

**STATE OF CALIFORNIA  
PART C  
ANNUAL PERFORMANCE REPORT  
FOR FFY 2005 (2005-2006)**

**February 16, 2007**

## Part C State Performance Plan for 2005–2010

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**Part C State Annual Performance Report (APR) for FFY 2005****Overview of the Annual Performance Report Development:**

California's Annual Performance Report (APR) for FFY 2005 (2005-2006) provides Office of Special Education Programs (OSEP) with the progress of the state's Early Start Program against the established targets for each of the indicators listed in its State Performance Plan (SPP). This report provides not only the status of indicator targets, but also responds to questions and requests for clarification of previous SPP items from OSEP and to the findings of the verification visit during the week of October 2, 2006. Additionally, it is the first progress report submitted under the new planning and reporting concept established for the period 2005-2010 and subsequently, this overview will provide more detail in order to establish an appropriate foundation for reporting progress on the SPP indicators.

**Stakeholder Input and Dissemination**

DDS partners with the State Interagency Coordinating Council to facilitate ongoing stakeholder input and participation in strategic planning and priority setting for early intervention services in California. Participating state departments include Education, Social Services, Mental Health, Alcohol and Drug Programs, and Health Services. Additionally, appointed community representatives include parents, educators, legal advocates, social service agency managers, and consultants and family support professionals. Over the past four years, the ICC has developed priorities and recommendations focusing on timely evaluation and services, percentage served, child outcome measures, family involvement and satisfaction, Individual Family Service Plans (IFSPs), transition, program monitoring, complaints and due process, and data accuracy. For example, in September 2005, the ICC provided DDS with 33 recommendations addressing these priority areas.

DDS will convene with the ICC on February 22-23, 2007, and present the APR and related SPP changes for additional stakeholder review and input. Further, DDS will refer the public to the following website location where it will be posted as part of our statewide dissemination efforts:  
<http://www.dds.ca.gov/EarlyStart/ESHome.cfm> .

**Development Background**

California began development of its SPP in September 2005 and through work with its State Interagency Coordinating Council (ICC), established recommended monitoring processes/procedures for the indicator targets and improvement activities required under the plan. California submitted the SPP to OSEP in January 2006. Subsequently both DDS and the California Department of Education received a Verification Visit during the first week of October 2006. Finally, DDS received OSEP's memorandum entitled, *Part C State Performance Plan (Part C – SPP) and Annual Performance Report (Part C – APR)*, dated December 15, 2006, on December 17, 2006, which provides guidance and instructions for development of this report and associated changes to the SPP.

DDS has experienced significant personnel turnover in its Early Start Section since July 2005, which continued through the reporting period up to this day. Of the 15 positions assigned, 2 of 3 managers and 4 of 5 Liaisons are new to the program. Three key positions are still vacant but are expected to be filled by April 2007. For new Liaisons who conduct the oversight and monitoring at the local level, DDS has partnered with a local regional center and developed a training program designed to provide the trainee with "hands-on" knowledge of local-level programs and more rapidly prepare them for the complexities of the Early Start Program in the state. Although the loss of several key individuals over the past 12 months has been difficult for the Lead Agency, new faces have brought a fresh perspective to the program and many new ideas for the future.

The combined factors of rapid SPP development and submission, OSEP's Verification Visit, delayed APR/SPP reporting instructions and guidance, and the high 18-month turnover rate of personnel in DDS's

Early Start Section during this same period of time, has been significant with regards to this APR/SPP. Changes proposed in this report are a direct result of these factors.

### Summary of Proposed Changes

Changes that California is proposing are either “indicator-specific” or “programmatic” in nature. Indicator-specific changes are covered in more detail within each of their associated APR/SPP sections, but some information regarding each is provided below. Additionally, DDS has opted to submit a complete, revised SPP with all changes per OSEP instructions in the memorandum dated December 15, 2006, mentioned in the section “Background” above.

#### Programmatic Change #1: Monitoring System

As part of California’s continuous improvement concept, DDS is currently reviewing its general supervision monitoring system in order to determine if a more “focused monitoring” model might be developed that can more effectively assist the state in meeting federal reporting requirements under the APR. Two major reasons for this effort are the termination of the California Developmental Disabilities Information System (CADDIS) that was under development for four years and was to have been initiated within DDS and across the state in fiscal year 2006-2007, and the population growth of Early Start with associated federal requirements. CADDIS would have provided a universal data collection system capable of handling the increasing size of eligible children in California and at the same time, would have given DDS the vehicle to shift to a more focused monitoring model. In support of development, a DDS representative will be attending the “Effective General Supervision Systems for Part C Programs” meeting in Portland, Oregon in April 2007, that is sponsored by the Western Regional Resource Center in collaboration with the National Center for Special Education Accountability Monitoring (NCSEAM).

As a first step in the development of this new system and in support of the proposed changes for Indicators 1, 2, and 9, DDS will revise and validate its Record Review database during the next reporting period. This will consist of visits to the regional centers in order to collect data from regional center records. Records will be selected from a stratified random sample.

#### Programmatic Change #2: Local Level Determinations

In accordance with federal requirements and OSEP guidance, DDS will make determinations on local level programs (regional centers) using the four categorical determinations “meets requirements”, “needs assistance”, “needs intervention”, and “needs substantial intervention”. DDS will do this by using a graduated scale of average performance on “key indicators” as described below.

