

CALIFORNIA

EARLY START

*for Infants and
Toddlers with Disabilities
and Their Families*



 *Together...*
we make a difference

*State Interagency
Coordinating Council on
Early Intervention*



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ANNUAL REPORTS
JULY 1, 2002 TO JUNE 30, 2003 &
JULY 1, 2003 TO JUNE 30, 2004

*State Interagency Coordinating
Council on Early Intervention*

 *Together...*
we make a difference



STATE OF CALIFORNIA

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Foreword

It is with pleasure that the State of California Health and Human Services Agency and the Department of Developmental Services present the *State Interagency Coordinating Council on Early Intervention Annual Reports, July 1, 2002 to June 30, 2003 & July 1, 2003 to June 30, 2004*. The accomplishments of California Early Start for infants and toddlers with disabilities and their families are highlighted, as are the activities of the State Interagency Coordinating Council (ICC) on Early Intervention.

California Early Start is one of the largest and most diverse early intervention programs in the nation, providing more than 42,000 children and families with coordinated, family-centered services and supports annually. Research has demonstrated that early intervention services provided to infants and toddlers who have disabilities or who are at risk for disabilities substantially reduce the need for special education services in later years and strengthen the family's ability to meet the unique developmental needs of their child.

California Early Start and the ICC have an extensive history of collaboration. The ICC was involved in strategic planning for the implementation of the Part C system in California prior to the passage of the California Early Intervention Services Act – the State statute enabling California to receive federal funds under Part C of the Individuals with Disabilities Education Act (IDEA). Today, the ICC continues to provide advice and assistance on best practice guidelines for the delivery of early intervention services.

On behalf of Governor Schwarzenegger, we commend the ICC for the difference its members make in the lives of young children by promoting family-centered approaches, parent-professional partnerships, and interagency collaboration.

S. KIMBERLY BELSHÉ

Secretary, California Health and Human Services Agency

CLIFF ALLENBY

Director, Department of Developmental Services



Acknowledgements

The State Interagency Coordinating Council on Early Intervention (ICC) would like to thank the California Department of Developmental Services (DDS), which developed this report on behalf of the ICC, and the many people who contributed on the status of the early intervention service system in California.

Early intervention is a system of services and supports delivered to infants and toddlers from birth to age 3 with developmental disabilities and their families that enhance development and support families. California named the program Early Start in recognition of the fact that development in the early years of a child's life is critical to his or her overall well-being. Early Start is family centered and community based, working collaboratively with families across our culturally diverse state.

The focus of this reporting period has been to enhance collaboration across all programs and services that are available to young children and their families in California. It marks the beginning of a continuous evaluation of our system, which includes improvement planning and implementation. By sharing resources and increasing public awareness, we strive to produce a performance-based, accountable system of service delivery that is responsive to the needs of those we serve.

The members and community representatives of the ICC come from a wide variety of backgrounds and live throughout the State. The ICC comes together to bridge gaps in understanding, to cut across organizational boundaries, and to work together. We remain committed to working collaboratively with state agencies, service providers, legislators, higher education faculty, and families to ensure that infants and toddlers with disabilities and their families receive high quality, family-centered early intervention services. We do this for the children of California who deserve to grow up healthy, productive, and happy. We thank you for your support of our efforts.

Sincerely,

RAYMOND M. PETERSON, M.D.

Chair, Interagency Coordinating Council on Early Intervention



About California Early Start



Early Start is California's statewide, comprehensive, and coordinated interagency system of early intervention services for infants and toddlers who have a developmental delay, disability, or who are at risk for a developmental disability and their families. The Early Start system works together with community partners to ensure that quality, coordinated services are provided.

Early intervention is a system of services designed to support the complex developmental needs of eligible infants and toddlers and their families. Established through federal and state statutes, early intervention services are designed in partnership with families and build on the strengths of the child within the family.

“Early intervention services are designed in partnership with families and build on the strengths of the child within the family.”

The Department of Developmental Services (DDS), as lead agency, administers Early Start in collaboration with the California Department of Education (CDE). The State Interagency Coordinating Council on Early Intervention (ICC) provides advice and assistance to the lead agency. Early Start also collaborates with the Departments of Health Services, Mental Health, Social Services, and Alcohol and Drug Programs (DHS, DMH, CDSS, and ADP, respectively), which provide a variety of generic services that benefit families and young children including children with special needs. Early Start Family Resource Centers (FRCs) provide parent-to-parent support, transition assistance, and information and referral to families.

California Early Start has a toll-free information and referral Babyline at 800/515-BABY (2229) and provides assistance via e-mail at earlystart@dds.ca.gov. In addition, DDS hosts a California Early Start home page at www.dds.ca.gov/earlystart.

Early Intervention Makes a Difference

For more than 20 years research has demonstrated that early intervention produces immediate and long-term benefits in terms of cost effectiveness and positive outcomes for children with

disabilities, their families, and society. Research shows that the first three years are the most important time in a child's life. Starting services early improves a child's opportunity to develop and learn. Early intervention:

- May produce substantial gains in the various areas of development
- Helps prevent the development of secondary disabling conditions
- Reduces family stress
- May reduce the need for special education services once the child reaches school age
- Saves substantial costs to society and our nation's schools (Report Number 99-860, Committee in Education and Labor, House of Representatives, U.S. Congress)

“Research shows that the first three years are the most important time in a child's life.”

