

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2022

California



PART C DUE
February 1, 2024

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

California's Early Start Program is the nation's largest early intervention services (EIS) delivery system. In the federal fiscal year (FFY) 2022 (July 1-June 30), the program averaged over 8,400 referrals per month. On any given month, there is an average of 55,000 infants and toddlers with active Individualized Family Service Plans (IFSPs). During a program year, more than 100,000 children had an active IFSP. The majority (93.09%) of infants and toddlers with IFSPs received early intervention services in a home or community-based setting (indicator 2). While California's Early Start Program served just under 1.10% of Californians under one-year-old, which is lower than the national average of 1.25% (indicator 5), the program served 4.44 % of Californians under three years old, based on a point-in-time count on October 1st, which exceeds the national average of 3.66% (indicator 6).

Beginning July 1, 2022, a state law was enacted to expand eligibility for Early Start. Of note, state law qualifies infants and toddlers under three eligibility criteria: 1) delay; 2) at risk, 3) established risk. The law expanded the first criteria, to allow more infants and toddlers, from birth through two years of age, who are not at the expected level of development for their age to receive early intervention services. Program eligibility was modified in the following ways:

1. The eligibility criteria for early intervention services for an infant or toddler was changed from a 33% delay to a 25% delay in one or more areas of development.
2. Delays in Communication development was separated into two categories, expressive communication development and receptive communication development. This allows for an infant or toddler to be assessed separately in these two domains, and a lack of delay in one area doesn't raise the delay percentage overall and risk a child's eligibility for services.
3. Language was added to emphasize Fetal Alcohol Syndrome as a risk factor for which an infant or toddler may require EIS.

Starting July 2022, using state general purpose funds, the state also invested significantly in local programs serving the vast majority of Early Start children and families. Specifically, funding was approved to reduce the caseload of service coordinators to not more than 40 families per service coordinator. This investment responds to workgroup recommendations, comprised of family members, providers, and administrators from diverse background to lower the caseload of service coordinators. The intent was to provide the capacity for each service coordinator, and the EI system broadly, to more effectively support the needs of children and families. Of note, DDS and the programs have asked the community to give the programs time to scale up, recruit, and onboard and train new service coordinators. In a 6-month point-in-time look at caseload per month, and service coordinator caseload ratio during FFY 2022, data showed that caseload for each service coordinator decreased by 5.8 percent or 4 families less. Monthly Early Start caseload grew by 6 percent during this same period.

In response to the Secretary's direction in its letter regarding California's 2023 Determination, the DDS continued to take advantage of technical assistance support from OSEP-funded technical centers to improve its performance, specifically the Center for IDEA Early Childhood Data Systems (DaSy) and the Early Childhood Technical Assistance (ECTA). In FFY 2022, the State focused on Data Quality and Child Outcomes. Technical assistance calls occurred from September 2022 through May 2023. In response to TA, the DDS learned dimensions to data quality, completeness and validity among many other topics. The calls also highlighted the capacity issue within DDS to support the work required to improve data quality. As DDS managed vacancies, onboarding new staff including a new Part C Coordinator, the DDS implemented lessons learned from TA providers and implemented targeted discussions with local program administrators. Scheduled in the calls ahead of any monitoring engagement, discussions provided local program executives with the data they collect locally for Part C Indicator 3. Further, DDS provided training to the field focused on child outcomes data, through the State Interagency Coordinating Council on Early Intervention (ICC) meeting on April 2023.

CA-C Background

The California Department of Developmental Services (DDS) is designated as the State lead agency in the administration of early intervention services (EIS) under Part C of the Individuals with Disabilities Education Act (IDEA) per California Government Code. In California, Part C of the IDEA is referred to as the Early Start program, and the DDS conducts program oversight and supervision which includes, but is not limited to: the development and implementation of the state policies and procedures that are consistent with Part C of the IDEA regulations; oversight of the dispute resolution system; programmatic and contract monitoring of local regional centers and local educational agencies (LEAs) directly responsible for coordinating services; engaging in the continuous improvement process; public reporting; development and implementation of statewide personnel standards; making determinations annually about the performance of each local program; 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 ICC. The Departments of Health Care Services, Public Health and Social Services also cooperate and coordinate with the DDS in the delivery of EIS.

The DDS contracts with regional centers that coordinate early intervention services for infants and toddlers with developmental delays and disabilities and vendors local providers of 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. The DDS provides Part C grant funds to these centers, and state general purpose funds for local administration of Early Start.

DDS also contracts with LEAs, through the CDE to coordinate and provide EIS for children with low incidence disabilities, including visual impairment, hearing impairment, severe orthopedic impairment, or a combination of these. The LEAs may administer Early Start for the children they serve using a combination of Part C grant funds from the DDS, state funds from the CDE, and local property tax revenues. In some areas of the state, RC and LEAs coordinate closely and provide children and families with services simultaneously. The RCs and LEAs comprise the local programs across California.

The DDS staff work closely with local programs and early intervention personnel to provide training and technical assistance on Federal and State requirements, data entry into the State's data systems, and review of data to ensure data are comprehensive, accurate, and timely. State monitoring activities focus on improving results and outcomes for all children with disabilities served in the program and ensuring local programs meet all IDEA Part C requirements. The DDS has also utilized technical assistance provided by the OSEP and their national technical assistance centers, such as the Early

Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy), Center for IDEA Fiscal Reporting, and SRI International (SRI).

Additional information related to data collection and reporting

The Early Start Report, known as the ESR is the data management system utilized by DDS staff and regional centers to track children in every phase of California's Early Start Program. Entries are made manually at entry and exit for each child receiving EIS services. The ESR provides critical data at the state and local level. After its initial launch in 2011; new functions, reports, and fields have been continuously added in response to user feedback, regulatory changes, and changes in policy and procedures. The ESR is a system that continues to be updated and/or modified to meet the data collection and reporting needs of the state's IDEA Part C program. The last update of the DDS' ESR data system was in December of 2023.

Early Start referral data collected during the reporting period shows significant increases in the number of infants and toddlers who were referred and evaluated for program eligibility compared to FFY 2020 through FFY 2021 and into FFY 2022; and demonstrates overall caseload counts have returned and exceeded pre-COVID-19 pandemic levels. Data related to these figures can be found at: <https://www.dds.ca.gov/transparency/facts-stats/>

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

In California, the Department of Developmental Services (DDS) monitors the implementation of IDEA 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 IDEA 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 are eligible to receive services through California's 21 community-based non-profit regional centers. Regional centers 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 are implemented consistently across programs; identify areas of noncompliance; trigger effective corrective actions, technical assistance, improvement strategies, fiscal decisions, and sanctions and/or incentives that ensure timely correction; and lead to status determination of programs.

As of July 1, 2022, the DDS increased the frequency of comprehensive reviews of Early Intervention programs (EIS) from triennial to biennial, which means every local program's implementation of Early Start EIS is reviewed and monitored at least once in a 24-month cycle. This modification was implemented to enhance DDS' general supervision of California's Early Start program, increase the number of records reviewed, allow for timely insight into challenges at the local level (per program) and proactively develop solutions, implement timely correction of noncompliance, and improve the delivery of Early Start services for children and families. Specific challenges faced by local programs are outlined in the compliance indicator sections of this report. Additionally, the recently implemented biennial monitoring cycle utilizes an online platform. Early Start programs complete a self-assessment review of their program implementation at the start of a monitoring review via the online platform. Each Early Start program is required to provide evidence of compliance with IDEA Part C requirements. To verify compliance and identify findings of noncompliance, the DDS reviews all evidence provided. Following the monitoring review, DDS issues written notification of noncompliance on both child-specific findings and systemic findings to the local Early Start programs. Within 60 days of the written notification, Early Start programs must submit a corrective action plan for all findings of noncompliance. For each instance of child-specific noncompliance, the Early Start program must provide evidence that the noncompliance has been corrected as soon as possible, but no later than one year, after receiving a finding of noncompliance. In addition, the actions outlined in the corrective action plan are implemented prior to correcting the systemic noncompliance. Once all child-specific noncompliance has been corrected, a subsequent review of randomly selected records is completed every quarter until 100 percent compliance is achieved. Once 100 percent compliance is achieved, the noncompliance is verified as corrected.

For FFY 2022, the DDS conducted eleven monitoring reviews of eleven local EIS programs using the process above. The DDS is working with the California Department of Education (CDE) to include local educational agencies that serve children with solely low-incidence disabilities in the biennial monitoring cycle. In addition, the DDS has solicited support from the Early Childhood Technical Assistance Center and the Center for IDEA Early Childhood Data Systems to assist in these efforts. This process will be implemented in FFY 2023.

The DDS has general supervision procedures and policies that include multiple methods to: ensure implementation of Part C of the IDEA and the accountability of local programs and their providers; identify and correct noncompliance; facilitate continuous improvement; and 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 be aligned with Part C of the IDEA; and be in effect statewide and monitor the implementation of IDEA Part C EIS through the Early Start program at regional centers and LEAs.

Administration of the Early Start Program involves the following divisions within the DDS and, other state departments. Specifically: 1) DDS' Office of Community Operations oversees and enforces contracts with local programs; 2) DDS' Audits section conducts fiscal audits of vendored providers of EIS; 3) Regulations addressed workload relating to promulgation of state regulations governing the Early Start program; 4) DDS' Office of Community Appeals and Resolution that a) manages the DDS' contract with the California Department of General Services' Office of Administrative Hearings for any Part C Dispute Resolution cases, and b) handles Part C state complaints; and 5) DDS' Administration and Waiver and Rates Divisions assists in the Part C grant administration and fiscal management. The main coordination and oversight of the Early Start program in California is handled by DDS' Children, Adolescent and Young Adult Services Division. This division conducts integrated monitoring activities to ensure effective implementation of the Early Start program, development of policies/procedures, and management of contracts for a) the comprehensive system of personnel development, b) family peer supports through the 48 family resource centers across the state, and interagency agreements with other state departments.

In FFY 2022, the DDS also implemented organizational changes. This included the creation of the CAYAS 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 the implementation of statewide ARPA funded initiatives intended to address the impacts of the Covid-19 pandemic and, specifically, improve the transition process for children and their families as they move from Part C EIS under IDEA Part C to Part B special education services under IDEA Part B.

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.

The DDS maintains a dedicated email address and phone number for all inquiries related to the Early Start Program.
<https://www.dds.ca.gov/general/appeals-complaints-comments/early-start-complaint-process/>

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 ongoing monitoring activities, calls or emails from the dedicated email address or phone number, results of dispute resolution activities, and regular review of information in California's data collection systems. These methods allow for targeted and Statewide high-quality technical assistance. The DDS provides TA and training directly linked to the SPP/APR and State monitoring activities to help programs understand the requirements related to indicators and develop and implement meaningful improvement strategies to correct noncompliance and ultimately improve results for children and families. Additionally, ongoing TA is provided on various topics directly from the DDS and its contractors to ensure the timely delivery of high-quality services through California's early intervention system.

California funded permanent, full-time IDEA Specialist positions at each regional center per the fiscal year 2022 Budget Act. In FY 2022, all twenty-one regional centers onboarded an IDEA Specialist to serve as a subject matter expert responsible for providing technical assistance on IDEA provisions to regional center service coordinators who support infants and toddlers with developmental disabilities and their families in accessing early intervention and educational services and supports. The IDEA Specialists also support regional centers with transitioning of Early Start families to Part B services and, in addition, collaborate with LEAs. More information on IDEA specialists is available here: <https://www.dds.ca.gov/wp-content/uploads/2023/01/Individuals-with-Disabilities-Education-Act-Specialists.pdf>

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.

The DDS annually funds a contract (WestEd) for the California Early Intervention Technical Assistance Network (CEITAN) to develop, implement, evaluate, and improve technical assistance to early intervention professionals. The center assists the DDS in meeting federal requirements for a Comprehensive System of Personnel Development and Resources (CSPD-R). California's CSPD-R engages in a wide variety of activities and develops products, including, but not limited to, the Early Start Neighborhood, the Early Start Central Directory of Early Intervention Resources, the Early Start Service Coordination Handbook, and Early Start Online. More information on these resources are below.

In FFY2022, using supplemental grant funds through section 2014(a) of the ARPA, the DDS allocated funds to each regional center to fund school transition support through School Transition Liaison positions or the development of transition related resources. These resources focused on developing collaborative partnerships with LEAs and other community programs to achieve effective and timely school transitions that promote inclusive preschool options for children exiting Part C.

To facilitate shared learning among School Transition Liaisons, the DDS held a series of meetings beginning in 2022 that included training and technical assistance sessions with personnel from the field with expertise in providing timely and smooth transitions from Part C to Part B. 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

The Neighborhood is a web-based community, maintained and facilitated by DDS through a contract with WestEd. This online system is designed to inform and connect Early Start personnel (e.g., service coordinators, and direct service providers) with timely news and resources on evidence-based practices in early intervention. During the FFY 2022, the Neighborhood was accessed by 8,345 unique individuals worldwide, 7,266 from the United States, and 4,338 from California. Features of the Neighborhood include:

- Weekly blog posts highlight state and federal initiatives of interest to the Early Start community, including those related to California's State Systemic Improvement Plan (SSIP).
- Resources for Early Start professionals, including the Early Start Service Coordination Handbook and similar job-related publications, which are available for download or ordered as hard copies from the Neighborhood.
- IDEA 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 in the Neighborhood.

The Central Directory lists all 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 includes approximately 2,000 directory listings and is updated annually.

The Service Coordination Handbook is undergoing comprehensive revision to update and align content to current policy and regulations, reorganize for clarity and ease of use, integrate evidence-based and recommended practice, provide practical tips and tools, and facilitate dissemination 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 the integration of increased knowledge into work at the individual level for Early Start Online participants. Early Start Online consists of a two-course series: Foundations and Skill Base.

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

These webinars are designed and implemented to address critical practice and service delivery issues. 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 minicourses. All webinars and course materials are archived on the Early Start Online course site for ongoing access. Minicourses included:

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

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 eight-course objectives are to:

1. Describe the required notifications, timelines, and activities related to the 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 and on the DDS website.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

The ICC functions as the primary mechanism for soliciting broad community partner engagement. The State Performance Plan/Annual Performance Report (SPP/APR) was included in the agenda in the ICC meetings held on October 20, 2022, and on January 19, 2023, to obtain input from community partners. During FFY 2022 two of the quarterly ICC meetings were held via Zoom and two were held in a hybrid format. The ICC conducts public meetings consistent with California's Bagley-Keene Open Meeting Act. Attendance at these quarterly meetings of voting members, community representatives, and members of the public has exceeded 100 people. Attendees from the public represent diverse backgrounds, and American Sign Language and Spanish interpreters are standard at each ICC meeting. The DDS reviews all public comments from the ICC quarterly meetings and responds at a subsequent meeting or with individual follow-up. Meeting materials and minutes of the meetings/recordings are published on DDS' website.

Building capacity:

California is constantly exploring avenues to improve the diversity of voting and community members of the ICC, in part through analyzing data to understand the evolving demographic of young families in the state. DDS also includes a topic in ICC meetings that will help the community learn the various aspects of an early intervention program. On April 20, 2023, the ICC included a presentation from an OSEP-funded technical assistance provider (DaSy) on Child Outcomes Overview including progress categories, summary statements, and target setting. Additionally, there were presentations from various community partners that educated and informed the ICC of service delivery models and other activities that support child outcomes conducted at the local level.

From July through December 2022, DDS developed with community partners the "Increasing and Diversifying Parent Voices in the ICC project", which will provide training to individuals from underrepresented communities that will assist them in understanding the Early Start Program as a statewide system for early intervention, to empower them to actively and meaningfully engage and contribute during ICC meetings. To further support informing and educating community partners, at the ICC meeting held on April 20, 2023, the DDS shared information about the ICC Diversification Project and the partnership with the Family Resource Centers Network of California (FRCNCA) to increase family participation and promote diversity of members of the community who attend ICC meetings. FRCNCA began providing webinars and trainings covering aspects of this indicator to support community partners with a further understanding of data and target setting related to the state's APR. The project aims to increase the ICC by at least 20 members who are parents with diverse backgrounds.

Additionally, the DDS with support from its CSPD contractor (WestEd) hosted the annual Early Start Partners Symposium (ESPS) on June 1-2, 2023. This in-person symposium engaged early intervention service providers, service coordinators, family support professionals, and other community partners across Early Start partner agencies to deliver high-quality Early Start services for infants and toddlers with or at risk for developmental delays and disabilities and their families. ESPS is a comprehensive professional development and networking opportunity for the Early Start community in California. Personnel from multiple disciplines, agencies, and service systems who provide Early Start services could access evidence-based practices, engage in cross-agency training, and participate in collegial discussions. These discussions allow community partners to converse with the DDS and its staff about various topics that impact the Early Start community.

The 2023 ESPS included sessions on a variety of aspects of the Part C program, including Outreach and Access for Tribal Communities, Working Effectively with Latino Families, Outreach and Access for African American Communities, Service Access and Equity in Early Start: Current Projects, Early Start State Policy Updates: What's New in California, Part C Federal Policy Updates, Q&A: Federal and State Part C Policies and Updates, and California Early Start Joins Cohort 3 of The Federal Differentiated Monitoring System (DMS) 2.0 Monitoring and Support. Further, the 2023 ESPS included sessions relating to child outcomes for the Part C program, including: Understanding Child Outcomes Data: What is Reported and What it Means, Evidence-Based Strategies for Supporting Parent-Child Interactions, Communication Strategies for Young Children with Visual Impairments, Supporting Social-Emotional Development in Early Start: Mental Health Services Act Projects, and Promoting Continued Language Development. Community partner feedback on child outcomes included questions on calculations used for Summary Statement 1 and Summary Statement 2 and required data to calculate child progress towards child outcomes.

The Early Start Newsletter: This quarterly newsletter is sent out to Early Start Stakeholders and posted on social media. The newsletter contains information and links useful for Early Start families and professionals, including information about upcoming public meetings and to solicit feedback. These resources include topics regarding Early Start and other information of interest to parents of young children. The newsletter is provided in both English and Spanish and is posted to the DDS website: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>

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

YES

Number of Parent Members:

14

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.

Input on current and future targets included in this Annual Performance Report, including those associated with California's SSIP, were solicited from the State's broad and diverse ICC which has 12 appointees comprised of parents, 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 also allows community representatives to participate, increasing the diversity of perspectives represented.

In FFY 2022, California's ICC had 47 community representatives, 14 of whom are parents of children with developmental delays and/or disabilities while 44 are early intervention professionals. Community participants include representatives from Disability Rights & Advocacy Centers, regional centers responsible for the provision of early intervention services, University of California (UC) Davis MIND Institute, University faculties in Teacher Preparation programs, Family Resource Centers, Infant Development Association (IDA) of California, First 5 California, Northern California Services for Deaf & Hard of Hearing, Easter Seals Superior of California, California Association for the Education of Young Children, California Children's Services, High Risk Infant Follow Up Program, and the Los Angeles County Mental Health.

Throughout FFY 2022, the ICC meetings were themed around APR indicators and designed to educate attendees on child find, child outcomes, and family outcomes. During the January 2023 ICC meeting, APR targets and performance on indicators were reviewed and discussed.

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.

As described above, DDS engaged with parents to increase their knowledge and skills and support the various implementation activities for improving outcomes for Early Start children through the ICC meetings and the annual symposium held in May-June 2023. California also engaged in several activities, developed various resources, and funded initiatives using state funds to increase the capacity of diverse groups of parents and family members during the reporting period. These include:

In partnership with WestEd, DDS has developed Early Start outreach materials in several formats, including a variety of written materials, videos, and online courses. Resources are available online to Early Start families in English, Spanish, Arabic, Hmong, Korean, Russian, Tagalog, Vietnamese, and Chinese. WestEd distributed more than 36,000 copies of Early Start materials to local programs, providers, childcare facilities, Family Resource Centers, and other agencies.

DDS has produced several videos to support families accessing Part C services. These videos include animated stories and family testimonials on their experiences receiving Part C services through California's Early Start Program. Links to these videos can be found on the department website as well as: <https://www.youtube.com/watch?v=VMCj9SCtEU0>

As described above, the CSPD offers training and technical assistance to Early Start personnel to work effectively with communities who have traditionally limited referrals to Part C early intervention services, including families who are homeless, families living in poverty, foster families, and Native American families. This includes strategies for implementing IFSPs in specific communities, including providing services to traditionally underserved groups.

DDS administers an annual grant using state general-purpose funds to fund targeted efforts to increase service access and equity for the developmental services system. Community-based organizations' participation in the grant program has increased and connected many families with the program. Based on outcomes of some grant-funded projects, systemwide policy changes were made, such as enhanced service coordination (i.e. lower caseload ratio) for underserved individuals.

DDS has been actively engaged with leaders of tribal communities to improve outreach and education for Native American families to increase access and utilization of Early Start services. Deliverables will include training to local program staff on culturally sensitive practices in conducting childfind, and service coordination, among other things.

A new Deaf Access Specialist in the Part C lead agency is providing statewide leadership and subject matter expertise on delivering services and supports to individuals who are deaf and have intellectual or developmental disabilities. There are also newly-established Deaf Access Specialist positions at each of the 21 regional centers to support local partnerships and the development of services and supports for the deaf community.

There is a Cultural Specialist at each local program's catchment area to implement recommendations and plans to reduce disparities in providing services to underserved populations and make the services provided more responsive to the needs of individuals from diverse communities.

DDS provides a pay differential to direct support professionals (DSP) or qualified personnel who provide services to the families and can communicate in a language or medium other than English.