1. Meets Requirements: For a regional center to receive a determination of “meets requirements”, it must obtain an average performance rating of 75 percent or greater in the following “key indicator” areas, with no single area rated below 60 percent. If the overall average score is 75 percent or greater and one or more of “key indicator” areas is below 60 percent, the regional center will receive the next lower determination level of “Needs Assistance”.
  - a. The five developmental domains are addressed in the Individual and Family Service Plans (IFSP).
  - b. The IFSP meeting notice is documented in the record and contains all required elements.
  - c. The IFSP contains outcomes, criteria, procedures, and timelines,
  - d. Services to be provided are documented in the record and contain method, frequency, intensity, and duration.
  - e. Family concerns, priorities, and resources are documented in the IFSP.
  - f. Correction of all non-compliance items from previous Monitoring Visits are corrected within a one-year timeframe.
  - g. Infant and toddler evaluation and assessments are conducted within the 45-day timeframe.

- h. Records contain documented referrals to the Family Resource Center.
  - i. Early Start Report data extracted from the Uniform Fiscal System (UFS), which was described to OSEP during its recent verification visit, is validated against records in the following areas: Qualifying Factors for Service, Vision and Hearing Status, Type of Service(s), Location of Primary Services/Programs.
2. Needs Assistance: For a regional center to receive a determination of “needs assistance”, it must obtain an average performance rating of between 65 and 75 percent in the “key indicators” listed above, with no single area rated below 60 percent. If the overall average score is between 65 and 75 percent and one or more of “key indicator” areas are below 60 percent, the regional center will receive the next lower determination level of “Needs Intervention”.
  3. Needs Intervention: For a regional center to receive a determination of “needs intervention”, it must obtain an average performance rating of between 60 and 65 percent or greater in the “key indicators” listed above, with no single area rated below 60 percent. If the overall average score is between 60 and 65 percent and one or more of “key indicator” areas are below 60 percent, the regional center will receive the next lower determination level of “Needs Substantial Intervention”.
  4. Needs Substantial Intervention: For a regional center to receive a determination of “Needs Substantial Intervention”, it must obtain an average performance rating of less than 60 percent in the “key indicators” listed above.

Indicator 1 Specific Change: A more accurate methodology/process for measuring the performance of this indicator is proposed in the SPP. DDS has determined that the data previously used for this performance measure and extracted from UFS does not measure the timely provision of services to infants and toddlers as accurately as the methodology/process.

Indicator 2 Specific Change: OSEP determined during its verification visit that the system DDS had been using to collect and report settings data was not a “reasonable approach to ensure the accuracy of the settings data”. Based on that finding, DDS revised its data collection methodology for its 618 Table settings data and this indicator to use a more reliable and accurate electronic source of data. Refer to California’s 618 Table submitted to Westat for settings data and the SPP for a detailed description on the revised data collection methodology.

Indicator 7 Specific Change: Following OSEP’s verification visit in October 2006, DDS evaluated its measurement for this indicator and for reporting purposes, will credit regional centers at the local level for compliance if they have completed the IFSP, are providing services, but are awaiting professional assessment results.

Indicator 9 Specific Change: DDS has revised this indicator in the SPP in accordance with OSEP requirements and required actions listed in Tables A and B.

Indicators 11 and 13 Specific Change: Based on guidance and discussion with OSEP, interpretation of data listed in OSEP’s table for these indicators (Attachment 1) by DDS has undergone minor revisions.

Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development:

Please refer to overview of APR 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 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of participants receive services in a timely manner

**Actual Target Data for FFY 2005 (2005-2006):** Since the establishment of the measurement process and subsequent baseline data submitted to OSEP in its State Performance Plan (SPP) in January 2006, California’s monitoring for compliance of this requirement, analysis of data gathered, and review of the process used has resulted in the identification of a more valid, reliable, and accurate process to effectively measure the percent of infants and toddlers with IFSPs who receive early intervention services on their IFSPs in a timely manner. California will require a period of adjustment to collect data using the new process and will submit target data for FFY 2005 and FFY 2006 in the FFY 2006 APR.

In the SPP that was submitted in January 2006, DDS defined *timeliness* as “provision of service within 75 days of initial referral” and stated that the measurement of timeliness for this indicator was “derived from data entered on the Early Start Report” (ESR). This was further expanded on in the SPP’s “*Discussion of Baseline Data*” as being calculated by “measuring time from the IFSP completion date to when the purchase of service order is processed.” Additionally, DDS stated that the status on meeting this requirement at the local level (regional center) for subsequent fiscal years would be monitored during compliance monitoring activities, which are further described in the State’s SPP. For clarification purposes and further discussion, the ESR was not the sole source used for measuring this indicator. The IFSP completion date is reflected in the ESR but the purchase of service order process date data for every service purchased for an infant/toddler by a regional center, is extracted from the DDS’s UFS system.

The main factor upon which DDS has determined that the new process provides more valid, reliable, accurate data than the current process, is based upon results obtained using the UFS data element *purchase of services process date*. Compliance monitoring visits to regional centers and follow-up reviews of system data have confirmed that this data element is used at the local level to authorize the purchase of a service only, and may not always reflect when a service is actually provided to an infant/toddler. It should be noted that OSEP’s assumption in *Table A – Issues Identified in the State*

*Performance Plan*, is accurate in that the measurement process was developed to ensure that the maximum period from parent consent for Part C services until when a child begins to receive those services is 30 days, was accurate.

Another factor that has had an impact upon the measurement of this indicator, and which has been validated through compliance monitoring visits and data system analyses, is the use of generic and other services provided by different agencies and/or Departments in California. Many infants/toddlers do not require access to the specialized service needs provided by regional centers and may only need services that are provided by other entities whose data are not readily available to DDS for reporting purposes. These types of services may be accessed by the family outside of the Part C services system. More importantly, the lack of access to this data/information by DDS may skew results if OSEP interprets these services as “Part C services”.

