-based practices are being implemented.

1. Division of Early Childhood Recommended Practices
2. Routines-based Early Intervention
3. Coaching
4. Routines-based Interview
5. Family-guided Routines-based Intervention and Caregiver Coaching
6. Strengthening Families
7. Pyramid Model
8. Social Communication, Emotional Regulation, and Transactional Support
9. Incredible Years10. Developmental, Individual-differences, & Relationship-based model and Floortime
11. Circle of Security

### Provide a summary of each evidence-based practice.

This summary identifies the evidence-based practices used by vendors in the regional centers' catchment area and provides web-links for accessing additional information about the practices.

1. Division of Early Childhood of the Council for Exceptional Children: Recommended Practices (DEC RPs)- The DEC RPs highlight practices specifically known to promote the outcomes of young children who have or are at risk for developmental delays/disabilities. The DEC RPs provide guidance to practitioners and families about ways to improve learning outcomes and promote development of children (0-5) who have or are at-risk for developmental delays or disabilities. The DEC RPs help bridge the gap between research and practice by highlighting practices that have been shown to result in better outcomes for children, their families, and the personnel who serve them. (<https://www.dec-sped.org/dec-recommended-practices>; <https://ectacenter.org/decrp/decrp.asp>)
2. Routines-Based Early Intervention (RBEI) (Robin McWilliam and colleagues)- RBEI supports the development of the intervention plan, including determining the family's ecology and the family's needs and writing child-level functional goals and family goals. RBEI focuses on routines that occur within the child's natural environment that service providers can focus on and use to scaffold new learning. The RBEI model includes the following practices: Routines-Based Interview (RBI), Ecomap, Functional Outcomes/Goals, Family Goals, Primary Service Provider, Collaborative Consultation and Support-Based Home Visits (Family Collaboration). (<https://robinmcwilliam3.wixsite.com/ram-group/the-model>)
3. Coaching in Natural Learning Environments (M'Lisa Shelden and Dathan Rush)- This practice focuses on building the caregiver's capacity to enhance the child's development using everyday interactions and activities. Practitioners support caregivers during EI visits by joining family activities and coaching caregivers as they practice using intervention strategies with their children. Practitioners also facilitate reflection with the caregiver, provide feedback on the caregiver's efforts, and plan with families for what to do to encourage development between visits. (<https://fipp.ncdhhs.gov/publications-products/case-publications/casecollections>)
4. Routines-Based Interview (RBI) (Robin McWilliam and colleagues)- RBI uses a semi-structured interview about the family's day-to-day life, focusing on the child's engagement, independence, and social relationships. Its purposes are to create a strong relationship with the family, to obtain a rich and thick description of child and family functioning, and to result in a family-chosen list of functional and family outcomes/goals. (<http://eieio.ua.edu/evidence.html>)
5. Family-Guided Routines-Based Intervention and Caregiver Coaching (FGRBI) (Julianne Woods and colleagues)- FGRBI and Caregiver Coaching is an approach to early intervention services and supports that integrates family-centered practice, adult learning, coaching, and feedback with evidence-based intervention on functional and meaningful outcomes in everyday routines and activities. FGRBI and caregiver coaching promotes the ability of early intervention providers to coach caregivers to engage their young children in learning as they participate in everyday routines and activities that are meaningful to them. (<http://fgrbi.com/>)
6. Strengthening Families: A Protective Factors Framework- The Strengthening Families Framework is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building five key Protective Factors. 1) Parental resilience, 2) Social connections, 3) Knowledge of parenting and child development. 4) Concrete support in times of need, and 5) Social and emotional competence of children. (<https://cssp.org/our-work/project/strengthening-families/>)
7. Pyramid Model (also Center on Social and Emotional Foundations for Learning – or National Center for Pyramid Model Interventions by Mary Louise Hemmeter and colleagues) <https://challengingbehavior.cbcs.usf.edu/Pyramid/overview/index.html>; <https://www.pyramidmodel.org/>
8. Social Communication, Emotional Regulation, and Transactional Support: for young children with ASD and their families (Barry Prizant, Amy Wetherby, and colleagues) (SCERTS)- The SCERTS practice provides a systematic method that ensures that specific skills and appropriate supports are selected and applied in a consistent manner across a child's day. This process allows families and supporting teams to draw from a wide range of effective practices that are available, and to build upon their current knowledge and abilities in providing an effective program. The SCERTS model can incorporate practices from other approaches including TEACCH, Floortime, RDI, Hanen, and Social Stories®. The SCERTS Model prioritizes child-initiated communication in everyday activities, and in drawing extensively from research on child and human development. (<https://scerts.com/the-scerts-model/>)
9. Incredible Years: Parent Training in Supporting Social-Emotional Development (IY) (Carolyn Webster-Stratton)- The Incredible Years series is a set of interlocking, comprehensive, and developmentally based programs targeting parents, teachers and children. The training programs that compose Incredible Years® Series are guided by developmental theory on the role of multiple interacting risk and protective factors in the development of conduct problems. The programs are designed to work jointly to promote emotional, social, and academic competence and to prevent, reduce, and treat behavioral and emotional problems in young children. (<https://incredibleyears.com/>)
10. Developmental, Individual-Differences and Relationship-Based Model and Floortime (Stanley Greenspan & Wieder). (DIR Floortime)- The DIR Floortime approach is a system developed to meet children where they are and build upon their strengths and abilities through the creation of a warm relationship and positive interaction. DIR Floortime is used to help children with a wide range of emotional, sensory, regulatory, motor, learning, and developmental challenges. DIR Floortime is recognized as a leading evidence-based approach to helping individuals on the autism spectrum and others with neurodevelopmental differences flourish. (<https://www.stanleygreenspan.com/> ; <https://www.icdl.com/home>)
11. Circle of Security Parenting (COSP) (Kent Hoffman, Glen Cooper, and Bert Powell)- COSP is a caregiver training and psychoeducation intervention that aims to improve caregiver-child relationships and enhance secure attachment. It is designed for all parents and caregivers but is frequently delivered to high risk and highly vulnerable families. It is a reflective education group, based on attachment theory. During each session, using video vignettes, and the Circle of Security graphic, caregivers are introduced to a concept of the theory. They are then prompted to observe the concept in action and reflect on what they have seen. Research has shown that attending COSP is associated with improvements in the child-caregiver interactions. Overall, the program aims to enhance security in child-parent relationships, which is associated with improved child outcomes. (<https://www.circleofsecurityinternational.com/circle-of-security-model/what-is-the-circle-of-security/>) <https://brookespublishing.com/product/scerts/>

**Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

Each evidence-based practice identified below was selected for implementation by the regional center to increase the rate of growth in positive social-emotional skills (including social relationships) of children and families participating in California's early intervention program. The use and implementation of evidence-based practices is embedded in the state's current Theory of Action.

Regional Centers were surveyed about the use of evidence-based practices and its use by providers in their region. They were asked to select each evidence-based practice from a list that is currently being used by their Early Start vendors. The number of evidence-based practices being used in a regional center catchment area ranged from zero (0) to six (6) with a mean of 2.38 (M = 2.38). Eight (8) regional centers reported using none or one evidence-based practice. Thirteen (13) regional centers reported using two (2) to six (6) evidence-based practices.

The following list identifies the number of regional centers that reported using each evidence-based practice

1. Division of Early Childhood Recommended Practices: 10 regional centers reported use of this practice
2. Routines-Based Early Intervention: 10 regional centers reported use of this practice
3. Coaching: 8 regional centers reported use of this practice
4. Routines-Based Interview: 7 regional centers reported use of this practice
5. Family-Guided Routines-Based Intervention: 5 regional centers reported use of this practice
6. Strengthening Families: 3 regional centers reported use of this practice
7. Pyramid: 2 regional centers reported use of this practice
8. Social Communication, Emotional Regulation, and Transactional Support: 1 regional center reported use of this practice
9. Incredible Years: 1 regional center reported use of this practice
10. Developmental, Individual-differences, & Relationship-based (Floortime): 1 regional center reported use of this practice
11. Circle of Security Parenting- 1 regional center reported use of this practice

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

The state collects data on the fidelity of implementation of evidence-based practices through the completion of an annual survey of SSIP Leads. SSIP Leads were asked: "Are you or any of your partner agencies collecting data to measure the quality of implementation of your chosen local initiative? If so, please describe what data are being collected and by whom."

