

**STATE OF CALIFORNIA
PART C STATE PERFORMANCE PLAN
FOR
2005–2010**

JANUARY 25, 2006

(WITH CHANGES February 16, 2007)

Part C State Performance Plan for 2005–2010

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Part C State Performance Plan (SPP) for 2005-2010**Overview of the State Performance Plan Development:**Overview (January 2007)

Several changes to the original Part C State Performance Plan (SPP) for 2005-2010 have been made in response to Office of Special Education Programs (OSEP) findings during its Part C Verification Visit in October 2006, in response to previous requests for clarification or additional information from the OSEP, in order to add new indicator baseline data, and in order to improve on previous processes and/or methodologies. Changes made include:

1. Indicator 1: A new universal reporting process was developed for measuring this indicator. DDS must develop an extraction query for its database system before data can be reported (refer to indicator 1). Baseline data was retained and instead, new targets are to be developed for both FFY 2005 and FFY 2006 during the next reporting cycle
2. Indicator 2: A new universal reporting process was developed for measuring this indicator using data elements from California's Early Start Report (ESR) indicating location of primary services provision. DDS used this new reporting process/methodology for the most recent 618 Table settings data report submitted. The process/methodology was discussed and clarified with representatives of Westat.
3. Indicator 3: A preliminary baseline data collection effort was undertaken in order to develop and improve data collection procedures and instruments, as well as to view outcome data results. Preliminary results indicate future difficulties with the simple categorization of all infants and toddlers into three measurement areas given the complexities and differences from child to child.
4. Indicator 4: California is proud to submit the results of its Parent's Rights Survey using the National Center for Special Education Accountability Monitoring (NCSEAM) *Family-Center Services Scale* and *Impact of Early Intervention Services on Your Family Scale* as well as additional demographic and open-ended questions. Independent contractor(s) conducted the survey and the data analysis.
5. Indicator 9: California has restructured its General Supervision System database and for baseline development, used a variation of the OSEP document submitted for the FFY 2005 APR. This document is re-entitled "*Aggregated Baseline Data for 2005-2010 SP*" (Attachment 2).
6. General: Wording changes and document formatting changes have been made throughout the SPP.

Original Overview (January 2006)

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

On September 22, 2005, DDS made a presentation to the ICC on the requirements of the SPP. The required SPP indicators were assigned to ICC committees for discussion and recommendations over two meetings. The committees discussed the indicators, received public input and developed

recommendations for targets and goals. On November 18, 2005, the recommendations for SPP indicator targets were approved by the ICC and submitted to DDS.

Over the past two years DDS has worked with the ICC representatives as they developed recommendations in a state strategic planning process for improvement of the Part C system, known as Early Start in California. This activity resulted in 33 recommendations that the ICC submitted to DDS in September 2005. The recommendations address activities for system improvement in the following priority areas: early entry into Early Start, the Individualized Family Service Plan (IFSP) process and requirements, transition from Early Start, and interagency collaboration. The ICC recommendations will be sent to the Office of Special Education Programs (OSEP) under separate cover.

DDS will convene with the ICC in January 2006, to continue collaborative discussions on SPP improvement activities in conjunction with the state's next strategic planning cycle. We will also further refine timelines and identify additional resource needs in light of ongoing efforts to implement the SPP. The ICC will continue to provide advice and assistance on the implementation of the SPP. DDS will update the ICC on the progress of the Early Start SPP in their regularly scheduled quarterly meetings.

The SPP will be posted on the Early Start website at www.dds.ca.gov/EarlyStart. DDS will announce the completion of the SPP and refer people to its location on the Early Start website.

The SPP follows a prescribed format set by OSEP. Monitoring Priorities, the 14 Performance Indicators, and Measurement formulas were determined by OSEP. California's response is identified for each indicator. OSEP requires states to set "measurable and rigorous" targets for meeting the performance indicators over the next six Federal Fiscal Years. The SPP projects performance targets beginning with the current 2005-06 year through 2010-11, which coincide with California's State Fiscal Year periods. Subsequent Annual Performance Reports submitted to OSEP will provide progress reports on meeting the targets.

Overview of the State Performance Plan Development:

Please refer to overview of SPP development on page 1.

Monitoring Priority: Early Intervention Services In Natural Environments

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

(20 USC 1416(a) (3) (A) and 1442)

Measurement:

Percent equals number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total number of infants and toddlers with IFSPs times 100.

States must account for untimely receipt of services.

CALIFORNIA'S RESPONSE

Overview of Issue/Description of System or Process:

In California, timely delivery of services is a primary goal of the Early Start Program. *Timeliness* is defined in this measure as the provision of initial Part C services listed in the infant/toddler's IFSP within, or no later than, 45 days from the date of the IFSP. The measurement of timeliness is derived from IFSP date data entered on the Early Start Report (ESR), which is the data tracking form used for all Early Start participants, and data derived from service provider claim forms processed at the regional centers (date service was provided).

For Annual Performance Reporting, DDS will design and run a data extraction query for its Uniform Fiscal System (UFS) and San Diego Information System (SANDIS) that will extract the dates of IFSPs for those infants/toddlers with Early Start Reports and the dates that services listed for the infant/toddler were first provided from the claim data. The time between the IFSP and service provision date will be calculated for each initial service authorized in the database for each infant/toddler, and the percentage of those receiving services in a timely manner (45 days), determined. A summary of the data and percentages will be reported.

Status on meeting the requirement to provide services in a timely manner will be collected during compliance monitoring activities. Compliance monitoring activities consist of Site Monitoring Visits and ongoing Record Reviews. The Site Monitoring Visit is a comprehensive review of the local Early Start Program including assessment of the eligibility process, service coordination, interagency collaboration, service provision and family support. Samples of individual child records are reviewed to assess compliance with the procedural requirements. These samples are selected through a stratified random sampling process.

These comprehensive triennial reviews are conducted in each of the 21 regional center catchment areas by DDS in collaboration with CDE and a monitoring team that includes parents and an ICC representative. On a periodic basis, DDS liaisons revisit regional centers to conduct record reviews as follow-up activity to the Site Monitoring Visits. This provides an assessment of the local program's progress in resolving any compliance issues and identification of any new findings.

For compliance of this indicator DDS Liaisons will extract the IFSP date and services provision date data, for initial IFSP services only, that were provided to those infants/toddlers selected by stratified random sampling for Record Review purposes. They will verify the IFSP dates and the types of services provided in the IFSP to the extracted data. Differences from IFSP dates and services data will be investigated and findings reported when appropriate.

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

California’s data from 2004-2005 revealed that 96.54 percent of infants and toddlers served received timely services (measurement formula: 25,728 divided by 26,649, times 100 equals 96.54 percent). As noted in the Annual Performance Report (APR) submitted with this change, the source data was determined to be not as accurate as the method above to effectively measure the percent of infants and toddlers with IFSPs who receive early intervention services on their IFSPs in a timely manner. However, because many infants/toddlers enter the Early Start Program late and exit soon thereafter, the current baseline will be retained and target data for FFY 2005 (2005-2006) and FFY 2006 (2006-2007) collected once the new system query is designed for subsequent year reporting. This will ensure that IFSP records and vendor claim files are current and available at the regional centers for verification.

Discussion of Baseline Data:

The current baseline was calculated by measuring time from the IFSP completion date to when the purchase of service order is processed. This yields a statistical basis for setting a baseline and establishes methodology for continuous assessment of this measure. Refer to the current APR for California’s discussion regarding the inadequacy of the data source for measurement of this indicator.

OSEP requires a target of 100 percent for this indicator.

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

Improvement Activities/Timelines/Resources:

DDS has designated Early Start liaisons that work collaboratively with local programs to improve their performance. The Early Start liaisons form a collegial relationship with the regional centers and provide frequent informal technical assistance on all Early Start issues. Focused training is also provided by the Early Start liaisons based on unique local needs and issues. California’s Early Start also has a structured formal training and personnel development system. DDS maintains a contract with the WestEd Center for Prevention and Early Intervention to provide ongoing statewide training institutes for early intervention service providers and service coordinators. This comprehensive system of personnel development ensures that early intervention personnel are appropriately trained and also have knowledge of the

regulatory requirements of Early Start. DDS will also be meeting with the ICC in January 2006, to identify additional improvement activities, timelines and resources for the SPP performance indicators.