DDS has evaluated numerous electronic data sources within UFS and its San Diego Information System (SANDIS), which also was described to OSEP during verification visit to California, for use in measuring and monitoring this indicator and has found that service provider claims do contain the “date of service provided”, which is a more accurate element for use in the measurement of this indicator

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005 (2005-2006):** DDS continues to improve on early service provision activities as identified in the SPP: Early Start Liaisons work collaboratively with and provide technical assistance to regional centers, Family Resource Centers, vendors, and other entities; a personnel development training system for professionals continues expanding across the state through community colleges; and statewide training institutes are conducted for service providers, service coordinators at regional centers, and professionals.

The implementation and use statewide of the Early Start specialized therapeutic service code was designed, as noted in the SPP, to “purchase services in cases where application of existing reimbursement rates would result in any delays in the provision of early intervention services.” Its use has increased significantly since fiscal year 2004-2005, indicating that regional centers understand the importance of early service provision and are acting to fulfill this requirement. The expenditures at the local level associated with this one service code over the last two years were \$9 million for fiscal year 2004-2005 and over \$19 million for fiscal year 2005-2006.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005 (2005-2006):** As a result of the activities conducted regarding this indicator identified above, DDS will submit an SPP change to OSEP for discussion and approval that will more effectively manage and measure performance in meeting the established targets. Current baseline data will be retained for reasons noted in the SPP change.

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

Please refer to overview of APR 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.

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

**Measurement:**

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

FFY	Measurable and Rigorous Target
2005 (2005-2006)	83.5% of infants and toddlers served will receive services in the natural environment.

**Actual Target Data for FFY 2005 (2005-2006):** The baseline established in the SPP for FFY 2004 was 82.95 percent, and as noted in California’s response, over 93.48 percent of the services provided met the criteria when documented justifications were included. For FFY 2005, the percent of children in Early Start who either received services in a natural environment or had justification for services in another environment was 90.63 percent. Early Start infants and toddlers primarily received services in natural environments 72.09 percent of the time (23,262 divided by 32,268 times 100 equals 72.09 percent). An additional 18.54 percent of infants were served in settings other than natural environments with appropriate justification in the case records.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005 (2005-2006):** An analysis of the FFY 2004 baseline and FFY 2005 target data indicates that there was a decrease in the percentage of children served in natural environments while there was an increase in the percentage of documented justifications. The target of 83.5 percent was not met, with the percentage of children served in natural environment falling below the baseline of 82.95 percent. Overall, the percentage reported for FFY 2005 decreased by 2.85 percent. Data variance from the baseline may be due to a change in data collection methodology resulting from the October 2006, OSEP verification visit, rather than actual slippage. The new methodology is described in the SPP change for this indicator and was submitted to Westat as part of California’s *Table 2, “Report of Program Setting Where Early Intervention Services are Provided to Infants and Toddlers with Disabilities and Their Families In Accordance With Part C”*.

Additionally, variance from the baseline is also attributable to the increasing survival rate in neonatal intensive care units (NICUs) of very low birthrate infants has resulted in an increasing number of medically fragile and immuno-compromised infants whose health risks require special programming.



**Improvement Activities**

1. Technical Assistance: DDS Early Start Liaisons work collaboratively with local programs to improve performance through targeted training and technical assistance. For example, technical assistance was provided to Kern Regional Center (KRC) to initiate a collaborative project to increase the availability of services in the natural environment of the child and family. Numerous meetings with community partners were held to develop a service delivery model specific to their community that focused on delivery of services in natural environments. A plan for implementation of the model was submitted to DDS in July 2005. Training on the implementation of services in natural environments was held in August 2005. As a result of these efforts, the percentage of early intervention services delivered in natural environments increased to 78.43 percent as of December 2005. This is a significant increase from 59.09 percent in December 2004. KRC's interagency process for planning and implementation of a community-wide service delivery model in natural environments will be shared statewide as an exemplary model for replication at trainings and in technical assistance activities. Using exemplary sites and consultants, CDE's contractor, SEEDS, provided technical assistance on natural environments to early childhood service providers. This improvement activity will continue throughout the next five years.
2. Training: California's Comprehensive System of Personnel Development continues to include the Early Start Institute Series for service providers, service coordinators, family support personnel and other interested parties. Ten institutes are conducted each year. DDS contracts with WestEd Center for Prevention and Early Intervention to coordinate implementation of these personnel development activities. During 2005-06, 11 Institutes and related training events were held at various locations throughout the State resulting in 664 personnel trained. All institutes included requirements and examples of natural environments embedded into the curriculum. Two institutes also included curriculum specifically related to natural environments. Those institutes were Core III: *Putting It All Together and Service Coordination Institute; Partnering; and the Regional Center Managers' Symposium*. The key speaker at the Symposium was the Director from Kern Regional Center who shared the collaborative process used by Kern Regional center to expand delivery of services in natural environments. In addition, DDS shared record review data related to natural environments for each regional center. Twenty-five Early Start managers and supervisors attended the Symposium. Almost 38 percent of attendees received Personnel Development Scholarship Funds to supplement the costs of attending the Institutes. CDE also provided trainings on natural environments through their contractor, SEECAP, to education's early childhood administrators. During the next five years, DDS will continue to provide the Early Start Institute series and other related trainings annually, updating curriculum as needed to support the delivery of services in natural environment.
3. Interagency Coordinating Council (ICC): On January 11-12, 2006, DDS met with the ICC for a strategic planning session to develop new priorities for the ICC to address. The State Performance Plan indicators were reviewed, including improvement activities, timelines, resources, and their relationship to the ICC's 2005 recommendations. The ICC identified numerous priorities which were condensed into four primary areas, including the Family Resources and Supports Committee's priority entitled "Supporting Children and Families in Natural Environments Including Child Care". DDS will continue to work closely with the ICC over the next two years as they develop more recommendations related to natural environments.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005 (2005-2006):** OSEP determined during its verification visit that the system DDS had been using to collect and report settings data was not a "reasonable approach to ensure the accuracy of the settings data". Based on that finding, DDS revised its data collection methodology for its 618 Table settings data and this indicator to use a more reliable and accurate electronic source of data. Refer to California's 618 Table for settings data for a detailed description on the revised data collection methodology. As a result of the above actions taken by California, the targets for this indicator in its SPP will be adjusted to reflect the decrease in the percentage of children served in natural environments. The target for 2010 will remain at 90 percent, as recommended by the State's Interagency Coordinating