California's 21 regional centers responded to the survey question above and 28.6 percent (n=6) of SSIP Leads reported that fidelity of implementation of evidence-based practices was being collected and measured. Unfortunately, examination of the narrative explanations provided by survey participants does not reflect an understanding of fidelity measurement. The remaining 71.4% (n=15) reported that they did not engage in the collection of fidelity data on the implementation of evidence-based practices during FFY 2021.

As noted previously, the State is currently developing a webinar to present information on the range of options for evaluating the frequency, intensity, and quality of the evidence-based practice implemented and the benefits associated with collecting and using these kinds of data to train local implementation teams to measure fidelity of the evidence-based practices implemented by providers.

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

The State recognizes the need to improve fidelity measurement of evidence-based practices. To date, the state has been able to collect information from its regional centers about the practices/approaches that have been adopted but has encountered difficulty in collecting data to evaluate how well and with what frequency and intensity the practices are being implemented. The state is currently working to address this by developing a fidelity webinar pilot program (target: Summer 2023) to present information on the range of options for evaluating the frequency, intensity, and quality of the evidence-based practice implemented and the benefits associated with collecting and using these kinds of data. It is expected that this webinar will increase knowledge of evidence-based practices implementation evaluation strategies and how to use the collected data make informed decisions. Participants in the fidelity pilot will receive targeted technical assistance designed to support staff will developing a system for collecting data and monitoring fidelity of evidence-based practices in their area.

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

NO

**If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.**

As mentioned above, the State recognizes the need to improve fidelity measurement of evidence-based practices. To date, the state has been able to collect information from its regional centers about the practices/approaches that have been adopted but has encountered difficulty in collecting data to evaluate how well and with what frequency and intensity the practices are being implemented. The state is currently working to address this by developing a fidelity webinar pilot program (target date: Summer 2023) to present information on the range of options for evaluating the frequency, intensity, and quality of the evidence-based practice implemented and the benefits associated with collecting and using these kinds of data. It is expected that this webinar will increase knowledge of evidence-based practices implementation evaluation strategies and how to use the collected data make informed decisions. Participants in the fidelity pilot will receive targeted technical assistance designed to support staff will developing a system for collecting data and monitoring fidelity of evidence-based practices in their area.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were solicited from the State's broad and diverse Interagency Coordinating Council (ICC) which 15 appointees comprise of 2 parents, 13

professionals providing services to infants and toddlers, as well as representatives from state departments involved in the provision of services for infants and toddlers. In California, the Interagency Coordinating Council allows the participation of community representatives, which increases the diversity of perspectives presented. The ICC currently has 47 community representatives that includes 11 parents and 36 professionals from the field.

In the early fall of 2021, DDS began planning to review the SSIP improvement strategies in order to make revisions to the plan based on data review and input from a broad-based stakeholder group. A 30-member SSIP Task Force was assembled with representation from the regional centers, the family resource centers, academia, the ICC, DDS & CDE, and families of children in the Early Start program. The Task Force group held its first meeting on November 2, 2021 and proceeded to meet on a bi-weekly schedule through early July 2022.

WestEd provided assistance to the DDS Early Start staff throughout Task Force convenings by facilitating structured input from the members using two methodologies, a modified Delphi procedure and nominal group technique (NGT). The Delphi is a survey technique for decision making among isolated respondents while the nominal group technique (NGT) is a highly controlled small group process for the generation of ideas. These methodologies, used in tandem, were especially useful during the COVID pandemic where meetings needed to be held virtually.

NGT is conducted with small groups of participants (6-8) and is conducted in six steps, (a) formulation and presentation of the nominal question to participants; (b) silent generation of ideas in writing, (c) round-robin feedback from group members to record each idea in a succinct phrase, (d) group discussion of each idea in turn for clarification, (e) individual voting on priorities, and (f) feedback of results, further discussion, and re-voting.