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

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

Please refer to overview of SPP development on page 1.

Monitoring Priority: Early Intervention Services In Natural Environments

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

Measurement:

Percent infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the infants and toddlers with IFSPs times 100.

CALIFORNIA'S RESPONSE**Overview of Issue/Description of System or Process:**

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

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

Universal reporting is a more valid measure for collecting settings data. Reliability of the data will be investigated in record reviews and during site monitoring. Consistency in reporting settings data will be addressed through clarification of reporting procedures to the Early Start field and targeted technical assistance. Services in natural environments are monitored by triennial site monitoring visits and ongoing record reviews.

Federal regulations make allowance for the delivery of an early intervention service in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. In such cases, there must be a justification in the child's IFSP. The percent of children in Early Start who either receive services in a natural environment or have a justification for services in another environment is over 90 percent of children served.

Baseline Data for FFY 2004 (2004-2005):

Early Start infants/toddlers receive services in the natural environments 82.95 percent of the time (measurement formula: 23,873 divided by 28,781, times 100 equals 82.95 percent). An additional 10.53 percent of infants are served in other than natural environments and there is a justification document in the case record that early intervention services cannot be satisfactorily achieved in a natural environment. That is, when services are provided in other than natural environments and a justification is included in the total percentage, the total figure becomes 93.48% (26,904 divided by 28,781, times 100 equals 93.48 percent). This is based on performance data that indicates 61.76 percent of consumers who receive services in other than a natural environment had justifications present in the record.

Discussion of Baseline Data:

The current figure of 82.95% represents a consistent level of performance on this indicator for FFY 2004. When a justification for providing services in other than natural environments is present on the child’s IFSP, California shows a significant continuous improvement in this area. Discussions with the State ICC focused on the need to probe for more information on those children who are not served in natural environments and for whom there is not documented justification.

Based on the change to the collection methodology for FFY 2005 described above under “*Overview of Issue/Description of System or Process*”, the targets below have been adjusted for FFY 2006 and forward to reflect appropriate expectations in meeting the State’s Interagency Coordinating Council (ICC) target of 0 percent by 2010.

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

Improvement Activities/Timelines/Resources: DDS plans to expand improvement activities over the next five years to:

1. Ensure that data collected is valid and reliable: As part of its effort to restructure its monitoring system, as discussed in the “Overview of the Annual Performance Report Development” on page 2 of this report, DDS plans on establishing a complete “monitoring baseline” of indicators described in Indicator 9. This includes early intervention services in the home or programs for typically developing children. All 21 regional centers (local level) will receive visits by DDS Liaisons for this purpose.
2. Provide rate increases to service providers shifting from center-based programs to natural environments. The Budget Act of 2006-07 authorized DDS to implement a rate increase to enhance the wages of direct care staff in infant development programs (IDP) and other day programs. In order to receive the wage enhancement, IDPs are required to provide services in natural environments 51 percent or more of the time, or at least by June 30, 2008. Over 155 out of 173 (89.6 percent) IDPs have currently applied for the rate increase.
3. Program Advisory: DDS will issue an updated program advisory by June 30 2007 that clarifies natural environment settings, selection of settings and documentation of justifications by the IFSP team, as well as reporting procedures to document services delivered in natural environments.

Where needed, local training will be conducted to correct any ongoing data discrepancies in local communities.

4. Natural Environment Resources: By June 30, 2007, DDS will develop and implement a campaign to inform local communities of the availability of natural environment resources, including exemplary models, availability of start up and local training grants, and a listing of recognized experts as speakers and trainers.
5. Targeted Training: During FFYs 2007-2010, DDS will identify regional center catchment areas exhibiting low percentage of services delivered in natural environments and provide targeted training, technical assistance, and resources to increase opportunities for children and families to receive services alongside their peers who are typically developing.
6. DDS will also explore and consider potential changes to the existing systems (SANDIS/UFS) for improved universal reporting of this indicator.

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

Please refer to overview of SPP development on page 1.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

If a + b + c + d + e does not sum to 100%, explain the difference.
- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy)
 - 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

	<p>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.</p> <p>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.</p> <p>If a + b + c + d + e does not sum to 100%, explain the difference.</p>
C.	<p>Use of appropriate behaviors to meet their needs:</p> <p>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.</p> <p>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 the (# of infants and toddlers with IFSPs assessed)] times 100.</p> <p>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 the (# of infants and toddlers with IFSPs assessed)] times 100.</p> <p>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 the (# of infants and toddlers with IFSPs assessed)] times 100.</p> <p>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 the (# of infants and toddlers with IFSPs assessed)] times 100.</p> <p>If a + b + c + d + e does not sum to 100%, explain the difference.</p>

CALIFORNIA'S RESPONSE:**Overview of Issue/Description of System or Process:**

Baseline Data for FFY 2004 (2004-2005): A preliminary baseline data collection effort was undertaken in order to develop and improve data collection procedures and instruments, as well as to view outcome data results. Based on the findings, California will continue its research and discussion with OSEP on child outcomes and cannot submit baseline data for FFY 2005 (2005-06).

Discussion of Baseline Data Sample

Early Start Entering vs. Exiting Cohorts: FFY 2004 (2004-2005) included children, who if they entered the Early Start program as newborns, would not have completed the full 36-month program until July, 2007. Therefore, collecting data on children who entered during 2004-05 but who had exited the program by November, 2006 (when pilot baseline data were collected) introduced a number of biases into the sample. In examining this Entrance sample more in-depth, we discovered that these children included a large subset who had entered the Early Start (ES) program as "at risk" (69%) instead of demonstrating an actual developmental delay or disability (29%). Additional unique features of this group were that 17 percent entered the program between ages 11 – 15 months of age, with 33 percent of the group enrolling between 21 and 25 months of age. Both of these groups presented primarily with one risk factor of having a speech and language delay. Because of the greater proportion of "at risk" children rather than those with more serious developmental delays or disabilities (D.D.), the ES Entrance sample showed greater improvement across more domains than would be expected, including a higher percent of children who reached or maintained functioning at a level of same-aged peers, with fewer making no improvement. On the other hand, a predominantly developmentally delayed or disabled sample (D.D.)

would be much more likely to enter the Early Start program as newborns, or at least within their first six months of life, especially those who exhibit dysmorphic anomalies.

A second sample was randomly selected from Early Start participants who had exited the Early Start program during FFY 2004 (2004-2005). This included some children who had entered the Early Start program in 2001 and stayed for 34, 35, or even 36 months in the program, as well as children who had entered in 2002, 2003, and 2004. These children were found to have entered at much younger ages than the ES Entrance sample and to have included a higher percentage of children (47%) with more traditional developmental delays/disabilities (D.D.), which California's Lanterman Act limits to include one of five diagnostic categories: mental retardation, epilepsy, cerebral palsy, autism, or having a condition similar to mental retardation requiring similar treatment. Continuation to Part B also requires that the condition creates a "substantial disability" for the individual, also defined by specific California statutes. Therefore, the ES Exit sample showed different patterns of improvement across the targeted domains than did the ES Entrance sample. Within each sample group, the results for D.D. and at-risk children were analyzed separately.

Operationalization of Indicators

1. All Early Start entrance and exit data were based on normed and standardized instruments. However, in some cases, different instruments were utilized for Entrance measures than were used at Exit. In these cases, improvement scores may be due to differing metrics between the assessment instruments, and not due to actual improvement of skills.
2. "Functional age in months" was the measurement used across all domains and categories of improvement.
3. Premature infants were defined as those born prior to 37 weeks' gestation, according to Tucker & McGuire, 2004. [BMJ 2004;329:675-678 (18 September), doi:10.1136/bmj.329.7467.675]
4. Five domains were measured for Early Start participants: Social-emotional, Cognitive, Speech & Language (receptive & expressive); Self-Help/Adaptive functioning; and Physical Development (gross and fine motor skills).
5. It was necessary to match these Early Start domains with OSEP measurement domains as follows:
 - a. California's measure of social-emotional skills was determined to be equivalent to the OSEP measure of "Positive Social-emotional skills."
 - b. California's measures of cognitive abilities and receptive and expressive language skills were combined into the OSEP domain of "Acquisition and use of knowledge and skills." Scores for receptive and expressive language skills were averaged and compared to the cognitive ability score. Any cases where improvement in cognitive abilities was different from improvement measured in language skills, the cognitive abilities improvement score was used, since cognitive development is the best single predictor of future improvement in 'knowledge and skills.' This has been shown in longitudinal studies of children with autism, in terms of predicting which children were likely to advance into mainstream classrooms following intensive intervention. (Lovaas, 1987; Smith, T., et al., 1997)
 - c. California's Self-help/Adaptive functioning scores were used to measure "Use of appropriate behaviors to meet their needs." These tests typically utilize a parent interview or parent-report questionnaire, which also introduces the possibility of biased reporting—either exaggerating or under-reporting skill levels. This will be discussed further in the "Improvement Activities/Timelines/Resources" section. Some of the self-help tests also have a "Teacher" or "Clinician" corroboration component, consisting of having a teacher or clinician who is familiar with the infant or toddler complete an inventory of the child's functional abilities. Additionally, some of the instruments used allow for the evaluator to corroborate the interview data by actually assessing the child's ability.
6. Categories of Improvement were operationalized as follows:
 - a. "Did not improve" meant that there was no change in functional age at exit from that measured at entrance.