In FFY 2022, the DDS implemented the Regional Center Performance Measures initiatives. These initiatives were developed to enhance Early Start Child Find and incentivize the completion of IFSPs in as little as 30 days from the date of the referral. The desired outcome of these measures is to more aggressively identify children who may be eligible for Early Start services and evaluate and enroll them in a timely manner. In April 2023, regional centers submitted Child Find Plans for their catchment area. In the plans, regional centers identified strategies to address and target the underserved populations prioritized in the federal code for Early Intervention as defined in 34 Code of Federal Regulations, Section 303.302(b), including unhoused children and families, children in foster care, and Native American children and families who reside on tribal lands.

To incentivize EIS providers to begin providing services sooner than the required timeline, the DDS worked to implement a Quality Incentive Program (QIP) for service providers. The QIP is designed to improve the timely provision of services, 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 community partners, will be eligible for incentive payments. Details about the QIP can be found at <https://www.dds.ca.gov/rc/vendor-provider/quality-incentive-program/>. In FFY 2022, the DDS collaborated with community partners to develop the requirements for incentive payments and establish the incentive payment thresholds.

California reduced the caseloads of service coordinators to 1 to 40 for children enrolled in Early Start. California reduced the caseloads of service coordinators to 1 to 40 for children enrolled in Early Start. The smaller caseloads are intended to improve access and service delivery for consumers in underserved and diverse communities.

In FFY 2022, DDS released an Early Start information packet for families. The packet provides an overview of the regional center system and the Early Start program. The Early Start Information packet is available in multiple languages, including English, Spanish, Korean, Simplified Chinese, Tagalog, and Vietnamese. The packet can be found at: <https://www.dds.ca.gov/consumers/new-information-packet/>

In FFY 2022, pilot programs were established to increase the number of Black, Indigenous, People of Color early intervention service providers by partnering with local colleges to create internship programs, provide training, targeted outreach, recruitment, and by partnering with Early Intervention providers to facilitate job placement.

DDS is partnering with a regional center to pilot a program that strengthens partnerships between regional centers and organizations critical to identifying and locating eligible children, such as county public assistance programs and community-based organizations (CBOs). The pilot program provides training to professionals on statutory and regulatory requirements related to Early Start, how to recognize young children at risk and connect them to Early Start.

A training series titled, "Introduction to Unconscious Bias and Cultural Humility; was developed to increase the understanding of implicit bias for regional center personnel, including contracted staff involved in intake, assessment, and eligibility determinations. This training is available to community partners through <https://www.cpeionline.net/>.

DDS established two pilot family wellness programs that support parents/families that have a child diagnosed with a developmental disability or at risk of developing a disability in navigating the complex systems of care. This whole family approach supports the child and their family while receiving EIS.

In FFY 2022, DDS partnered with the Family Resource Center Network of California to enable parents of typically marginalized backgrounds to participate in public meetings. While the focus of this initiative is to increase the diversity of input at the ICC meetings, it is also intended to increase the capacity of adults with children who received EIS to speak in various public meetings. The project aims to increase the representation of at least 20 new parent members.

Soliciting Public Input:

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

The DDS solicits public input on APR/SPP targets and performance during quarterly ICC meetings. Participants typically include ICC members, community representatives, and members of the public. The DDS reviews APR data, including past performance. Data visualizations and charts are used to translate various aspects of the data.

In FFY 2022, the group discussed potential factors that affected the data, including the impact of COVID-19 on data collection, budget changes, natural disasters, and State initiatives. Information was provided regarding the data sources for the indicators, the disaggregation of data at the local level, and the challenges that families encounter with accessing early intervention services. Recommendations on improvement strategies were collected for consideration by the DDS. No comments or questions were received on the established targets.

Making Results Available to the Public:

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

The primary mechanisms for making results of target setting, data analysis, development of improvement strategies, and evaluation are made available to the public through the State's quarterly ICC meetings and posting on the DDS's public-facing website (<https://www.dds.ca.gov/services/early-start/state-performance-reports/>).

During the July 2022 ICC meeting, the DDS reviewed current and planned initiatives to improve California's Early Start Program. Including the Family Wellness Pilot Program, Culturally & Linguistically Sensitive Services, strengthening child find initiatives, awareness and capacity of California's Early Start Program, technology initiatives, training professionals to increase system capacity, outreach to underrepresented communities, and efforts to improve the transition from Part C to Part B, roll out of the DDS quarterly Early Start Newsletter, and caseload population data. A trailer bill that amended government code to specify that remote electronic communications may deliver early intervention services at the parent's request was also reviewed. Resources and information available on the DDS website were also reviewed.

At the October 2022 ICC meeting, the DDS reviewed caseload data increases throughout the state. Updates to the eligibility criteria, including the decrease in the percentage of delay to qualify for services from 33% to 25% in one or more developmental areas and the expansion of the communication domain to separate domains of expressive and receptive communication Allocations from the American Rescue Plan Act (ARPA) for several projects and initiatives that will address the impact of COVID-19 and reinforce the effectiveness of Early Intervention services for children and their families was also reviewed.

The DDS also reviewed the state's efforts in supporting Family Outcomes as well as examining the SSIP and the current theory of action to support the state's SiMr related to increasing positive growth of Children's Social Emotional Development. There were no comments or questions received related to family outcomes at this ICC meeting.

At the January 2023 ICC meeting, details regarding California's state budget, American Rescue Plan Act (ARPA) funds being used for Early Start, and APR scores and targets were covered in a report from the DDS. Early Start related Budget Items reviewed included: the FFY 2022 budget for the DDS' Regional Center system as well as American Rescue Plan Act funds. APR information was presented to the ICC and public with the use of visuals including graphs that illustrated performance from FFY 2021 as well as the information that impacted each indicator. Additionally, the DDS reviewed current targets and the results of the target setting, data analysis, and improvement strategies that were implemented to support each indicator.

Slippage in child Outcome performance was reviewed, and possible reasons for this and how COVID may have had an impact on child outcomes were explored. The Department reviewed how parents/care providers are surveyed within California to aggregate this data for APR reporting (California's Family Outcomes Survey). Families could complete the survey via paper or online with eight language options. During FFY 2021, DDS saw response rate increases in African American and Hispanic families from the prior year. Public input and questions/comments received were related to lower income families as well as families of color discontinuing services due to technological barriers, child find activities from neonatal intensive care units (NICUs), and service funding through private insurance and other state/federal programs. The DDS acknowledged a need for further understanding of how families have been affected due to technology access issues, and research on access to funding sources for services and referrals needs to be

completed. The DDS also requested recommendations from community partners to provide examples and feedback on where these issues were addressed and worked.

During the April 2023 ICC meeting, the DDS reviewed information related to referrals and caseload populations as well as provided updated resources related to the rollout of an "Early Start Intake Packet", the quarterly Early Start Newsletter, an updated regulations book, and an updated Early Start FAQ. ARPA updates were also provided. The DDS reported that due to the popularity of The Provider Training Initiative, an increase of 5 million dollars was being allocated to expand this program. The DDS reported that ARPA funding for a Recruitment for Early Start Professionals initiative resulted in the DDS partnering with several regional centers to increase the availability of culturally and linguistically diverse professionals. Additionally, the April 2023 ICC meeting was themed around child outcomes and the Department had a technical assistance provider from SRI International present on child outcomes progress categories, measurements to determine child outcomes, target outcomes, target setting, as well as other related subject matter. There were also presentations from a variety of community partners that educated and informed the ICC of service delivery models and other activities that support child outcomes that are conducted at the local level. Questions and feedback received were related to the ARPA inclusion grants and the RCs implementing this program. Public comment advised this program should be expanded to other areas in the state. Resources related to these initiatives were also provided.

Reporting to the Public:

How and where the State reported to the public on the FFY 2021 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 2021 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 revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, 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 a complete copy of the State's Annual Performance Report. The web link to all reports and State determinations can be found here: <https://www.dds.ca.gov/services/early-start/early-start-local-performance-materials/>

Intro - Prior FFY 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.

Response to actions required in FFY 2021 SPP/APR

In response to the Secretary's direction in its letter regarding California's 2023 Determination, the DDS continued to take advantage of technical assistance support from OSEP-funded technical centers to improve its performance, specifically the Center for IDEA Early Childhood Data Systems (DaSy) and the Early Childhood Technical Assistance (ECTA). In FFY2022, the State focused on Data Quality and Child Outcomes. Technical assistance calls occurred from September 2022 through May 2023. Specifically, the technical assistance supported the DDS in examining areas where improvements can be made related to the validity and accuracy of data collected to evaluate the state's current SSIP and child and family outcomes. This included sessions that reviewed best practice methodologies in data analysis related to service access and equity, appropriate sampling methodologies related to indicator C4, and strategies to improve evidence-based practice implementation across the state.

In response to TA, the DDS learned dimensions of data quality, completeness, and validity among many other topics. The calls also highlighted the capacity issue within DDS to support the work required to improve data quality. As DDS managed vacancies, and onboarding new staff including a new Part C Coordinator, the DDS implemented lessons learned from TA providers and implemented targeted discussions with local program administrators. Scheduled in the calls ahead of any monitoring engagement, discussions provided local program executives with the data they collect locally for Part C Indicator 3. Further, DDS provided training to the field focused on child outcomes data, through the ICC meeting on April 2023. The DDS also provided guidance on how local programs can be supported in collecting, documenting, and analyzing available data. This has resulted in increased data sharing with local programs, discussions on data collection issues at the local level, and strategies to improve child and family outcomes.

Technical assistance from OSEP-funded technical assistance centers continues to provide valuable insight into California's data collection process and how the DDS can apply this knowledge and experience to improve child and family outcomes for infants and toddlers with disabilities. Given feedback from technical assistance providers, the DDS has started to provide local programs with regular reports of their data and is holding frequent discussions about the impact of missing and inaccurate data with regional centers. Additionally, the DDS has contracted with an outside agency to support the revision of California's State Systemic Improvement Plan (SSIP). This partnership will provide the DDS with the expertise and support needed to design and implement an effective SSIP by the end of the reporting period for FFY 2023.

Intro - OSEP Response

While the State has publicly reported on the FFY 2021 (July 1, 2021-June 30, 2022) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by Sections 616(b)(2)(C)(ii)(I) and 642 of the IDEA, those reports do not contain the required information. Specifically, the State reported that its EIS provider (CDC) did not report data for indicators 8A, 8B, and 8C.

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.

The State's determinations for both 2022 and 2023 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 21, 2023 determination letter informed the State that it 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. The State provided the required information.

Intro - Required Actions

While the State has publicly reported on the FFY 2021 (July 1, 2021-June 30, 2022) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of IDEA, those reports did not, as specified in the OSEP Response, contain all of the required information. With its FFY 2023 SPP/APR, the State must provide a Web link demonstrating that the State

has fully reported to the public on the performance of each early intervention service program or provider located in the State on the targets in the SPP/APR for FFY 2021. In addition, the State must report with its FFY 2023 SPP/APR, how and where the State reported to the public on the FFY 2022 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

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 child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	82.15%	82.86%	81.36%	89.86%	88.47%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
362	476	88.47%	100%	90.13%	Did not meet target	No Slippage

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.

67

Provide reasons for delay, if applicable.

Delays in the provision of Early Intervention Services (EIS) were identified in 114 of the 476 records reviewed for this indicator. Of the 114 records, 67 records involved documented delays due to exceptional family circumstances, including child or family illness (3), families missing scheduled appointments (5), scheduling difficulties due to inability to contact the family (19), service postponement per family request (39) and related to the challenges facing families in the COVID-19 pandemic (3). The 47 remaining records noted delays due to personnel related issues, lack of qualified service providers, lack of service coordinators and insufficient documentation on the reason for delay.

To further support efforts to ensure EIS are provided timely, the Department of Developmental Services (DDS), California's lead agency responsible for implementing the state's Part C program, implemented a Quality Incentive Program (QIP) for service providers, pursuant to California Welfare and Institutions Code section 4519.10 in FFY 2021. The QIP was 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 community partners are eligible for incentive payments for the timely provision of services. Details about the QIP can be found at <https://www.dds.ca.gov/rc/vendor-provider/quality-incentive-program/>. In FFY 2022, California collaborated with community partners to develop the requirements for incentive payments and establish the incentive payment thresholds.

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: EIS identified on an infant or toddler's Individualized Family Service Plan (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.

A statistically representative sample size is identified for each program that is based on the number of children served by the program in the previous fiscal year broken into corresponding counties. The sample of records reviewed is random and based on the population of children served. Additionally, California requires the sample to include demographic representation of populations within a program's catchment area, primary language, ethnicity, residence type, and if the child is eligible for state service programs. During FFY 2022, monitoring reviews were conducted at 11 of California's Early Start programs.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
38	37	1	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

The DDS verified the correction for 37 of the 38 findings within one year from the identification. One additional finding was verified as corrected within 15 months from the date of the finding.

For programs with findings of noncompliance, DDS formally notifies the program. During the period of correction, technical assistance is provided, including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved, and all EIS were provided in a timely manner. The subsequent review is only completed once all child-specific findings of noncompliance are verified as corrected.

Consistent with OSEP QA 23-01, the DDS verified through a subsequent review of 20 randomly selected records that each of the Early Start programs with findings of noncompliance, provided all services as soon as possible, but no later than 45 days from the consent on the IFSP. If 100 percent compliance was not achieved during this initial subsequent review, this process was repeated every quarter until 100 percent compliance was achieved. The subsequent review was completed only after all child-specific noncompliance is corrected and actions identified in the corrective action plan are completed.

Program 1 was notified of the finding on May 23, 2022. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on August 14, 2023. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the Early Start program provided all services identified on the IFSP as soon as possible but no later than 45 days from consent on the

IFSP. Subsequently, the finding was closed on August 14, 2023.

Program 2 was notified of the finding on August 12, 2022. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on August 4, 2023. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the Early Start program provided all services identified on the IFSP as soon as possible, but no later than 45 days from consent on the IFSP. Subsequently, the finding was closed on August 4, 2023.

Program 3 was notified of the finding on April 13, 2022. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on October 10, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the Early Start program provided all services identified on the IFSP as soon as possible but no later than 45 days from consent on the IFSP. Subsequently, the finding was closed on October 10, 2022.

Program 4 was notified of the finding on November 15, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on May 1, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the Early Start program provided all services identified on the IFSP as soon as possible but no later than 45 days from consent on the IFSP. Subsequently, the finding was closed on May 1, 2022.

Program 5 was notified of the finding on December 20, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on September 1, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the Early Start program provided all services identified on the IFSP as soon as possible but no later than 45 days from consent on the IFSP. Subsequently, the finding was closed on September 1, 2022.

Program 6 has 33 EIS provider findings of noncompliance. The EIS program reported that all 33 findings of noncompliance were verified as corrected within one year of identification through a subsequent review of data. The EIS providers received staff training, and technical assistance through a review of policies, procedures, and practices. The DDS verified the actions taken by this program and considers these findings closed.

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

The DDS verified the correction for 37 of the 38 findings within one year from the identification. One additional finding was verified as corrected within 15 months from the date of the finding.

For programs with findings of noncompliance, DDS formally notified the program. During the period of correction, programs were provided technical assistance including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved and all EIS were provided in a timely manner. This subsequent review is only completed once all child-specific findings of noncompliance are verified as corrected.

Program 1 was notified of the finding on May 23, 2022, and the DDS verified that all seven individual children whose services were late, received those services, although late. The finding was verified as corrected and closed on August 14, 2023; which included the achievement of 100 percent compliance in a subsequent review.

Program 2 was notified of the finding on August 12, 2022, and the DDS verified that all 13 individual children whose services were late, received those services, although late. The finding was verified as corrected and closed on August 4, 2023; which included the achievement of 100 percent compliance in a subsequent review.

Program 3 was notified of the finding on April 13, 2022, and the DDS verified that all four individual children whose services were late, received those services, although late. The finding was verified as corrected and closed on October 10, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 4 was notified of the finding on November 15, 2021, and the DDS verified that all two individual children whose services were late, received those services, although late. The finding was verified as corrected and closed on May 1, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 5 was notified of the finding on December 20, 2022; and the DDS verified that all three individual children whose services were late, received those services, although late. The finding was verified as corrected and closed on September 1, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 6 has 33 EIS provider findings, which include 66 individual child-specific findings of noncompliance. The program verified that all 66 individual children whose services were late, received those services, although late. The program verified the findings as corrected; which included the achievement of 100 percent compliance in a subsequent review of data. The DDS verified the actions taken by this program and considers these findings closed.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2020	26	26	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*.

As reported in the FFY 2020 Annual Performance Report, the DDS verified the correction for 24 of the 26 findings within one year from the identification. One additional finding was verified as corrected within 14 months from the date of the finding. Another finding was verified as corrected within 22 months from the date of the finding.

For programs with findings of noncompliance, DDS formally notified the program in writing. During the period of correction, programs were provided technical assistance including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved and all EIS were provided in a timely manner. This subsequent review is only completed once all child-specific findings of noncompliance are verified as corrected.

Consistent with OSEP QA 23-01, the DDS verified through a subsequent review of 20 randomly selected records that each of the Early Start programs with findings of noncompliance, provided all services as soon as possible, but no later than 45 days from the consent on the IFSP. If 100 percent compliance was not achieved during this initial subsequent review, this process was repeated every quarter until 100 percent compliance was achieved. The subsequent review was completed only after all child-specific noncompliance is corrected and actions identified in the corrective action plan are completed.

Program 1 was notified of the finding on April 6, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on January 7, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the Early Start program was providing all services identified on the IFSP as soon as possible, but no later than 45 days from consent on the IFSP. Subsequently, the finding was closed on January 7, 2022.

Program 2 was notified of the finding on August 31, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on March 18, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the Early Start program was providing all services identified on the IFSP as soon as possible, but no later than 45 days from consent on the IFSP. Subsequently, the finding was closed on March 18, 2022.

Program 3 was notified of the finding on August 23, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on February 1, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the Early Start program was providing all services identified on the IFSP as soon as possible, but no later than 45 days from consent on the IFSP. Subsequently, the finding was closed on February 1, 2022.

Program 4 had a pre-finding correction on this indicator that was incorrectly reported in the FFY 2020 APR. This pre-finding correction was cleared through a subsequent review of records at the time of the initial monitoring review. The results of this subsequent review of records demonstrated 100 percent compliance on this indicator by verifying that the Early Start program provided all services identified on the IFSP as soon as possible, but no later than 45 days from consent on the IFSP. This subsequent review was completed only after the DDS verified that each child in the initial monitoring review received the EIS, although late.

Program 5 was notified of the finding on March 25, 2021. A series of subsequent quarterly reviews were completed of 20 randomly selected records. 100 percent compliance was achieved on May 27, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the Early Start program provided all services identified on the IFSP as soon as possible, but no later than 45 days from consent on the IFSP. Subsequently, the finding was closed on May 27, 2022.

Program 6 was notified of the finding on January 11, 2021. A series of subsequent quarterly reviews were completed of 20 randomly selected records. 100 percent compliance was achieved on October 25, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the Early Start program provided all services identified on the IFSP as soon as possible, but no later than 45 days from consent on the IFSP. Subsequently, the finding was closed on October 25, 2022.

Program 7 has 20 EIS provider findings of noncompliance. The EIS program reported that all 20 findings of noncompliance were verified as corrected within one year of identification through a subsequent review of data. The EIS providers received staff training, and technical assistance through a review of policies, procedures, and practices. The DDS verified the actions taken by this program and considers these findings closed.

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

As reported in the FFY 2020 Annual Performance Report, the DDS verified the correction for 24 of the 26 findings within one year from the identification. One additional finding was verified as corrected within 14 months from the date of the finding. Another finding was verified as corrected within 22 months from the date of the finding.

For programs with findings of noncompliance, DDS formally notified the program in writing. During the period of correction, programs were provided technical assistance including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved and all EIS were provided in a timely manner. This subsequent review is only completed once all child-specific findings of noncompliance are verified as corrected.

Program 1 was notified of the finding on April 6, 2021, and the DDS verified that all 3 individual children whose services were late, received those services, although late. The finding was verified as corrected and closed on January 7, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 2 was notified of the finding on August 31, 2021, and the DDS verified that all 3 individual children whose services were late, received those services, although late. The finding was verified as corrected and closed on March 18, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 3 was notified of the finding on August 23, 2021, and the DDS verified that all 9 individual children whose services were late, received those services, although late. The finding was verified as corrected and closed on February 1, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 4 had a pre-finding correction on this indicator that was incorrectly reported in the FFY 2020 APR. This pre-finding correction was cleared through a subsequent review of records at the time of the initial monitoring review. The results of this subsequent review of records demonstrated 100 percent compliance on this indicator by verifying that the Early Start program provided all services identified on the IFSP as soon as possible, but no later than 45 days from consent on the IFSP. This subsequent review of records was completed after the DDS verified that the two children whose services were late, received those services although late.

Program 5 was notified of the finding on March 25, 2021, and the DDS verified that all 11 individual children whose services were late, received those services, although late. The finding was verified as corrected and closed on May 27, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 6 was notified of the finding on January 11, 2021, and the DDS verified that one individual child whose services were late, received those services, although late. The finding was verified as corrected and closed on October 25, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 7 has 20 EIS provider findings, which include 56 individual child-specific findings of noncompliance. The program verified that all 56 individual children whose services were late, received those services, although late. The program verified the findings as corrected; which included the achievement of 100 percent compliance in a subsequent review of data. The DDS verified the actions taken by this program and considers these findings closed.

1 - Prior FFY 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.

Response to actions required in FFY 2021 SPP/APR

As outlined above, the DDS describes the specific actions taken to verify the correction of noncompliance identified in FFY 2020 and FFY 2021.