Eligibility

California is 1 of only 11 states to include infants and toddlers “at risk” in its early intervention program. The California Early Intervention Services Act (CEISA) states that infants and toddlers, from birth up to 36 months, may be found to need early intervention services through documented evaluation and assessment if they meet one of the following criteria:

- Have a developmental delay in one of five areas of development, specifically:
 - cognitive development
 - physical and motor development, including vision and hearing



- communication development
- social or emotional development
- adaptive development
- Have an established risk condition of known etiology with a high probability of resulting in developmental delay
- Are at high risk of having a substantial developmental disability due to a combination of biomedical risk factors

Service Delivery

DDS contracts with nonprofit corporations that operate regional centers throughout California. The 21 regional centers are the point of entry into the developmental disabilities service system that assists people of all ages. The regional centers provide intake, evaluation, and assessment to determine eligibility and service needs. They also provide service coordination, advocacy, information referral, and an array of other services to eligible infants and toddlers and their families.

Regional centers provide, purchase, or arrange early intervention services for all eligible children, except those with solely low incidence disabilities (vision, hearing, and severe orthopedic impairments or a combination of these). Early intervention services that are not available through



other publicly funded agencies are generally purchased from individual service providers or infant development programs that contract with regional centers. In some communities, regional centers contract with a local education agency's (LEA) infant-toddler program to provide early intervention services. All early intervention programs ensure that, to the maximum extent appropriate, early intervention services are provided in natural environments, such as home and community settings where typically developing children are found.

Regional centers share primary responsibility with special education local plan areas (SELPAs) for the coordination and provision of early intervention services at the local level. Under SELPA coordination, LEAs provide early childhood special education programs through school districts or county offices of education. LEAs have primary responsibility to provide evaluation, assessment, and individually designed services for infants and toddlers with solely low incidence disabilities.

Family Resources and Supports

California values family support as an integral component of early intervention services. As such, DDS funds more than 50 Early Start Family Resource Centers (FRCs) throughout the State that actively collaborate with regional centers and LEAs to help parents and families access early intervention services.

FRCs are often staffed by families of children with special needs. They offer parent-to-parent support and help families locate and access needed services. They offer support and resources, often in many languages, which may include newsletters, resource

libraries, websites, parent-to-parent groups, sibling support groups, warmlines, and information and referral for parents and professionals.

The Family Resource Centers Network of California (FRCNCA) is a statewide organization that supports FRCs in reaching out to families. It is comprised of many of the local family resource centers. The mission of FRCNCA is to support children with special needs and those at risk and their families, by ensuring the continuance, expansion, promotion, and quality of family-centered, parent-directed family resource centers.

State Interagency Coordinating Council on Early Intervention

The ICC is an important component of California's early intervention system, providing active and meaningful collaboration among a wide variety of public and private agencies. The ICC provides advice and assistance to DDS concerning the statewide system of early intervention services and assists DDS in achieving the full participation, cooperation, and coordination of state agencies that serve young children and families.

The ICC meets four times per year and serves as a forum for public input from parents, service providers, service coordinators, professional organizations, colleges and universities, and others



about federal, state, or local policies that support the timely delivery of quality early intervention services.

The mission of the ICC is “to promote and enhance a coordinated family oriented service system for infants and toddlers, birth to 3 years, who have or are at risk for having a disability, and their families, utilizing and encouraging a family-centered approach, family-professional partnerships, and interagency collaboration.”

The ICC consists of Governor-appointed members including parents of children with special needs, early intervention service providers, state agency representatives, and others interested in early intervention and personnel preparation. The ICC Chair appoints Community Representatives to provide increased participation by parents, family support and early intervention providers, and other interested parties.

Community representatives also provide ethnic diversity, wide geographical representation, and grass roots involvement.

The ICC consists of an Executive Committee and four standing committees: Public Awareness, Quality Service Delivery Systems, Family Resources and Supports, and Integrated Services and Health. ICC members and community representatives serve on the various committees based on their area of interest and/or expertise related to California Early Start and other services for children birth to 3.

The ICC developed a strategic plan in January 2003 that addressed four priority areas:

- Early entry of children into Early Start
- Individualized Family Service Plan (IFSP) development for eligible children and their families
- Transition of children from Early Start
- Interagency collaboration

During the 18 months that followed, the four committees reviewed and analyzed data provided by DDS and developed action plans with measurable outcomes.

“Community representatives also provide ethnic diversity, wide geographical representation, and grass roots involvement.”

The Public Awareness Committee (PAC) is developing recommendations that address best practices in child find. Effective public awareness efforts inform families and primary referral sources (such as physicians, child care providers, child welfare services personnel, etc.) about available early intervention services and referral procedures to help locate and identify children in need of services. PAC also focuses its efforts on identifying areas of collaboration with partner agencies to ensure that young children and their families are identified and referred for services as early as possible.





The Quality Service Delivery Systems Committee (QSDSC) is developing recommendations regarding IFSP components and development practices. A team consisting of parents, service coordinators, service providers, and others involved with the family develops the IFSP. The IFSP addresses outcomes for the child and family; specific services to be provided; and how often and where these services will be provided. QSDSC seeks to identify effective practices and training needs to ensure that each IFSP focuses on the child's strengths and desired outcomes for families.

The Family Resources and Supports Committee (FRSC) is developing recommendations that will assist IFSP teams in developing and implementing timely transition plans that include family members as knowledgeable decision makers. FRSC recommendations include resources and strategies needed to enable and encourage family participation and to ensure smooth transitions for all children exiting Early Start.

During the reporting period, the ICC's FRSC was the catalyst for planning and implementing

a statewide Transfer of Knowledge Symposium that was held in November 2002. Based on the Position Statement on Child Care that its members developed in 1999, an interagency effort was initiated to bring together more than 400 decision makers in multidisciplinary teams representing 51 of California's 58 counties. These teams developed local action plans that addressed the challenges of locating and maintaining quality child care for children with special needs.