- b. In order to assess whether the improvement is “no nearer same-aged peers” or constitutes moving “to a level nearer to same-aged peers”, a ratio of functional age to chronological age was calculated, both at entrance and exit. For example, if cognitive functional age was 8 months for a 12-month-old at entrance, the ratio was 8/12 or .67 for entrance data. If the same child’s exit cognitive functional age was 26 months for a 32-month-old-child, that ratio was 26/32 or .82. In this example, as the child’s ratio gets closer to 1 (a perfect correlation between functional and chronological age), the child moved to an improvement category (c), “improvement to a level nearer to same-aged peers.”
- c. Language and Physical Development domains were each assessed in two distinct areas-- Receptive and Expressive Language skills and Gross and Fine Motor skills. The two language areas were averaged into one functional age for the overall Language domain, and a similar protocol was used to combine gross and fine motor skills into one Physical Development skills domain.
- d. California felt it was important to include improvement indicators in the Physical Development domain, in addition to the other domains assessed. Not only are motor skills necessary for survival (sucking, rooting, and grasping reflexes, for example), but motor development sequences are well documented and tied into a developmental framework, so that it is possible to assess fine and gross motor skills and to determine the amount and nature of a child’s delays. Additionally, motor skills constitute a critical way in which infants and toddlers can demonstrate skills in other, less obvious domains. For example, watching an infant’s ability to visually track and follow an object or person is an indicator of the beginnings of social-emotional skill development, where a delay or deficit in these skills may be one critical “red flag” for the development of autism. Fine motor skills typically include prehension, perceptual-motor integration, motor planning and speed, while gross motor skills typically include static positioning, dynamic movement, locomotion, coordination, balance, and motor planning. Averaging an infant or toddler’s skills in these two areas provides a very useful measure of the child’s physical development and is important in prediction and diagnosis of specific other developmental delays or disabilities.
7. “High risk” children were defined as those having the following characteristics: very low birth weight (1500 grams); born prior to 36 weeks—prematurity; metabolic problems i.e. hypoglycemia, hypocalcemia; CNS infection/abnormality; seizure activity during first week of life; serious biomedical insult, i.e., CNS bleeds; multiple congenital anomalies requiring special services; positive neonatal toxin screen/drug withdrawal; significantly SGA; prolonged hypoxemia; hyperbilirubinemia; prenatal exposure to teratogens; significant failure to thrive; infant born to DD parent; or persistent tonal problems. To qualify for admission to the Early Start program based on “risk” factors alone, an infant or toddler must have two of the above-risk factors present.

Sample Baseline Methodology: A random sample of Early Start participants was drawn from all children entering the Early Start program in FFY 2004 (2004-05) and from those Early Start participants exiting the Early Start program during the same time frame. DDS staff visited nine different Regional Centers and manually extracted data from the list of randomly-generated Unique Client Identifiers (UCI) numbers.

Characteristics of Sample Baseline: Two preliminary baseline sub-samples were generated: 59 children who Entered the Early Start program in FFY 2004 (2004-05) and 55 children who Exited the Early Start program during this time frame. The Entrance group was comprised of 29 percent DD infants and toddlers and 69 percent at risk, while the Exit group had 47 percent DD children and 53 percent at risk. Two age ranges were the mode for the age at entrance of the ES Entrance group: ages 11 – 15 months (17%), and 21 – 25 months (33%), while the modal age of entrance for the ES Exit group was birth – 5 months, with 58 percent of children entering during these first 5 months.

OSEP data estimate the racial/ethnicity breakdown for the 32,268 children in California’s Early Start program on 12-1-05. These are compared to our ES Entrance and ES Exit samples in the following table:

Table 1: California’s Preliminary Baseline Sample Ethnicity compared to California Part C Ethnicity, 12-1-05

	<u>California Part C</u>	<u>Entering Sub-Sample</u>	<u>Exiting Sub-Sample*</u>
American Indian/Alaskan Native	1%	2%	0%
Asian/Pacific Islander	9%	10%	1%
Black (not Hispanic)	7%	12%	7%
Hispanic	48%	29%	43%
White (not Hispanic)	36%	38%	38%
Multicultural		7%	12%.
Unknown		2%	0%

**Some columns are slightly greater than 100% due to rounding.*

Preliminary baseline data, both those Entering and Exiting the Early Start program, were quite similar to California’s overall ethnicity distributions, as reported by OSEP for 12-1-05. All ethnicities were represented, and the only under-representation appeared to be for White (not Hispanic) children in the Entering sub-sample (29% compared to a statewide average of 48%).

Table 2: California’s Early Start Outcome Measurements for FFY2004 (2004-2005)

	Entering		Exiting	
	DD	Risk	DD	Risk
A. Positive social-emotional skills:				
a. Did not improve functioning	27%	0%	0%	4%
b. Improved but did not move nearer same-aged peers	33%	26%	73%	23%
c. Improved and moved nearer same-aged-peers	27%	22%	16%	27%
d. Reached level of same-aged peers	13%	39%	11%	35%
e. Maintained level of same-aged peers	0%	13%	0%	11%
B. Acquisition and Use of knowledge & skills:				
a. Did not improve functioning	6%	12%	4%	4%
b. Improved but did not move nearer same-aged peers	41%	29%	84%	24%
c. Improved and moved nearer same-aged-peers	53%	28%	12%	41%
d. Reached level of same-aged peers	0%	24%	0%	24%
e. Maintained level of same-aged peers	0%	7%	0%	7%

C. Use of appropriate Behavior to meet Needs:				
a. Did not improve functioning	21%	12%	0%	4%
b. Improved but did not move nearer same-aged peers	50%	20%	86%	28%
c. Improved and moved nearer same-aged-peers	29%	24%	14%	32%
d. Reached level of same-aged peers	0%	32%	0%	28%
e. Maintained level of same-aged peers	0%	12%	0%	8%
D. Use of Physical Skills				
a. Did not improve functioning	7%	0%	4%	4%
b. Improved but did not move nearer same-aged peers	66%	23%	79%	11%
c. Improved and moved nearer same-aged-peers	13%	37%	13%	37%
d. Reached level of same-aged peers	7%	30%	4%	41%
e. Maintained level of same-aged peers	7%	10%	0%	7%

Four domains were measured at entrance to and exit from California’s Early Start program, among the two sub-samples in California—those Entering Early Start in FFY2004 (2004-2005) and Exiting Early Start during the same time frame. Additionally, data were tabulated separately for those children with specific Developmental Disabilities (DD) and those who demonstrated two risks from an array of specified risk categories (Risk), as defined previously. In general, across all four domains, the greatest differences were between the DD children and the Risk children, with the DD children showing greater numbers in the “did not improve” category, with the Risk children showing a greater propensity to reach the level of same-aged peers or to maintain the level of same-aged peers. This is probably due to the strict definitions used for DD children, following the four categories for eligibility as a Developmentally Disabled person (epilepsy, cerebral palsy, autism, or mental retardation), with a fifth category of a condition similar to mental retardation and requiring similar treatment.

The Developmentally Disabled (DD) children did not reach or maintain levels of same-aged peers in either Measure B or C, and no child maintained the level of same-aged peers in Measure A. The most commonly occurring level of improvement for DD infants and toddlers was improved functioning but not moving nearer same-aged peers, with the Risk children making more improvements more frequently.