Council (ICC), as DDS expects rates to improve in meeting the new targets based on the improvement activities listed below.

The data for FFY 2005 with the new data collection methodology indicates a decrease in the percentage of services delivered in natural environments. 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 Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development:

Please refer to overview of APR 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.

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.

C. Use of appropriate behaviors to meet their needs:

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 the (# 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 the (# 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 the (# 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 the (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

FFY	Measurable and Rigorous Target
<i>(Insert FFY)</i>	<i>(Insert Measurable and Rigorous Target.)</i>

**Actual Target Data for FFY 2005 (2005-2006):**

The goal for this reporting year was to establish the baseline data for Indicator 3 A-C. There are no target data to report. A preliminary baseline database was collected in order to develop and test out sampling procedures, data forms, and to operationalize the measurement indicators. These data are reported in the amended SPP for Part C, Indicator 3.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005 (2005-2006):**

Activities for FFY 2005 (2005-2006) focused on resorting to manual data extraction procedures following the Department contractor's inability to implement a statewide data collection/analysis system (CADDIS). Unfortunately, the inability to implement this data system was not known until October, 2006. Even though the preliminary baseline data collected constituted a small sample, the sample was randomly generated, and was consistent with accepted sampling methods to reflect the geographic distribution, gender, racial, and ethnic make-up of California's Early Start population. At-risk infants and toddlers were segregated and their outcome data were reported apart from those children with established developmental delays and disabilities. The amended SPP identifies improvement activities for Years 2007-2010.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005 (2005-2006):**

The SPP amendment portrays the system and process used to address Indicator 3, baseline data, measurable and rigorous targets, and improvement activities.

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

Please refer to overview of APR 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 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

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

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

**Actual Target Data for FFY 2005 (2005-2006):**

The goal for this reporting year was to establish the baseline for Indicator 4 A-C. There are no target data to report. Baseline data has been collected and is reported on the amended SPP.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005 (2005-2006):**

Activities for FFY 2005 (2005-2006) focused on conducting and analyzing the state-wide survey data, including 5,000<sup>(+)</sup> respondents, using the NCSEAM Scales as described in the revised SPP for Indicator 4. The revised SPP identifies improvement activities for years 2007-2010.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005 (2005-2006):** The SPP has been amended to reflect the description of system and process used to address Indicator 4, baseline data, measurable and rigorous targets, and improvement activities.

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

Please refer to overview of APR 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 U.S.C. 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.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	.95% of infants and toddlers birth to one in California will have IFSPs.

**Actual Target Data for FFY 2005 (2005-2006):** The percentage of California’s population served under the age of one year equals 1.14 percent (measurement formula: 6,124 divided by 537,563, times 100 equals 1.14 percent). This exceeds the 0.95 percent target for FFY 2005 and compares favorably to the 0.82 percent of Texas (3,121 divided by 379,873, times 100 equals 0.82 percent) and the national percentage of 1.01 percent (41,888 divided by 4,165,404, times 100 equals 1.01 percent). Texas and national averages data are derived from OSEP table 8-4a entitled “Infants under 1 year of age (including infants at risk) receiving early intervention services under IDEA.”

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005 (2005-2006):** California has met and exceeded the national data for indicator 5 which is 1.01 percent, by 0.13 percent. Factors that may have contributed to the increase in numbers served are listed below and include a more expanded effort and focus of the interagency activities of the state, regions, and counties on Child Find activities such as assessment, referral, and case management education.

**Reasons for Concern Brochure:** As discussed in California’s SPP, from July to December 2005, DDS and WestEd staff worked with members/committees of the state’s Interagency Coordination Council (ICC) on a pilot for its new *Reasons for Concern* brochure. The goal is to determine if its distribution has an impact on the referrals of eligible children. Although the analysis of the pilot in three regional center catchment areas is not complete, DDS made minor changes to the brochure and completed distribution throughout the state. The results of the analysis will be provided to OSEP as part of the FFY 2006 APR. A copy of the brochure will be included with this report.

**The Best PCP (Primary Care Physician) Project:** The BEST PCP Project in California is part of the National ABCD (Assuring Better Child Health and Development) consortium. It is hosted in California by the Medi-Cal Managed Care Division of the Department of Health Services, partnering with the California

Department of Mental Health, California Developmental Services, California Children's Services, as well as DDS on the state level. Topics emphasized by the project during FFY 2005 included:

1. Universal access to screening for early identification/diagnosis and referrals for physical and developmental issues (including social/emotional/behavioral);
2. Improved access to and utilization of services and supports through coordination and reallocation of existing resources and building of new supplemental resources;
3. Inclusion of young children with disabilities and other special needs in appropriate, typical preschools, child care, and other community settings with provision of necessary supports to help the child succeed in these environments; and
4. Evaluation to identify effective practices and to improve programs.