The Delphi technique is conducted using surveys that are completed and returned anonymously. Ideas, generally in response to a nominal question, are generated and submitted and then compiled by facilitators. Several rounds are conducted where participants have the opportunity to review all of the items that have been submitted and add any additional idea that may come to mind. Finally, participants are asked to rank-order or otherwise score items. Mean scores are calculated and posted in a second survey. This survey is distributed to all participants, who are asked to review how the other participants scored the items and to then score the items a second time.

The Delphi technique and NGT were used over multiple iterations to (a) generate a list of recommended improvement strategies that could be incorporated in the SSIP for achieving the SiMR, (b) rank-order and gain consensus on the recommended strategies, and (c) generate a set of operational suggestions for each of the eight top-ranked strategies.

The SSIP Task Force generated and rank-ordered nineteen (19) recommendations. The eight (8) top-ranked recommendations were as follows:

- DDS will provide funding to each regional center for an Early Start-designated staff person who will identify and coordinate activities and resources for parents or other primary caregivers to promote well-being, address stress management, and so forth, to increase parent/caregiver support of child social and emotional outcomes.
- Identify and require the use of one state-wide assessment tool to standardize assessment timelines, training, and reporting outcomes for social and emotional development from birth to three to increase the reliability and validity of the State's Child Outcome measurement.
- Train providers on evidence-based practices that use coaching to support the parent/child relationship (e.g., Promoting First Relationships, Practice-Based Coaching, Family-Guided Routines-Based Intervention). In addition to training providers, provide support to them in implementing those practices with children and families.
- Develop interagency collaboration by establishing or strengthening relationships between Early Start programs and community mental health agencies to increase families' ease of access to both Early Start and County Departments of Mental Health.
- Create a family-centered, online resource hub for families to access and understand social and emotional development, various services Early Start provides, and strategies parents may use to support their child's social and emotional development.
- Increase abilities of Early Start service coordinators and providers to identify community activities and resources that support social and emotional development and milestones to identify relevant strategies to achieve outcomes in the Individualized Family Service Plan.
- Create, promote, or increase social and cultural connections with parent-to-parent programs, to increase access to self-identified groups, in order to aid families in supporting their child's social and emotional development, including opportunities for children's peer-to-peer relationships. These supports should reach all programs and provide support to all families including families of children with low incidence disabilities (Deaf/hard of hearing, Blind/visual impairment, orthopedic disabilities).
- All Early Start professionals will be cognizant of their responsibilities for educating, informing, and supporting parents in exercising their vital role in Individualized Family Service Plan meetings as it specifically relates to identifying and addressing the family's concerns and aspirations about social and emotional development for their child.

DDS reviewed the recommendations and considered each for cost, feasibility, and likely impact. The Department selected and adapted improvement strategies which will be used in California's revised SSIP. A revised Theory of Action was developed and presented to the Task Force, the regional centers, and the Family Resource Centers in late August 2022.

The operational suggestions generated by the task addressed the following questions: (a) What action steps would need to be implemented in order to put the improvement strategy in place? (b) What resources, initiatives, and expertise are available to support implementation of the improvement strategy? (c) What recommendations do you provide for suggested timelines and implementation type (e.g., recruit interested volunteers, use pilot testing, and so forth), and (d) Who needs to be involved in the detailed planning? DDS is currently reviewing these recommendations as they develop more detailed plans of action for each of the adopted improvement strategies. The current plan is to present the revised SSIP to the regional centers in late January 2023 and address question and elicit feedback, especially in regard to the proposed implementation of the plan.

#### **Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

Stakeholder engagement strategies include monthly conference calls between state liaisons and regional center early start and local program implementation team members; quarterly meetings of the Interagency Coordination Council, bi-annual meetings for Early Start, Office of Education, and Family Resource Center leads. On the local level, Local Implementation Teams hold meetings on a varied schedule. Local Teams include providers, parents, advocacy agencies, and staff representatives from regional centers, family resource centers, and Local Educational Agencies. The state provides technical assistance, as requested, around engagement activities and strategies related to making improvements towards the SiMR, data and target setting updates, and professional training opportunities.