The Integrated Services and Health Committee (ISHC)

is developing recommendations for promoting interagency collaboration between Early Start and other agencies and systems serving young children and their families. The success of Early Start depends on partnerships with community agencies that provide support to children and families as well as parent-professional partnerships. ISHC recommendations address the fundamental question, "How can interagency collaboration be improved to better support families and promote the healthy development of the infants and toddlers we serve?"

In addition to the priority areas under the strategic plan, the ICC continues to discuss the following issues pertinent to Early Start:

- Outcome measures
- State budget and fiscal trends





- Early Start continuous improvement activities
- Early Start monitoring and technical assistance
- Comprehensive System of Personnel Development
- Personnel standards
- Foster care issues
- Child care issues
- Legislation affecting young children
- Strategies to promote effective practices in service delivery, interagency collaboration, and parent-professional partnerships

Together State Agencies Make a Difference



“Collaboration significantly contributes to comprehensive, coordinated services.”

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

Department of Developmental Services

In addition to the administrative activities identified in this report, the Department of Developmental Services (DDS) provides leadership

and direction to regional centers to ensure people with developmental disabilities receive the services and supports they need as envisioned by the Lanterman Developmental Disabilities Services Act.

During the reporting period, DDS created an Autism Spectrum Disorder Initiative in response to the growing number of people diagnosed with autism in California. Four stated goals of the Initiative follow:

- **Policy:** to establish and carry out comprehensive public policy on the diagnosis, treatment, and prevention of autism spectrum disorders.
- **Practice:** to identify and promote best practices in assessment and diagnosis, treatment, education, and training.
- **Partners:** to promote partnerships, both public and private, for research and practice.
- **Information:** to provide current, updated information to families and practitioners.

California Department of Education

Throughout the reporting period the Special Education Division of the California Department of Education (CDE) continued to collaborate on a variety of Early Start activities. CDE provided

an assigned staff member to each of the standing committees of the Interagency Coordinating Council on Early Intervention (ICC). Special Education Division staff participated with DDS in site monitoring visits to regional center catchment areas and accompanied DDS staff in providing targeted technical assistance. CDE and DDS continue their partnership to make the CDE verification process and DDS monitoring process under Early Start more streamlined

and comprehensive. CDE participates in the investigation of compliance complaints concerning local education agencies and local dispute resolution activities.

CDE's Child Development Division (CDD) continues to support activities to increase inclusive child care opportunities for children with disabilities. "Beginning Together" for families with infants and toddlers, "The Map to Inclusive Child Care," and "All of Us Together Institutes" are projects CDD supports

to address strategies, program practices, and models that support full inclusion of children with disabilities and other special needs in child care settings.

Department of Health Services

The Department of Health Services (DHS), a collaborative Early Start partner, administers a range of programs in response to the health and medical needs of children. The Children's Medical Services Branch (CMS) is a subdivision

of DHS that oversees and supports programs that provide or fund preventative, diagnostic, and treatment services. These include well-child assessments, immunizations, specialized health services, therapy, and rehabilitation services. CMS programs are designed to be responsive to children and families in greatest need, including infants and toddlers with disabilities and those at high risk for disabilities. Programs administered by CMS include:

- **California Children Services (CCS):** CCS provides diagnostic evaluations, treatment services, physical and occupational therapy, and medical case management for anyone who is younger than 21 years of age, is a California resident, has an eligible physically disabling medical condition, and whose family meets specific income eligibility requirements.
- **Child Health and Disability Prevention (CHDP):** CHDP provides comprehensive health assessments, including vision, hearing, immunizations, physical examinations, and dental, nutritional, and developmental assessments to children younger than 19 years of age whose families meet specific low-income criteria and to children younger than 21 years of age who are enrolled in Medi-Cal.
- **CCS High-Risk Infant Follow-Up Program:** This program follows graduates of CCS-approved neonatal intensive care units (NICU) until age 3 and provides comprehensive physical examinations, vision and hearing assessments, developmental and psychosocial assessments, and referrals.
- **Medically Vulnerable Infant Program (MVIP):** MVIP provides home-based services to infants and their families following



discharge from a CCS-approved Neonatal Intensive Care Unit (NICU) until the child reaches 3 years of age. Services include case management; referral; crisis intervention; advocacy; developmental assessment, monitoring, and intervention; parent counseling and education; and specialized therapeutic consultation and intervention.

is to enhance the physical, mental, dental, and developmental health and well-being of children and youth in the child welfare and probation systems. PHNs collaborate on the health portion of the case plan, coordinate medical and other health services, and liaison with health care providers and agencies. PHNs assist the case worker and probation officer in the development and updating of the required Health and Education Passport. They also provide training on child health for child welfare, probation, and juvenile court staff.

“In 2003, more than 300,000 newborns received hearing screens prior to hospital discharge and 473 were identified with a hearing loss.”

- **The California Newborn Hearing Screening Program (NHSP):** NHSP offers parents of infants born in CCS-approved hospitals the opportunity to have their child screened for hearing loss. Access to rescreening, diagnostic evaluation, and treatment is also available. Infants identified with a hearing loss are linked to early intervention services through an established Early Start referral system. In 2003, more than 300,000 newborns received hearing screens prior to hospital discharge and 473 were identified with a hearing loss.
- **Health Care Program for Children in Foster Care (HCPCFC):** HCPCFC is a public health nursing program in child welfare services. Public Health Nurses (PHNs) are funded to work as consultants to social workers, probation officers, and other members of the foster care team. The purpose of their consultation and care coordination

Department of Social Services

The California Department of Social Services (CDSS) is an Early Start collaborative partner whose mission is to serve, aid, and protect needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence. The objectives of CDSS are carried out through 51 offices located throughout the State, the 58 county welfare department offices, and a host of community-based organizations. Local social service programs are administered by county and branch offices and provide local information on public and private social services available in each county.