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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	2017	2018	2019	2020	2021
Target >=	88.00%	88.50%	89.00%	93.81%	93.90%
Data	95.62%	93.81%	94.03%	93.22%	92.99%

Targets

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

Targets: Description of Stakeholder Input

The ICC functions as the primary mechanism for soliciting broad community partner engagement. The State Performance Plan/Annual Performance Report (SPP/APR) was included in the agenda in the ICC meetings held on October 20, 2022, and on January 19, 2023, to obtain input from community partners. During FFY 2022 two of the quarterly ICC meetings were held via Zoom and two were held in a hybrid format. The ICC conducts public meetings consistent with California's Bagley-Keene Open Meeting Act. Attendance at these quarterly meetings of voting members, community representatives, and members of the public has exceeded 100 people. Attendees from the public represent diverse backgrounds, and American Sign Language and Spanish interpreters are standard at each ICC meeting. The DDS reviews all public comments from the ICC quarterly meetings and responds at a subsequent meeting or with individual follow-up. Meeting materials and minutes of the meetings/recordings are published on DDS' website.

Building capacity:

California is constantly exploring avenues to improve the diversity of voting and community members of the ICC, in part through analyzing data to understand the evolving demographic of young families in the state. DDS also includes a topic in ICC meetings that will help the community learn the various aspects of an early intervention program. On April 20, 2023, the ICC included a presentation from an OSEP-funded technical assistance provider (DaSy) on Child Outcomes Overview including progress categories, summary statements, and target setting. Additionally, there were presentations from various community partners that educated and informed the ICC of service delivery models and other activities that support child outcomes conducted at the local level.

From July through December 2022, DDS developed with community partners the "Increasing and Diversifying Parent Voices in the ICC project", which will provide training to individuals from underrepresented communities that will assist them in understanding the Early Start Program as a statewide system for early intervention, to empower them to actively and meaningfully engage and contribute during ICC meetings. To further support informing and educating community partners, at the ICC meeting held on April 20, 2023, the DDS shared information about the ICC Diversification Project and the partnership with the Family Resource Centers Network of California (FRCNCA) to increase family participation and promote diversity of members of the community who attend ICC meetings. FRCNCA began providing webinars and trainings covering aspects of this indicator to support community partners with a further understanding of data and target setting related to the state's APR. The project aims to increase the ICC by at least 20 members who are parents with diverse backgrounds.

Additionally, the DDS with support from its CSPD contractor (WestEd) hosted the annual Early Start Partners Symposium (ESPS) on June 1-2, 2023. This in-person symposium engaged early intervention service providers, service coordinators, family support professionals, and other community partners across Early Start partner agencies to deliver high-quality Early Start services for infants and toddlers with or at risk for developmental delays and disabilities and their families. ESPS is a comprehensive professional development and networking opportunity for the Early Start community in California. Personnel from multiple disciplines, agencies, and service systems who provide Early Start services could access evidence-based practices,

engage in cross-agency training, and participate in collegial discussions. These discussions allow community partners to converse with the DDS and its staff about various topics that impact the Early Start community.

The 2023 ESPPS included sessions on a variety of aspects of the Part C program, including Outreach and Access for Tribal Communities, Working Effectively with Latino Families, Outreach and Access for African American Communities, Service Access and Equity in Early Start: Current Projects, Early Start State Policy Updates: What's New in California, Part C Federal Policy Updates, Q&A: Federal and State Part C Policies and Updates, and California Early Start Joins Cohort 3 of The Federal Differentiated Monitoring System (DMS) 2.0 Monitoring and Support. Further, the 2023 ESPPS included sessions relating to child outcomes for the Part C program, including: Understanding Child Outcomes Data: What is Reported and What it Means, Evidence-Based Strategies for Supporting Parent-Child Interactions, Communication Strategies for Young Children with Visual Impairments, Supporting Social-Emotional Development in Early Start: Mental Health Services Act Projects, and Promoting Continued Language Development. Community partner feedback on child outcomes included questions on calculations used for Summary Statement 1 and Summary Statement 2 and required data to calculate child progress towards child outcomes.

The Early Start Newsletter: This quarterly newsletter is sent out to Early Start Stakeholders and posted on social media. The newsletter contains information and links useful for Early Start families and professionals, including information about upcoming public meetings and to solicit feedback. These resources include topics regarding Early Start and other information of interest to parents of young children. The newsletter is provided in both English and Spanish and is posted to the DDS website: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>

The FFY 2022 target for services in natural environments were reviewed at the Interagency Coordinating Council (ICC) quarterly meetings in January 2023. Input on current and future targets on this indicator was solicited from the State's broad and diverse ICC. No comments were received relating to this indicator or set targets.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	51,878
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	55,730

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
51,878	55,730	92.99%	94.00%	93.09%	Did not meet target	No Slippage

Provide additional information about this indicator (optional).

The department also engaged in several directives and initiatives to support increasing performance for this indicator. These efforts include:

- **Early Start Videos:** DDS produced the animated video entitled The Story of Max as a guide to the Early Start system through the lens of a family. It places the viewer in the shoes of parents concerned about their child's development and follows them from referral to IFSP development and service delivery in the child's home and in the community. All videos are available in Spanish, Vietnamese, American sign language, and Lengua de Senas Mexicana (Spanish sign language).
- **Comprehensive System of Personnel Development (CSPD):** As part of the CSPD, the Early Start Foundations Institute (ESFI), DDS offered training and technical assistance to Early Start service coordinators, supervisors, managers, local educational agencies, service providers, and family resource center staff. The trainings explore ways of adjusting current practices to work effectively with communities who have traditionally limited referrals to Part C early intervention services, including families who are homeless, families living in poverty, foster families, and Native American families. The training and technical assistance recipients work with local partners to discuss and explore the realities and strategies for implementing Individual Family Service Plans in specific communities, providing services to traditionally underserved groups, including families living in poverty, homeless, Native American, or foster families.
- **Service Access and Equity Grants:** DDS administers an annual grant using state general-purpose funds to fund targeted efforts to increase service access and equity for the developmental services system. Community-based organizations' participation in the grant program has increased and connected many families with the program. Based on outcomes of some grant-funded projects, systemwide policy changes were made, such as enhanced service coordination (i.e. lower caseload ratio) for underserved individuals.

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

The ICC functions as the primary mechanism for soliciting broad community partner engagement. The State Performance Plan/Annual Performance Report (SPP/APR) was included in the agenda in the ICC meetings held on October 20, 2022, and on January 19, 2023, to obtain input from community partners. During FFY 2022 two of the quarterly ICC meetings were held via Zoom and two were held in a hybrid format. The ICC conducts public meetings consistent with California's Bagley-Keene Open Meeting Act. Attendance at these quarterly meetings of voting members, community representatives, and members of the public has exceeded 100 people. Attendees from the public represent diverse backgrounds, and American Sign Language and Spanish interpreters are standard at each ICC meeting. The DDS reviews all public comments from the ICC quarterly meetings and responds at a subsequent meeting or with individual follow-up. Meeting materials and minutes of the meetings/recordings are published on DDS' website.

Building capacity:

California is constantly exploring avenues to improve the diversity of voting and community members of the ICC, in part through analyzing data to understand the evolving demographic of young families in the state. DDS also includes a topic in ICC meetings that will help the community learn the various aspects of an early intervention program. On April 20, 2023, the ICC included a presentation from an OSEP-funded technical assistance provider (DaSy) on Child Outcomes Overview including progress categories, summary statements, and target setting. Additionally, there were presentations from various community partners that educated and informed the ICC of service delivery models and other activities that support child outcomes conducted at the local level.

From July through December 2022, DDS developed with community partners the "Increasing and Diversifying Parent Voices in the ICC project", which will provide training to individuals from underrepresented communities that will assist them in understanding the Early Start Program as a statewide system for early intervention, to empower them to actively and meaningfully engage and contribute during ICC meetings. To further support informing and educating community partners, at the ICC meeting held on April 20, 2023, the DDS shared information about the ICC Diversification Project and the partnership with the Family Resource Centers Network of California (FRCNCA) to increase family participation and promote diversity of members of the community who attend ICC meetings. FRCNCA began providing webinars and trainings covering aspects of this indicator to support community partners with a further understanding of data and target setting related to the state's APR. The project aims to increase the ICC by at least 20 members who are parents with diverse backgrounds.

Additionally, the DDS with support from its CSPD contractor (WestEd) hosted the annual Early Start Partners Symposium (ESPS) on June 1-2, 2023. This in-person symposium engaged early intervention service providers, service coordinators, family support professionals, and other community partners across Early Start partner agencies to deliver high-quality Early Start services for infants and toddlers with or at risk for developmental delays and disabilities and their families. ESPS is a comprehensive professional development and networking opportunity for the Early Start community in California. Personnel from multiple disciplines, agencies, and service systems who provide Early Start services could access evidence-based practices, engage in cross-agency training, and participate in collegial discussions. These discussions allow community partners to converse with the DDS and its staff about various topics that impact the Early Start community.

The 2023 ESPS included sessions on a variety of aspects of the Part C program, including Outreach and Access for Tribal Communities, Working Effectively with Latino Families, Outreach and Access for African American Communities, Service Access and Equity in Early Start: Current Projects, Early Start State Policy Updates: What's New in California, Part C Federal Policy Updates, Q&A: Federal and State Part C Policies and Updates, and California Early Start Joins Cohort 3 of The Federal Differentiated Monitoring System (DMS) 2.0 Monitoring and Support. Further, the 2023 ESPS included sessions relating to child outcomes for the Part C program, including: Understanding Child Outcomes Data: What is Reported and What it Means, Evidence-Based Strategies for Supporting Parent-Child Interactions, Communication Strategies for Young Children with Visual Impairments, Supporting Social-Emotional Development in Early Start: Mental Health Services Act Projects, and Promoting Continued Language Development. Community partner feedback on child outcomes included questions on calculations used for Summary Statement 1 and Summary Statement 2 and required data to calculate child progress towards child outcomes.

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For FFY 2022, information and targets related to this indicator were reviewed at the January 2023 and April 2023 Interagency Coordinating Council (ICC) quarterly meetings. Input on this indicator, as well as current and future targets included in this Annual Performance Report, were solicited from California's broad and diverse ICC members. No comments were received relating to indicator targets.

The April 2023 ICC meeting was themed around child outcomes. During this meeting, DDS had an OSEP-funded technical assistance provider from SRI International (SRI) present a training to educate community partners and ICC members on child outcomes progress categories, measurements to determine child outcomes, target outcomes, target setting, as well as other related subject matter. Additionally, there were presentations from various community partners that educated and informed the ICC of service delivery models and other activities that support child outcomes that were conducted at the local level in FFY22.

As aforementioned within the introduction section of this APR submission, the state highlights California's efforts to solicit additional stakeholder input specific to this indicator in the annual Early Start Partners Symposium (ESPS) in June 2023. Hosted in partnership between the DDS, The Center for Early Childhood Data Systems (DaSy), SRI International (SRI), and WestEd, the ESPS aimed to further enhance community partners' capacity on child outcomes and related reporting requirements, collect feedback, and improve the accuracy of child outcomes reporting. The 2023 ESPS included sessions relating to child outcomes such as: Understanding Child Outcomes Data: What is Reported and What it Means; Evidence-Based Strategies for Supporting Parent-Child Interactions; Communication Strategies for Young Children with Visual Impairments; Supporting Social-Emotional Development in Early Start; and Promoting Continued Language Development. Feedback from symposium participants included questions on child outcomes related to calculations used for Summary Statement 1 and Summary Statement 2 and required data to calculate child progress towards child outcomes.

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	2017	2018	2019	2020	2021
A1	2019	Target>=	47.00%	49.00%	49.50%	67.39%	67.50%
A1	67.39%	Data	48.24%	66.20%	67.39%	66.46%	65.93%
A1 ALL	2019	Target>=	47.00%	49.00%	49.50%	67.39%	67.50%
A1 ALL	67.39%	Data	49.29%	66.09%	67.23%	66.07%	65.65%
A2	2019	Target>=	66.50%	67.00%	67.50%	67.00%	67.10%
A2	67.00%	Data	68.90%	68.65%	67.00%	64.98%	64.18%
A2 ALL	2019	Target>=	66.50%	67.00%	67.50%	67.00%	67.10%
A2 ALL	67.00%	Data	69.11%	68.77%	67.22%	65.21%	64.53%
B1	2019	Target>=	50.50%	51.00%	51.50%	76.67%	76.70%
B1	76.67%	Data	50.78%	76.57%	76.67%	75.78%	76.45%
B1 ALL	2019	Target>=	50.50%	51.00%	51.50%	76.67%	76.70%
B1 ALL	76.67%	Data	50.98%	75.38%	75.51%	74.36%	74.95%
B2	2019	Target>=	53.50%	54.00%	54.50%	53.14%	53.24%
B2	53.14%	Data	56.23%	56.07%	53.14%	52.33%	51.27%
B2 ALL	2019	Target>=	53.50%	54.00%	54.50%	53.14%	53.24%
B2 ALL	53.14%	Data	56.39%	56.20%	53.44%	52.64%	51.73%
C1	2019	Target>=	39.00%	39.50%	40.00%	57.90%	58.00%
C1	57.90%	Data	38.94%	58.10%	57.90%	57.02%	56.10%
C1 ALL	2019	Target>=	39.00%	39.50%	40.00%	57.90%	58.00%
C1 ALL	57.90%	Data	40.10%	57.78%	57.67%	56.61%	55.87%
C2	2019	Target>=	62.50%	63.00%	63.50%	60.70%	60.80%
C2	60.70%	Data	63.71%	63.29%	60.70%	59.86%	59.04%
C2 ALL	2019	Target>=	62.50%	63.00%	63.50%	60.70%	60.80%
C2 ALL	60.70%	Data	63.80%	63.13%	60.72%	59.83%	59.14%

Targets

FFY	2022	2023	2024	2025
Target A1 >=	67.75%	68.00%	68.25%	68.50%
Target A1 ALL >=	67.75%	68.00%	68.25%	68.50%
Target A2 >=	67.20%	67.30%	67.40%	67.50%
Target A2 ALL >=	67.20%	67.30%	67.40%	67.50%
Target B1 >=	76.80%	76.90%	77.00%	77.10%
Target B1 ALL >=	76.80%	76.90%	77.00%	77.10%
Target B2 >=	53.34%	53.44%	53.54%	53.64%
Target B2 ALL >=	53.34%	53.44%	53.54%	53.64%
Target C1 >=	58.25%	58.50%	58.75%	59.00%
Target C1 ALL >=	58.25%	58.50%	58.75%	59.00%

Target C2 >=	60.90%	61.00%	61.10%	61.20%
Target C2 ALL >=	60.90%	61.00%	61.10%	61.20%

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	1,966	8.11%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,264	13.46%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,814	15.73%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	5,944	24.51%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	9,262	38.19%

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	1,987	7.82%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,592	14.14%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,817	15.02%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6,489	25.54%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	9,526	37.49%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
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	9,758	14,988	65.93%	67.75%	65.11%	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	15,206	24,250	64.18%	67.20%	62.71%	Did not meet target	Slippage

Provide reasons for A2 slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area of social-emotional development from 64.18 percent in FFY 2021 to 62.71 percent in FFY 2022.

Factors that may have contributed to slippage with A2 include but are not limited to the following: (1) change in eligibility criteria for children with developmental delay, (2) personnel shortages, and (3) California's decreased capacity to provide training and TA on child outcomes. To address slippage with A2, the DDS will complete monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. Additionally, the DDS will continue to actively collaborate with local programs to support data collection, quality, and accuracy. This will include meeting with local programs and community partners to review child outcomes and issues at the local level.

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A1. Of those children who entered or exited the program below age	10,306	15,885	65.65%	67.75%	64.88%	Did not meet target	No Slippage

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
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	16,015	25,411	64.53%	67.20%	63.02%	Did not meet target	Slippage

Provide reasons for A2 AR/ALL slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 64.53 percent in FFY 2021 to 63.02 percent in FFY 2022.

Factors that contributed to slippage with A2 include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) California's decreased capacity to provide training and TA on child outcomes. To address slippage with A2, the DDS will complete monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. Additionally, the DDS will continue to actively collaborate with local programs to support data collection, quality, and accuracy. This will include meeting with local programs and community partners to review child outcomes and issues at the local level.

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

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1,065	4.39%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,926	16.19%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	7,271	29.99%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	7,286	30.05%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4,699	19.38%

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	1,084	4.27%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4,403	17.33%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	7,277	28.64%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	7,792	30.66%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4,855	19.11%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	14,557	19,548	76.45%	76.80%	74.47%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age	11,985	24,247	51.27%	53.34%	49.43%	Did not meet target	Slippage

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
expectations in Outcome B by the time they turned 3 years of age or exited the program							

Provide reasons for B1 slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 76.45 percent in FFY 2021 to 74.47 percent in FFY 2022.

Factors that contributed to slippage with A2 include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) California's decreased capacity to provide training and TA on child outcomes. To address slippage with A2, the DDS will complete monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. Additionally, the DDS will continue to actively collaborate with local programs to support data collection, quality, and accuracy. This will include meeting with local programs and community partners to review child outcomes and issues at the local level.

Provide reasons for B2 slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 51.27 percent in FFY 2021 to 49.44 percent in FFY 2022.

Factors that contributed to slippage with A2 include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) California's decreased capacity to provide training and TA on child outcomes. To address slippage with A2, the DDS will complete monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. Additionally, the DDS will continue to actively collaborate with local programs to support data collection, quality, and accuracy. This will include meeting with local programs and community partners to review child outcomes and issues at the local level.

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	15,069	20,556	74.95%	76.80%	73.31%	Did not meet target	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	12,647	25,411	51.73%	53.34%	49.77%	Did not meet target	Slippage

Provide reasons for B1 AR/ALL slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 74.95 percent in FFY 2021 to 73.31 percent in FFY 2022.

Factors that contributed to slippage with A2 include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) California's decreased capacity to provide training and TA on child outcomes. To address slippage with A2, the DDS will complete monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. Additionally, the DDS will continue to actively collaborate with local programs to support data collection, quality, and accuracy. This will include meeting with local programs and community partners to review child outcomes and issues at the local level.

Provide reasons for B2 AR/ALL slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 51.73 percent in FFY 2021 to 49.77 percent in FFY 2022.

Factors that contributed to slippage with A2 include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) California's decreased capacity to provide training and TA on child outcomes. To address slippage with A2, the DDS will complete monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. Additionally, the DDS will continue to actively collaborate with local programs to support data collection, quality, and accuracy. This will include meeting with local programs and community partners to review child outcomes and issues at the local level.

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	1,992	8.21%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5,012	20.67%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,431	14.15%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4,047	16.69%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	9,768	40.28%

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	2,020	7.95%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5,451	21.45%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,438	13.53%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4,528	17.82%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	9,974	39.25%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	7,478	14,482	56.10%	58.25%	51.64%	Did not meet target	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	13,815	24,250	59.04%	60.90%	56.97%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 56.10 percent in FFY 2021 to 51.64 percent in FFY 2022.

Factors that contributed to slippage with A2 include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) California's decreased capacity to provide training and TA on child outcomes. To address slippage with A2, the DDS will complete monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. Additionally, the DDS will continue to actively collaborate with local programs to support data collection, quality, and accuracy. This will include meeting with local programs and community partners to review child outcomes and issues at the local level.

Provide reasons for C2 slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 59.04 percent in FFY 2021 to 56.97 percent in FFY 2022.

Factors that contributed to slippage with A2 include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) California's decreased capacity to provide training and TA on child outcomes. To address slippage with A2, the DDS will complete monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. Additionally, the DDS will continue to actively collaborate with local programs to support data collection, quality, and accuracy. This will include meeting with local programs and community partners to review child outcomes and issues at the local level.

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	7,966	15,437	55.87%	58.25%	51.60%	Did not meet target	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	14,502	25,411	59.14%	60.90%	57.07%	Did not meet target	Slippage

Provide reasons for C1 AR/ALL slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 55.87 percent in FFY 2021 to 51.60 percent in FFY 2022.

Factors that contributed to slippage with A2 include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) California's decreased capacity to provide training and TA on child outcomes. To address slippage with A2, the DDS will complete monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. Additionally, the DDS will continue to actively collaborate with local programs to support data collection, quality, and accuracy. This will include meeting with local programs and community partners to review child outcomes and issues at the local level.

Provide reasons for C2 AR/ALL slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 59.14percent in FFY 2021 to 57.07 percent in FFY 2022.

Factors that contributed to slippage with A2 include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) California's decreased capacity to provide training and TA on child outcomes. To address slippage with A2, the DDS will complete monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement and data anomalies. Additionally, the DDS will continue to actively collaborate with local programs to support data collection, quality, and accuracy. This will include meeting with local programs and community partners to review child outcomes and issues at the local level.

FFY 2022 SPP/APR Data

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	51,991
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.	10,218
Number of infants and toddlers with IFSPs assessed	25,411

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (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. This is calculated by local programs entering progress category data into California's Early Start Report data system.

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

California allows providers to use the most appropriate assessment instrument(s), relevant to the child's needs, for collecting child outcomes data. The state follows the Division for Early Childhood's (DEC) recommendations for assessment. DEC recommends that 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. As a result, providers in California 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 to gather data for Indicator 3 include, but are not limited to, the following:

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)
Desired Results Developmental Profile

Provide additional information about this indicator (optional).

The state reported figure of 25,411 represents the total for “All infants and toddlers”. The figure of 24,250 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.