#### **Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

#### **Describe how the State addressed the concerns expressed by stakeholders.**

The State addressed the following concerns expressed by stakeholders:

1. Concerns related to technology: Family resource centers and regional centers used state funds to purchase tablets and hot spot devices to increase access to families to receive Early Start Services.

2. Concerns related to funding: Printing costs were reduced by the State converting more resources into electronic formats that could be shared with families and providers. Timelines for using grant funds for training initiatives were extended by the State.
3. Concerns related to time constraints: State directives allowing virtual platforms to provide related services and training has reduced travel time for service coordinators and families.

### **Additional Implementation Activities**

#### **List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

Added at clarification:

California completed activities to increase the capacity of diverse groups of parents by raising awareness of Early Start resources among targeted, underrepresented communities, providing financial support to families willing to engage in advocacy activities, and providing language access for program materials and meetings.

California offered and provided stipends for parents and other community members to participate in the SSIP Taskforce series of meetings and in the Statewide Screening Collaborative meetings. Stipends were to provide compensation for costs incurred in connection with participation in meetings. Examples of covered costs included childcare and reimbursement for missed wages. This was intended to allow parents from diverse backgrounds to more easily access meeting participation. SSIP Task Force meetings occurred on November 2, 2021; November 16, 2021; January 4, 2022; January 18, 2022; February 17, 2022; March 3, 2022; March 17, 2022; April 14, 2022; and May 12, 2022.?

To ensure all parents and caregivers could participate, California provided translation in ICC meetings that occurred on July 15 and 16, 2021; October 14 and 15, 2021; January 20 and 21, 2022; and April 21 and 22, 2022. as well as California also supported all families' participation by providing program materials and public meetings in multiple languages, including American Sign Language (ASL)

California plans to continue to engage in greater outreach with Native American and Black or African American communities by working with FRCs and regional centers and identifying and engaging community partners from diverse communities. The DDS also plans to increase communication with the ICC and SSIP partners to generate ideas for increasing support for diverse parents and families.

Additionally, the state has publicly available resources to support the participation and decision-making processes related to child outcomes that includes:?

- A website that hosts information/resources about the SPP/APR indicators and calculations?
- Presentations to the ICC to review/discuss historical trends, targets, and calculations for each indicator, and;
- other language resources such as the Early Start Newsletter, Informational Guide to the Early Start Community, and other various Early Start publications to ensure that parents who do not speak English can participate and could understand materials being presented and provide input to lead agency
- o These resources can be found under: [www.dds.ca.gov/services/early-start/resources-for-families-parents-caregivers/](http://www.dds.ca.gov/services/early-start/resources-for-families-parents-caregivers/)

Next steps for infrastructure improvements include:

- Convening a culturally diverse group of stakeholders.
- Scheduling regular meetings with stakeholder groups including parent stakeholders to review prior SSIP activities, outcomes, and systemic improvements made at both state and local levels during the previous SSIP timeline.
- Implementing a Nominal Group Technique within stakeholder group to identify and reach consensus on activities, timelines, resources and outcomes to update the Theory of Action, Logic Model, and Evaluation plan for the next reporting period.
- Creating fidelity webinars as a tool to collect data on evidence-based practices being implemented.

By taking these steps, the State expects the following outcomes:

- A comprehensive culturally diverse set of outreach activities targeted towards families, providers, and community agencies specific to improving social and emotional development for infants and toddlers receiving early intervention services.
- A measured increase in families', providers', and service coordinators' awareness on the importance and impact of social and emotional development through the distribution of culturally diverse, accessible outreach and educational materials and trainings.
- Increased professional development opportunities for early intervention specialists to identify and improve equity and gaps in services, cultural humility, and implicit bias that negatively impact service delivery of interventions designed to improve social and emotional outcomes of infants and toddlers receiving early intervention services.
- Meaningful interagency collaboration measured through initial thresholds that promote and enhance the SSIP activities and efforts at the local level to improve social and emotional outcomes for infants and toddlers receiving early intervention services.
- Increase in providers meeting fidelity thresholds of evidence-based practices that are implemented at the local level.