In 2000, the California State Legislature passed Assembly Bill 1740, establishing the Child Welfare Services Stakeholder Group and charging it with reviewing the existing Child Welfare Services (CWS) system and making recommendations for



its improvement. In response, the Governor asked the CDSS Director to appoint a group of key child welfare stakeholders to examine the current child welfare system and make recommendations for improvement.

During the first two years of its work, the Stakeholders group worked diligently, undertaking intensive research and consulting with lay and professional experts to explore the underlying assumptions of the current child welfare services system and to establish a new set of principles as a foundation for the future.

The *CWS Redesign Final Report* is the culmination of three years of work by a diverse group of 60 stakeholders representing all facets of the child welfare community. The final report was released in 2003 and is the blueprint for improving child welfare services in California.

“The CWS Redesign Final Report is...the blueprint for improving child welfare services in California.”

Beginning in 2003-04, the work completed by the CWS Redesign effort is now known as Child Welfare Systems Improvement. CDSS, in partnership with the County Welfare District Attorney and the counties, has formed three workgroups to oversee the implementation of these activities. CDSS and the 11 pilot counties (Contra Costa, Los Angeles, San Mateo, Sacramento, Stanislaus, San Luis Obispo, Humboldt, Glenn, Trinity, Tehama, and Placer) will focus on three specific implementation areas to improve program performance:



- A Comprehensive Safety Assessment System in the pilot counties.
- A Differential Response System in geographic areas in pilot counties.
- Permanency improvements in geographic areas of the pilot counties, such as team decision making and family and youth engagement in case planning.

These activities began in the pilot counties in July 2005.

Pursuant to the provisions of Assembly Bill 636 and as required in the federal Performance Improvement Plan, CDSS and the counties have implemented the Child Welfare System Improvement and Accountability Act. This effort shifts the evaluation of program success to focus on improved outcomes for children and families instead of strictly evaluating process activities. The first phase of implementation has been completed with the receipt of the County System Improvement Plans (SIPs). Counties are now engaging in a process to address the high priority areas identified in their SIPs and are working on the second phase of a peer quality review process.



Department of Alcohol and Drug Programs

The Department of Alcohol and Drug Programs (ADP), an Early Start collaborative partner, directs and coordinates the statewide effort to prevent and reduce alcohol and drug abuse and their effects. ADP provides funding for county-administered alcohol and drug prevention and treatment services. Intake and assessment services vary at the local level and may be based on self-report, court order, or past history of substance abuse.

Generally, ADP treatment programs focus on adults; however, some local programs offer services for young children as part of other treatment programs for women and families. Counties place a particular emphasis on prevention and treatment programs for pregnant women through the ADP Perinatal Services Network (PSN). The provision of PSN services has increased awareness of and involvement in the early intervention service delivery system.

In 2004, ADP's Office of Perinatal Substance Abuse became actively involved in the issues around Fetal Alcohol Spectrum Disorder (FASD), a leading and preventable cause of birth defects. Alcohol produces, by far, the most serious neurobehavioral effects in the fetus, resulting in life-long permanent disorders of memory function, impulse control, and judgment. It is vital to raise public awareness of FASD to doctors and professionals who serve pregnant women.

Department of Mental Health

The Department of Mental Health (DMH), also an Early Start collaborative partner, directs and coordinates the statewide delivery of publicly funded mental health services. Services are provided at the county level and attempt to reflect the needs

of each community. Services for children and youth, provided by a wide range of mental health professionals and paraprofessionals, typically include intake and referral, mental health evaluation and assessment, outpatient treatment, day treatment, residential placement, and case management.

Assessments are conducted to determine the need for mental health services and to determine whether services from county mental health departments or other community agencies are most appropriate. Programs provided by county mental health departments have typically focused on services for school-aged children, adolescents, and adults with eligible conditions. However, services for families with infants and toddlers with disabilities, or at risk of a disability, may be provided in conjunction with other agencies and local early intervention services.

DMH was also a key player in the Infant, Preschool & Family Mental Health Initiative (IPFMHI), which was funded by the First 5 California Children and Families

Commission to develop and expand infant and early mental health services for children ages birth to 5 and their families. Led by DMH and coordinated by the WestEd Center for Prevention and Early Intervention, the project was developed and implemented by departments of mental health in eight pilot counties: Alameda, Fresno, Humboldt, Los Angeles, Riverside, Sacramento, San Francisco, and Stanislaus.





Administration for Children and Families Head Start Region IX

The Administration for Children and Families (ACF), within the federal Department of Health and Human Services (HHS), is responsible for federally funded programs that promote the economic and social well-being of families, children, individuals, and communities. ACF programs, especially Early Head Start and Head Start, aim to achieve the following:

- Families and individuals empowered to increase their own economic independence and productivity.
- Strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children.

- Partnerships with individuals, front-line service providers, communities, American Indian tribes, Native American communities, states, and Congress that enable solutions that transcend traditional agency boundaries.
- Services planned, reformed, and integrated to improve needed access.
- A strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.

In support of interagency collaboration, the Governor appointed a representative from Early Head Start/Head Start to serve as a member of the ICC.

During July 2002, DDS and ACF, Head Start Bureau, Region IX disseminated statewide a memorandum of understanding (MOU) addressing collaboration and coordination between Early Start and Early Head Start. The MOU provided direction to and served as a model for collaboration at the local level.