Through FFY 2022, the department has been working closely with technical assistance providers, DaSy and ECTA to identify areas to target to improve child outcomes. Technical assistance received has supported the department in the following areas: identification of issues related to data entry, reliability, and validity, developing practices of data analysis that are aligned with OSEP requirements and Part C IDEA objectives, identification of anomalies specific to progress categories, increasing data transparency with local partners and community partners, and training department staff and community partners on methods to identify trends in data that may be causes for concern. As a result of this technical assistance received, the state began engaging community partners on topics related to target setting and the use of tools that are appropriately aligned to measure the content of the outcome at the entrance and exit for children who utilized early start services. Specifically, the state provided a train-the-trainer presentation to local program lead staff on using the Early Start Report system.

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/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	2017	2018	2019	2020	2021
A	2019	Target>=	70.00%	70.00%	70.50%	72.23%	72.50%
A	72.23%	Data	80.70%	79.60%	72.23%	76.81%	77.66%
B	2019	Target>=	80.00%	80.00%	80.50%	84.33%	84.34%
B	84.33%	Data	83.91%	83.38%	84.33%	81.57%	82.63%
C	2019	Target>=	75.00%	75.00%	75.50%	83.60%	83.61%
C	83.60%	Data	81.89%	82.54%	83.60%	78.18%	79.98%

Targets

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

Targets: Description of Stakeholder Input

The ICC functions as the primary mechanism for soliciting broad community partner engagement. The State Performance Plan/Annual Performance Report (SPP/APR) was included in the agenda in the ICC meetings held on October 20, 2022, and on January 19, 2023, to obtain input from community partners. During FFY 2022 two of the quarterly ICC meetings were held via Zoom and two were held in a hybrid format. The ICC conducts public meetings consistent with California’s Bagley-Keene Open Meeting Act. Attendance at these quarterly meetings of voting members, community representatives, and members of the public has exceeded 100 people. Attendees from the public represent diverse backgrounds, and American Sign Language and Spanish interpreters are standard at each ICC meeting. The DDS reviews all public comments from the ICC quarterly meetings and responds at a subsequent meeting or with individual follow-up. Meeting materials and minutes of the meetings/recordings are published on DDS’ website.

Building capacity:

California is constantly exploring avenues to improve the diversity of voting and community members of the ICC, in part through analyzing data to understand the evolving demographic of young families in the state. DDS also includes a topic in ICC meetings that will help the community learn the various aspects of an early intervention program. On April 20, 2023, the ICC included a presentation from an OSEP-funded technical assistance provider (DaSy) on Child Outcomes Overview including progress categories, summary statements, and target setting. Additionally, there were presentations from various community partners that educated and informed the ICC of service delivery models and other activities that support child outcomes conducted at the local level.

From July through December 2022, DDS developed with community partners the “Increasing and Diversifying Parent Voices in the ICC project”, which will provide training to individuals from underrepresented communities that will assist them in understanding the Early Start Program as a statewide system for early intervention, to empower them to actively and meaningfully engage and contribute during ICC meetings. To further support informing and educating community partners, at the ICC meeting held on April 20, 2023, the DDS shared information about the ICC Diversification Project and the partnership with the Family Resource Centers Network of California (FRCNCA) to increase family participation and promote diversity of members of the community who attend ICC meetings. FRCNCA began providing webinars and trainings covering aspects of this indicator to support community partners with a further understanding of data and target setting related to the state’s APR. The project aims to increase the ICC by at least 20 members who are parents with diverse backgrounds.

Additionally, the DDS with support from its CSPD contractor (WestEd) hosted the annual Early Start Partners Symposium (ESPS) on June 1-2, 2023. This in-person symposium engaged early intervention service providers, service coordinators, family support professionals, and other community partners across Early Start partner agencies to deliver high-quality Early Start services for infants and toddlers with or at risk for developmental delays and disabilities and their families. ESPS is a comprehensive professional development and networking opportunity for the Early Start community in California. Personnel from multiple disciplines, agencies, and service systems who provide Early Start services could access evidence-based practices, engage in cross-agency training, and participate in collegial discussions. These discussions allow community partners to converse with the DDS and its staff about various topics that impact the Early Start community.

The 2023 ESPS included sessions on a variety of aspects of the Part C program, including Outreach and Access for Tribal Communities, Working Effectively with Latino Families, Outreach and Access for African American Communities, Service Access and Equity in Early Start: Current Projects, Early Start State Policy Updates: What’s New in California, Part C Federal Policy Updates, Q&A: Federal and State Part C Policies and Updates, and California Early Start Joins Cohort 3 of The Federal Differentiated Monitoring System (DMS) 2.0 Monitoring and Support. Further, the 2023 ESPS included sessions relating to child outcomes for the Part C program, including: Understanding Child Outcomes Data: What is Reported and What it Means, Evidence-Based Strategies for Supporting Parent-Child Interactions, Communication Strategies for Young Children with Visual Impairments, Supporting Social-Emotional Development in Early Start: Mental Health Services Act Projects, and Promoting Continued Language Development. Community partner feedback on child outcomes included questions on calculations used for Summary Statement 1 and Summary Statement 2 and required data to calculate child progress towards child outcomes.

The Early Start Newsletter: This quarterly newsletter is sent out to Early Start Stakeholders and posted on social media. The newsletter contains information and links useful for Early Start families and professionals, including information about upcoming public meetings and to solicit feedback. These resources include topics regarding Early Start and other information of interest to parents of young children. The newsletter is provided in both English and Spanish and is posted to the DDS website: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>

For FFY 2022, information and targets related to this indicator were reviewed at the January 2023 and July 2023 Interagency Coordinating Council (ICC) quarterly meetings. Input on this indicator, as well as current and future targets included in this Annual Performance Report (APR), were solicited from California’s broad and diverse ICC. No comments were received relating to indicator targets.

To further support informing and educating community partners on Indicator 4 targets, the DDS shared information at the April 2023 ICC meeting about the ICC Diversification Project. This initiative, established in partnership with Family Resource Centers of California, aims to promote the diversity of members of the community who participate in ICC meetings while enhancing statewide activities on family education and family engagement. This initiative is expected to include webinars and trainings that will cover aspects of this indicator as well as support community partners in developing an understanding of data and target setting as related to California’s APR.

FFY 2022 SPP/APR Data

The number of families to whom surveys were distributed	8,790
Number of respondent families participating in Part C	1,020

Survey Response Rate	11.60%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	790
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,003
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	831
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,002
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	809
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	998

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 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)	77.66%	72.50%	78.76%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	82.63%	84.34%	82.93%	Did not meet target	No Slippage
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)	79.98%	83.61%	81.06%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	YES
If the plan has changed, please provide the sampling plan.	

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

The DDS determines the FOS sample size required to produce valid results for each region by calculating a statistically representative sample size for each region based on the total number of families participating in California's Early Start program. Local programs are sorted into five regions to ensure the sample includes children and families from throughout the state. The five identified regions are: Northern California, Bay Area, Central California, Southern California and the Los Angeles area. The sample size calculations are based on a 95 percent confidence level with an error rate of 6 percent and an estimated return rate of 15 percent. These calculations were selected to create a sample size that not only provides representative data but maintains a low error rate.

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

Response Rate

FFY	2021	2022
Survey Response Rate	11.73%	11.60%

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 the ECTA Center's 'Representativeness Calculator' to examine the representativeness 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 the 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).

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. States must include race/ethnicity in their analysis. In addition, the State's analysis must 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 category approved through the stakeholder input process.

Representativeness was analyzed using the 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 (49.1 percent), followed by White families (16.7 percent), Asian families (7.1 percent), Black/African American families (4.5 percent), more-than-one race families (2.3 percent), American Indian families (0.02 percent) and Native Hawaiian families (0.18 percent). Race and ethnicity data was not available for 19.8 percent of the Early Start population.

The results of the ECTA calculator show that data received is not representative for the Hispanic, White, Asian, Native American and African American or Black families in the survey responses. Responses for Native Hawaiian/Pacific Islander families were representative of the Early Start population.

Representativeness by geographic/program location:

The Early Start program determines the sample size required to produce valid results for each region by calculating a statistically representative sample size for each region based on the total number of families participating in California's Early Start program. Local programs are sorted into five regions to ensure the sample includes children and families from throughout the state. The five identified regions are: Northern California, Bay Area, Central California, Southern California and the Los Angeles area.

The results of the ECTA calculator survey responses were determined to not be representative of the families within each of the 5 identified regions of California.

Representativeness by gender:

The distribution of gender shows males account for 63.4 percent of children participating in California's Early Start program. Females account for the remaining 36.6 percent of children in the program. Survey respondents for families of male children participating in Early Start represented 64.1 percent of the surveys received. Families of female children represented the remaining 35.9 percent of surveys received.

The ECTA calculator results show that families of male and female children participating in Early Start were represented in the surveys received.

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. (yes/no)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

The DDS will continue to implement strategies to increase the overall response rate and representativeness of responses with the collection tool, Family Outcomes Survey (FOS). Clear communication about the FOS, which includes articulating the purpose of the survey, its importance to survey participants and their communities, and emphasizing the value of the participant's perspective, has been and will continue to be promoted with local programs and family resource centers (FRCs) that support this data collection.

In addition to efforts described in the Introduction to increase awareness of traditionally underrepresented communities (e.g. Tribal communities), the DDS will explore creating content (videos, brochures, etc.) that will highlight experiences and images of families from these communities. The DDS is also considering additional design strategies such as simplifying the wording of the survey, eliminating repetitiveness in survey questions, and decreasing the overall number of questions on the survey. 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.

Additionally, the DDS will request that local programs and FRCs provide families with a reminder to complete the survey using their local websites, newsletters, and social media outlets. These partners are encouraged to provide feedback to DDS on ways to make data collection more family-friendly.

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. The DDS previously implemented an online completion option for the FOS. The DDS also contracted with an agency to design and implement an online data collection tool to collect FOS responses. The DDS continues to implement strategies to increase stakeholder engagement around the Family Outcome Survey. Clear and simple communication about the family survey, which includes articulating the survey purpose and emphasizing the value of the participant's perspective, were distributed. The survey was also promoted among local programs and family resource centers (FRCs). In addition, information on the Family Outcome survey was shared at the October 2022 and April 2023 meetings of the interagency coordinating council (ICC). 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. 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.

Each family in the sample is mailed a copy of the survey in English and Spanish, with a cover letter that outlines the importance of their feedback. Since FY2021-22, each letter contained a scannable Quick Response (QR) code and a website link that would take the user directly to the survey. The QR code is 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 are 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 can 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 scanning the document to be sent via email. Families are also mailed a postcard approximately 2 weeks before the survey deadline to remind them to complete the survey to increase the overall survey response rate.

Additionally, since FY2021-22, families are provided the option to contact the department for additional language support, if needed. Families that

request assistance by phone or email, receive assistance in their primary language through DDS' contractor for translation support services.

To promote survey completion among identified families, the DDS partners with FRCs which also remind families through the FRC's local website or their newsletter to complete the survey. The DDS periodically shares the results of the FOS with local programs so the data can be used to inform pertinent practices and policies that impact the results indicators for family outcomes.

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 11.60 percent, which is a slight decrease compared to the previous year's rate of 11.72 percent. Approximately 60 percent of survey respondents completed the survey electronically, while the remaining 40 percent chose to complete the survey on paper.

Response rate by ethnicity:

The DDS' survey analysis shows Native American or Native Alaskan families had the highest response rate at 24.49 percent, followed by more-than-one-race families at 23.87 percent, Asian families at 21.28 percent, White families at 17.03 percent, Hispanic families at 10.70 percent and Black or African American families at 5.21 percent. The response rate for families identified as Native Hawaiian or Pacific Islander was 0 percent. In 1.77 percent of returned surveys, families identified their ethnicity as 'other'. Response rates for Native American or Native Alaskans, more than 1 race, Asian, and White families were above the statewide overall return rate of 11.60 percent, while response rates for Hispanic, Native Hawaiian or Pacific Islander and Black or African American families were below the statewide overall return rate.

Response rate by program location:

The Early Start program determines the FOS sample size required to produce valid results for each region by calculating a statistically representative sample size for each region based on the total number of families participating in California's Early Start program. Local programs are sorted into five regions to ensure the sample includes children and families from throughout the state. The five identified regions are: Northern California, Bay Area, Central California, Southern California and the Los Angeles area. The response rate for the Bay Area was the highest (11.33 percent), while the lowest response rate was found in the Los Angeles region (10.03 percent). The response rates in the Northern, Central and Southern California areas ranged from 10.21 percent to 10.75 percent.

Response rate by gender:

The distribution of gender shows males account for 63.4 percent of children participating in California's Early Start program. Females account for the remaining 36.6 percent of children participating in the program. The response rate for families of male children participating in Early Start was 10.59 percent. The response rate for families of female children participating in Early Start was 10.32 percent.

There is an indication of nonresponse bias since response rates for families of Hispanic, Black or African American, and Native Hawaiian or Pacific Islander families were below the statewide overall return rate. Historically, African Americans have had the lowest response rates compared to other ethnicities. To address this, increased outreach efforts with Hispanic and Black or African American communities began by partnering with FRCs and local programs 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, local programs, SSIP partners, community partners and FRCs on the importance of the FOS, dates of survey dissemination, and assistance available for families completing the survey. DDS will analyze feedback to determine if different strategies than the above are needed.

Provide additional information about this indicator (optional).

4 - Prior FFY 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.

Response to actions required in FFY 2021 SPP/APR

The DDS implemented several strategies to support response data being representative of California's population. Specifically, in FFY 2022 the DDS received technical assistance from The Center for Early Childhood Data Center (ECTA) and SRI International (SRI) to identify quality improvement strategies for sampling methods, develop an updated Sampling Plan for this indicator, as well as build state staff's capacity on the analysis of data.

As outlined in the Sampling Plan submitted to OSEP on November 30, 2023, California analyzed and monitored the responses, nonresponses, representativeness, and any other factors that may have contributed to low response rates among demographics for FFY 2022. This is then compared to historic data for a year over year comparison. This process included analyzing the impact of the primary sample selection factor that only included children who have had received at least six months of service. Program staff also analyzed the impact of excluding children whose records were incomplete at the time the sample was drawn for FFY 2022. This data analysis was conducted with the support of ECTA and SRI and will continue to determine if modifications to the sampling plan and methodology may be needed over time to remediate potential problems as well.

The DDS also addressed low response rates by engaging Family Resource Centers and local programs to enhance awareness of the survey as well as identify and address reasons for an inability or unwillingness of families to participate in the survey. FRCs were also available for to assist families with completing the survey, when needed.

The DDS also determined the representativeness of the returned surveys using the Early Childhood Technical Assistance Center's Response Rate and Representativeness Calculator, which uses a statistical formula to calculate representativeness for specific population groups based on survey completion rates. Using the calculator, the DDS examined representativeness by geographic location, gender, race and ethnicity and socio-economic status as determined by participation in California's Medi-Cal program, an income-based medical program, to ensure participants from a variety of

backgrounds are included in appropriate proportions in the data set. The DDS also calculated expected response rates across race and ethnicity. As referenced above, the DDS submitted a revised sampling plan to OSEP on November 30, 2023.

4 - OSEP Response

The State submitted its sampling plan for this indicator on November 30, 2023. OSEP will follow up with the State under separate cover regarding the submission.

4 - Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 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.

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	2017	2018	2019	2020	2021
Target >=	0.83%	0.84%	1.09%	1.09%	1.09%
Data	1.08%	0.63%	1.11%	0.98%	1.11%

Targets

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

Targets: Description of Stakeholder Input

The ICC functions as the primary mechanism for soliciting broad community partner engagement. The State Performance Plan/Annual Performance Report (SPP/APR) was included in the agenda in the ICC meetings held on October 20, 2022, and on January 19, 2023, to obtain input from community partners. During FFY 2022 two of the quarterly ICC meetings were held via Zoom and two were held in a hybrid format. The ICC conducts public meetings consistent with California's Bagley-Keene Open Meeting Act. Attendance at these quarterly meetings of voting members, community representatives, and members of the public has exceeded 100 people. Attendees from the public represent diverse backgrounds, and American Sign Language and Spanish interpreters are standard at each ICC meeting. The DDS reviews all public comments from the ICC quarterly meetings and responds at a subsequent meeting or with individual follow-up. Meeting materials and minutes of the meetings/recordings are published on DDS' website.

Building capacity:

California is constantly exploring avenues to improve the diversity of voting and community members of the ICC, in part through analyzing data to understand the evolving demographic of young families in the state. DDS also includes a topic in ICC meetings that will help the community learn the various aspects of an early intervention program. On April 20, 2023, the ICC included a presentation from an OSEP-funded technical assistance provider (DaSy) on Child Outcomes Overview including progress categories, summary statements, and target setting. Additionally, there were presentations from various community partners that educated and informed the ICC of service delivery models and other activities that support child outcomes conducted at the local level.

From July through December 2022, DDS developed with community partners the "Increasing and Diversifying Parent Voices in the ICC project", which will provide training to individuals from underrepresented communities that will assist them in understanding the Early Start Program as a statewide system for early intervention, to empower them to actively and meaningfully engage and contribute during ICC meetings. To further support informing and educating community partners, at the ICC meeting held on April 20, 2023, the DDS shared information about the ICC Diversification Project and the partnership with the Family Resource Centers Network of California (FRCNCA) to increase family participation and promote diversity of members of the community who attend ICC meetings. FRCNCA began providing webinars and trainings covering aspects of this indicator to support community partners with a further understanding of data and target setting related to the state's APR. The project aims to increase the ICC by at least 20 members who are parents with diverse backgrounds.

Additionally, the DDS with support from its CSPD contractor (WestEd) hosted the annual Early Start Partners Symposium (ESPS) on June 1-2, 2023. This in-person symposium engaged early intervention service providers, service coordinators, family support professionals, and other community partners across Early Start partner agencies to deliver high-quality Early Start services for infants and toddlers with or at risk for developmental delays and disabilities and their families. ESPS is a comprehensive professional development and networking opportunity for the Early Start community in California. Personnel from multiple disciplines, agencies, and service systems who provide Early Start services could access evidence-based practices, engage in cross-agency training, and participate in collegial discussions. These discussions allow community partners to converse with the DDS and its staff about various topics that impact the Early Start community.

The 2023 ESPS included sessions on a variety of aspects of the Part C program, including Outreach and Access for Tribal Communities, Working Effectively with Latino Families, Outreach and Access for African American Communities, Service Access and Equity in Early Start: Current Projects, Early Start State Policy Updates: What's New in California, Part C Federal Policy Updates, Q&A: Federal and State Part C Policies and Updates, and California Early Start Joins Cohort 3 of The Federal Differentiated Monitoring System (DMS) 2.0 Monitoring and Support. Further, the 2023 ESPS included sessions relating to child outcomes for the Part C program, including: Understanding Child Outcomes Data: What is Reported and What it Means, Evidence-Based Strategies for Supporting Parent-Child Interactions, Communication Strategies for Young Children with Visual Impairments, Supporting Social-Emotional Development in Early Start: Mental Health Services Act Projects, and Promoting Continued Language Development. Community partner feedback on child outcomes included questions on calculations used for Summary Statement 1 and Summary Statement 2 and required data to calculate child progress towards child outcomes.

The Early Start Newsletter: This quarterly newsletter is sent out to Early Start Stakeholders and posted on social media. The newsletter contains information and links useful for Early Start families and professionals, including information about upcoming public meetings and to solicit feedback. These resources include topics regarding Early Start and other information of interest to parents of young children. The newsletter is provided in both English and Spanish and is posted to the DDS website: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>

The FFY 2022 target for Indicator 5 was reviewed and input solicited at the quarterly meetings of California's Interagency Coordinating Council (ICC) held on January 19, 2023. No comments were received relating to this indicator or targets.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	4,656
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	06/20/2023	Population of infants and toddlers birth to 1	425,149

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
4,656	425,149	1.11%	1.10%	1.10%	Met target	No Slippage

Provide additional information about this indicator (optional)

DDS engaged in several directives and initiatives throughout FFY 2022 to support increasing performance with Indicator 5. Funded in large by state general-purpose funds, these efforts included:

Early Start (California's IDEA Part C Program) Eligibility: Statutory changes in FFY 2022 lowered the criteria for developmental delay from 33 percent to 25 percent; the communication domain was separated into two distinct categories (expressive and receptive language); and Fetal Alcohol Syndrome was identified as a risk factor for developmental delays, to increase efforts to identify at-risk children.

Early Start Child Find and Identification: Through its Regional Center Performance Measures initiative, DDS developed incentives for local programs to enhance Early Start Child Find and Identification activities. The desired outcome of these measures was to more aggressively identify children who may be eligible for Early Start services and evaluate and enroll them in a timely manner, beginning with developing a Child Find Plan and reporting information on activities. In April of 2023, local programs submitted Child Find Plans for their catchment area. The submitted plans identified strategies to address and target the underserved populations prioritized in the federal code for Early Intervention as defined in 34 Code of Federal Regulations, Section 303.302(b), including: unhoused children and families, children in foster care, and Native American children and families who reside on tribal lands.

Early Start Program Materials: DDS, with support from its contractor (WestEd) continued to develop Early Start outreach materials in several formats, including printed materials, videos, online courses, and website postings. Resources have been made available online to Early Start families in a variety of languages including English, Spanish, Arabic, Hmong, Korean, Russian, Tagalog, Vietnamese, and Chinese. In FFY 2022, DDS distributed more than 36,000 copies of Early Start materials to regional centers, providers, childcare facilities, Family Resource Centers, and other agencies. The most frequently requested brochure was "Reasons for Concern," which helps families recognize potential delays in their child's development. The "Family Introduction to Early Start" is another publication that was shared with Early Start families. Throughout the reporting period, this brochure was shared in English (5,950 copies), Spanish (2,300 copies), and Vietnamese (150 copies). Additionally, the "Early Start Family Resource Center" brochure was also frequently requested (2,750 copies in English and 1,650 copies in Spanish). The "Early Start Community Infographic" was also a frequently requested resource for families in FFY 2022. This infographic is a visual representation of the Early Start system and resources available to families. This document was distributed in English (4,250 copies), Spanish (3,000 copies), and Chinese (100 copies). The handout "Early Start Referral Guide," which is designed to support families engaging in the Early Start referral process, was distributed in English (2,800 copies) and Spanish (1,700 copies). Posters of the infographic were also developed and disseminated throughout the reporting period with a total of 430 copies in English and 413 copies in Spanish shared with multiple agencies across California. In addition, booklets such as "A Family Introduction to California Early Start for Infants and Toddlers with Disabilities and Their Families," and "Parents Rights: An Early Start Guide for Families." These booklets were made available to families in English, Spanish, Arabic, Hmong, Korean, Russian, Tagalog, Vietnamese, and Chinese, online and in hard copy.