#### **Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

Over the next Fiscal year, the State will move forward with the revision of the Theory of Action, Evaluation Plan, and implementation activities to support improvements. These components are slated for completion in late Spring of 2022. While the current Theory of Action strands will remain the same, gathered stakeholder feedback supports designing additional resources for families, providers, and advocacy agencies as well as updating outreach for and recruitment for new activities that are culturally diverse and more inclusive than previous implementation activities. New activities are slated to begin in Summer 2022. Additionally, a fidelity webinar is approved to be held in February of 2022. Outcomes from this webinar series will provide richer data to inform decisions on what level of technical assistance is needed for program evaluation that may lead to the development of a pilot program designed to help providers to evaluate the effectiveness of their evidence-based programs and capture necessary data for informing decisions at the local level.

#### **Describe any newly identified barriers and include steps to address these barriers.**

#### **Provide additional information about this indicator (optional).**

## 11 - Prior FFY Required Actions

The State must provide the required numerator and denominator descriptions within the data table in the FFY 2021 SPP/APR.

### Response to actions required in FFY 2020 SPP/APR

Data for this indicator is gathered by the Department of Developmental Services (DDS) and the California Department of Education (CDE). DDS' Early Start Report system captures federally required data elements for children assessed in all child outcome areas. Assessments are conducted by regional center-contracted providers and results are submitted to the 21 regional centers for data entry into Early Start Report system. CDE's data is gathered via the Desired Results Developmental Profile and includes all infants and toddlers with solely low incidence disabilities assessed in all child outcome areas.

Numerator: # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) per data for Part C indicator 3a.

Denominator: # 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) per data for Part C indicator 3a.

## 11 - OSEP Response

While the State has described the mechanisms for soliciting broad stakeholder input on improvement strategies that could be incorporated in the SSIP for achieving the SiMR, that description does not contain the required information. Specifically, the State did not report activities conducted to increase the capacity of diverse groups of parents.

## 11 - Required Actions

The State's description of the mechanisms for soliciting broad stakeholder input on improvement strategies that could be incorporated in the SSIP for achieving the SiMR, did not contain the required information. Specifically, the State did not report activities conducted to increase the capacity of diverse groups of parents. In the FFY 2022 SPP/APR, the State must describe activities conducted to increase the capacity of diverse groups of parents.

## **Certification**

### **Instructions**

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

### **Certify**

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

### **Select the certifier's role**

Designated Lead Agency Director

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.**

### **Name:**

Maricris Acon

### **Title:**

Deputy Director, Children, Adolescents and Young Adult Services

### **Email:**

maricris.acon@dds.ca.gov

### **Phone:**

916-591-4915

### **Submitted on:**

04/25/23 11:20:21 PM

## Determination Enclosures

### RDA Matrix

# 2023 Part C Results-Driven Accountability Matrix

#### Results-Driven Accountability Percentage and Determination<sup>1</sup>

Percentage (%)	Determination
62.50%	Needs Assistance

#### Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
<b>Results</b>	8	4	50.00%
<b>Compliance</b>	16	12	75.00%

#### 2023 Part C Results Matrix

##### I. Data Quality

###### (a) Data Completeness: The percent of children included in your State's 2021 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	22,366
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	43,688
Percentage of Children Exiting who are Included in Outcome Data (%)	51.19
<b>Data Completeness Score<sup>2</sup></b>	1

###### (b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

<b>Data Anomalies Score<sup>3</sup></b>	1
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##### II. Child Performance

###### (a) Data Comparison: Comparing your State's 2021 Outcomes Data to other States' 2021 Outcomes Data

<b>Data Comparison Score<sup>4</sup></b>	1
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###### (b) Performance Change Over Time: Comparing your State's FFY 2021 data to your State's FFY 2020 data

<b>Performance Change Score<sup>5</sup></b>	1
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
<b>FFY 2021</b>	65.93%	64.18%	76.45%	51.27%	56.10%	59.04%
<b>FFY 2020</b>	66.46%	64.98%	75.78%	52.33%	57.02%	59.86%

<sup>1</sup> For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C."

<sup>2</sup> Please see Appendix A for a detailed description of this calculation.

<sup>3</sup> Please see Appendix B for a detailed description of this calculation.

<sup>4</sup> Please see Appendix C for a detailed description of this calculation.

<sup>5</sup> Please see Appendix D for a detailed description of this calculation.