Quality Personnel Under Early Start's Comprehensive System of Personnel Development



“The purpose of the CSPD is to ensure that early intervention personnel are appropriately trained and have the knowledge to provide quality early intervention services.”

Following are CSPD activities that specifically target recruitment and retention with the goal of maintaining sufficient numbers of personnel to meet the identified service needs of all eligible infants and toddlers and their families.

Statewide Institutes and Special Topic Trainings

These two- and three-day training Institutes are conducted throughout the state, targeting personnel currently working in early intervention. The curriculum is reviewed and updated as needed according to research-based knowledge about successful early intervention practices and models, including the provision of services in natural environments. During FY 2002-03, more than 698 individuals were trained at six training Institutes and 588 personnel were trained in FY 2003-04.

The Institutes have been designed specifically for service providers, service coordinators, and personnel working in Early Start family resource centers (FRCs). The Institutes provide the knowledge base that all personnel involved in early intervention are expected to have in common, above and beyond knowledge in an individual area of specialization. With this foundation of critical knowledge, Institute participants are better

Under Early Start, qualified personnel provide early intervention and related services to young children and their families. In support of this effort, the Department of Developmental Services (DDS) contracts with the WestEd Center for Prevention and Early Intervention (CPEI) to assist in implementing the Early Start Comprehensive System of Personnel Development (CSPD). The purpose of the CSPD is to ensure that early intervention personnel are appropriately trained and have the knowledge to provide quality early intervention services.

DDS works closely with WestEd CPEI, the California Department of Education (CDE), the Interagency Coordinating Council on Early Intervention (ICC), colleges and universities, local agencies, community representatives, and parents of infants and toddlers with developmental delays in developing CSPD projects.

prepared to build and practice skills through local training and direct supervision experiences.

The curriculum for the Service Coordination Institutes is based on the *Early Start Service Coordinator's Handbook* that is updated annually. The *Handbook* addresses service coordinator requirements, responsibilities, and best practice strategies. Two new sections are under development: Health Status Review and Generic Services and Funding Options.

Community College Personnel Preparation Project

The Community College Personnel Preparation Project (CCPPP) has grown from five pilot college sites to more than 30 sites in 2004. Activities include infusion of a special needs component in child development curricula and implementation of an Early Intervention Assistant Certificate through the California Community College Chancellor's Office. Colleges also actively recruit students into the field of early intervention through field placements and practica. The curriculum is based on personnel competencies recommended by the ICC, a component of its recommended Early Start Personnel Model.

“Funds for ongoing training and skill development are made available to assist personnel who provide early intervention services.”

During 2002-03, more than 1,000 students enrolled in special needs classes with 45 enrolled in Early Intervention Assistant Certification programs.



There were 24 students who received employment placements in early intervention programs. In the following year, 869 students enrolled in special needs classes and 50 enrolled in Early Intervention Assistant Certification programs. There were 37 students placed as employees in early intervention programs.

Personnel Development Scholarships

Funds for ongoing training and skill development are made available to assist personnel who provide early intervention services. Funds help pay for fees and other costs associated with State-approved Early Start personnel development activities at the state and local level. Funding is also available for college coursework to encourage professionals and paraprofessionals in specific disciplines to specialize in the field of early intervention. The Scholarship Fund awarded \$298,466 in 2002-03 and \$275,058 in 2003-04 to train almost 2,300 personnel and more than 1,700 personnel statewide respectively.

In addition, DDS provides collaborative support to six training projects currently funded under the Individuals with Disabilities Education Act (IDEA). These projects provide specialized



preservice training of early intervention personnel in the following areas:

- providers working with infants who have low incidence disabilities
- providers in language diverse communities
- distance learning for early interventionists

DDS also collaborates with CDE on activities in the State Improvement Grant (SIG) related to recruitment and retention.

Leadership, Site Monitoring, and Technical Assistance

Administration, supervision, and monitoring of Early Start is essential to ensure that each eligible child and family receives the services needed to enhance the development of infants and toddlers with disabilities and maximize their potential. Early intervention services are provided by a wide variety of public and private entities. Through supervision and monitoring, California ensures that all agencies and individuals providing early intervention services under Early Start meet the requirements of Part C of IDEA.

Site monitoring activities encompass four days of rigorous on-site reviews throughout California's 21 regional center catchment areas. Site monitoring visits occur in each area once every four years. Multiple methods are used to determine compliance. Structured interviews are conducted with local program administrators, service providers, families, service coordinators, service coordination managers, and members of the local interagency collaborative or council. Interview protocols are used that address specific requirements in State and federal regulations. Interview questions are structured to provide

verification for responses; that is, several of the same questions are repeated in multiple interviews to verify responses.

The process also incorporates on-site record reviews to test requirements related to record keeping. Record keeping review protocols test for compliance with multiple requirements including those related to procedural safeguards, evaluation and assessment, IFSP, and notice and consent. A comprehensive evaluation report is written and includes findings and quality improvement plans.

Monitoring team composition is a critical element of the site monitoring process. Teams consist of representatives from DDS, CDE, the ICC, parents/family members of children with developmental delays or disabilities, consultants with specialized knowledge in the area of early childhood education, health professionals, and Early Start program managers from other regions in California.

Site monitoring visits were conducted in six regional center catchment areas during 2002-03 and in five during 2003-04. Data collected during site monitoring visits are used to continuously improve and strengthen the system of early intervention services. Promising best practices are identified and promoted to shape the direction of early intervention services in California.







“More than 290,000 Early Start materials were distributed each year of this reporting period.”