Early Childhood Information Packet: DDS released an Early Start information packet for families in FFY 2022. The packet provides an overview of the regional center system for any person seeking or receiving Early Intervention Services under the California Early Intervention Services Act. The information packet serves as a resource guide for families with information on parent rights and contact information for responsible parties within the California system. The packets are available in multiple languages that include English, Spanish, Korean, Simplified Chinese, Tagalog, and Vietnamese. The packet can be found at: <https://www.dds.ca.gov/consumers/new-information-packet/>.

Early Start Videos: DDS produced several videos to support families in accessing Part C services during FFY 2022. These videos include both animated stories as well as family testimonials on their experiences of receiving Part C services through California's Early Start Program. An animated video, "The Story of Max," serves as a guide to understanding and navigating the Early Start system. It places the viewer in the shoes of parents who are concerned about their child's development and follows them from referral to IFSP development and start of services. Links to these videos can be found on the DDS website and YouTube at: <https://www.youtube.com/watch?v=VMCj9SCtEU0>.

DDS, in collaboration with community partners, also developed a series of testimonials from families who received early intervention services through Early Start to encourage other families with eligible infants and toddlers with developmental delays and/or disabilities to enroll in the program and, therefore, exceed Indicators 5 and 6 targets. These videos were distributed through California's quarterly ICC meetings, the Early Start Newsletter, and other events/outreach efforts held at the local level throughout FFY 2022. Links to these videos can be found on the DDS website and at the following link: <https://vimeo.com/showcase/9593012>.

Comprehensive System of Personnel Development (CSPD): As part of the CSPD, CPEI Online, DDS offered training and technical assistance to Early Start service coordinators, supervisors, managers, local educational agencies, service providers, and family resource center staff throughout FFY 2022. The trainings are designed to help explore ways of adjusting current practices to work effectively with all underserved communities, including families who are unhoused, families living in poverty, foster families, and Native American families. The training and technical assistance recipients worked with local partners to discuss and explore the realities and strategies for implementing Individualized Family Service Plans in these communities.

Tribal Engagement: As described in the introduction, in FFY 2022, DDS funded targeted outreach activities to increase awareness and access to Early Start Services in tribal communities in FFY 2022.

Implicit Bias Training: As indicated in the Introduction, the Implicit Bias Training series is required for local program personnel, including contracted staff involved in intake, assessment, and eligibility determinations.

Standardized Intake Process: In collaboration with the Association of Regional Center Agencies (ARCA), DDS began developing a standardized intake process to be implemented statewide. Among its many benefits, a standardized intake process would facilitate ease of accessing the program for marginalized communities including migrant families.

Partnerships to Train Professionals in Public Assistance Programs: In FFY 2022, with American Rescue Plan Act funds, DDS partnered with a regional center in a major urban city to engage with public assistance programs and community-based organizations such as the Women, Infant, and Children health and nutrition program, the Exceptional Children's Foundation, and Children's Institute. The regional center provided training in pre-referral screening, Early Start eligibility, the referral and intake process, and the benefits of Early Start services. This effort has reached almost 2,000 parents with infants and toddlers. It resulted in community partners' awareness of Early Start services and resulted in increased referrals for services.

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	2017	2018	2019	2020	2021
Target >=	2.20%	2.20%	2.70%	3.47%	3.47%
Data	3.18%	3.47%	3.76%	3.34%	4.03%

Targets

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

Targets: Description of Stakeholder Input

The ICC functions as the primary mechanism for soliciting broad community partner engagement. The State Performance Plan/Annual Performance Report (SPP/APR) was included in the agenda in the ICC meetings held on October 20, 2022, and on January 19, 2023, to obtain input from community partners. During FFY 2022 two of the quarterly ICC meetings were held via Zoom and two were held in a hybrid format. The ICC conducts public meetings consistent with California's Bagley-Keene Open Meeting Act. Attendance at these quarterly meetings of voting members, community representatives, and members of the public has exceeded 100 people. Attendees from the public represent diverse backgrounds, and American Sign Language and Spanish interpreters are standard at each ICC meeting. The DDS reviews all public comments from the ICC quarterly meetings and responds at a subsequent meeting or with individual follow-up. Meeting materials and minutes of the meetings/recordings are published on DDS' website.

Building capacity:

California is constantly exploring avenues to improve the diversity of voting and community members of the ICC, in part through analyzing data to understand the evolving demographic of young families in the state. DDS also includes a topic in ICC meetings that will help the community learn the various aspects of an early intervention program. On April 20, 2023, the ICC included a presentation from an OSEP-funded technical assistance provider (DaSy) on Child Outcomes Overview including progress categories, summary statements, and target setting. Additionally, there were presentations from various community partners that educated and informed the ICC of service delivery models and other activities that support child outcomes conducted at the local level.

From July through December 2022, DDS developed with community partners the "Increasing and Diversifying Parent Voices in the ICC project", which will provide training to individuals from underrepresented communities that will assist them in understanding the Early Start Program as a statewide system for early intervention, to empower them to actively and meaningfully engage and contribute during ICC meetings. To further support informing and educating community partners, at the ICC meeting held on April 20, 2023, the DDS shared information about the ICC Diversification Project and the partnership with the Family Resource Centers Network of California (FRCNCA) to increase family participation and promote diversity of members of the community who attend ICC meetings. FRCNCA began providing webinars and trainings covering aspects of this indicator to support community partners with a further understanding of data and target setting related to the state's APR. The project aims to increase the ICC by at least 20 members who are parents with diverse backgrounds.

Additionally, the DDS with support from its CSPD contractor (WestEd) hosted the annual Early Start Partners Symposium (ESPS) on June 1-2, 2023. This in-person symposium engaged early intervention service providers, service coordinators, family support professionals, and other community partners across Early Start partner agencies to deliver high-quality Early Start services for infants and toddlers with or at risk for developmental delays and disabilities and their families. ESPS is a comprehensive professional development and networking opportunity for the Early Start community in California. Personnel from multiple disciplines, agencies, and service systems who provide Early Start services could access evidence-based practices, engage in cross-agency training, and participate in collegial discussions. These discussions allow community partners to converse with the DDS and its staff about various topics that impact the Early Start community.

The 2023 ESPS included sessions on a variety of aspects of the Part C program, including Outreach and Access for Tribal Communities, Working Effectively with Latino Families, Outreach and Access for African American Communities, Service Access and Equity in Early Start: Current Projects, Early Start State Policy Updates: What's New in California, Part C Federal Policy Updates, Q&A: Federal and State Part C Policies and Updates, and

California Early Start Joins Cohort 3 of The Federal Differentiated Monitoring System (DMS) 2.0 Monitoring and Support. Further, the 2023 ESPS included sessions relating to child outcomes for the Part C program, including: Understanding Child Outcomes Data: What is Reported and What it Means, Evidence-Based Strategies for Supporting Parent-Child Interactions, Communication Strategies for Young Children with Visual Impairments, Supporting Social-Emotional Development in Early Start: Mental Health Services Act Projects, and Promoting Continued Language Development. Community partner feedback on child outcomes included questions on calculations used for Summary Statement 1 and Summary Statement 2 and required data to calculate child progress towards child outcomes.

The Early Start Newsletter: This quarterly newsletter is sent out to Early Start Stakeholders and posted on social media. The newsletter contains information and links useful for Early Start families and professionals, including information about upcoming public meetings and to solicit feedback. These resources include topics regarding Early Start and other information of interest to parents of young children. The newsletter is provided in both English and Spanish and is posted to the DDS website: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>

The FFY 2022 target for Indicator 6 was reviewed and input solicited at the quarterly meetings of California's Interagency Coordinating Council (ICC) held on January 19, 2023. No comments were received relating to this indicator.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	55,730
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	06/20/2023	Population of infants and toddlers birth to 3	1,255,295

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
55,730	1,255,295	4.03%	3.48%	4.44%	Met target	No Slippage

Provide additional information about this indicator (optional).

Please see additional information regarding activities related to Child Find in Indicator 5.

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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	86.87%	78.21%	87.46%	91.55%	78.64%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
347	476	78.64%	100%	85.08%	Did not meet target	No Slippage

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.

58

Provide reasons for delay, if applicable.

Delays in the initial evaluation, assessment, and initial Individualized Family Services Plan (IFSP) were identified in 129 of the 476 records reviewed for this indicator. Of the 129 records, 58 records involved documented delays due to exceptional family circumstances, including child or family illness (9), families missing scheduled appointments (10), scheduling difficulties due to inability to contact the family (21), and IFSP postponement per family request (18). The 71 remaining records noted delays due to personnel issues, staff shortages and lack of documentation regarding reason for delay.

To address some of these systemic issues, California has committed a variety of resources to improve and ensure the initial evaluation, assessment, and initial IFSP is completed within 45 days. The Department of Developmental Services (DDS) provided targeted technical assistance and support to the local programs struggling to comply with this requirement. Furthermore, the DDS continues to provide staff development and capacity building through California's Comprehensive System of Personnel Development.

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. In FFY 2022, the departments and community partners have established baselines for this performance measure. 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

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. In FFY 2022, regional centers continued to identify additional personnel to meet this 1:40 caseload ratio requirement.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

A statistically representative sample size is identified for each program that is based on the number of children served by the program in the previous fiscal year broken into corresponding counties. The sample of records reviewed is random and based on the population of children served. Additionally, the state requires the sample to include demographic representation of populations within a program's catchment area that includes primary language, ethnicity, residence type, and if the child is eligible for state service programs. During FFY 2022, monitoring reviews were conducted at 11 of California's Early Start programs.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
37	36	1	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

The DDS verified the correction for 36 of the 37 findings within one year from the identification. One additional finding was verified as corrected within 19 months from the date of the finding.

For programs with findings of noncompliance, DDS formally notifies the program. During the period of correction, technical assistance is provided, including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved, and verifies that the initial evaluation, assessment and IFSP meeting occur within the required timeframe. The subsequent reviews are only completed once all child-specific findings of noncompliance are verified as corrected.

Consistent with OSEP QA 23-01, the DDS verified through a subsequent review of 20 randomly selected records that each of the Early Start programs with findings of noncompliance, conducted the initial evaluation, assessment and initial IFSP is conducted within the 45 day timeline. If 100 percent compliance was not achieved during this initial subsequent review, this process was repeated every quarter until 100 percent compliance was achieved. The subsequent review was completed only after all child-specific noncompliance is corrected and actions identified in the corrective action plan are completed.

Program 1 was notified of the finding on May 23, 2022. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on December 11, 2023. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying those eligible infants and toddlers had an initial IFSP meeting conducted within the 45-day timeline. Subsequently, the finding was closed on December 11, 2023.

Program 2 was notified of the finding on August 12, 2022. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on November 28, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying those eligible infants and toddlers had an initial IFSP meeting conducted within the 45-day timeline. Subsequently, the finding was closed on November 28, 2022.

Program 3 was notified of the finding on April 13, 2022. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on October 10, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator

by verifying those eligible infants and toddlers had an initial IFSP meeting conducted within the 45-day timeline. Subsequently, the finding was closed on October 10, 2022.

Program 4 was notified of the finding on November 15, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on May 1, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying those eligible infants and toddlers had an initial IFSP meeting conducted within the 45-day timeline. Subsequently, the finding was closed on May 1, 2022.

Program 5 has 33 EIS provider findings of noncompliance. The EIS program reported that all 33 findings of noncompliance were verified as corrected within one year of identification through a subsequent review of data. The EIS providers received staff training, and technical assistance through a review of policies, procedures, and practices. The DDS verified the actions taken by this program and considers these findings closed.

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

The DDS verified the correction for 36 of 37 findings within one year from the identification. One additional finding was verified as corrected within 19 months from the date of the finding.

For programs with findings of noncompliance, DDS formally notified the program in writing. During the period of correction, programs were provided technical assistance including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved and verifies that the initial evaluation, assessment and IFSP meeting occur within the required timeframe. This subsequent review is only completed once all child-specific findings of noncompliance are verified as corrected.

Program 1 was notified of the finding on May 23, 2022, and the DDS verified that all eleven individual children whose IFSPs were late, received those IFSPs, although late. The finding was verified as corrected and closed on December 11, 2023; which included the achievement of 100 percent compliance in a subsequent review.

Program 2 was notified of the finding on August 12, 2022, and the DDS verified that all twenty-one individual children whose IFSPs were late, received those IFSPs, although late. The finding was verified as corrected and closed on November 28, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 3 was notified of the finding on April 13, 2022, and the DDS verified that all nine individual children whose IFSPs were late, received those IFSPs, although late. The finding was verified as corrected and closed on October 10, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 4 was notified of the finding on November 15, 2021, and the DDS verified that all nineteen individual children whose IFSPs were late, received those IFSPs, although late. The finding was verified as corrected and closed on May 1, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 5 has 33 EIS provider findings, which include 56 individual child-specific findings of noncompliance. The program verified that all 56 individual children whose IFSPs were late, received those IFSPs, although late. The program verified the findings as corrected; which included the achievement of 100 percent compliance in a subsequent review of data. The DDS verified the actions taken by this program and considers these findings closed.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2020	24	24	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.

As reported in the FFY 2020 Annual Performance Report, the DDS verified the correction for 24 of the 24 findings within one year from the identification.

For programs with findings of noncompliance, DDS formally notified the program. During the period of correction, programs were provided technical assistance including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved and verifies that the initial evaluation, assessment and IFSP meeting occur within the required timeframe. This subsequent review is only completed once all child-specific findings of noncompliance are verified as corrected.

Consistent with OSEP QA 23-01, the DDS verified through a subsequent review of 20 randomly selected records that each of the Early Start programs with findings of noncompliance, conducted the initial evaluation, assessment and initial IFSP is conducted within the 45 day timeline. If 100 percent compliance was not achieved during this initial subsequent review, this process was repeated every quarter until 100 percent compliance was achieved. The subsequent review was completed only after all child-specific noncompliance is corrected and actions identified in the corrective action plan are completed.

Program 1 was notified of the finding on April 6, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on January 7, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying those eligible infants and toddlers had an initial IFSP meeting conducted within the 45-day timeline. Subsequently, the finding was closed on January 7, 2022.

Program 2 was notified of the finding on August 31, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on March 18, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying those eligible infants and toddlers had an initial IFSP meeting conducted within the 45-day timeline. Subsequently, the finding was closed on March 18, 2022.

Program 3 had a pre-finding correction on this indicator that was incorrectly reported in the FFY 2020 APR. This pre-finding correction was cleared through a subsequent review of records at the time of the initial monitoring review. The results of this subsequent review of records demonstrated 100 percent compliance on this indicator by verifying those eligible infants and toddlers had an initial IFSP meeting conducted within the 45-day timeline. This subsequent review of records was completed after the DDS verified that the one child in the initial monitoring review whose IFSP meeting was held late, had an IFSP meeting, although late.

Program 4 was notified of the finding on October 20, 2020. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on July 9, 2021. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying those eligible infants and toddlers had an initial IFSP meeting conducted within the 45-day timeline. Subsequently, the finding was closed on July 9, 2021.

Program 5 has 20 EIS provider findings of noncompliance. The EIS program reported that all 20 findings of noncompliance were verified as corrected within one year of identification through a subsequent review of data. The EIS providers received staff training, and technical assistance through a review of policies, procedures, and practices. The DDS verified the actions taken by this program and considers these findings closed.

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

As reported in the FFY 2020 Annual Performance Report, the DDS verified the correction for 24 of the 24 findings within one year from the identification.

For programs with findings of noncompliance, DDS formally notified the program. During the period of correction, programs were provided technical assistance including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved and verifies that the initial evaluation, assessment and IFSP meeting occur within the required timeframe. This subsequent review is only completed once all child-specific findings of noncompliance are verified as corrected.

Consistent with OSEP QA 23-01, the DDS verified through a subsequent review of 20 randomly selected records that each of the Early Start programs with findings of noncompliance, conducted the initial evaluation, assessment and initial IFSP is conducted within the 45-day timeline. If 100 percent compliance was not achieved during this initial subsequent review, this process was repeated every quarter until 100 percent compliance was achieved. The subsequent review was completed only after all child-specific noncompliance is corrected and actions identified in the corrective action plan are completed.

Program 1 was notified of the finding on April 6, 2021, and the DDS verified that all 16 individual children whose IFSPs were late, received those IFSPs, although late. The finding was verified as corrected and closed on January 7, 2022, which included the achievement of 100 percent compliance in a subsequent review.

Program 2 was notified of the finding on August 31, 2021, and the DDS verified that all three individual children whose IFSPs were late, received those IFSPs, although late. The finding was verified as corrected and closed on March 18, 2022, which included the achievement of 100 percent compliance in a subsequent review.

Program 3 had a pre-finding correction on this indicator that was incorrectly reported in the FFY 2020 APR. This pre-finding correction was cleared through a subsequent review of records at the time of the initial monitoring review. The results of this subsequent review of records demonstrated 100 percent compliance on this indicator by verifying those eligible infants and toddlers had an initial IFSP meeting conducted within the 45-day timeline. This subsequent review of records was completed after the DDS verified that the one child in the initial monitoring review whose IFSP meeting was late, had an IFSP meeting, although late.

Program 4 was notified of the finding on October 20, 2020, and the DDS verified that all four individual children whose IFSPs were late, received those IFSPs, although late. The finding was verified as corrected and closed on July 9, 2021, which included the achievement of 100 percent compliance in a subsequent review. The program was then notified that the correction was verified, and the finding was closed.

Program 5 has 20 EIS provider findings, which include 56 individual child-specific findings of noncompliance. The program verified that all 56 individual children whose IFSPs were late, received those IFSPs, although late. The program verified the findings as corrected, which included the achievement of 100 percent compliance in a subsequent review of data. The DDS verified the actions taken by this program and considers these findings closed.

7 - Prior FFY 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.

Response to actions required in FFY 2021 SPP/APR

As outlined above, the DDS describes the specific actions taken to verify the correction of noncompliance identified in FFY 2020 and FFY 2021.

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	74.47%	81.65%	89.16%	89.38%	90.43%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
387	448	90.43%	100%	90.85%	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.

20

Provide reasons for delay, if applicable.

Delays in toddlers exiting Part C who had 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 were identified in 61 of the 448 records reviewed for this indicator. Of the 61 records, 20 records involved documented delays due to exceptional family circumstances, including child or family illness (2), families missing scheduled appointments (2), scheduling difficulties due to inability to contact the family (9), postponement per family request (6) and related to the challenges facing families in the COVID-19 (1). The 41 remaining records noted delays due to personnel issues, staff shortages and lack of documentation regarding reason for delay.

To support efforts to improve compliance in this area, the DDS used supplemental grant funds through section 2014(a) of the American Rescue Plan Act of 2021 (ARPA), to fund school transition support through School Transition Liaison positions. These positions assisted the Early Intervention Service (EIS) programs in developing collaborative partnerships with LEAs and other community programs to achieve effective and timely school transitions that promote inclusive preschool options for children exiting Part C. These resources also assisted regional centers in establishing and implementing local program procedures that enhance family engagement and support during the transition to educational services, based on workgroup recommendations outlined in the Senate Bill 75 Workgroup Recommendations report. During FFY 2022, all regional center programs had a School Transition Liaison.

To facilitate shared learning among School Transition Liaisons, the DDS held a series of meetings beginning in 2022 that included training and technical assistance sessions with personnel from the field with expertise in providing timely and smooth transitions from Part C to Part B. 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

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

State monitoring

Describe the method used to select EIS programs for monitoring.

A statistically representative sample size is identified for each program that is based on the number of children served by the program in the previous fiscal year broken into corresponding counties. The sample of records reviewed is random and based on the population of children served. Additionally, the state requires the sample to include demographic representation of populations within a program's catchment area that includes primary language, ethnicity, residence type, and if the child is eligible for state service programs. During FFY 2022, DDS conducted monitoring reviews at 11 Early Start programs. The sample of records reviewed is random and based on the population served. During FFY 2022, the DDS identified one program that did not report the required compliance data for this indicator. The DDS issued a finding to this program for not reporting valid and reliable data. The DDS will continue to follow up with this program until the data is received. Once the data is received for this indicator, the DDS will verify the data for compliance and ensure that the program took the appropriate actions to meet federal requirements.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	2	0	2

FFY 2021 Findings of Noncompliance Verified as Corrected

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

The DDS verified the correction for two findings was completed and documented prior to one year from the date of the finding. Two remaining findings has not yet been verified as corrected as of February 1, 2024.

For programs with findings of noncompliance, DDS formally notifies the program. During the period of correction, technical assistance is provided, including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved, and that an IFSP with

transition steps and services was completed at least 90 days prior to each child's third birthday.

Consistent with OSEP QA 23-01, the DDS verified through a subsequent review of 20 randomly selected records that an IFSP with transition steps and services was completed, unless the child was no longer within the jurisdiction of the EIS program. If 100 percent compliance was not achieved during this initial subsequent review, this process was repeated every quarter until 100 percent compliance was achieved. The subsequent review was completed only after all child-specific noncompliance is corrected and actions identified in the corrective action plan are completed.