Table 3: Acquisition/Use of knowledge & skills by Diagnosis, as average percent of delay

	Average Percent of Delay	
	Entering	Exiting
Chromosomal Abnormalities (e.g. Down's Syndrome, 17q deletion, Prader Willi's)		49.5%
Mental Retardation		
Mild: 30 – 50% Delay	39.67%	37.5%
Moderate: > 50% Delay	72.33%	61.5%
Autism/Pervasive Developmental Disorder		
20 – 50% Delay	33.75%	42%
> 50% Delay	71.5%	71.5%

In order to get more specific information about outcomes for children who had specific diagnoses of interest, we isolated children with three types of diagnoses: Chromosomal Abnormalities, Mental Retardation, and Autism/Pervasive Developmental Disorder.

Chromosomal Abnormalities included four specific diagnoses: Down's Syndrome, Prader Willi's, Angelman's Syndrome, and a 17q deletion-disorder. Infants and toddlers with these chromosomal abnormalities result in dysmorphic facial features, which make it possible for these children to be referred to the Early Start program within the first three months of life. Mental Retardation was divided into two groups: those with delays from 30 – 50 percent, and those with delays greater than 50 percent. Children with Autism and Pervasive Developmental Disorders were also divided into two groups: those with delays from 20 – 50 percent and those with delays greater than 50 percent.

As can be seen in the table, all of the children with these three diagnostic categories showed significant delays in acquiring and using knowledge and skills, which was operationalized in California as cognitive and language skills. While there was some variation in cognitive deficits, the range for those with chromosomal abnormalities was from 23 percent - 75 percent delay, and for language skills from a delay of 6 percent - 76 percent.

For the mentally retarded infants and toddlers, a range of cognitive delays was from 29 - 66 percent, and in language skills from 21 - 46 percent. The children diagnosed with Autism and Pervasive Developmental Disorder (PDD) ranged from 34 - 87.5 percent delays cognitively, and from 34 - 81 percent in language delays. Table 3 displays the average delays, across both cognitive and language domains, for each of the three groups. The Moderately mentally retarded children who entered Early Start in FFY 2004 (2004-05) showed the largest average delays, of 76.2 percent, with the Mildly Mentally Retarded children who exited Early Start in FFY 2004 (2004-05) showed the smallest average percents of delay.

Performance results on Indicator 3 were calculated as the percent of ES children participating in Part C services. Table 4 shows the preliminary baseline percentage of infants and toddlers from each regional center.

Table 4: Representation of California’s Regional Centers in Preliminary Baseline

Regional Center Locations

(Color corresponds to area served by each Regional Center)



Courtesy of Association of Regional Center Agencies (ARCA)

Measurable and rigorous targets:

In order to develop measurable and rigorous targets for 2006 – 2010, a comprehensive baseline data base must be developed. After that, specific measurable and rigorous targets can be identified.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Target to be developed once baseline data are known.
2006 (2006-2007)	Target to be developed once baseline data are known.
2007 (2007-2008)	Target to be developed once baseline data are known.
2008 (2008-2009)	Target to be developed once baseline data are known.
2009 (2009-2010)	Target to be developed once baseline data are known.
2010 (2010-2011)	Target to be developed once baseline data are known.

Improvement Activities/Timelines/Resources:

1. Continue development and discussion with OSEP of outcome data during the next reporting period for baseline reporting.
2. Training for regional center staff and parents regarding the importance of measuring all domains at Early Start entrance and exit points will improve the quality of the outcome data. Additionally, staff and stakeholders can see the importance of using the same metric “functional age in months,” as well as understanding how the outcome data can assist in improving the program quality. It would also be quite helpful for parents, caregivers, and teachers who complete self-report inventories of a child’s self-help or adaptive functioning to understand that exaggerating a child’s skills or under-reporting them is not helpful to either the child or to the program.
3. Developing a list of Best Practices regarding the assessment instruments utilized to measure each domain would assist Regional Center staff and vendors in moving towards reducing the number of instruments used across domains. For example, certain assessment tools, such as the Hawaii Early Learning Profile (HELP), are curriculum-based assessments, and as such, offer a number of effective interventions for teachers. However, the ranges given in functional ages can vary as much as 6 – 9 months within one domain, making it a much less effective measurement of improvement by domains.
4. Disseminating the preliminary data to Regional Centers and stakeholders, offered here as preliminary baseline data, will help in educating them about the importance of accuracy and completeness in obtaining entrance and exit data across the various domains.

5. It will be necessary to continue to make sure that the baseline sample includes a representative subset of children entering the Early Start program and exiting the Early Start program proportional to their occurrence in the Early Start population during the designated FFY.
6. Developing a representative baseline database, which utilizes a random sample, to be as representative as possible of California's Early Start program will be necessary in order to set annual Rigorous and Measurable Targets.
7. Identifying a reporting system which allows for electronic reporting of data in a timely fashion will assist in providing consistent reporting across California's 21 regional centers.
8. California believes that any attempt to improve the quality of services provided requires ongoing review and modifications so that techniques, forms, analyses, and reporting of results are scrutinized in order to improve the efficiency and accuracy of data and reporting.
9. A focused monitoring and technical assistance process regarding all indicators will be developed and implemented for lower-performing regional centers. Additionally, techniques, interventions, and particularly effective strategies developed and implemented by one regional center will need to be shared state-wide, so that performance can improve statewide.

References:

Lovaas, O I: Behavioral treatment and normal educational and intellectual functioning in young autistic children. *J Consult Clin Psycho* 55:3-9, 1987.

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Tucker, J & McGuire W: Epidemiology of preterm birth. *BMJ* 329:675-678 (18 September), 2004.

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

Please refer to overview of SPP development on page 1.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

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

(20 USC 1416(a) (3) (A) and 1442)

Measurement:

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

CALIFORNIA'S RESPONSE

Overview of Issue/Description of System or Process:

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

Sampling Plan and Methodology was conducted using a stratified random sample. The sample was selected from all families participating in Part C services through the Department of Developmental Services (n=14,535), California Department of Education (n=1,361), or dually served through both agencies (n=2,674) for a total of 18,570 families. Of all families participating in Part C, incomplete records resulted in an eligible sample of 14,183 families. A stratification plan to approximate representation of the California Part C population included age of child, ethnicity of family, and regional center. Data for the DDS and dually served population were gathered by phone interviews in the family's primary language. The percentage of families declining to be interviewed was 4.7 percent. Response rate for DDS data was 100 percent of the number of families targeted. CDE data were collected by CDE due to difficulties with interagency data sharing. The surveys were primarily distributed via service providers. Representative data for each local educational agency was not collected. Response rate for the CDE data was 57 percent of the targeted number. The CDE data represents approximately 4 percent of the total number of families surveyed. The final stratified random sample included 5,413 parents or guardians of children served under Part C. Confidence interval for sample size data parameters range from 83.7 to 99 percent for DDS Regional Centers and CDE services.

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

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

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

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

Measurable and rigorous targets for years 2007-2010 were calculated using the NCSEAM Improvement Calculator developed as a companion tool for the NCSEAM Scales. Using the state mean (574), established standard for each sub-indicator, sample size (5,413), and standard deviation (128), the Improvement Calculator determines the percent of change that will indicate a statistically significant improvement in each sub-indicator measure. Guidance from the NCSEAM technical assistance center indicates that some states might see statistically significance improvement in one reporting year while others may not document statistically significant improvement until the end of the SPP reporting period (2010). California will target a .5 percent change for each sub-indicator (4A-C) over the next 4 reporting years (2007-2010) for a total of 2 percent change in each sub-indicator by reporting year 2010. This exceeds the minimum percent change required to demonstrate statistical significance by an average of 27 percent across the three sub-indicators. The measurable and rigorous targets for 2007-2009 will be sampled using a representative sample of Regional Centers scheduled for focused monitoring visits. The Regional Centers will be represent California in the variables of a) geographic region (north versus south), b) ethnicity of participating families (percent ethnically diverse families), and c) baseline measures on the NCSEAM scale (high-performing versus lower-performing). For year 2010, a representative sample of the state will be conducted using the NCSEAM scales and replicating the sample methodology used in 2006.

Baseline Data for FFY 2004 (2004-2005):

4a. **48%** of respondent families participating in Part C report measures at or above the standard established for indicator 'early intervention services have helped the family know their rights' on the National Center for Special Education Accountability Monitoring (NCSEAM) *Impact of Early Intervention Services on the Family Scale*.