Early Intervention Resources

Early Start has a variety of materials and products to support a statewide, comprehensive, and coordinated system of child find, public awareness, and outreach. Outreach materials increase appropriate referrals, increase the community’s knowledge and understanding of early intervention services, and support the family’s role in early intervention. More than 290,000 Early Start materials were distributed each year of this reporting period.

Early Start Resources (ESR), under contract with the Department of Developmental Services (DDS), facilitates implementation of Early Start statewide public awareness activities including targeted outreach to specific populations. At the direction

of DDS, ESR produces and disseminates a variety of public awareness and outreach materials and products that promote Early Start. Multilingual materials are also available.

ESR also offers statewide access to California’s Early Start Library which houses more than 4,000 early intervention resources including books, research reports, training videos, and support materials. Resource assistance, including linkage and referral, is also provided. Each year the library provides more than 750 items to more than 600 library patrons and fulfills more than 350 requests for resource assistance. About 170 new patrons were added during 2003-04.

The following products are available free of charge to parents and professionals. Many are available in multiple languages. To order any of the Early Start products listed below, call Early Start Resources at the WestEd Center for Prevention and Early Intervention at 800/869-4337 (California only) or email esr@wested.org. Most products may also be downloaded from www.dds.ca.gov/earlystart/ESResMaterials.cfm.

Early Start Central Directory of Early Intervention Resources

This Directory provides descriptions of services offered by participating state agencies as well as how to access state and local information. Regional centers, family resource centers, and technical assistance resource listings are also included. Available in English.

A Family Introduction to California's Early Start Program for Infants and Toddlers with Disabilities and Their Families

This brochure explains the steps to take if you have concerns about your child's development as well as what services are available if your child is determined eligible for Early Start. Available in English, Spanish, Vietnamese, Chinese, and Native American (adaptation).

Family Resource Centers

This brochure explains parent-to-parent support available through Early Start family resource centers. Available in English, Spanish, and Vietnamese.

Parents' Rights: An Early Start Guide for Families

This booklet provides in-depth information about procedural safeguards available to ensure services are provided in a manner appropriate to the child's needs and the concerns of the family. Available in English, Spanish, Chinese, and Vietnamese.

California Early Start Program — The Role of the Health Care Provider

This brochure explains Early Start eligibility criteria and the important role played by the health care provider as part of a child's early intervention team. Available in English.

Family Support Guidelines for Effective Practice

The recommendations, from the State Interagency Coordinating Council's Family Support Services Committee, provide definitions and guidelines for effective practice when working with children and families. Available in English.

2001 Early Start Program: Family Satisfaction Survey

This survey was designed to measure family satisfaction regarding services provided by California's 21 regional centers. Available in English.

Funding Summary

TABLE 1 Part C — Grant Awards to California

FEDERAL FISCAL YEAR	STATE FISCAL YEAR	GRANT AWARD (in millions)
2002	2003-04	\$50.0
2001	2002-03	\$47.0
2000	2001-02	\$45.9
1999	2000-01	\$46.2

TABLE 2 Part C Grant Funding 2002-03

SYSTEM COMPONENTS	GRANT ALLOCATION	%
Regional Centers	\$ 26,518,000	54.8%
LEAs	\$ 14,200,000	29.4%
FRCs	\$ 2,750,000	5.7%
System requirements (mediation, due process, CSPD, child find/public awareness)	\$ 2,546,000	5.2%
State Administration (personnel and operating expenses)	\$ 2,236,132	4.7%
ICC Support	\$ 101,000	.2%
TOTAL	\$48,351,232	100%

TABLE 3 Part C Grant Funding 2003-04

SYSTEM COMPONENTS	GRANT ALLOCATION	%
Regional Centers	\$ 28,985,000	57.2%
LEAs	\$ 14,200,000	28.0%
FRCs	\$ 2,750,000	5.5%
System requirements (mediation, due process, CSPD, child find/public awareness)	\$ 2,505,000	4.9%
State Administration (personnel & operating expenses)	\$ 2,156,518	4.3%
ICC Support	\$ 71,000	.1%
TOTAL	\$50,667,518	100%

TABLE 4 Funding of Early Intervention Services Purchased by Regional Centers (in millions)

STATE FY	FEDERAL PART C FUNDS	NONPART C FUNDS	TOTAL IN MILLIONS
00-01	\$20.7	\$ 81.3	\$102.0
01-02	\$19.5	\$108.6	\$128.1
02-03	\$16.8	\$106.2	\$123.0
03-04	\$18.9	\$110.1	\$129.0

TABLE 5 Funding of Early Intervention Services Purchased by LEAs (in millions)

STATE FY	FEDERAL PART C FUNDS	NONPART C FUNDS	TOTAL IN MILLIONS
00-01	\$13.8	\$50.5	\$64.2
01-02	\$14.2	\$54.3	\$68.7
02-03	\$14.2	\$56.8	\$71.2
03-04	\$14.2	\$58.2	\$72.6

■ Referrals: Early Entry

How many children are referred each year?

- A total of 15,537 were referred to California Early Start during FY 2003.
- A total of 16,907 were referred to California Early Start during FY 2004.
- New referrals have increased an average of 5% each year for the past 10 years.

TABLE 6 Who are the Primary Referral Sources?