Program 1 was notified of the finding on August 12, 2022. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on November 28, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that an IFSP with transition steps and services was completed. Subsequently, the finding was closed on November 28, 2022.

Program 2 was notified of the finding on December 20, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on June 1, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that an IFSP with transition steps and services was completed. Subsequently, the finding was closed on June 1, 2022.

Program 3 was notified of the finding on May 23, 2022. A series of subsequent quarterly reviews were completed on 20 randomly selected records. However, 100 percent has not been achieved. This finding has not yet been verified as corrected as of February 1, 2024. The DDS will continue to monitor quarterly data to this indicator with this program to ensure that compliance is met.

Program 4 did not report the required compliance data for this indicator. The DDS issued a finding to this program for not reporting valid and reliable data. In addition, consistent with the signed agreement between DDS and this program, discussions regarding the data collection issues with this EIS program occurred on: January 25, 2023, April 28, 2023, June 12, 2023, July 18, 2023, July 31, 2023, August 3, 2023, October 9, 2023, November 17, 2023, and December 11, 2023. Progressive written notifications for the collection of data and possible sanctions for this indicator were issued in August 2023, October 2023, and January 2024. Therefore, the finding has not yet been verified as corrected as of February 1, 2024. The DDS will continue to follow up with this program until the data is received. Once the data is received for this indicator, the DDS will verify the data for compliance determination and ensure that the program took the appropriate actions to meet federal requirements. The DDS has determined that effective FFY 2023, the lead agency will monitor program 4 for this indicator.

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

The DDS verified the correction for 4 findings was completed and documented prior to one year from the date of the finding. One of two remaining findings has not yet been verified as corrected as of February 1, 2024.

For programs with findings of noncompliance, DDS formally notifies the program. During the period of correction, technical assistance is provided, including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved, and that an IFSP with transition steps and services was completed at least 90 days prior to each child's third birthday.

Program 1 was notified of the finding on August 12, 2022, and the DDS verified that all six individual children whose IFSP with transition steps and services was late, had an IFSP meeting with transition steps and services, although late. The finding was verified as corrected and closed on November 28, 2022, which included the achievement of 100 percent compliance in a subsequent review. The program was then notified that the correction, and the finding was closed.

Program 2 was notified of the finding on December 20, 2021, and the DDS verified that all three individual children whose IFSP with transition steps and services was late, had an IFSP meeting with transition steps and services, although late. The finding was verified as corrected and closed on June 1, 2022, which included the achievement of 100 percent compliance in a subsequent review. The program was then notified that the correction, and the finding was closed.

Program 3 was notified of the finding on May 23, 2022, and the DDS verified that ten of twelve individual children whose IFSP with transition steps and services was late, had an IFSP with transition steps and services, although late. The remaining two children were outside the jurisdiction of the EIS program. This finding has not yet been verified as corrected as of February 1, 2024.

Program 4 did not report the required compliance data for this indicator. The DDS issued a finding to this program for not reporting valid and reliable data. In addition, consistent with the signed agreement between DDS and this program, discussions regarding the data collection issues with this EIS program occurred on: January 25, 2023, April 28, 2023, June 12, 2023, July 18, 2023, July 31, 2023, August 3, 2023, October 9, 2023, November 17, 2023, and December 11, 2023. Progressive written notifications for the collection of data and possible sanctions for this indicator were issued in August 2023, October 2023, and January 2024. Therefore, the finding has not yet been verified as corrected as of February 1, 2024. The DDS will continue to follow up with this program until the data is received. Once the data is received for this indicator, the DDS will verify the data for compliance determination and ensure that the program took the appropriate actions to meet federal requirements. The DDS has determined that effective FFY 2023, the lead agency will monitor program 4 for this indicator.

FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

As noted above, program 3 and program 4 has noncompliance not yet verified as corrected as of February 1, 2024. As a result of this continued noncompliance, the DDS required program 3 to submit a corrective action plan outlining the steps that will be taken to complete IFSPs with transitions steps at least 90 days prior to the child's third birthday. The program was required to have all service coordinators access training on the transition requirements as part of the corrective action. The DDS will complete another subsequent review in March of 2024 to verify that the required actions outlined in the corrective action plan have been implemented, and achievement of 100 percent compliance on this indicator is achieved. In addition, the DDS will continue to follow up with program 4 until the data is received. Once the data is received for this indicator, the DDS will verify the data for compliance determination and ensure that the program took the appropriate action to meet federal requirements.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY 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.

Response to actions required in FFY 2021 SPP/APR

As stated above, all EIS programs, including those EIS programs that serve infants and toddlers with solely low-incidence disabilities, will be included in the existing monitoring process administered by the DDS. The DDS is confident that this resolution will result in data being included for this indicator in the FFY 2023 APR and considers this finding closed.

8A - OSEP Response

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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:

- 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;
- 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
- 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

- 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.
- 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.
- 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	87.23%	86.83%	85.37%	81.94%	91.49%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
405	448	91.49%	100%	90.40%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Federal Fiscal Year (FFY) 2022 data indicates 90.40 percent of notifications to the SEA and LEA occurred at least 90 days prior to the toddler's third birthday. This figure represents slippage from FFY 2021 of 1.09 percent. This slippage may be attributed to a variety of factors, including but not limited to, personnel shortages and vacancies, increased referrals impacting system capacity, as well as administrative related issues between regional centers and local educational agencies (LEA) that were exacerbated by the COVID-19 pandemic as California continued to be in a State of Emergency through February of 2023.

To support efforts to improve compliance in this area, the DDS used supplemental grant funds through section 2014(a) of the American Rescue Plan Act of 2021 (ARPA), to fund school transition support through School Transition Liaison positions. These positions assisted the Early Intervention Service (EIS) programs in developing collaborative partnerships with LEAs and other community programs to achieve effective and timely school transitions that promote inclusive preschool options for children exiting Part C. These resources also assisted regional centers in establishing and implementing local program procedures that enhance family engagement and support during the transition to educational services, based on workgroup recommendations outlined in the Senate Bill 75 Workgroup Recommendations report. During FFY 2022, all regional center programs had a School Transition Liaison.

To facilitate shared learning among School Transition Liaisons, the DDS held a series of meetings beginning in 2022 that included training and technical assistance sessions with personnel from the field with expertise in providing timely and smooth transitions from Part C to Part B. 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

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.

The 43 records that noted delays in the notification to Part B may be attributed to a variety of factors, including but not limited to, personnel shortages and vacancies, increased referrals impacting system capacity, as well as administrative related issues between regional centers and local educational agencies (LEA) that were exacerbated by the COVID-19 pandemic as California continued to be in a State of Emergency through February of 2023.

Describe the method used to collect these data.

The DDS conducts comprehensive Early Start program reviews via a biannual 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 of 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 eleven reviews during FFY 2022. The sample of records reviewed is random and based on the population served. During FFY 2022, the DDS identified one program that did not report the required compliance data for this indicator. The DDS issued a finding to this program for not reporting valid and reliable data. The DDS will continue to follow up with this program until the data is received. Once the data is received for this indicator, the DDS will verify the data for compliance determination and ensure that the program took the appropriate actions to meet federal requirements.

Notification to the State Educational Agency (SEA):

Each month, the DDS notifies CDE, California's Lead Agency for Part B, 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.

A statistically representative sample size is identified for each program that is based on the number of children served by the program in the previous fiscal year broken into corresponding counties. The sample of records reviewed is random and based on the population of children served. Additionally, the state requires the sample to include demographic representation of populations within a program's catchment area that includes primary language, ethnicity, residence type, and if the child is eligible for state service programs. During FFY 2022, DDS conducted monitoring reviews at 11 Early Start programs.

Provide additional information about this indicator (optional).

Due to technical issues, this field is not available in the current format. Please add the following under: "Actions taken if noncompliance not corrected" for FFY 2021 with:

As noted above, program 3 and program 4 has noncompliance not yet verified as corrected as of February 1, 2024. As a result of this continued noncompliance, the DDS required program 3 to submit a corrective action plan outlining the steps that will be taken to complete IFSPs with transitions steps at least 90 days prior to the child's third birthday. The program was required to have all service coordinators access training on the transition requirements as part of the corrective action. The DDS will complete another subsequent review in March of 2024 to verify that the required actions outlined in the corrective action plan have been implemented, and achievement of 100 percent compliance on this indicator is achieved. In addition, the DDS will continue to follow up with program 4 until the data is received. Once the data is received for this indicator, the DDS will verify the data for compliance determination and ensure that the program took the appropriate action to meet federal requirements.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	3		1

FFY 2021 Findings of Noncompliance Verified as Corrected

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

The DDS verified the correction for three of the four findings was completed and documented prior to one year from the date of the finding. One remaining finding has not yet been verified as corrected as of February 1, 2024.

For programs with findings of noncompliance, DDS formally notifies the program. During the period of correction, technical assistance is provided, including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved, and that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday.

Consistent with OSEP QA 23-01, the DDS verified through a subsequent review of 20 randomly selected records that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday. If 100 percent compliance was not achieved during this initial subsequent review, this process was repeated every quarter until 100 percent compliance was achieved. The subsequent review was completed only after all child-specific noncompliance is corrected and actions identified in the corrective action plan are completed.

Program 1 was notified of the finding on August 12, 2022. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on August 4, 2023. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday. Subsequently, the finding was closed on August 4, 2023.

Program 2 was notified of the finding on October 4, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on April 25, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday. Subsequently, the finding was closed on April 25, 2022.

Program 3 was notified of the finding on April 13, 2022. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on October 22, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday. Subsequently, the finding was closed on October 22, 2022.

Program 4 was notified of the finding on November 15, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on May 1, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday. Subsequently, the finding was closed on May 1, 2022.

Program 5 did not report the required compliance data for this indicator. The DDS issued a finding to this program for not reporting valid and reliable data. In addition, consistent with the signed agreement between DDS and this program, discussions regarding the data collection issues with this EIS program occurred on: January 25, 2023, April 28, 2023, June 12, 2023, July 18, 2023, July 31, 2023, August 3, 2023, October 9, 2023, November 17, 2023, and December 11, 2023. Progressive written notifications for the collection of data and possible sanctions for this indicator were issued in August 2023, October 2023, and January 2024. Therefore, the finding has not yet been verified as corrected as of February 1, 2024. The DDS will continue to follow up with this program until the data is received. Once the data is received for this indicator, the DDS will verify the data for compliance determination and ensure that the program took the appropriate actions to meet federal requirements. The DDS has determined that effective FFY 2023, the lead agency will monitor program 5 for this indicator.

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

The DDS verified the correction for three of the four findings was completed and documented prior to one year from the date of the finding. One remaining finding has not yet been verified as corrected as of February 1, 2024.

For programs with findings of noncompliance, DDS formally notifies the program. During the period of correction, technical assistance is provided, including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved, and that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday.

Consistent with OSEP QA 23-01, the DDS verified through a subsequent review of 20 randomly selected records that the LEA and SEA notification

occurred at least 90 days prior to the toddler's third birthday. If 100 percent compliance was not achieved during this initial subsequent review, this process was repeated every quarter until 100 percent compliance was achieved. The subsequent review was completed only after all child-specific noncompliance is corrected and actions identified in the corrective action plan are completed.

Program 1 was notified of the findings on August 12, 2022, and the DDS verified that notification occurred, although late, for all five individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program. The finding was verified as corrected and closed on August 4, 2023, which included the achievement of 100 percent compliance in a subsequent review.

Program 2 was notified of the findings on October 4, 2021, and the DDS verified that notification occurred, although late, for all four individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program. The finding was verified as corrected and closed on April 25, 2022, which included the achievement of 100 percent compliance in a subsequent review.

Program 3 was notified of the findings on April 13, 2022, and the DDS verified that notification occurred, although late, for all six individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program. The finding was verified as corrected and closed on October 22, 2022, which included the achievement of 100 percent compliance in a subsequent review.

Program 4 was notified of the findings in November 2021, and the DDS verified that that notification occurred, although late, for all five individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program. The finding was verified as corrected and closed on May 1, 2022, which included the achievement of 100 percent compliance in a subsequent review.

Program 5 did not report the required compliance data for this indicator. The DDS issued a finding to this program for not reporting valid and reliable data. In addition, consistent with the signed agreement between DDS and this program, discussions regarding the data collection issues with this EIS program occurred on: January 25, 2023, April 28, 2023, June 12, 2023, July 18, 2023, July 31, 2023, August 3, 2023, October 9, 2023, November 17, 2023, and December 11, 2023. Progressive written notifications for the collection of data and possible sanctions for this indicator were issued in August 2023, October 2023, and January 2024. Therefore, the finding has not yet been verified as corrected as of February 1, 2024. The DDS will continue to follow up with this program until the data is received. Once the data is received for this indicator, the DDS will verify the data for compliance determination and ensure that the program took the appropriate actions to meet federal requirements. The DDS has determined that effective FFY 2023, the lead agency will monitor program 5 for this indicator.

FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Program 5 has noncompliance not yet verified as corrected. As a result of this continued noncompliance, the DDS required the program to submit a corrective action plan outlining the steps that will be taken to ensure the transition conferences are held at least 90 days prior to the child's third birthday. The program was required to have all service coordinators access training on the transition requirements as part of the corrective action. The DDS will complete another subsequent review in March of 2024 to verify that the required actions outlined in the corrective action plan have been implemented, and achievement of 100 percent compliance on this indicator is achieved.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2020	6	6	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.

As reported in the FFY 2020 Annual Performance Report, the DDS verified the correction for four of the six findings within one year from the identification. One finding was verified as corrected within 14 months from the date of the finding. The remaining finding was verified as corrected within 32 months from the date of the finding.

For programs with findings of noncompliance, DDS formally notified the program. During the period of correction, programs were provided technical assistance including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday. This subsequent review is only completed once all child-specific findings of noncompliance are verified as corrected.

Consistent with OSEP QA 23-01, the DDS verified through a subsequent review of 20 randomly selected records that the LEA and SEA notification occurred, unless the child was no longer within the jurisdiction of the EIS program at least 90 days prior to the toddler's third birthday. If 100 percent compliance was not achieved during this initial subsequent review, this process was repeated every quarter until 100 percent compliance was achieved. The subsequent review was completed only after all child-specific noncompliance is corrected and actions identified in the corrective action plan are completed.

Program 1 was notified of the finding on August 31, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on March 18, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday. Subsequently the finding was closed on March 18, 2022.

Program 2 was notified of the finding on June 21, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on November 12, 2021. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday. Subsequently, the finding was closed on November 12, 2021.

Program 3 was notified of the finding on August 23, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on October 1, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday. Subsequently, the finding was closed on October 1, 2022.

Program 4 was notified of the finding on October 20, 2020. A series of subsequent quarterly reviews were completed on 20 randomly selected records. A letter notifying the program of longstanding noncompliance was issued to the program February 16, 2023. 100 percent compliance was achieved on July 28, 2023. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the LEA and SEA notification occurred, unless the child was no longer within the jurisdiction of the EIS program, at least 90 days prior to the toddler's third birthday. Subsequently, the finding was closed on July 28, 2023.

Program 5 was notified of the finding on March 25, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on February 22, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday. Subsequently, the finding was closed on February 22, 2022.

Program 6 was notified of the finding on January 11, 2021. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on July 1, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday. Subsequently, the finding was closed on July 1, 2021.

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

As reported in the FFY 2020 Annual Performance Report, the DDS verified the correction for four of the six findings within one year from the identification. One finding was verified as corrected within 14 months from the date of the finding. The remaining finding was verified as corrected within 32 months from the date of the finding.

For programs with findings of noncompliance, DDS formally notified the program. During the period of correction, programs were provided technical assistance including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved that the LEA and SEA notification occurred at least 90 days prior to the toddler's third birthday. This subsequent review is only completed once all child-specific findings of noncompliance are verified as corrected.

Consistent with OSEP QA 23-01, the DDS verified through a subsequent review of 20 randomly selected records that the LEA and SEA notification occurred, unless the child was no longer within the jurisdiction of the EIS program at least 90 days prior to the toddler's third birthday. If 100 percent compliance was not achieved during this initial subsequent review, this process was repeated every quarter until 100 percent compliance was achieved. The subsequent review was completed only after all child-specific noncompliance is corrected and actions identified in the corrective action plan are completed.

Program 1 was notified of the findings on August 31, 2021, and the DDS verified that notification occurred, although late, for all twelve individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program. The finding was verified as corrected and closed on March 18, 2022, which included the achievement of 100 percent compliance in a subsequent review.

Program 2 was notified of the findings on June 21, 2021, and the DDS verified that notification occurred, although late, for all two individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program. The finding was verified as corrected and closed on November 12, 2021, which included the achievement of 100 percent compliance in a subsequent review.

Program 3 was notified of the findings on August 23, 2021, and the DDS verified that notification occurred, although late, for all four individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program. The finding was verified as corrected and closed on October 1, 2022, which included the achievement of 100 percent compliance in a subsequent review.

Program 4 was notified of the findings on October 20, 2020, and the DDS verified that notification occurred, although late, for all seventeen individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program. The finding was verified as corrected and closed on July 28, 2023, which included the achievement of 100 percent compliance in a subsequent review.

Program 5 was notified of the findings on March 25, 2021, and the DDS verified that notification occurred, although late, for all seven individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program. The finding was verified as corrected and closed on February 22, 2022, which included the achievement of 100 percent compliance in a subsequent review.

Program 6 was notified of the findings on January 11, 2021, and the DDS verified that notification occurred, although late, for all seven individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program. The finding was verified as corrected and closed on July 1, 2022, which included the achievement of 100 percent compliance in a subsequent review.

8B - Prior FFY 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.

Response to actions required in FFY 2021 SPP/APR

One EIS program reported that data collection for this indicator has been impacted for FFYs 2020, 2021 and 2022. Consistent with the signed agreement between DDS and this program, discussions regarding the data collection issues with this EIS program occurred on: January 25, 2023, April 28, 2023, June 12, 2023, July 18, 2023, July 31, 2023, August 3, 2023, October 9, 2023, November 17, 2023 and December 11, 2023. Progressive written notification requiring the collection of data for this indicator were issued in August 2023, October 2023 and January 2024. The written notifications required a corrective action plan and outlined potential sanctions should the program fail to provide the required data for this indicator in FFYs 2020, 2021 and 2022. An agreement has been made to include the EIS providers from this program into the existing monitoring process administered by the DDS. The DDS is confident that this resolution will result in data being included for this indicator in the FFY 2023 APR and considers this finding closed as of February 1, 2024.

8B - OSEP Response

In its description of the correction of noncompliance, the State listed five programs with identified noncompliance and reported that Program 5's finding has not yet been verified as corrected as of February 1, 2024. However, the FFY 2021 correction table indicates that four findings were identified in FFY 2021. Therefore, OSEP could not determine if the State ensured, consistent with OSEP QA 23-01, that each EIS program or provider 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 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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:

- 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;
- 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
- 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

- 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.
- 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.
- 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	90.91%	84.31%	81.56%	87.40%	79.92%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
294	448	79.92%	100%	83.02%	Did not meet target	No Slippage

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.

71

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.

19

Provide reasons for delay, if applicable.

Delays in the timely transition conference were identified in 83 records reviewed for this indicator. Of the 83 records, 19 records involved documented delays due to exceptional family circumstances, including child or family illness (2), families missing scheduled appointments (2), scheduling difficulties due to inability to contact the family (8), service postponement per family request (6) and related to the challenges facing families in the COVID-19 (1). The 64 remaining records noted delays due to personnel issues, staff shortages and lack of documentation regarding reason for delay.

To support efforts to improve compliance in this area, the DDS used supplemental grant funds through section 2014(a) of the American Rescue Plan Act of 2021 (ARPA), to fund school transition support through School Transition Liaison positions. These positions assisted the Early Intervention Service (EIS) programs in developing collaborative partnerships with LEAs and other community programs to achieve effective and timely school transitions that promote inclusive preschool options for children exiting Part C. These resources also assisted regional centers in establishing and implementing local program procedures that enhance family engagement and support during the transition to educational services, based on workgroup recommendations outlined in the Senate Bill 75 Workgroup Recommendations report. During FFY 2022, all regional center programs had a School Transition Liaison.

To facilitate shared learning among School Transition Liaisons, the DDS held a series of meetings beginning in 2022 that included training and technical assistance sessions with personnel from the field with expertise in providing timely and smooth transitions from Part C to Part B. 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

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

State monitoring

Describe the method used to select EIS programs for monitoring.

A statistically representative sample size is identified for each program that is based on the number of children served by the program in the previous fiscal year broken into corresponding counties. The sample of records reviewed is random and based on the population of children served. Additionally, the state requires the sample to include demographic representation of populations within a program's catchment area that includes primary language, ethnicity, residence type, and if the child is eligible for state service programs. During FFY 2022, DDS conducted monitoring reviews at 11 Early Start programs. The sample of records reviewed is random and based on the population served. During FFY 2022, the DDS identified one program that did not report the required compliance data for this indicator. The DDS issued a finding to this program for not reporting valid and reliable data. The DDS will continue to follow up with this program until the data is received. Once the data is received for this indicator, the DDS will verify the data for compliance determination and ensure that the program took the appropriate action to meet federal requirements.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2021

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		2

FFY 2021 Findings of Noncompliance Verified as Corrected

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

The DDS verified the correction for four of the six findings within one year from the identification. Two remaining findings has not yet been verified as corrected as of February 1, 2024.

For programs with findings of noncompliance, DDS formally notifies the program. During the period of correction, technical assistance is provided, including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance was achieved, and that the transition conference was held at least 90 days prior to the child's third birthday.