4b. **42%** of respondent families participating in Part C report measures at or above the standard established for indicator 'effectively communicate their children's needs' on the National Center for

Special Education Accountability Monitoring (NCSEAM) *Impact of Early Intervention Services on the Family Scale*.

4c. **71%** of respondent families participating in Part C report measures at or above the standard established for the indicator ‘help their children develop and learn’ on the National Center for Special Education Accountability Monitoring (NCSEAM) *Impact of Early Intervention Services on the Family Scale*.

Discussion of Baseline Data:

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

Analysis of the data indicate no systematic variation in the results for all 3 sub-indicators based upon gender of child, age of child, ethnicity of child or family, or gender of parent reporting. This suggests that California’s outreach efforts to serve families from different ethnic and linguistic backgrounds, and provide services for infants and toddlers of all ages appear to contribute to similar experiences for most California families. Baseline data also indicate a greater need to help families effectively communicate their child’s needs and know their rights as compared to activities geared toward assisting families to help their child develop and learn. This will be addressed as part of the improvement activities.

There is variation in the sub-indicator measures when comparing the state’s regional centers. For this analysis, differences between regional centers appear to be a result of the agency rather than geographic location or family demographics. For example, a regional center with middle-rank performance is geographically adjacent to a lower-performing regional center. Likewise, a high-performing regional center has a similar percentage of families from ethnically and linguistic diverse backgrounds as a lower-performing regional center. While ethnic diversity and geographic region do not appear to be major contributors to the differences between regional centers, the 3 lowest-performing regional centers are in an urban area with a high percentage of families from diverse backgrounds. However, the three highest-performing regional centers are located throughout the state and each has unique service challenges such as remote access and/or high numbers of immigrant families. The higher-performing regional centers will be used to contribute promising practices as part of the improvement activities.

Baseline data will also be used to identify **targeted** improvement activities. An advantage of the Rasch measurement framework is that it identifies scale items that can be good candidates for improvement activities by using the state measure as a guide. Activities addressing items just below the state measure of 574 will be reinforced and activities addressing items just above the state measure will be expanded. The items just below the state measure are a) Improve my family’s quality of life, b) Feel that I can get the services and supports that my child and family needs, c) Get the services that my child and family need. The scale items just above the state measure are a) Do activities that are good for my child even in times of stress, b) Make changes in family routines that will benefit my child with special needs, and c) Be more effective in managing my child’s behavior.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Target to be developed once baseline data is known.
2006 (2006-2007)	Target to be developed once baseline data is known.

FFY	Measurable and Rigorous Target
<p>2007 (2007-2008)</p>	<p>4A. A representative sample of regional centers report a .5% increase above the baseline for respondent families participating in Part C on the indicator ‘early intervention services have helped the family know their rights’.</p> <p>4B. A representative sample of regional centers report a .5% increase above the baseline for respondent families participating in Part C on the indicator ‘effectively communicate their children’s needs’.</p> <p>4C. A representative sample of regional centers report a .5% increase above baseline for respondent families participating in Part C on the indicator ‘help their children develop and learn’.</p>
<p>2008 (2008-2009)</p>	<p>4A. A representative sample of regional centers report a 1% increase above baseline for respondent families participating in Part C on the indicator ‘early intervention services have helped the family know their rights’.</p> <p>4B. A representative sample of regional centers report a 1% increase above baseline for respondent families participating in Part C on the indicator ‘effectively communicate their children’s needs’.</p> <p>4C. A representative sample of regional centers report a 1% increase above baseline for respondent families participating in Part C on the indicator ‘help their children develop and learn’.</p>
<p>2009 (2009-2010)</p>	<p>4A. A representative sample of regional centers report a 1.5% increase above baseline for respondent families participating in Part C on the indicator ‘early intervention services have helped the family know their rights’.</p> <p>4B. A representative sample of regional centers, a 1.5% increase above baseline for respondent families participating in Part C on the indicator ‘effectively communicate their children’s needs’.</p> <p>4C. A representative sample of regional centers report a 1.5% increase for respondent families participating in Part C on the indicator ‘help their children develop and learn’.</p>
<p>2010 (2010-2011)</p>	<p>4A. 50% of respondent families participating in California Part C report measures at or above the standard established for indicator ‘early intervention services have helped the family know their rights’.</p> <p>4B. 44% of respondent families participating in California Part C report measures at or above the standard established for indicator ‘effectively communicate their children’s needs’.</p> <p>4C. 73% of respondent families participating in California Part C report measures at or above the standard established for the indicator ‘help their children develop and learn’.</p>

Improvement Activities/Timelines/Resources:

1. Dissemination of the NCSEAM survey results and solicitation of stakeholder input regarding recommended standards, targets, and improvement activities will be conducted with the California ICC, regional center managers, and Family Resources Centers. The Family Outcomes Survey

results for individual regional centers will be disseminated to each regional center. A presentation and discussion of the NCSEAM survey results, implications and improvement activities will be a major activity during the Regional Center Managers' Symposium, May 2007. Annually, an update of the activities to support improvement in this area will be conducted in multiple venues including the ICC and the Regional Center Managers Symposium.

2. Mechanisms are in place to ensure that service providers receive technical assistance and training to implement family centered practices and to ensure that technical assistance and training is responsive to the diverse cultures represented by eligible families in the provision of early intervention services. The Early Start Comprehensive System of Personnel Development includes four institutes for service providers, five institutes for service coordinators, and one institute for family support personnel that includes information about the latest evidence-based practices related to family centered and culturally responsive services. Each series of institutes has a session that specifically addresses culturally responsive services. One of the Service Coordinator Institutes is dedicated to relationship-based services. In fact, family centered and culturally responsive practices are embedded into the entire curriculum. The Service Coordinators Institute is based on the Service Coordinator's Handbook which incorporates implementation ideas in each section that are family focused and culturally responsive. There is a separate section on strategies that assist and support families in accessing services. All technical assistance activities also incorporate best practices that support family centered services and cultural responsiveness. Comprehensive System of Personnel Development (CSPD) improvement activities will include:
 - a. Service Coordinator's Institute: The Service Coordinators Institute recommended for all Early Start entry-level service coordinators will strengthen material about identifying family outcomes and preparing families to identify their child's needs and know their rights.
 - b. Family Resource Support Institute: An annual multi-day conference is offered each year for family resource center staff. Workshops and materials will be developed to provide strategies for family-to-family support in the targeted areas.
 - c. CORE Training: The CORE training is a 64-hour specialized early intervention training program geared to entry-level service providers. Strategies in the targeted areas, including case studies, will be added.
 - d. Advanced Practice Institute and Special Topic Trainings: Early Start sponsored trainings will be developed for advanced practitioners, managers, and university professors so that they can be better prepared to supervise and assist early intervention staff in the targeted areas.
 - e. Early Intervention Competencies: Part C Lead Agency recommended early intervention and early intervention assistant competencies will be review and changed if needed to address the need for service providers to assist families in the targeted areas.

3. Mechanisms are in place to ensure that California assist families in supporting the child's outcomes. Families are assisted in supporting their child's outcomes by receiving services that are family focused, culturally responsive and that are delivered in natural environments. Parents are encouraged and supported by service providers to optimize learning opportunities that occur in their daily activities and routines at home, in day care or in their community. Relationship-based services promote the parent's role in their young child's life and parents are encouraged to be full, informed participants on the IFSP team. Family support services are a critical component in California's service system that helps families navigate the system; deal with their feelings related to their child's need for early intervention services; and understand their role in the process. These services allow the family to participate more fully in their child's development and their progress in achieving outcomes. Improvement activities include:
 - a. Promising Practices Strategies: Promising Practice Strategies to address the targeted areas will be developed. The Promising Practice Strategies will incorporate national promising practices and strategies collected from high-performing California regional centers. The Promising Practice Strategies will be disseminated to regional centers as technical assistance materials. They will also be showcased at Early Start training venues each year.

State monitoring efforts will use the Promising Practices as tools to assist low-performing regional centers as part of focused monitoring.