	FY 2002-03	FY 2003-04
Parent	28.4%	29.0%
Hospital	25.5%	20.2%
Physician Health Plan	23.1%	27.3%
Other	8.3%	9.2%
Child Protective Agency	3.4%	3.1%
County Health Department	3.2%	2.5%
Local Education Agency	2.4%	2.7%
Private Service Agency	2.2%	2.4%
Department of Social Services/ County Welfare Department	1.1%	1.0%
California Children Services	.7%	.7%
Child Care Provider	.6%	.8%
Family Resource Center	.4%	.7%
Regional Center	.3%	.2%
County Mental Health	.1%	.1%
Maternal Child Health Contract Project	.1%	.1%
Child Health and Disability Prevention	.1%	.1%

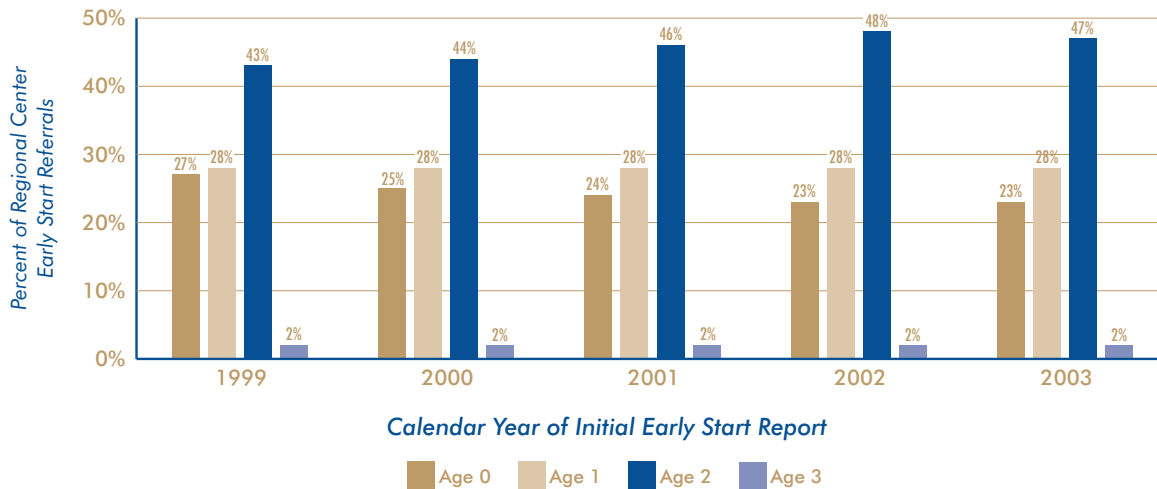
TABLE 7 At What Age are Children Referred?

	FY 2002-03	FY 2003-04
Birth-11 months	43.22%	42.07%
12-23 months	32.28%	32.47%
24-26 months	24.50%	25.46%



TABLE 8 Age at First IFSP for Children in Early Start Between 1999 & 2003

First IFSP is Proxy for Age at Referral



How many children referred are found eligible?

Of the children who were evaluated or assessed, 85.74% were found eligible in 2004. Data are unavailable for 2003.

TABLE 9 What is the Ethnic Breakdown of the Children Served?

	FY 2002-03	FY 2003-04	CA 0-3 POP
Hispanic	45.68%	46.41%	34.61%
White	36.81%	36.76%	46.00%
Asian/Pacific Islander	7.86%	8.01%	11.88%
Black	9.22%	8.27%	6.76%
Native American	.43%	.56%	.75%
TOTAL	100%	100%	100%

TABLE 10 What is the Gender Breakdown of the Children Served?

	FY 2002-03	FY 2003-04
Female	35.87%	35.33%
Male	64.13%	64.67%

As of December 2003, California Early Start, through its 21 regional centers and 116 LEAs, provided services to 27,496 eligible children and their families. In December 2004, this figure rose to 28,781. The total number of children served throughout 2003 was 45,923 and increased to 46,693 in 2004.

TABLE 11

CHILDREN YOUNGER THAN AGE 3 SERVED BY REGIONAL CENTERS

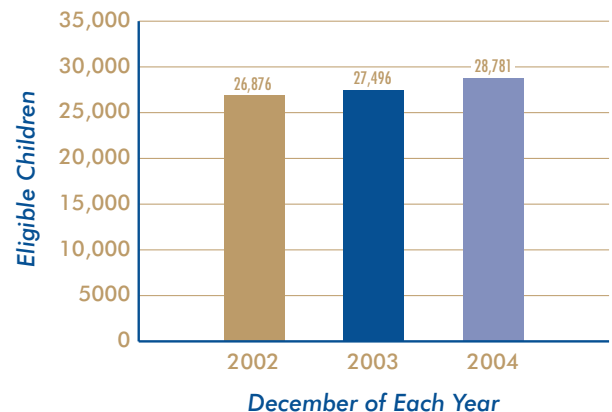
1995	16,407
1996	17,070
1997	17,163
1998	17,617
1999	18,732
2000	20,065
2001	21,124
2002	23,516
2003	24,436
2004	25,352

The three-year child count for California documents an increase in the number of children served and surpasses the overall growth rate for birth-to-3-year olds in the State. In comparison to California's overall increase of 1.6% per year, the birth-to-3-year olds served under California's Part C program nearly doubled the overall rate from December 2002 to December 2003 at 2.31%, and nearly tripled the overall rate from December 2003 to December 2004 at 4.67%.

The program is growing faster than the rate of increase for the general population of children birth to 3 years of age in the State. Although program growth is not as fast as in recent years, compared to a 10-year growth rate trend, substantial growth is occurring.

The number of children served continues to increase as child find, public awareness, and outreach efforts continue. Although the Office of Special Education Programs (OSEP) indicates that the number of children from the December count of children only represents 1.72% of the birth-to-3-year-olds in California for 2002, the increase in child count over time continues to outpace the growth rate of California overall by roughly threefold. The Part C program grew at a rate of approximately 7.4% per year for the most recent three years that data are available. Table 12 below represents the growth rate for the Part C population for the last three years and reveals a brisk growth rate for the program.