As discussed in California's SPP, the Los Angeles County Early Intervention and Identification Group hosts one of the BEST PCP's 10 projects and is now using a standardized assessment for pediatric patients. DDS expects increased referrals to regional centers in the county based on the use of the instrument. Evaluation data for the project is not yet complete but can be viewed on the California First 5 website at <http://www.first5caspecialneeds.org/about.htm>.

Newborn Hearing Screening Program: According to the Early Hearing Detection and Intervention (EHDI) Program Coordinator for California, the state is providing hearing screening for approximately 75 percent of all newborns. The existing Newborn and Infant Hearing Screening, Tracking, and Intervention Act requires that every California Children's Services (CCS) approved hospital offer screening to newborns. The legislature is working to expand this program with Assembly Bill 2651, which would require that screening be offered, on or after January 1, 2008, to every newborn by every general acute care hospital with licensed perinatal services. DDS expects increased referrals because of the expansion. Information can be found at the California Department of Health Services website: [www.dhs.ca.gov/pcfh/cms/nhsp](http://www.dhs.ca.gov/pcfh/cms/nhsp).

Newborn Genetic Screening Program (NBS): The NBS Program screens for the most common treatable diseases recommended by the American College of Medical Genetics and March of Dimes. In California, approximately 100 babies are born each year with cystic fibrosis and about 7-8 babies with biotinidase deficiency. DDS will be working with the Genetic Disease Branch on screening and referral protocols and policies. More information can be found at the California Department of Health Services website: [www.dhs.ca.gov/pcfh/gdb/html/NBS](http://www.dhs.ca.gov/pcfh/gdb/html/NBS).

Child Abuse Prevention and Treatment Act (CAPTA): DDS continues working with the California Department of Social Services (CDSS) on improving the policies and procedures for making and receiving referrals from Child Protective Services. According to state-level data there are approximately 22,000 Children in the child welfare system under the age of three. For the past two years, DDS data demonstrates that 13.4 percent of the Early Start population served by DDS was in the Child Welfare System. With a DDS/CDSS collaboration, CDSS recently released *All County Letter 06-54* to guide locally-coordinated processes and strategies that identify multiple pathways to the provision of early intervention services for this population. County Welfare Departments are mandated under CAPTA to consider for referral those children under the age of 3 who are involved in a substantiated case of child abuse or neglect who may be eligible for early intervention services funded under Part C of the Individuals with Disabilities Education Act. The impact of the letter on the DDS regional center system is not yet determined but is being monitored by both Departments. DDS and CDSS are preparing to respond to request for local training on referral procedures. A copy of the All County Letter can be found at the CDSS website: [http://www.dss.cahwnet.gov/lettersnotices/2006AllCou\\_2304.htm](http://www.dss.cahwnet.gov/lettersnotices/2006AllCou_2304.htm).

Neonatal Intensive Care Unit (NICU) Liaisons: California reported in the State Performance Plan (SPP) submitted for FFY 2004 that all 21 regional centers had liaison activities with Neonatal Intensive Care Units (NICU). Liaison activities include discharge planning with hospital staff to provide continuity of care between hospital and home. Recent studies from the Office of State Health Planning and Development (OSHPD) demonstrate that there was an eight percent increase in NICU discharges over the past two



years (2003-2004 and 2004-2005). Some of this may be reflected in the regional centers' increased referral rates, an 8.68 percent increase in the seven regional centers serving Los Angeles alone for FFY 2005.

DDS/CDE Study: DDS and CDE will continue discussions to develop data sets and data merges that meet confidentiality mandates, in order to allow a longitudinal perspective of children who have transitioned from Part C to other CDE programs.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005 (2005-2006)**: California does not propose any revisions to this indicator.

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

Please refer to overview of APR 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 U.S.C. 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.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	1.76% of infants and toddlers birth to three in California will have IFSPs.

**Actual Target Data for FFY 2005 (2005-2006):** California’s percent served birth to 36 months of age exceeded the FFY 2005 target of 1.76 percent and is calculated at 1.99 percent (measurement formula: 32,268 divided by 1,618,454, times 100). This also exceeds the 1.93 percent of Texas (21,855 divided by 1,129,466, times 100) that the state used in comparison, but is less than the national average of 2.40 percent. Texas and national averages data are derived from *Table 8-1 Infants and Toddlers birth through 2 receiving early intervention services under IDEA, Part C, by age, and state: 2005*, located on the federal resource center website.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005 (2005-2006):** California has made progress from FFY2004 (2004-2005). When annual figures are used instead of point in time data, California serves 3.26 percent. The “point-in-time” calculation formula may serve to underestimate the percent of children served. California graduates successful infants and toddlers as they progress and no longer need services or reach 3 years of age. Progress for this indicator is determined by DDS to be attributable to the same factors as those listed for Indicator 5.

Additionally, California routinely out performed other state relative to health factors correlated with healthy birth outcomes. These health factors include but are not limited to:

1. Fewer women of child bearing age who drink alcohol.
2. Fewer women of child bearing age who smoke.
3. More pregnant women receiving prenatal care. (The #1 factor in good birth outcomes.)

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005 (2005-2006):** Refer to Indicator 5 for discussion of this item. California does not propose any revisions to this indicator.

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

Please refer to overview of APR 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.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	100% of children have evaluation, assessment and IFSP meeting within 45 days.