Consistent with OSEP QA 23-01, the DDS verified through a subsequent review of 20 randomly selected records that the transition conference was held at least 90 days prior to the child's third birthday. If 100 percent compliance was not achieved during this initial subsequent review, this process was repeated every quarter until 100 percent compliance was achieved. The subsequent review was completed only after all child-specific noncompliance is corrected and actions identified in the corrective action plan are completed.

Program 1 was notified of the finding on August 12, 2022. A series of subsequent quarterly reviews were completed on 20 randomly selected records. 100 percent compliance was achieved on November 28, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the transition conference was held at least 90 days prior to the child's third birthday. Subsequently, the finding was closed on November 28, 2022.

Program 2 was notified of the finding on April 13, 2022. A subsequent review of 20 randomly selected records was completed on March 22, 2023. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the transition conference was held at least 90 days prior to the child's third birthday. Subsequently, the finding was closed on March 22, 2023.

Program 3 was notified of the finding on November 15, 2021. A subsequent review of 20 randomly selected records was completed on August 19, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the transition conference was held at least 90 days prior to the child's third birthday. Subsequently, the finding was closed on August 19, 2022.

Program 4 was notified of the finding on December 20, 2021. A subsequent review of 20 randomly selected records was completed on June 1, 2022. The results of this subsequent review demonstrated 100 percent compliance on this indicator by verifying that the transition conference was held at least 90 days prior to the child's third birthday. Subsequently, the finding was closed on June 1, 2022.

Program 5 was notified of the finding on May 23, 2022. A series of subsequent quarterly reviews were completed on 20 randomly selected records. However, 100 percent has not been achieved. This finding has not yet been verified as corrected as of February 1, 2024. The DDS will continue to monitor quarterly data to this indicator with this program to ensure that compliance is met.

Program 6 did not report the required compliance data for this indicator. The DDS issued a finding to this program for not reporting valid and reliable data. In addition, consistent with the signed agreement between DDS and this program, discussions regarding the data collection issues with this EIS program occurred on: January 25, 2023, April 28, 2023, June 12, 2023, July 18, 2023, July 31, 2023, August 3, 2023, October 9, 2023, November 17, 2023, and December 11, 2023. Progressive written notifications for the collection of data and possible sanctions for this indicator were issued in August 2023, October 2023, and January 2024. Therefore, the finding has not yet been verified as corrected as of February 1, 2024. The DDS will continue to follow up with this program until the data is received. Once the data is received for this indicator, the DDS will verify the data for compliance determination and ensure that the program took the appropriate actions to meet federal requirements. The DDS has determined that effective FFY 2023, the lead agency will monitor program 4 for this indicator.

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

The DDS verified the correction for four of the six findings within one year from the identification. Two remaining findings has not yet been verified as corrected as of February 1, 2024.

For programs with findings of noncompliance, DDS formally notifies the program. During the period of correction, technical assistance is provided, including, resources on available staff training or professional development courses, and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance was achieved, and that the transition conference was held, at least 90 days prior to the child's third birthday.

Program 1 was notified of the finding on August 12, 2022, and the DDS verified that the transition conference was held, although late, for all nine individual children whose transition conference was not held at least 90 days prior to the child's third birthday, unless the child was no longer within the jurisdiction of the EIS program. The finding was verified as corrected and closed on November 28, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 2 was notified of the finding on April 13, 2022, and the DDS verified that the transition conference was held, although late, for all five individual children whose transition conference was not held at least 90 days prior to the child's third birthday, unless the child was no longer within the jurisdiction of the EIS program. The finding was verified as corrected and closed on March 22, 2023; which included the achievement of 100 percent compliance in a subsequent review.

Program 3 was notified of the finding on November 15, 2021, and the DDS verified that the transition conference was held, although late, for all fourteen individual children whose transition conference was not held at least 90 days prior to the child's third birthday, unless the child was no longer within the jurisdiction of the EIS program. The finding was verified as corrected and closed on August 19, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 4 was notified of the finding on December 20, 2021, and the DDS verified that the transition conference was held, although late, for all seven individual children whose transition conference was not held at least 90 days prior to the child's third birthday, unless the child was no longer within the jurisdiction of the EIS program at least 90 days prior to the child's third birthday. The finding was verified as corrected and closed on June 1, 2022; which included the achievement of 100 percent compliance in a subsequent review.

Program 5 was notified of the finding on May 23, 2022. A series of subsequent quarterly reviews were completed on 20 randomly selected records.

However, 100 percent has not been achieved. This finding has not yet been verified as corrected as of February 1, 2024. The DDS will continue to monitor quarterly data to this indicator with this program to ensure that compliance is met.

Program 6 did not report the required compliance data for this indicator. The DDS issued a finding to this program for not reporting valid and reliable data. In addition, consistent with the signed agreement between DDS and this program, discussions regarding the data collection issues with this EIS program occurred on: January 25, 2023, April 28, 2023, June 12, 2023, July 18, 2023, July 31, 2023, August 3, 2023, October 9, 2023, November 17, 2023, and December 11, 2023. Progressive written notifications for the collection of data and possible sanctions for this indicator were issued in August 2023, October 2023, and January 2024. Therefore, the finding has not yet been verified as corrected as of February 1, 2024. The DDS will continue to follow up with this program until the data is received. Once the data is received for this indicator, the DDS will verify the data for compliance determination and ensure that the program took the appropriate actions to meet federal requirements. The DDS has determined that effective FFY 2023, the lead agency will monitor program 4 for this indicator.

FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

As noted above, program 5 and program 6 have noncompliance not yet verified as corrected as of February 1, 2024. As a result of this continued noncompliance, the DDS required program 5 to submit a corrective action plan outlining the steps that will be taken to ensure the transition conference are held at least 90 days prior to the child's third birthday. The program was required to have all service coordinators access training on the transition requirements as part of the corrective action. The DDS will complete another subsequent review in March of 2024 to verify that the required actions outlined in the corrective action plan have been implemented, and achievement of 100 percent compliance on this indicator is achieved. In addition, the DDS will continue to follow up with program 6 until the data is received. Once the data is received for this indicator, the DDS will verify the data for compliance determination and ensure that the program took the appropriate action to meet federal requirements.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 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.

Response to actions required in FFY 2021 SPP/APR

As stated above, all EIS programs, including those EIS programs that serve infants and toddlers with solely low-incidence disabilities, will be included in the existing monitoring process administered by the DDS. The DDS is confident that this resolution will result in data being included for this indicator in the FFY 2023 APR and considers this finding closed.

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2021 SPP/APR

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 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.

YES

Provide an explanation below.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	1
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	1

Targets: Description of Stakeholder Input

The ICC functions as the primary mechanism for soliciting broad community partner engagement. The State Performance Plan/Annual Performance Report (SPP/APR) was included in the agenda in the ICC meetings held on October 20, 2022, and on January 19, 2023, to obtain input from community partners. During FFY 2022 two of the quarterly ICC meetings were held via Zoom and two were held in a hybrid format. The ICC conducts public meetings consistent with California's Bagley-Keene Open Meeting Act. Attendance at these quarterly meetings of voting members, community representatives, and members of the public has exceeded 100 people. Attendees from the public represent diverse backgrounds, and American Sign Language and Spanish interpreters are standard at each ICC meeting. The DDS reviews all public comments from the ICC quarterly meetings and responds at a subsequent meeting or with individual follow-up. Meeting materials and minutes of the meetings/recordings are published on DDS' website.

Building capacity:

California is constantly exploring avenues to improve the diversity of voting and community members of the ICC, in part through analyzing data to understand the evolving demographic of young families in the state. DDS also includes a topic in ICC meetings that will help the community learn the various aspects of an early intervention program. On April 20, 2023, the ICC included a presentation from an OSEP-funded technical assistance provider (DaSy) on Child Outcomes Overview including progress categories, summary statements, and target setting. Additionally, there were presentations from various community partners that educated and informed the ICC of service delivery models and other activities that support child outcomes conducted at the local level.

From July through December 2022, DDS developed with community partners the "Increasing and Diversifying Parent Voices in the ICC project", which will provide training to individuals from underrepresented communities that will assist them in understanding the Early Start Program as a statewide system for early intervention, to empower them to actively and meaningfully engage and contribute during ICC meetings. To further support informing and educating community partners, at the ICC meeting held on April 20, 2023, the DDS shared information about the ICC Diversification Project and the partnership with the Family Resource Centers Network of California (FRCNCA) to increase family participation and promote diversity of members of the community who attend ICC meetings. FRCNCA began providing webinars and trainings covering aspects of this indicator to support community partners with a further understanding of data and target setting related to the state's APR. The project aims to increase the ICC by at least 20 members who are parents with diverse backgrounds.

Additionally, the DDS with support from its CSPD contractor (WestEd) hosted the annual Early Start Partners Symposium (ESPS) on June 1-2, 2023. This in-person symposium engaged early intervention service providers, service coordinators, family support professionals, and other community partners across Early Start partner agencies to deliver high-quality Early Start services for infants and toddlers with or at risk for developmental delays and disabilities and their families. ESPS is a comprehensive professional development and networking opportunity for the Early Start community in

California. Personnel from multiple disciplines, agencies, and service systems who provide Early Start services could access evidence-based practices, engage in cross-agency training, and participate in collegial discussions. These discussions allow community partners to converse with the DDS and its staff about various topics that impact the Early Start community.

The 2023 ESPS included sessions on a variety of aspects of the Part C program, including Outreach and Access for Tribal Communities, Working Effectively with Latino Families, Outreach and Access for African American Communities, Service Access and Equity in Early Start: Current Projects, and Early Start State Policy Updates: What's New in California, Part C Federal Policy Updates, Q&A: Federal and State Part C Policies and Updates, and California Early Start Joins Cohort 3 of The Federal Differentiated Monitoring System (DMS) 2.0 Monitoring and Support. Further, the 2023 ESPS included sessions relating to child outcomes for the Part C program, including: Understanding Child Outcomes Data: What is Reported and What it Means, Evidence-Based Strategies for Supporting Parent-Child Interactions, Communication Strategies for Young Children with Visual Impairments, Supporting Social-Emotional Development in Early Start: Mental Health Services Act Projects, and Promoting Continued Language Development. Community partner feedback on child outcomes included questions on calculations used for Summary Statement 1 and Summary Statement 2 and required data to calculate child progress towards child outcomes.

The Early Start Newsletter: This quarterly newsletter is sent out to Early Start Stakeholders and posted on social media. The newsletter contains information and links useful for Early Start families and professionals, including information about upcoming public meetings and to solicit feedback. These resources include topics regarding Early Start and other information of interest to parents of young children. The newsletter is provided in both English and Spanish and is posted to the DDS website: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>

The FFY 2022 target for Indicator 10 was reviewed and input solicited at the quarterly meetings of California's Interagency Coordinating Council (ICC) held in January of 2023. No comments were received relating to this indicator.

Historical Data

Baseline Year	Baseline Data
2005	55.00%

FFY	2017	2018	2019	2020	2021
Target>=	85.00%	85.00%	85.00%	80.00%	
Data	80.00%	87.50%	100.00%	85.71%	40.00%

Targets

FFY	2022	2023	2024	2025
Target>=				

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	1	1	40.00%		100.00%	N/A	N/A

Provide additional information about this indicator (optional)

The State reported fewer than ten mediations held in FFY 2022 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 2022. 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 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 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 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 2020 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 2020 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, 2023). 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 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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 (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., 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 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) 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

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	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	67.75%	68.00%	68.25%	68.50%

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
9,915	15,208	65.70%	67.75%	65.20%	Did not meet target	No Slippage

Provide the data source for the FFY 2022 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.

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)

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. Specifically, these are children who made greater than expected growth by taking child outcomes progress category (c) plus the number of infants and toddlers reported category (d)) divided by the number of infants and toddlers reported in progress category (a) plus the number of infants and toddlers reported in progress category (b) plus the number of infants and toddlers reported in progress category (c) plus the number of infants and toddlers reported in progress category (d) times 100.

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).

The DDS does not require providers use a specific assessment instrument(s) for collecting social-emotional child outcomes data. Instead, the DDS 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 regarding child outcomes are, at a minimum, gathered at the initial IFSP and at the exit from the DDS's Early Start Report (ESR) for all children eligible for early intervention 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 collected from the assessment tool on the functional age of each child at initial IFSP and exit from the early start program. The ESR data system calculates each child's progress category based on the child's functional age at entry and exit and generates an on-demand report that the department uses to verify accuracy, completeness, and review of program improvement. The DDS also analyzes this data as part of measuring progress towards the SiMR.

The DDS also has begun analysis by comparing each FFY across multiple years to look at trends in the data. This analysis provides data on how the SiMR is progressing, where there are trending patterns of note, and how the SiMR is being impacted by other factors. The DDS has requested and received technical assistance from the Center for IDEA Early Childhood Data Systems (DaSy) to identify trends and patterns with the intent to improve data collection and reporting.

The following formula was used for calculating the SiMR:

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. 71.08 percent out of 1020 responses indicated early intervention had been 'Very Helpful' or 'Extremely Helpful' in this area. This is a slight decrease of 0.06 percent from last year's survey results of 71.68 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. 67.25 percent out of 1020 responses indicated early intervention had been 'Very Helpful' or 'Extremely Helpful' in this area. This is a slight decrease of 0.33 percent from last year's survey results of 67.58 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. 72.35 percent out of 1020 responses indicated early intervention had been 'Very Helpful' or 'Extremely Helpful' in this area. This is a slight decrease of 2.10 percent from last year's survey results of 74.45 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)

YES

Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.

During the reporting period for FFY 2022, the DDS engaged technical assistance partners to assist in the examination and improvement of the quality of the child outcomes data. This work identified concerns relating to the use of multiple assessment tools by local programs, which may be resulting in inaccurate data. Further investigation into the ESR data system also resulted in concerns relating to the way the ESR program uses the data to calculate child outcomes for children at entry and exit. Another area of concern is the amount of data that is not being entered into the system, which limits the reliability of the data collected. The DDS has contracted with a consultant with an outside agency to support in the development of a strategic multi-year SSIP to achieve the selected SiMR targets, as determined by community partners. The new SSIP will include plans to monitor fidelity of implementation

of evidence-based practices as well as a broader plan to evaluate the state's achievement of its infrastructure development and outcome goals. The consultant will support the DDS with creating updated SSIP training materials for DDS and community partners and with the creation of required SSIP supporting documents, such as a Theory of Action, Logic Model, and other related materials.

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

NO

Section B: Implementation, Analysis and Evaluation

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

<https://www.dds.ca.gov/services/early-start/state-systemic-improvement-plan-ssip/>

The SSIP initially developed in 2014 showed promise but has not produced the expected results. Previous performance in this area may be located in California's SPP/APR submissions located on the OSEP website (<https://sites.ed.gov/idea/spp-apr-letters>). Based on technical assistance received from WestEd, The Center for Early Childhood Data Systems (DaSy) and SRI International (SRI) beginning in July of 2022, feedback received from OSEP, and discussions with California's SSIP Task force, the DDS has determined that revisions to the SSIP are needed to improve social-emotional development outcomes for children as California has not met established targets in this area for several years. Also, through consultation with TA providers and community partners, it was determined that the previously developed evaluation plan for collecting data on the fidelity of implementation of evidence-based practices (EBPs) is flawed. The DDS, in collaboration with technical assistance providers and community partners, agreed that collecting the same information again would not be the best use of limited time and resources. It was determined that it was necessary to revise the SSIP entirely to increase focus on evidence-based practices and improved child outcomes in the area of social-emotional skill development. In collaboration with technical assistance providers, community partners, and a contracted vendor to support these efforts, the DDS will revise the SSIP to target specific EBPs for implementation and update the evaluation plan to monitor providers' fidelity to implementation of those EBPs and their impact on child outcomes in social-emotional development.

The DDS has initiated a SSIP revision process by engaging with community partners to identify components of the previously developed plan that were successful and areas in need of change at the local level. The DDS is also contracting with an outside agency to facilitate and support the DDS with this SSIP revision process. The DDS is expecting to complete a revise of the SSIP and evaluation plan that will specifically include narrowing the number of EBPs being utilized to increase the fidelity of implementation to those practices and to increase data consistency among local programs.

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 current SSIP plan, which is being revised, included infrastructure improvements in the first years of the plan. Although minor improvements were discussed in the FFY 2021 Indicator 11 report, these were not implemented in light of stakeholder discussions to change the SSIP. As a result, no infrastructure improvements strategies were implemented in FFY 2022.

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.

No data were collected on outcomes of infrastructure improvements because of the state's plans to modify the SSIP.

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.

The DDS has begun collaborating with California's SSIP Taskforce community partners, technical assistance providers, and contractors to redevelop and update California's SSIP. The DDS will gather and analyze data and collect stakeholder feedback to determine what infrastructure improvement strategies should be implemented in the new SSIP that will facilitate improved social-emotional development for infants and toddlers.

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

The following evidence-based practices are currently being implemented in local programs, as selected by each program.

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 Years
10. 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 regional center is implementing one or more of the evidence-based practices identified above 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. Several local programs utilize more than one evidence-based practice to improve child and family outcomes by increasing social-emotional skills in infants and toddlers. Descriptions of how each EBP is expected to affect outcomes are included in the prior section.

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

The DDS did not survey local programs regarding fidelity of EBP implementation strategies implemented during this reporting period.

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.

The DDS recognizes the need to improve fidelity measurement of evidence-based practices. The DDS has previously 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 the fidelity of implementation of the practices. In the new SSIP, the DDS will work to address this by developing materials and trainings on the 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 these materials will increase knowledge of evidence-based practices implementation, evaluation strategies, and how to use the collected data make informed decisions.

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 DDS is expecting to complete a revision of the SSIP that will specifically include narrowing the number of EBPs programs may implement to improve outcomes. This revision will include strategic improvements to processes and procedures. The revised evaluation plan will redefine interim outcomes programs should achieve as they work to improve the SiMR.

During the next reporting period, the DDS will utilize an SSIP taskforce to assist in analyzing available data to determine areas of the SSIP in need of modification to identify strategies to improve child and family outcomes. The taskforce will consist of a diverse group of community partners, 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.

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 DDS recognizes the need to improve fidelity measurement of evidence-based practices. The DDS has previously 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 the fidelity of implementation of the practices. The DDS currently allows for each local program to determine the more appropriate assessment tool for their population. This makes monitoring the fidelity of implementation difficult to complete and contributes to data discrepancies when attempting to analyze the data.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The ICC functions as the primary mechanism for soliciting broad community partner engagement. The State Performance Plan/Annual Performance Report (SPP/APR) was included in the agenda in the ICC meetings held on October 20, 2022, and on January 19, 2023, to obtain input from community partners. During FFY 2022 two of the quarterly ICC meetings were held via Zoom and two were held in a hybrid format. The ICC conducts public meetings consistent with California's Bagley-Keene Open Meeting Act. Attendance at these quarterly meetings of voting members, community representatives, and members of the public has exceeded 100 people. Attendees from the public represent diverse backgrounds, and American Sign Language and Spanish interpreters are standard at each ICC meeting. The DDS reviews all public comments from the ICC quarterly meetings and responds at a subsequent meeting or with individual follow-up. Meeting materials and minutes of the meetings/recordings are published on DDS' website.

Building capacity:

California is constantly exploring avenues to improve the diversity of voting and community members of the ICC, in part through analyzing data to understand the evolving demographic of young families in the state. DDS also includes a topic in ICC meetings that will help the community learn the various aspects of an early intervention program. On April 20, 2023, the ICC included a presentation from an OSEP-funded technical assistance provider (DaSy) on Child Outcomes Overview including progress categories, summary statements, and target setting. Additionally, there were presentations from various community partners that educated and informed the ICC of service delivery models and other activities that support child outcomes conducted at the local level.

From July through December 2022, DDS developed with community partners the "Increasing and Diversifying Parent Voices in the ICC project", which will provide training to individuals from underrepresented communities that will assist them in understanding the Early Start Program as a statewide system for early intervention, to empower them to actively and meaningfully engage and contribute during ICC meetings. To further support informing and educating community partners, at the ICC meeting held on April 20, 2023, the DDS shared information about the ICC Diversification Project and the partnership with the Family Resource Centers Network of California (FRCNCA) to increase family participation and promote diversity of members of the community who attend ICC meetings. FRCNCA began providing webinars and trainings covering aspects of this indicator to support community partners with a further understanding of data and target setting related to the state's APR. The project aims to increase the ICC by at least 20 members who are parents with diverse backgrounds.

Additionally, the DDS with support from its CSPD contractor (WestEd) hosted the annual Early Start Partners Symposium (ESPS) on June 1-2, 2023. This in-person symposium engaged early intervention service providers, service coordinators, family support professionals, and other community partners across Early Start partner agencies to deliver high-quality Early Start services for infants and toddlers with or at risk for developmental delays and disabilities and their families. ESPS is a comprehensive professional development and networking opportunity for the Early Start community in California. Personnel from multiple disciplines, agencies, and service systems who provide Early Start services could access evidence-based practices, engage in cross-agency training, and participate in collegial discussions. These discussions allow community partners to converse with the DDS and its staff about various topics that impact the Early Start community.