- b. Service Coordinator Handbook: A new chapter on family outcomes and assessment will be added to the Early Start Service Coordinators' Handbook. This chapter will outline ways that Regional Center service coordinators can participate in family-directed identification of needs and a family-directed assessment of resources, priorities, and concerns of the family. This chapter and the accompanying training sessions for service coordinators will outline strategies to guide families to identify supports and services necessary to enhance the family's capacity to meet the developmental needs of their child. In addition, updates and revision to the chapter addressing parental rights and the IFSP will help the early intervention provider fully explain to the parents the content of the IFSP, identify areas where parental written approval is needed prior to the provision of services. The Handbook forms the foundation for the Service Coordinators Institute recommended for all Early Start entry-level service coordinators. This material will be incorporated in the curriculum.
4. A comprehensive system of procedural safeguards is in place to protect the rights of Early Start children and their families. Families are informed of through the use of public awareness materials. In addition, Early Start Service Coordinators are trained about their responsibilities to inform families about the procedural safeguard that are available to them. They provide parents information on their rights at least annually but usually more often as the opportunities present themselves. In addition, staff at Early Start Family Resource Centers is available to assist families in understanding their rights. DDS Liaisons and the Office of Human Rights and Advocacy also assist families by answering questions and clarifying their procedural safeguards. Improvement activities to assist families know their rights include:
 - a. Public Awareness Materials: Public awareness materials will be reviewed by the ICC Public Awareness Committee to determine ways to strengthen existing materials and/or add additional materials in the targeted areas. The ICC's Family Resources and Support Committee provides ongoing assistance to DDS by reviewing all publications to ensure that they are family friendly and promote family focused, culturally responsive services.
 - b. In 1994 California's ICC parents developed a booklet entitled "Family Support Guidelines for Effective Practice" for dissemination to the field to promote a family centered system. Almost 1000 were distributed during 2005-06. The booklet is currently being updated.
 - c. Currently, a booklet entitled "Parents' Rights: An Early Start Guide for Families" is distributed to parents statewide. The booklet is available in four different languages to accommodate the cultural diversity of our State. During 2005-06 over 31,000 booklets were distributed. In addition, a two-page parents' rights text in multiple languages is available for distribution with IFSPs. Almost 5,000 were distributed during 2005-06. This information is available for downloading from the Early Start website. The distribution efforts of this public awareness resource will be reviewed by the ICC Public Awareness Committee.
 5. A focused monitoring and technical assistance process regarding all three sub-indicators will be developed and implemented for lower-performing regional centers.
 6. A process to collect data using the NCSEAM Part C scales will be developed and implemented during focused monitoring of regional centers selected for audit each year. These data will include a representative sample. These data will be used for the APR measures in 2007-2009. A statewide survey will be conducted in 2010 using the NCSEAM scales.

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

Please refer to overview of SPP development on page 1.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

- A. Percent compared to the most nearly comparable state with a Broad definition of eligibility.
- B. The percent in the national data.

CALIFORNIA'S RESPONSE

Overview of Issue/Description of System or Process:

This analysis is made possible by using the comparison table offered by OSEP for the categorization of the various eligibility criteria. Using the list provided, California determined that Texas was the most comparable state in terms of eligibility criteria and also in matching geographic size, demography, urban-rural mix, ethnic mix, and migration patterns. California's data include infants and toddlers served by both DDS and CDE.

Baseline Data for FFY 2004 (2004-2005):

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

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

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

Discussion of Baseline Data:

California compares favorably with both Texas and the National figures. California reported in the 2003-2004 Annual Performance Report (APR) that all 21 regional centers have liaison activities with Neonatal Intensive Care Units (NICU). These activities include discharge planning with hospital staff to provide continuity of care between hospital and home. DDS is also working with the California Department of Social Services on implementing the policies and procedures for making and receiving referrals from Child Protective Services per the requirements of the Child Abuse Prevention and Treatment Act (CAPTA). This ensures prompt response to referrals of children from these agencies.

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

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

Improvement Activities/Timelines/Resources:

For an overview of California's improvement approach, see page 4, Improvement Activities/Timelines/Resources for Indicator 1, paragraph one.

Child find is a high priority in California. In addition to the State's ongoing improvement activities, a revised public outreach and referral brochure entitled Reasons for Concern was developed in collaboration with CDE. This publication is currently being pilot tested in three regional center catchment areas to determine if it has an impact on the referrals of eligible children. This publication is more persuasive and has an easily understood message about when to refer a child for early childhood services. Statewide use of the brochure will be based on the results of this pilot.

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

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

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

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

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

Please refer to overview of SPP development on page 1.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

- A. Percent infants and toddlers birth to 3 with IFSPs the population of infants and toddlers birth to 3
- B. The national baseline.

CALIFORNIA'S RESPONSE
Overview of Issue/Description of System or Process:

This analysis is made possible by using the comparison table offered by OSEP for the categorization of the various eligibility criteria. Using the list provided, California determined that Texas was the most comparable state. Texas was determined to match because of geographic size, demography, urban-rural mix, ethnic mix and migration patterns. California's data includes infants and toddlers served by both DDS and CDE.

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

When annual figures are used instead of point in time data, California serves 2.82 percent. California graduates successful infants and toddlers as they progress and no longer need services or reach age 3 years. The "point-in-time" calculation formula may serve to underestimate the percent of children served. Texas also uses the community-based approach.

It should be noted that California is not comparable to many of the states on the "broad eligibility list" provided by OSEP, such as Hawaii. Hawaii's early intervention program has a much broader eligibility criterion than California. They provide services under a medical services agency and therefore include many children that are served in other programs in California.

Furthermore, California has significant prevention efforts that contribute to a lower than average number of reported birth defects. Those differences include: higher rates of mothers receiving prenatal care, more attended births, lower rates of mothers who smoke and fewer mothers who labor beyond 24 hours due to Caesarian sections being performed for prolonged birthing.

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

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

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

Improvement Activities/Timelines/Resources:

See Improvement Activities/Timelines/Resources under Indicator 5 above.

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

Please refer to overview of SPP development on page 1.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

Percent equals number of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by number of eligible infants and toddlers evaluated and assessed times 100.

States must also account for untimely evaluations.

CALIFORNIA'S RESPONSE**Overview of Issue/Description of System or Process:**

Evaluation and assessment requirements and initial IFSP meeting timelines are compliance items monitored by ongoing record reviews and triennial site monitoring visits. Regional centers are credited with this item based on timeliness and completeness of evaluations and assessments. IFSPs that are based on incomplete data are not credited. To correct this, regional centers have technical assistance provided by DDS staff aimed at marshalling the resources to come into compliance within one year of the non-compliance finding.

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

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

This 72.38 percent represents slippage from the prior reporting years (87.66 percent and 84.5percent respectively). Often during the first IFSP meeting, it is determined that additional assessments in specific areas are needed to determine additional service needs. When this requires the services of specialty therapists (speech, occupational, physical and/or sensory integration therapists) or personnel experienced in early childhood vision and/or hearing impairments, there can be delays in obtaining the assessments. Further, regional centers have been held to the standard of having completed both initial evaluations and also more comprehensive evaluations in the same specialty areas if the initial evaluation indicates a need for a more comprehensive evaluation. California will continue to dialogue with OSEP regarding the evaluations and assessments required within the first 45 days, as it is likely that California is much closer to the required standard than our reported percent for this indicator.

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

OSEP requires a target of 100 percent for this indicator.

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

Improvement Activities/Timelines/Resources:

For an overview of California’s improvement approach, see page 4, Improvement Activities/Timelines/Resources for Indicator 1, paragraph one.

In major urban areas the private sector is able to out bid the regional centers for the scarce therapists available. DDS has implemented a mechanism to allow regional centers to use an Early Start specialized therapeutic service code to purchase services in cases where application of existing rates would result in any delays in the provision of early intervention services. The use of this service code continues to improve the timeliness of both the evaluation and assessment and the provision of services. DDS will also be working with the ICC to identify improvement activities to focus on creating a greater supply of providers in high demand occupations. Finally, DDS will continue to partner with the University of California Medical Schools to improve the professional expertise of community clinicians to promote increased access to quality services.

Local programs are encouraged to initiate services in a timely manner for all services determined at the initial IFSP meeting. Additional service needs identified in subsequent assessments will be initiated as soon as possible. The annual goals for improvement in this area of performance will be shared with the regional center programs and their progress toward the goal will be made part of Early Start Statistics Report. This report lists key performance indicators and is shared with the centers and the ICC. DDS is also collaborating with CDE to develop strategies such as joint training of LEAs, collaborative local technical assistance, state level planning meetings, and co-sponsorship of local pilot projects to improve the performance of LEAs in meeting this target.