**Actual Target Data for FFY 2005 (2005-2006):** Data from FFY 2005 indicates that 90.43 percent of children in the data sample had their evaluation and assessment completed and had an initial IFSP meeting held within 45 days of referral (measurement formula: 104 divided by 115, times 100 equals 90.43 percent). This is in comparison to the baseline data from FFY 2004 which indicated that 72.38 percent of children had their evaluation and assessment completed and had an initial IFSP meeting held within 45 days of referral (measurement formula: 422 divided by 583, times 100 equals 72.38 percent).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005 (2005-2006):** Following OSEP's verification visit in October 2006, DDS determined that although it holds regional centers (local level) to a higher standard than OSEP for reporting of compliance under this indicator, which was confirmed by OSEP during its visit, it would redefine its "evaluation and assessment" timeline within California to align it with federal requirements for reporting purposes only. The issue of a higher California standard was discussed in the State's SPP submitted in January 2005.

Based on the new methodology being applied, analysis revealed that nearly half (47.06 percent) of the records reviewed from FFYs 2003-2005 that missed the 45-day timeline were directly related to the higher standard of "evaluation and assessment" in California. Subsequently, DDS has changed the methodology for determining compliance with this indicator. Additional factors that may have contributed to the increase in the percentage of this indicator, and which were discussed in the SPP, include the following:

Specialized Therapeutic Service Code: California, as does the rest of the nation, continues to be challenged in accessing specialized therapeutic services. However, data indicates that 15 of the 21 regional centers are now using the Early Start specialized therapeutic code, which exempts them from

standard rate formularies to pay higher reimbursements as necessary. During FFY 2004 and FFY 2005, use of the service code among the regional centers increased by 59.7 percent. This increase represents the purchase of services for 3,347 more infants and toddlers from the previous year.

Interagency Coordinating Council (ICC): The Quality Service Delivery System committee on the State's ICC provided 10 recommendations to DDS that were designed to improve the timeliness of evaluation, assessment, and the completion of the IFSP within the 45 day timeline. DDS has been working on these recommendations from the ICC to help improve the statewide system with continued input from the stakeholders.

Partner with the University of California Medical Schools: DDS continues to partner with the University of California Medical Schools (UCMS) to improve the professional expertise of community clinicians to promote increased access to quality services. It does so by funding selected UCMS Continuing Medical Education Departments and the Schools of Nursing to provide statewide training to community physicians and other healthcare professionals who serve individuals with developmental disabilities. Continuing medical education credits are offered and serve to encourage other healthcare professionals to become more knowledgeable about this vulnerable population.

DDS also sponsors fellowships to provide specialized training in the area of developmental disabilities. Graduates of these programs continue to serve individuals with developmental disabilities in their local communities. Additionally, DDS works in collaboration with the University of California, San Diego to provide a web-based digest of developmental disabilities for reference to identify common developmental disabilities, clinical presentations, and treatments for healthcare providers. This digest can be found at [www.healthinfo.org](http://www.healthinfo.org).

California's Comprehensive System of Personnel Development: As described in Indicator 2, California's Comprehensive System of Personnel Development continues to include the Early Start Institute Series for service providers, service coordinators, family support personnel and other interested parties. Ten institutes are conducted each year. DDS contracts with WestEd Center for Prevention and Early Intervention to coordinate implementation of these personnel development activities. During 2005-06, 11 Institutes and related training events were held at various locations throughout the State resulting in 664 personnel trained. All institutes included requirements of the 45-day timeline for evaluation, assessment and completion of the IFSP embedded into the curriculum. Almost 38 percent of the attendees received Personnel Development Scholarship Funds to supplement the costs of attending the Institutes.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005 (2005-2006)**: California does not propose any revisions to the measurement of this indicator in the SPP as how it is currently described will not change based solely on the redefining of the standard used. Two improvement activities however, are discussed below.

Speech and Language Pathology Assistant Efforts: Approximately 38.4 percent, or 15,259, of the infants and toddlers enrolled annually in California's Early Start Program have communication delays requiring speech therapy as an early intervention service. As is the case across the nation, there is a severe shortage of speech and language pathologists and audiologists. California stakeholders and DDS are currently working to address this shortage and are proposing a change to state regulations that will allow the use of speech and language pathology assistants (SLPA) to serve under the supervision of Speech Pathologists, thereby creating better access to services by the population being served. The use of SLPA's to provide direct services will allow the licensed speech and language pathologists to complete evaluations and assessments in a more timely manner.

Presently, two regional centers have applied for waivers to state requirements that allow the use of speech and language assistants in the Early Start Program. Until regulations are changed, others have been encouraged to do the same when needed.

Reporting: As noted in Indicator 1, the California Developmental Disabilities Information System that was under development and was to have been initiated within DDS and across the state in FFY 2006, has been terminated. This data/information system would have resolved the issue being presented, as service provision dates were part of its design (universal reporting). DDS will analyze the existing system(s) to determine the potential for changes so that data can be collected electronically (universal reporting) and then validated during DDS Record Reviews.

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

Please refer to overview of APR 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 Local Education Agency (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.

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

**Actual Target Data for FFY 2005 (2005-2006):** Data obtained for this FFY is as follows:

- 8A: Transition Steps = 85.71 percent (12 divided by 14 times 100 equals 85.71 percent).
- 8B: LEA Notification = 92.86 percent (13 divided by 14 times 100 equals 92.86 percent).
- 8C: Transition Conference with LEA = 92.86 percent (13 divided by 14 times 100 equals 92.86 percent).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005 (2005-2006):**

Explanation of Progress or Slippage: For discussion of progress or slippage, the data reported in California’s SPP for FFY 2004 (2004-2005) was:

- 8A: Transition Steps = 90.24 percent (34 divided by 41 times 100 equals 90.24 percent).
- 8B: LEA Notification = 91.89 percent (34 divided by 37 times 100 equals 91.89 percent).
- 8C: Transition Conference with LEA = 88.37 percent (39 divided by 43 times 100 equals 88.37 percent).