TABLE 12 Child Count for the Period December 2002 until December 2004 For Children Younger Than 36 Months of Age





■ Service Provision

What services were provided to eligible children and their families and what is the cost?

Early intervention services are provided at no cost to eligible families. Services are provided, purchased or arranged by a regional center or LEA.

TABLE 13 Early Intervention Services Purchased by Regional Centers

SERVICES PURCHASED	FY 2002-03	FY 2003-04
Assistive Technology	\$ 1,750,054	\$ 2,820,574
Audiology	\$ 41,781	\$ 46,806
Family Training	\$ 7,328,978	\$ 4,796,817
Health Services <i>(including home health)</i>	\$ 243,759	\$ 241,335
Medical Services	\$ 859,852	\$ 867,875
Nursing	\$ 1,634,339	\$ 1,307,985
Nutrition	\$ 209,890	\$ 234,141
Occupational Therapy	\$ 6,186,978	\$ 6,283,546
Other <i>(including child care)</i>	\$ 5,718,190	\$ 4,174,070
Physical Therapy	\$ 5,934,869	\$ 5,830,175
Psychological Services <i>(including behavior management)</i>	\$ 3,498,202	\$ 6,611,883
Respite	\$ 7,879,295	\$ 6,005,376
Social Work	\$ 0	\$ 35
Specialized Therapeutic Services	\$ 1,973,856	\$ 4,197,817
Special Instruction <i>(including teacher, tutor, infant specialist, infant development program, etc.)</i>	\$ 71,774,058	\$ 75,996,836
Speech-Language <i>(including speech pathology)</i>	\$ 6,386,745	\$ 7,717,072
Transportation	\$ 1,626,167	\$ 1,838,424
Vision	\$ 2,582	\$ 4,278
TOTAL	\$ 123,049,595	\$ 128,975,045

Dispute Resolution

Early Start offers two separate processes for dealing with disagreements related to Early Start services or procedures: Mediation and Due Process Hearings and Compliance Complaints. These systems may be used concurrently when appropriate.

California Early Start ensures that complaint investigations, mediations, and due process hearings are completed in a timely manner. The data presented are used by DDS to identify trends and to determine if specific training and/or technical assistance is needed.

Mediation and Due Process Hearings

The Early Start Mediation Conference and Due Process Hearing request is used to resolve disagreements between families and a regional center or LEA related to a proposal or refusal for identification, evaluation, assessment, placement, or services.

TABLE 14 Results of Mediation and Due Process Hearings

	FY 2002-03	FY 2003-04
Dismissed or withdrawn	105	109
Settled in mediation	26	27
Denied	11	6
Granted	4	2
Partially granted	11	4
Pending	31	23
TOTAL	188	171

TABLE 15 Issues Raised Most Frequently in Mediation and Due Process Hearings

	FY 2002-03	FY 2003-04
Level of Service	70	36
Denial of Service	49	39
Respite	51	23
Speech/Language Services	42	39
Behavior Services (Autism)	38	24
Physical/Occupational Therapy	37	29
Eligibility under age 3	27	23
Service Provider	26	0
Reimbursement	24	0
Transition Eligibility	0	23
Assessment	21	23
*Other	0	22

Note: Possibility of multiple issues per case.

*Other category may include assistive technology, infant development, aquatic therapy, audiology, compensatory, diapers, dietary, music therapy, parent training/materials.

Compliance Complaints

The Early Start Compliance Complaint process is used to investigate and resolve alleged violations of federal or State statutes or regulations governing California Early Start.

COMPLAINT SUMMARY FOR ANNUAL REPORT	FY 2002-03 13 COMPLAINTS	FY 2003-04 12 COMPLAINTS
Decisions	5 In Compliance 6 Out of Compliance 1 Partial Compliance 1 Dismissed	5 In Compliance 1 Out of Compliance 3 Partial Compliance 2 Withdrawn by Parent 1 Dismissed
Issues Raised	5 45-day timeline 4 Provision of services 2 Development and implementation of IFSP 2 Transition 1 Denial of services 1 Eligibility determination 1 Private insurance 1 Service coordination 1 Procedural safeguards 1 Implementation of Due Process	5 Eligibility determination 5 Service coordination 2 Provision of services 1 Development and implementation of IFSP 1 Transition 1 Denial of services 1 Procedural safeguards 1 Evaluation and assessment



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California Department of Education

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Cynthia Jaynes

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Director, Department of Alcohol and Drug Programs

Hallie Morrow, M.D.

Designee for Sandra Shewry

Director, Department of Health Services

Cheryl Treadwell

Designee for Bruce Wagstaff

Deputy Director, Department of Social Services

Luis Zanartu

Designee for Stephen Mayberg, Ph.D.

Director, Department of Mental Health

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Kay Ryan

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Shirley Stihler

Sherry Torok

Kate Warren*

Julie Woods*

**Parent representative*





ICC Certification of the Annual Report

Part C of the Individuals with Disabilities Education Act (IDEA), Section 303.654 requires the ICC to prepare an annual report to the governor of California and to the Secretary of the United States Department of Education of the status of the State's early intervention program. The reporting period for this annual report is July 1, 2002 to June 30, 2003 & July 1, 2003 to June 30, 2004.

I certify that the ICC has reviewed the information in the Annual Report for FFY 2001 (July 1, 2002 to June 30, 2003) and 2002 (July 1, 2003 to June 30, 2004) and concur that the content is accurate and complete.

Raymond M. Peterson, M.D.

Chair, State Interagency Coordinating Council on Early Intervention





Early Start is an interagency system of coordinated early intervention services administered by the Department of Developmental Services in collaboration with the California Department of Education.