The 2023 ESPS included sessions on a variety of aspects of the Part C program, including Outreach and Access for Tribal Communities, Working

Effectively with Latino Families, Outreach and Access for African American Communities, Service Access and Equity in Early Start: Current Projects, Early Start State Policy Updates: What's New in California, Part C Federal Policy Updates, Q&A: Federal and State Part C Policies and Updates, and California Early Start Joins Cohort 3 of The Federal Differentiated Monitoring System (DMS) 2.0 Monitoring and Support. Further, the 2023 ESPS included sessions relating to child outcomes for the Part C program, including: Understanding Child Outcomes Data: What is Reported and What it Means, Evidence-Based Strategies for Supporting Parent-Child Interactions, Communication Strategies for Young Children with Visual Impairments, Supporting Social-Emotional Development in Early Start: Mental Health Services Act Projects, and Promoting Continued Language Development. Community partner feedback on child outcomes included questions on calculations used for Summary Statement 1 and Summary Statement 2 and required data to calculate child progress towards child outcomes.

The Early Start Newsletter: This quarterly newsletter is sent out to Early Start Stakeholders and posted on social media. The newsletter contains information and links useful for Early Start families and professionals, including information about upcoming public meetings and to solicit feedback. These resources include topics regarding Early Start and other information of interest to parents of young children. The newsletter is provided in both English and Spanish and is posted to the DDS website: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>

In the early fall of 2021, DDS began planning to review the SSIP improvement strategies to revise 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. Additionally, plans to address SSIP issues and lack of progress in meeting targets were reviewed during California's Interagency Coordinating Council (ICC) in October of 2023.

WestEd aided the DDS Early Start staff throughout the 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.

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.

In Fall 2021, the SSIP Task Force generated and rank-ordered nineteen (19) recommendations. The eight (8) top-ranked recommendations were as follows:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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).
8. 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.

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.

During the next reporting period, the DDS will utilize an SSIP taskforce, in collaboration with consultation from an outside agency, to assist in analyzing available data to determine areas of the SSIP in need of modification to identify strategies to improve child and family outcomes. The taskforce consists of a diverse group of community partners, 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.

Additionally, the state conducted several activities to engage stakeholders, including diverse groups of parents, in key improvement efforts. Specifically,

the April 2023 ICC meeting was themed around child outcomes. At this meeting, DDS had a national technical assistance provider from DaSy and SRI International present a training to educate community partners and ICC members on child outcomes progress categories, measurements to determine child outcomes, target outcomes, target setting, and other related subject matter. There were also presentations from a variety of community partners that educated and informed the ICC of service delivery models and other activities that support child outcomes that were conducted at the local level throughout the reporting period for FFY 2022.

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

NO

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.

Next steps for infrastructure improvements include:

1. Convening a culturally diverse group of community partners.
2. Scheduling regular meetings with stakeholder groups including parent community partners to review prior SSIP activities, outcomes, and systemic improvements made at both state and local levels during the previous SSIP timeline.
3. 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.
4. Creating fidelity webinars as a tool to provide early intervention staff with the knowledge and skills needed to collect data on evidence-based practices being implemented.

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

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.

With the support of federal TA partners and contracted supports, the DDS will move forward with engaging community partners to review and revise California's SSIP. This will include the revision of the Theory of Action, Evaluation Plan, and implementation activities to support improvements. These components are slated for revision throughout FFY 2024. While the current Theory of Action strands will remain the same, community partner feedback supports designing additional resources for families, providers, and advocacy agencies as well as updating outreach and recruitment for new activities that are culturally diverse and more inclusive than previous implementation activities. Additionally, a fidelity webinar is being developed to train service providers on effectively implementing EBPs and monitoring the fidelity of implementation. As a result of attending the training webinar, providers will be equipped with the knowledge and skills needed to provide richer data to inform decisions on the technical assistance needed for program evaluation.

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

None

Provide additional information about this indicator (optional).

11 - Prior FFY 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.

Response to actions required in FFY 2021 SPP/APR

As California's SSIP focuses on children's Social Emotional Development and as the SiMR is to 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; information and targets related to related child outcomes were reviewed at the January 2023, and April 2023 Interagency Coordinating Council (ICC) quarterly meeting. Input on this indicator and current and future targets included in this Annual Performance Report, were solicited from the State's broad and diverse ICC at these meetings. Specifically, the April 2023 ICC meeting was themed around child outcomes, and the Department requested the assistance of the National Technical Assistance provider, SRI International (SRI), to provide training to educate community partners on child outcomes progress categories, measurements to determine child outcomes, target outcomes, target setting, as well as other related subject matter. Additionally, there were presentations from various community partners that educated and informed the ICC of service delivery models and other activities that support child outcomes conducted at the local level. Additionally, California provided translation in ICC meetings on April 20 and 21, 2022, to ensure all parents and community members could participate. California also supported all families' participation by providing program materials and public meetings in multiple languages, including American Sign Language (ASL). Information on the California's ICC meetings can be found at: <https://www.dds.ca.gov/services/early-start/state-icc-on-early-intervention-overview/>

California also engaged in several activities and developed various resources to increase the capacity of diverse groups this past Fiscal Year. These include:

Early Start Program Materials: In partnership with WestEd, DDS has developed Early Start outreach material in several formats: brochures, booklets, posters, handouts, guides, flyers, videos, online courses, and website postings for downloading. Resources are available online to Early Start families in

English, Spanish, Arabic, Hmong, Korean, Russian, Tagalog, Vietnamese, and Chinese. WestEd distributed more than 36,000 copies of Early Start materials to regional centers, providers, childcare facilities, Family Resource Centers, and other agencies. The most frequently requested brochure was "Reasons for Concern", which helps families to recognize potential delays in their child's development. The "Family Introduction to Early Start" is another publication shared with Early Start families. This brochure was shared in English (5,950 copies), Spanish (2,300 copies), and Vietnamese (150 copies). Additionally, the "Early Start Family Resource Center" brochure was also frequently requested (English- 2,750 copies and Spanish- 1,650 copies).

The "Early Start Community Infographic" handout was another popular family resource. This infographic visually represents the Early Start system and the resources available to families. This document was distributed in English (4,250 copies), Spanish (3,000 copies), and Chinese (100 copies). The handout "Early Start Referral Guide", which is designed to support families engaging in the Early Start referral process, was distributed in English (2,800 copies) and Spanish (1,700 copies). Posters of the infographic were also developed and disseminated. The posters were requested in English (430 copies) and Spanish (413 copies) and were shared with multiple agencies across California.

Booklets are available on topics such as "A Family Introduction to California Early Start for Infants and Toddlers with Disabilities and Their Families" and "Parents Rights: An Early Start Guide for Families." The brochures are available online and in hard copy in English, Spanish, Arabic, Hmong, Korean, Russian, Tagalog, Vietnamese, and Chinese.

Early Start Videos: DDS has produced several videos to support families accessing Part C services. These videos include animated stories and family testimonials on their experiences receiving Part C services through California's Early Start Program.

The animated video "The Story of Max" guides the Early Start system through the lens of a family. It places the viewer in the shoes of parents concerned about their child's development and follows them from referral to IFSP development and start of services. Links to these videos can be found on the department website as well as: <https://www.youtube.com/watch?v=VMCj9SctEU0>

DDS also developed an educational video on transitioning out of Early Start services titled "Max Turns Three" and provides the viewer with a family's perspective on transitioning from Part C to Part B or other services. Links to these videos can be found on the department website as well as: <https://vimeo.com/868095417>

Both "The Story of Max" and "Max Turns Three" are available in English as well as Spanish. The English version also has an American Sign Language inset, and the Spanish version has a Mexican Sign Language inset.

Lastly, DDS developed a series of testimonials by families who received services. These "Family Stories" provide personal stories from families whose children received Early Intervention services. Links to these videos can be found on the department website as well as: <https://vimeo.com/showcase/9593012>

Service Access and Equity Grants: DDS administers an annual grant using state general-purpose funds to fund targeted efforts to increase service access and equity for the developmental services system. Community-based organizations' participation in the grant program has increased and connected many families with the program. Based on outcomes of some grant-funded projects, systemwide policy changes were made, such as enhanced service coordination (i.e. lower caseload ratio) for underserved individuals.

ES Tribal Engagement: DDS has been actively engaged with leaders of tribal communities to improve outreach and education for Native American families to increase access and utilization of Early Start services.

Deaf Access Specialists: A new Deaf Access Specialist in the Part C lead agency is providing statewide leadership and subject matter expertise on delivering services and support for individuals who are deaf and have intellectual or developmental disabilities. Deaf Access Specialists are being hired at all 21 regional centers to support local partnerships and the development of services and support for the deaf community.

Cultural Specialists: Cultural Specialists have been hired at all 21 regional centers to implement recommendations and plans to reduce disparities in providing services to underserved populations and make the services provided locally more responsive to the needs of individuals from diverse communities.

Early Start Information Packet: DDS has released an Early Start information packet for families. The packet provides an overview of the regional center system for anyone seeking regional center services under the California Early Intervention Services Act. The information packet serves as a resource guide for consumers and their families with information on consumer rights and contact information for responsible parties within the California developmental services system. The packets are available in multiple languages, including English, Spanish, Korean, Simplified Chinese, Tagalog, and Vietnamese. The packet can be found at: <https://www.dds.ca.gov/consumers/new-information-packet/>.

Family Wellness Programs: DDS established family wellness programs at two Regional Centers that support parents/families that have a child diagnosed with a developmental disability or at risk of developing a disability in navigating the complex systems of care. This whole family approach supports the child and their family while receiving EIS.

11 - OSEP Response

The State did not explain how its infrastructure improvement strategies support system change necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale up.

The State did not summarize the strategies or activities that ensured the use of evidence-based practices with fidelity.

The State did not 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.

11 - Required Actions

The State did not 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. In the FFY2023 SPP/APR, the State must address all components of this Indicator.

The State did not explain how its infrastructure improvement strategies support system change necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale up. In the FFY2023 SPP/APR, the State must address all components of this Indicator.

The State did not summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. In the FFY2023 SPP/APR, the State must address all components of this Indicator.

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:

Part C Coordinator and Deputy Director, Children, Adolescents and Young Adult Services Division

Email:

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Phone:

(916) 654-2250

Submitted on:

04/24/24 2:24:27 AM

Determination Enclosures

RDA Matrix

California

2024 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
56.25%	Needs Intervention

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	3	37.50%
Compliance	16	12	75.00%

2024 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)	25,411
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	51,991
Percentage of Children Exiting who are Included in Outcome Data (%)	48.88
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	1

(b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	1
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II. Child Performance

(a) Data Comparison: Comparing your State's 2022 Outcomes Data to other States' 2022 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1
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(b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	0
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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 (%)
FFY 2022	65.11%	62.71%	74.47%	49.43%	51.64%	56.97%
FFY 2021	65.93%	64.18%	76.45%	51.27%	56.10%	59.04%

(1) 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 2024: Part C."

2024 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2021 (3)	Score
Indicator 1: Timely service provision	90.13%	YES	2
Indicator 7: 45-day timeline	85.08%	YES	1
Indicator 8A: Timely transition plan	90.85%	NO	1
Indicator 8B: Transition notification	90.40%	NO	1
Indicator 8C: Timely transition conference	83.02%	NO	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
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/2024_Part-C_SPP-APR_Measurement_Table.pdf

(3) This column reflects full correction, which is factored into the scoring only when the compliance data are $\geq 90\%$ and $< 95\%$ for an indicator.

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2022 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2022 Outcomes Data (C3) and the total number of children your State reported in its FFY 2022 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 2022 in the State's FFY 2022 IDEA Section 618 Exit Data.

Data Completeness Score	Percent of Part C Children included in Outcomes Data (C3) and 618 Data
0	Lower than 34%
1	34% through 64%
2	65% and above

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2022 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2022 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 2018 – FFY 2021 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 (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). 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 2022 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.

Outcome A	Positive Social Relationships
Outcome B	Knowledge and Skills
Outcome C	Actions to Meet Needs

Category a	Percent of infants and toddlers who did not improve functioning
Category b	Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
Category c	Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
Category d	Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers
Category e	Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers

Expected Range of Responses for Each Outcome and Category, FFY 2022

Outcome\Category	Mean	StDev	-1SD	+1SD
Outcome A\Category a	1.57	3.26	-1.69	4.83
Outcome B\Category a	1.39	3	-1.6	4.39
Outcome C\Category a	1.26	2.6	-1.33	3.86

Outcome\Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.07	9.01	6.05	42.08
Outcome A\ Category c	20.96	13.11	-5.27	47.19
Outcome A\ Category d	26.97	9.61	7.74	46.2
Outcome A\ Category e	26.43	15.4	-4.37	57.23
Outcome B\ Category b	25.63	9.71	6.21	45.04
Outcome B\ Category c	29.44	12.56	4.32	54.57
Outcome B\ Category d	31.02	8.11	14.8	47.25
Outcome B\ Category e	12.51	8.23	-3.96	28.98
Outcome C\ Category b	20.98	8.89	3.19	38.76
Outcome C\ Category c	23.49	13.59	-3.68	50.66
Outcome C\ Category d	33.36	8.28	16.8	49.93
Outcome C\ Category e	20.91	15.22	-9.53	51.35

Data Anomalies Score	Total Points Received in All Progress Areas
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

Anomalies in Your State's Outcomes Data FFY 2022

Number of Infants and Toddlers with IFSP's Assessed in your State	25,411
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	1,966	3,264	3,814	5,944	9,262
Performance (%)	8.11%	13.46%	15.73%	24.51%	38.19%
Scores	0	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	1,065	3,926	7,271	7,286	4,699
Performance (%)	4.39%	16.19%	29.99%	30.05%	19.38%
Scores	0	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	1,992	5,012	3,431	4,047	9,768
Performance (%)	8.21%	20.67%	14.15%	16.69%	40.28%
Scores	0	1	1	0	1

Outcome	Total Score
Outcome A	4
Outcome B	4
Outcome C	3
Outcomes A-C	11

Data Anomalies Score	1
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Appendix C

II. (a) Data Comparison:

Comparing Your State's 2022 Outcomes Data to Other States' 2022 Outcome Data

This score represents how your State's FFY 2022 Outcomes data compares to other States' FFY 2022 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 (values are based on data for States with a summary statement denominator greater than 199 exiters). 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 2022

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	45.63%	35.29%	54.05%	27.07%	51.93%	33.56%
90	82.58%	69.37%	81.10%	56.55%	85.30%	71.29%

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 2022

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 (%)	65.11%	62.71%	74.47%	49.43%	51.64%	56.97%
Points	1	1	1	1	0	1

Total Points Across SS1 and SS2(*)	5
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Your State's Data Comparison Score	1
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Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2022 data to your State's FFY 2021 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2021) is compared to the current year (FFY 2022) 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. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2022 and FFY 2021 summary statements.

e.g., $C3A \text{ FFY}2022\% - C3A \text{ FFY}2021\% = \text{Difference in proportions}$

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

$\text{Sqrt}[(\text{FFY}2021\% * (1-\text{FFY}2021\%)) / \text{FFY}2021N) + ((\text{FFY}2022\% * (1-\text{FFY}2022\%)) / \text{FFY}2022N)] = \text{Standard Error of Difference in Proportions}$

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 2021 to FFY 2022

1 = No statistically significant change

2= statistically significant increase from FFY 2021 to FFY 2022

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

Summary Statement/ Child Outcome	FFY 2021 N	FFY 2021 Summary Statement (%)	FFY 2022 N	FFY 2022 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	12,349	65.93%	14,988	65.11%	-0.83	0.0058	-1.4322	0.1521	NO	1
SS1/Outcome B: Knowledge and Skills	16,309	76.45%	19,548	74.47%	-1.98	0.0046	-4.3463	<.0001	YES	0
SS1/Outcome C: Actions to meet needs	12,166	56.10%	14,482	51.64%	-4.46	0.0061	-7.2884	<.0001	YES	0
SS2/Outcome A: Positive Social Relationships	21,044	64.18%	24,250	62.71%	-1.48	0.0045	-3.2621	0.0011	YES	0
SS2/Outcome B: Knowledge and Skills	21,044	51.27%	24,247	49.43%	-1.84	0.0047	-3.9068	0.0001	YES	0
SS2/Outcome C: Actions to meet needs	21,044	59.04%	24,250	56.97%	-2.07	0.0046	-4.4623	<.0001	YES	0

Total Points Across SS1 and SS2	1
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Your State's Performance Change Score	0
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**Data Rubric
California**

FFY 2022 APR (1)

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

APR Score Calculation

Subtotal	12
Timely Submission Points - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	17

(1) 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 (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 8/30/23	1	1	1	3
Exiting Due Date: 2/21/24	1	1	1	3
Dispute Resolution Due Date: 11/15/23	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (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
Denominator	35.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(2) 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.

(3) 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.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2024 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	8/30/2023
Part C Exiting	Part C Exiting Collection in EMAPS	2/21/2024
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/15/2023

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>).

Dispute Resolution

IDEA Part C

California

Year 2022-23

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check "Missing" if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	26
(1.1) Complaints with reports issued.	21
(1.1) (a) Reports with findings of noncompliance.	21
(1.1) (b) Reports within timelines.	21
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	5

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	11
(2.1) Mediations held.	1
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held no related to due process complaints.	1
(2.1) (b) (i) Mediation agreements not related to due process complaints.	1
(2.2) Mediations pending.	4
(2.3) Mediations not held.	6

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	21
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTC
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	N/A
(3.1) (a) Written settlement agreements reached through resolution meetings.	N/A
(3.2) Hearings fully adjudicated.	5
(3.2) (a) Decisions within timeline.	3
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	4
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	12

State Comments:

This report shows the most recent data that was entered by:
California

These data were extracted on the close date:
11/15/2023

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 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

Final Determination Letter

June 18, 2024

Honorable Nancy Bargmann
Director
California Department of Developmental Services
P.O. Box 944202
Sacramento, CA 94244

Dear Director Bargmann:

I am writing to advise you of the U.S. Department of Education's (Department) 2024 determination under Section 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that California needs intervention in implementing the requirements of Part C of the IDEA. This determination is based on the totality of California's data and information, including the Federal fiscal year (FFY) 2022 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

California's 2024 determination is based on the data reflected in California's "2024 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for California and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) California's Determination.

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Sections 616\(d\) and 642 of the Individuals with Disabilities Education Act in 2024: Part C](#)" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2024, as it did for Part C determinations in 2015-2023. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for California.) For 2024, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality and the child performance levels in each State's Child Outcomes FFY 2022 data.

You may access the results of OSEP's review of California's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access California's SPP/APR on the site, you will find, in Indicators 1 through 11, the OSEP Response to the indicator and any actions that California is required to take. The actions that California is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) California's RDA Matrix;
- (2) the HTDMD [link](#);
- (3) "2024 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2022-2023," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, the Department has determined that California needs intervention in implementing the requirements of Part C of IDEA. The Department identifies a State as needing intervention under IDEA Part C if its RDA Percentage is less than 60%. California's RDA Percentage is 56.25%. The major factor contributing to California's 2024 Needs Intervention determination is the State's RDA score of zero on a results element. In the 2024 Part C Results Matrix, the State received a score of zero on one of the child performance data elements (i.e., comparing the State's FFY 2022 data to the State's FFY 2021 data). This means that the State's FFY 2022 child outcome results data were low when compared to the State's own FFY 2021 child outcome data.

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The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

Pursuant to Sections 616(d)(2)(B) and 642 of the IDEA and 34 C.F.R. §303.703(b)(2), a State that is determined to be “needs intervention” or “needs substantial intervention” and does not agree with this determination, may request an opportunity to meet with the Assistant Secretary to demonstrate why the Department should change the State’s determination. To request a hearing, submit a letter to Glenna Wright-Gallo, Assistant Secretary for Special Education and Rehabilitative Services, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202 within 15 days of the date of this letter. The letter must include the basis for your request for a change in California’s determination.

IDEA determinations provide an opportunity for all stakeholders to examine State data as that data relate to improving outcomes for infants, toddlers, children, and youth with disabilities. The Department encourages stakeholders to review State SPP/APR data and other available data as part of the focus on improving equitable outcomes for infants, toddlers, children, and youth with disabilities. Key areas the Department encourages State and local personnel to review are access to high-quality intervention and instruction; effective implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs), using data to drive decision-making, supporting strong relationship building with families, and actively addressing educator and other personnel shortages.

For 2025 and beyond, the Department is considering two additional criteria related to IDEA Part C determinations. First, the Department is considering as a factor OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three years ago). This factor would be reflected in the determination for each State through the “longstanding noncompliance” section of the Compliance Matrix beginning with the 2025 determinations. In implementing this factor, the Department is also considering beginning in 2025 whether a State that would otherwise receive a score of meets requirements would not be able to receive a determination of meets requirements if the State had OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). Second, the Department is reviewing whether and how to consider IDEA Part C results data reported under three indicators in order to improve results for all infants, toddlers, and children with disabilities. This review would include considering alternative scoring options for child outcome Indicator C-3 and considering as potential additional factors the information and data that States report under child find Indicators C-5 and C-6.

For the FFY 2023 SPP/APR submission due on February 1, 2025, OSEP is providing the following information about the IDEA Section 618 data. The 2023-24 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2023 SPP/APR and the 2025 IDEA Part C Results Matrix and States will not be able to resubmit their IDEA Section 618 data after the due date. The 2023-24 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, California must report annually to the public, by posting on the State lead agency’s website, on the performance of each early intervention service (EIS) program located in California on the targets in the SPP/APR as soon as practicable, but no later than 120 days after California’s submission of its FFY 2022 SPP/APR. In addition, California must:

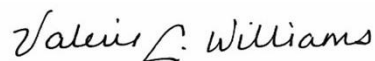
- (1) review EIS program performance against targets in California’s SPP/APR;
- (2) determine if each EIS program “meets the requirements” of Part C, or “needs assistance,” “needs intervention,” or “needs substantial intervention” in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, California must make its SPP/APR available to the public by posting it on the State lead agency’s website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes California’s determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates California’s efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with California over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



Valerie C. Williams
Director
Office of Special Education Programs

cc: State Part C Coordinator