Upon review of the FFY 2004 data reported in the SPP above, California has determined that the data used to calculate compliance rates for Indicators 8A and 8C were incorrectly posted and will be adjusted in the SPP to reflect the appropriate numbers. The correct numbers used to calculate Indicator 8A are (37/41) and the correct numbers used to calculate Indicator 8C are (38/43).

Based upon comparison of data between the two fiscal years, California's performance improved on Indicators 8B and 8C, but declined on Indicator 8A, with differences amounting to 0.97 percent, 4.49 percent, and a -4.53 percent, respectively. Because of the small amount of data obtained for each of the indicators during FFY 2005 and the different programs at the local level monitored than the previous year, DDS cannot validly determine the specific reasons for improvement or decline. Although there was a drop in the performance rating for indicator 8A, the number of records that are out of compliance for FFY 2005 (2 records) are proportionate and even somewhat lower than those for FFY 2004 (7 records):  $(2/41) \times 100 = 4.88\%$  versus  $(7/41) \times 100 = 17.07\%$ . This holds true for Indicators 8B and 8C, which showed improvement.

Improvement Activities: Although reasons for change cannot appropriately be determined, the following activities and actions conducted/taken during the period may have had a positive impact and are reflective of the SPP Improvement Activities.

1. DDS, as the Lead Agency, collaborated with CDE in co-presenting transition training in a targeted series of transition workshops throughout the state. In addition, collaborative presentations were made during multiple sessions of the Special Education Early Childhood Administrators Project (SEECAP) conference in 2006. It provided the state an opportunity to address the specifics and importance of transition between Parts C and B. Attendance at the SEECAP conferences includes administrators and parent or professional leaders from all agencies serving children birth through age five and their families.
2. Transition training was conducted through the Comprehensive System of Personnel Development (CSPD) Institutes and CORE trainings that are provided to regional center service coordinators and the Early Start community. CORE trainings build competencies for early intervention service providers and also provide the knowledge base that all personnel involved in early intervention are expected to have in common, above and beyond their knowledge in an individual area of specialization. A description of the Early Start Institutes can be found at the following DDS website location: <http://www.dds.ca.gov/EarlyStart/ESStatewideInstitutes.cfm>. Institutes are developed and coordinated by WestEd, a contractor for the Lead Agency. Information can be found on its website entitled Early Start Core Institutes: <http://www.wested.org/cs/cpei/print/docs/212>.
3. A DDS Training Coordinator position was created to maximize communication and responsiveness to the training needs of the Early Start community, which includes personnel in the local education agencies throughout the state.
4. Two training events that occurred in FFY 2004, and that DDS believes has had a continued, significant impact on transition, were:
  - a. Supervisor's Symposia sponsored by DDS and coordinated by WestEd, which included topics on Part B eligibility and transition from Part C to Part B. The events were attended by administrators within the Early Start community. As part of these events, forums were offered allowing for a systematic exchange of ideas regarding model transition programs and best practice.
  - b. Evaluator trainings were held statewide resulting in a cadre of parents and professionals trained in all aspects of monitoring, which qualifies them to serve as evaluators on Site Monitoring visits at the local level. An integral portion of this training included regulations and transition.
5. Continuous improvement actions undertaken by the Lead Agency which positively impact transition between Parts C and B include the following:

- a. During Site Monitoring Visits, regional centers are required to provide DDS Liaisons verification of Memorandums of Understanding (MOU) with their local education agencies (LEA) and/or Special Education Local Plan Areas (SELPA). The MOUs must include all required transition components, which DDS Liaisons verify during their visits. If necessary, technical assistance is provided.
- b. DDS and CDE have established a solid, collaborative partnership.
  - 1) CDE actively participates on the State Interagency Coordinating Council (ICC) as a regular member;
  - 2) There is a designated Early Start, CDE representative for all Early Start issues that DDS Liaisons contact if monitoring results indicate transition issues warrant resolution; and
  - 3) CDE and SEEDS (Supporting Early Education Delivery Systems) representatives actively participate in all Site Monitoring visits. The SEEDS Project is contracted through the California Department of Education and assists in providing technical assistance to early childhood special education programs.
  - 4) Monthly meetings between Part C and Part B program representatives.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005 (2005-2006):**

- 1. California is currently researching and gathering information/data to potentially identify model transition programs throughout the state. These models will be represented and supported by DDS to lend their expertise to other regional centers and LEAs through presentation and mentoring.
- 2. A program advisory has been developed in partnership with stakeholder groups to enhance the amount of transition/exit data requested. This advisory will be part of a campaign to improve data collection.
- 3. The ICC has included Transition as part of their workgroup activities and will be reporting on their activities in the coming year.



Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development:

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

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

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

**Measurement:**

Percent of noncompliance corrected within one year of identification:

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

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

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of participants receive services in a timely manner

**Actual Target Data for FFY 2005 (2005-2006):** Refer to Tables 9A, 9B, and 9C for data collected. For FFY 2005, there was a potential for 1,048 findings of non-compliance in meeting timely correction requirements. Using the document (Attachment 2) provided by OSEP for reporting the measurement of this indicator - “*Aggregated from 2005 SPP Data for 2006 APR Reporting of Baseline*” – DDS was able to verify only one instance of correction within one year from the date of identification and notification to the responsible entity. This was due to staff turnover and how findings are treated by DDS, explained below. DDS believes that most findings were appropriately corrected. The numbers equate to an overall satisfactory performance rating of 93.42 percent and a 1.43 percent rate of correction on findings within the appropriate time periods. The overall performance rate is lower than the new FFY 2004 preliminary baseline of 96.27 percent and lower than the new baseline correction rate of 5.85 percent. The new FFY 2004 preliminary baseline was established using the modified reporting developed by DDS, which is discussed in the change submitted to the SPP for this indicator.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005 (2005-2006):** Based on OSEP’s requirements and subsequent discussions with the state’s federal representative, DDS has completed revision of the data collection categories, as was stated for this indicator in the SPP under “Improvement Activities/Timelines/Resources”.