2023 Part C Compliance Matrix

Part C Compliance Indicator <sup>6</sup>	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2020	Score
Indicator 1: Timely service provision	88.47%	NO	1
Indicator 7: 45-day timeline	78.64%	NO	1
Indicator 8A: Timely transition plan	90.43%	YES	2
Indicator 8B: Transition notification	91.49%	NO	1
Indicator 8C: Timely transition conference	79.92%	YES	1
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

<sup>6</sup> The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: [https://sites.ed.gov/idea/files/2023\\_Part-C\\_SPP-APR\\_Measurement\\_Table.pdf](https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf)



**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State's FFY 2021 IDEA Section 618 Exit Data.

<b>Data Completeness Score</b>	<b>Percent of Part C Children included in Outcomes Data (C3) and 618 Data</b>
<b>0</b>	<b>Lower than 34%</b>
<b>1</b>	<b>34% through 64%</b>
<b>2</b>	<b>65% and above</b>

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e<sup>78</sup>. In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

<b>Category a</b>	<b>Percent of infants and toddlers who did not improve functioning</b>
<b>Category b</b>	<b>Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>
<b>Category c</b>	<b>Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</b>
<b>Category d</b>	<b>Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>
<b>Category e</b>	<b>Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers</b>

<sup>7</sup> Numbers shown as rounded for display purposes.

<sup>8</sup> Values based on data for States with summary statement denominator greater than 199 exiters.

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
<b>Outcome A\Category a</b>	1.43	1.62	-0.19	3.05
<b>Outcome B\Category a</b>	1.26	2.27	-1.01	3.53
<b>Outcome C\Category a</b>	1.14	1.59	-0.45	2.73

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
<b>Outcome A\ Category b</b>	23.62	8.94	5.75	41.49
<b>Outcome A\ Category c</b>	20.32	12.69	-5.05	45.69
<b>Outcome A\ Category d</b>	27.33	9.46	8.42	46.24
<b>Outcome A\ Category e</b>	27.3	15.11	-2.92	57.52
<b>Outcome B\ Category b</b>	25.16	9.76	5.65	44.68
<b>Outcome B\ Category c</b>	28.73	12.11	4.5	52.95
<b>Outcome B\ Category d</b>	31.76	8.06	15.64	47.87
<b>Outcome B\ Category e</b>	13.09	8.56	-4.02	30.21
<b>Outcome C\ Category b</b>	20.27	8.49	3.29	37.26
<b>Outcome C\ Category c</b>	23.01	13.08	-3.16	49.17
<b>Outcome C\ Category d</b>	34.09	8.09	17.9	50.28
<b>Outcome C\ Category e</b>	21.49	15.06	-8.62	51.6

<b>Data Anomalies Score</b>	<b>Total Points Received in All Progress Areas</b>
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

**Anomalies in Your State's Outcomes Data FFY 2021**

<b>Number of Infants and Toddlers with IFSP's Assessed in your State</b>	<b>22,366</b>
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<b>Outcome A — Positive Social Relationships</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	1,525	2,682	3,330	4,812	8,695
<b>Performance (%)</b>	7.25%	12.74%	15.82%	22.87%	41.32%
<b>Scores</b>	0	1	1	1	1

<b>Outcome B — Knowledge and Skills</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	732	3,109	6,414	6,054	4,735
<b>Performance (%)</b>	3.48%	14.77%	30.48%	28.77%	22.50%
<b>Scores</b>	1	1	1	1	1

<b>Outcome C — Actions to Meet Needs</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	1,575	3,766	3,278	3,547	8,878
<b>Performance (%)</b>	7.48%	17.90%	15.58%	16.86%	42.19%
<b>Scores</b>	0	1	1	0	1

	<b>Total Score</b>
<b>Outcome A</b>	4
<b>Outcome B</b>	5
<b>Outcome C</b>	3
<b>Outcomes A-C</b>	12

<b>Data Anomalies Score</b>	1
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Appendix C

II. (a) Data Comparison:

**Comparing Your State's 2021 Outcomes Data to Other States' 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement<sup>9</sup>. Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