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

Overview of the State Performance Plan Development:

Please refer to overview of SPP development on page 1.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

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

CALIFORNIA’S RESPONSE

Overview of Issue/Description of System or Process:

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

Baseline Data for FFY 2004 (2004-2005):

Transition Steps: 90.24 percent (34 divided by 41, times 100 equals 90.24 percent)
 LEA Notification: 91.89 percent (34 divided by 37, times 100 equals 91.89 percent)
 Transition Conference with LEA: 88.37 percent (39 divided by 43, times 100 equals 88.37 percent).

Discussion of Baseline Data:

Each regional center works with many LEAs. The extent of the communication and cooperation between them varies.

OSEP requires a target of 100 percent for this indicator.

FFY	Measurable and Rigorous Target		
	Transition Steps	LEA Notification	Transition Conference
2005 (2005-2006)	100%	100%	100%

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

Improvement Activities/Timelines/Resources:

For an overview of California’s improvement approach, see page 4, Improvement Activities/Timelines/Resources for Indicator 1, paragraph one.

The improvement strategy for this item will involve improvement in key components of the special education system. In FFY 2005 (2005-2006), Early Start and CDE began conducting Transition Workshops in locations across the state. These workshops communicate the requirements and importance of interagency communication at the point of transition for Early Start families and children.

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

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

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

Please refer to overview of SPP development on page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:
- a. number of findings of noncompliance made related to priority areas.
 - b. number of corrections completed as soon as possible but in no case later than one year from identification.

Percent equals b divided by a times 100. See table entitled Monitoring Priorities for items not in compliance. For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:
- a. number of findings of noncompliance made related to such areas.
 - b. number of corrections completed as soon as possible but in no case later than one year from identification.

Percent equals b divided by a times 100. For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:
- a. number of EIS programs in which noncompliance was identified through other mechanisms.
 - b. number of findings of noncompliance made.
 - c. number of corrections completed as soon as possible but in no case later than one year from identification.

Percent equals c divided by b times 100. For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

CALIFORNIA'S RESPONSE**Overview of Issue/Description of System or Process:**

For this performance indicator, California has restructured its General Supervision System database and for baseline development, used a variation of the OSEP document submitted for the FFY 2005 APR. This document is re-entitled "*Aggregated Baseline Data for 2005-2010 SP*" (Attachment 2). Refer to Tables 9A, 9B, and 9C for data collected. Data for measurement of Indicators A and B were retrieved from performance data during regional center record reviews. For measurement C above, these data are drawn from the DDS Office of Human Rights and Advocacy Services (complaints) and the Office of Administrative Hearings (OAH) database (mediations and due process hearings).

Baseline Data for FFY 2004 (2004-2005):

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

Table 9A

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

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

Table 9B

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

Indicator	Potential Findings	Findings	Number Verified Corrected	% Corrected in Timelines	Overall Performance Rate
IFSP Contains 5 Domains	195	45	19	42.22%	86.67%
IFSP Meeting Notice Provided to Family	195	26	12	46.15%	92.82%
Outcomes Contain Procedures, Criteria, Timelines	195	15	9	60.0%	96.92%

Services Contain Method, Frequency, Intensity, Duration	195	7	3	42.86%	97.95%
IFSP Contains Family Concerns, Priorities, Resources	195	3	1	33.33%	98.97%
Evaluations Are Conducted in Timely Manner	195	53	6	11.32%	75.90%
Total	1,170	149	50	33.56%	91.54%

Table 9C

This table is comprised of the data in the “SPP/APR Attachment 1 (Form)” on page 46 of this report.

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

Discussion of Baseline Data:

Table 9A

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

Table 9B

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

The indicator “Evaluations Are Conducted in Timely Manner” is not associated with the initial evaluations/assessments and establishment of an infant/toddler’s IFSP within 45 days, but is the higher measurement standard California has mandated for professional evaluation at the regional centers. These findings are related to the lack of access to professional services for evaluations of hearing and vision, which is elaborated upon in Indicator 7, and continues to be addressed by DDS through the use of the specialized therapeutic service code and waivers to state requirements that allow the use of speech and language assistants.

Table 9C

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

California’s complaint/resolution process involves procedures that are distinct from the system for resolving disagreements under due process (Refer to Indicators 10, 11, and 13). The two agencies/entities that provide data for the measurement of this indicator are the Lead Agency’s Office of Human Rights and Advocacy (OHRAS) and an independent contractor for the Lead Agency, the Office of

Administrative Hearings (OAH). Violations of statute or regulations are investigated by OHRAS, where as due process filings are resolved by OAH. If a complaint is received by OHRAS that addresses a disagreement regarding the denial or change in eligibility or services, it is referred to the OAH for adjudication. Informal local resolution is encouraged but not required. Many issues are resolved in this informal, local manner.

OSEP requires a target of 100 percent for this indicator.

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

Improvement Activities/Timelines/Resources:

1. Following site monitoring visits, results of findings will be sent to regional centers requesting that corrective action be taken and that findings are to be corrected by no later than one year from the date of the transmittal letter. Additionally, DDS will prescribe actions that a regional center can take to be considered appropriate corrective action. Included will be a request to notify DDS in writing that corrective action has been completed and what specific actions were performed. Upon receipt of the regional center’s letter of completed corrective action, DDS will verify where possible and consider the findings as having been corrected.
2. DDS will continue to analyze and reconfigure its database to effectively track and monitor timeliness for correction of identified non-compliance and for use in identifying potential statewide/regional center-specific systemic issues that might require targeted technical assistance.
3. For regional centers that are identified as not appropriately correcting non-compliance in a timely manner, DDS will review the case and consider the following actions to take:
 - a. Technical assistance only
 - b. Additional site monitoring visits focusing on areas of non-compliance
 - c. Combined additional site monitoring visits with technical assistance
 - d. Training
 - e. Combined Training with technical assistance.
 - f. Letter from the Director of DDS to the Executive Director of the Regional Center
 - g. Performance contract language for improvement

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

Overview of the State Performance Plan Development:

Please refer to overview of SPP development on page 1.

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

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

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

Measurement:

Percent equals (1.1(b) plus 1.1(c)) divided by (1.1) times 100.

(Percent equals (number of reports within timeline plus number of reports within extended timelines) divided by total number of complaints with reports issued times 100)

CALIFORNIA’S RESPONSE

Overview of Issue/Description of System or Process:

All complaints dealing with children and families served by the regional centers or served dually by the regional centers and the LEA are investigated through the DDS Office of Human Rights and Advocacy Services. Children with a solely low incidence disability have complaints resolved through the CDE complaints management system. Of the 6 complaints reported below, two of six were CDE complaints.

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

The complaint system is functioning at an excellent level in terms of the performance on timelines. California meets the OSEP required target of 100 percent for this indicator.

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

FFY	Measurable and Rigorous Target
<p>2009 (2009-2010)</p>	<p>100% of reports will be complete within 60 days.</p>
<p>2010 (2010-2011)</p>	<p>100% of reports will be complete within 60 days.</p>

Improvement Activities/Timelines/Resources:

Early Start will continue to offer prompt investigations to children and families. DDS will continuously monitor the process by use of a tracking system. Any variance will be noted and corrected.

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

Overview of the State Performance Plan Development:

Please refer to overview of SPP development on page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

Percent equals (3.2)(a) plus (3.2)(b) divided by (3.2) times 100.

(Percent equals (number of decisions within timeline {30 day/Part C 45 day/Part B 45 day} plus number of decisions within extended timeline) divided by total number of hearings (fully adjudicated) times 100)

CALIFORNIA’S RESPONSE

Overview of Issue/Description of System or Process:

All participants in the Early Start Program are informed of their right to undertake a due process proceeding if they are unable to reach agreement with the regional center or LEA about the substance of the family’s program. DDS contracts with the OAH to provide an impartial adjudication of these issues. OAH provides DDS with the results of the hearings and formal mediation agreements and data on the numbers cases pending, resolved and dismissed.

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

DDS has an excellent working arrangement with OAH and the performance of the requirements of this process has been excellent. A high level of quality and performance can be expected in the future.