*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.*

*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.*

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021**

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	43.42%	36.60%	54.62%	29.02%	55.14%	36.15%
90	82.74%	69.30%	79.34%	55.52%	85.72%	76.15%

Data Comparison Score	Total Points Received Across SS1 and SS2
0	0 through 4 points
1	5 through 8 points
2	9 through 12 points

**Your State's Summary Statement Performance FFY 2021**

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	65.93%	64.18%	76.45%	51.27%	56.10%	59.04%
Points	1	1	1	1	1	1

<b>Total Points Across SS1 and SS2(*)</b>	6
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<b>Your State's Data Comparison Score</b>	1
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<sup>9</sup> Values based on data for States with summary statement denominator greater than 199 exiters.

## Appendix D

### II. (b) Performance Change Over Time:

#### Comparing your State's FFY 2021 data to your State's FFY 2020 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of  $p \leq .05$ . The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

#### Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of  $p \leq .05$ . The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g.,  $C3A \text{ FFY}2021\% - C3A \text{ FFY}2020\% = \text{Difference in proportions}$

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on<sup>10</sup>

$\text{Sqrt}[(\text{FFY}2021\% * (1-\text{FFY}2021\%)) / \text{FFY}2021N] + ((\text{FFY}2022\% * (1-\text{FFY}2022\%)) / \text{FFY}2022N)] = \text{Standard Error of Difference in Proportions}$

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

$\text{Difference in proportions} / \text{standard error of the difference in proportions} = z \text{ score}$

Step 4: The statistical significance of the z score is located within a table and the p value is determined.

Step 5: The difference in proportions is coded as statistically significant if the p value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

Indicator 3 Overall Performance Change Score	Cut Points for Change Over Time in Summary Statements Total Score
0	Lowest score through 3
1	4 through 7
2	8 through highest

<sup>10</sup>Numbers shown as rounded for display purposes.

Summary Statement/ Child Outcome	FFY 2020 N	FFY 2020 Summary Statement (%)	FFY 2021 N	FFY 2021 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	13,416	66.46%	12,349	65.93%	-0.53	0.0059	-0.8907	0.3731	NO	1
SS1/Outcome B: Knowledge and Skills	17,857	75.78%	16,309	76.45%	0.67	0.0046	1.4485	0.1475	NO	1
SS1/Outcome C: Actions to meet needs	13,319	57.02%	12,166	56.10%	-0.92	0.0062	-1.4757	0.14	NO	1
SS2/Outcome A: Positive Social Relationships	22,121	64.98%	21,044	64.18%	-0.79	0.0046	-1.7249	0.0845	NO	1
SS2/Outcome B: Knowledge and Skills	22,121	52.33%	21,044	51.27%	-1.07	0.0048	-2.2158	0.0267	YES	0
SS2/Outcome C: Actions to meet needs	22,121	59.86%	21,044	59.04%	-0.81	0.0047	-1.7221	0.0851	NO	1

Total Points Across SS1 and SS2	5
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Your State's Performance Change Score	1
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Data Rubric

FFY 2021 APR<sup>11</sup>

Part C Timely and Accurate Data -- SPP/APR Data		
APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1
	<b>Subtotal</b>	12
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right.	5
	<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	17

<sup>11</sup> In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.



		618 Data <sup>12</sup>		
Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 4/6/22	1	1	1	3
Exiting Due Date: 11/2/22	1	1	1	3
Dispute Resolution Due Date: 11/2/22	1	1	1	3
			<b>Subtotal</b>	9
<b>618 Score Calculation</b>			<b>Grand Total</b> (Subtotal X 2) =	18.00

Indicator Calculation	
A. APR Grand Total	17
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	35.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
<b>Denominator</b>	35.00
D. Subtotal (C divided by Denominator*) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.

<sup>12</sup> In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

## APR and 618 -Timely and Accurate State Reported Data

DATE: February 2023 Submission

### SPP/APR Data

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

### Part C 618 Data

**1) Timely** – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	1 <sup>st</sup> Wednesday in April
Part C Exiting	Part C Exiting Collection in EMAPS	1 <sup>st</sup> Wednesday in November
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	1 <sup>st</sup> Wednesday in November

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check** – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>