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

FFY	Measurable and Rigorous Target
<p>2009 (2009-2010)</p>	<p>100% of cases will be adjudicated within the 30-day timeline.</p>
<p>2010 (2010-2011)</p>	<p>100% of cases will be adjudicated within the 30-day timeline.</p>

Improvement Activities/Timelines/Resources:

In OSEP’s September 30, 2005, letter to DDS, California was directed to address plans in the SPP to improve performance in this area. The OSEP letter was in response to the State’s April 19, 2005, submission of the Federal Fiscal Year 2003 Annual Performance Report. Specifically, the State was directed to ensure compliance with the requirement that not later than 30 days after the receipt of a parent’s complaint, the impartial proceeding required under this subpart is completed and a written decision mailed to each of the parties.

When the OAH receives a parent’s complaint/filing for due process hearing, a mediation session and due process hearing are scheduled to be held within the 30 day timeline. Participation in the mediation is voluntary for parents. OAH may allow an extension to the 30 day timeline only when the justification for the extension is due to exceptional circumstances. Exceptional circumstances may include family illness, the family’s absence from the geographical area or the family’s request to secure evidence pertaining to the complaint. Exceptional circumstances do not include administrative delays by the regional center/LEA.

Early Start will continuously monitor the OAH contract to ensure that this current level of performance is maintained.

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

Overview of the State Performance Plan Development:

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

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

(Percent equals to number of settlement agreements divided by total number of resolution sessions times 100)

Overview of Issue/Description of System or Process: Not applicable to California (NA).

Baseline Data for FFY 2004 (2004-2005): NA

Discussion of Baseline Data: NA

FFY	Measurable and Rigorous Target
2005 (2005-2006)	NA
2006 (2006-2007)	NA
2007 (2007-2008)	NA
2008 (2008-2009)	NA
2009 (2009-2010)	NA
2010 (2010-2011)	NA

Improvement Activities/Timelines/Resources: NA

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

Overview of the State Performance Plan Development:

Please refer to overview of SPP development on page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

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

Measurement:

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

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

CALIFORNIA'S RESPONSE

Overview of Issue/Description of System or Process:

See Indicator 11 above, for the description of the process.

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

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

The ICC recommended setting the measurement for this indicator at 50 percent with the understanding that the lead agency will explore ways to probe individual cases to determine the reasons why a family withdraws their request for mediation/due process hearing in the majority of filings. With the baseline percentage of 51.52 percent, and considering the ICC's recommendation, DDS established a target of 55 percent for mediations held that resulted in mediation agreements.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	55% of mediations will result in agreements.
2006 (2006-2007)	55% of mediations will result in agreements.
2007 (2007-2008)	55% of mediations will result in agreements.
2008 (2008-2009)	55% of mediations will result in agreements.

FFY	Measurable and Rigorous Target
<p>2009 (2009-2010)</p>	<p>55% of mediations will result in agreements.</p>
<p>2010 (2010-2011)</p>	<p>55% of mediations will result in agreements.</p>

Improvement Activities/Timelines/Resources:

The Quality Service Delivery System Committee of the ICC in collaboration with DDS will monitor this indicator and continue to make recommendations to improve the state’s performance on this item, if needed. Every six months, DDS will present a data report to this group and include the progress towards the goal. When improvements are needed, the ICC will make recommendations to DDS for actions to improve performance on this indicator.

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

Overview of the State Performance Plan Development:

With existing data systems in place, California is exploring the phasing in of the California Developmental Disability Information System (CADDIS) that would become the repository for the source data for future reports.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

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

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

CALIFORNIA’S REPSONSE

Overview of Issue/Description of System or Process:

California’s Part C Lead Agency has had the opportunity to consult with the research and data experts to identify and construct the most valid and appropriate measures and measurement techniques and methods as part of the SPP development process. This advance process takes advantage of available resources and ensures that sufficient resources are available to meet deadlines. Given that the data and systems historically used for settings information are not available until October, new non-comparable methods are being developed in order to meet the new February 2006 reporting date.

Baseline Data for FFY 2004 (2004-2005):

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

Discussion of Baseline Data:

California is piloting and planning on a new data system (CADDIS) on a geographic basis. A portion of 2005-06 data and every year thereafter is expected to have some elements of non-comparability to available baseline measures. The new data system collects exit data eliminating the need to match files with the Part B Lead Agency, which has historically challenged California’s Part C Lead Agency for timely reporting.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Tables and APR will be accurate and submitted on time.
2006 (2006-2007)	Tables and APR will be accurate and submitted on time.

FFY	Measurable and Rigorous Target
2007 (2007-2008)	Tables and APR will be accurate and submitted on time.
2008 (2008-2009)	Tables and APR will be accurate and submitted on time.
2009 (2009-2010)	Tables and APR will be accurate and submitted on time.
2010 (2010-2011)	Tables and APR will be accurate and submitted on time.

Improvement Activities/Timelines/Resources:

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

Considerable resources are being dedicated to testing and validation of the new data system designed to provide the majority of the data required for all performance indicators on the entire program population. The new system, CADDIS, is much faster than prior monthly processing batch systems. CADDIS will have concurrent, instantaneous updates of files and records at both the local and State levels.

Part C – SPP /APR Attachment 1 (Form)

Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act
Complaints, Mediations, Resolution Sessions, and Due Process Hearings

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

SECTION B: Mediation requests	
(2) Mediation requests total	63
(2.1) Mediations	
(a) Mediations related to due process	33
(i) Mediation agreements	17
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	30*

SECTION C: Hearing requests	
(3) Hearing requests total	167
(3.1) Resolution sessions	Not applicable
(a) Settlement agreements	Not applicable
(3.2) Hearings (fully adjudicated)	16
(a) Decisions within timeline SELECT timeline used {30 day/Part C 45 day/Part B 45 day}	16
(b) Decisions within extended timeline	0
(3.3) Resolved without a hearing	121

* = Pending but within timeline

Aggregated Baseline Data for 2005-2010 SPP

Indicator 9:

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

Table for #9A

Monitoring Priority: Effective General Supervision Part C		
Indicator	Measurement Calculation	Explanation
<p>9. General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.</p> <p>A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:</p> <p>a. # of findings of noncompliance made related to monitoring priority areas and indicators.</p> <p>b. # of corrections completed as soon as possible but in no case later than one year from identification.</p> <p>Percent = b divided by a times 100.</p>	<p>See attached Calculation Chart for specifications of data included here</p> <p>a = 974</p> <p>b = 11</p> <p>$b/a - 11/974 = 0.0113 \times 100 = 1.13\%$</p>	<p>An on-site review was conducted for only 6 of the 21 regional center programs.</p> <p>There was the potential for 244 findings for this table, which demonstrates that overall, there was only a 5.74% noncompliance rate and a 94.26% compliance rate.</p>

Compilation Table

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

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

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
	On-site Visit	59	6	6	5	83.33%
	Data Review	NA				NA
	Other: Specify	NA				NA
TOTALS	SUM COLUMNS A AND B			974	0	

Table for #9B

Monitoring Priority: Effective General Supervision Part C		
Indicator	Measurement Calculation	Explanation
<p>9. General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.</p> <p>B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:</p> <p>a. # of findings of noncompliance made related to such areas.</p> <p>b. # of corrections completed as soon as possible but in no case later than one year from identification.</p> <p>Percent = b divided by a times 100.</p>	<p>a = 149</p> <p>b = 50</p> <p>$b/a - 50/149 = 0.3356$ $\times 100 = 33.56\%$</p>	<p>An on-site review was conducted for only 6 of the 21 regional center programs.</p> <p>There was the potential for 690 findings for this table, which demonstrates that overall, there was only a 7.83% noncompliance rate and a 92.17% compliance rate.</p>

Table for Indicator #9C

Monitoring Priority: Effective General Supervision Part C		
Indicator	Measurement Calculation	Explanation
<p>9. General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.</p> <p>C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:</p> <p>a. # of agencies in which noncompliance was identified through other mechanisms.</p> <p>b. # of findings of noncompliance made.</p> <p>c. # of corrections completed as soon as possible but in no case later than one year from identification.</p> <p>Percent = c divided by b times 100.</p>	<p>a = 2</p> <p>b = 5</p> <p>c = 5</p> <p>$c/b - 5/5 \times 100 = 1 \times 100 = 100\%$</p>	<p>A data review was conducted for all 21 regional center programs.</p>