For several interrelated reasons, the low correction rate of 1.43 percent for FFY 2005 is misleading and does not reflect overall performance of regional center programs at the local level. In the past, and for this reporting period, DDS has been treating findings from Monitoring Visits to regional centers as continuous findings and not as distinct findings from visit to visit. For example, if there was a finding in

FFY 2004 at a specific regional center and the same finding was noted in a record in FFY 2005, it was determined not to have been corrected in a timely manner. This will be revised and is discussed in the last section of this indicator.

Directly related to how findings have been handled, a general misconception has existed as to what “correction” means for this indicator. When a finding is made on the indicators monitored in the three tables below, some of them cannot simply be corrected. For example, if a finding is made that a regional center did not establish an IFSP within the 45-day timeline, the action cannot be reversed or corrected, thus the finding was considered uncorrected if during a subsequent visit, a similar finding was discovered. This will be clarified for future monitoring purposes and is further discussed in the last section of this indicator.

Somewhat related to the low correction rate, and something that was discussed with OSEP during its visit, is what DDS considers to be a finding for reporting purposes. For example, if there is one finding in one record out of 20 records reviewed, DDS has considered this as “out of compliance” and expects corrective action be taken. This is a stringent test applied to regional centers - a 95 percent compliance rate expectation. DDS has recently discussed this issue with a Western Regional Resource Center (WRRC) representative and discovered that other states do not consider one finding accountable for reporting purposes. Further discussions with WestEd indicate that for social science purposes, a more acceptable level of compliance would be 85 to 90 percent. DDS will review its policy and discuss it further with WRRC during the “Effective General Supervision Systems for Part C Programs” meeting in Portland, Oregon in April 2007.

The low number of site monitoring visits conducted in FFY 2005 (six) yielded less data collected. With less data, a finding becomes exponentially greater and appears more significant than it may be. For example, one finding observed that is not corrected in a timely manner out of 20 records reviewed would be a 5 percent noncompliance rate. For one finding out of 30 records reviewed, the noncompliance rate would be 3.3 percent. The low number of visits in FFY 2005 is directly attributable to the turnover of personnel in DDS’s Early Start Section.

Table 9A

This table is comprised of indicators specified in OSEP’s document (Attachment 2). For FFY 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 5 and 6, all measurements were based on record reviews conducted at 6 of the 21 regional centers (local level). Indicators 5 and 6 were measured from available data.

Indicator	Potential Findings	Findings	Number Verified Corrected	% Corrected in Timelines	Overall Performance Rate
Services Are Provided in a Timely Manner	Under Revision	Under Revision	Under Revision	Under Revision	Under Revision
Services Are Provided in Natural Environment	115	1	0	0%	99.13%
IFSPs Are Established Within the 45-Day Timeline	115	11	0	0%	90.43%
Timely Transition Planning Part C to Part B	14	2	0	0%	85.71%
<b>Total</b>	244	14	0	0%	94.26%

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 115 records reviewed at six regional centers for this table and across all indicators, a potential for 244 findings. Even though results yielded 14 findings that were not verified as corrected in a timely fashion, 94.26 percent (230 divided by 244 times 100 equals 72.09 percent) of all other record elements examined were satisfactory. Additionally, Indicators 2 and 8 were accountable for just 1 and 2 findings respectively, low numbers that may not translate to systemic or problematic issues at the regional centers where they were recorded.

Table 9B

This table is comprised of six indicators that California has determined merits monitoring 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 were based on record reviews conducted at 6 of the 21 regional centers (local level).

Indicator	Potential Findings	Findings	Number Verified Corrected	% Corrected in Timelines	Overall Performance Rate
IFSP Contains 5 Domains	115	9	0	0%	92.17%
IFSP Meeting Notice Provided to Family	115	12	0	0%	89.57%
Outcomes Contain Procedures, Criteria, Timelines	115	7	0	0%	93.91%
Services Contain Method, Frequency, Intensity, Duration	115	4	1	25%	97.39%
IFSP Contains Family Concerns, Priorities, Resources	115	0	0	NA	100%
Evaluations Are Conducted in Timely Manner	115	23	0	0%	80.00%
<b>Total</b>	690	55	1	1.81%	92.17%

Analysis of the data for Table 9B demonstrates, as was the case with Table 9A, that California’s overall performance regarding the indicators measured is high. There were 115 records reviewed at six regional centers for this table and across all indicators, a potential for 690 findings. While results yielded 55 findings that were not verified as being corrected in a timely fashion, 92.17 percent (636 divided by 690 times 100 equals 92.17 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

This table is comprised of the data in the “SPP/APR Attachment 1 (Form)” on page 37 of this report.

Indicator	Potential Findings	Findings	Number Corrected	% Corrected in Timelines	Overall Performance Rate
Agencies in Which Noncompliance Was Identified (Two Agencies)	114	1	0	0%	99.12%

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). Alleged 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.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines /**

**Resources for FFY 2005 (2005-2006):** As a result of the activities conducted regarding this indicator and the results obtained and identified above, DDS will submit an SPP change to OSEP for discussion and approval that will more effectively manage and measure this indicator. Other proposed improvement activities include:

1. DDS will revise how it treats findings for corrective action. Following site monitoring visits, results of findings will be sent to regional centers requesting that corrective action be taken and that findings must 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 review its policy regarding the number of findings that should be considered accountable for reporting purposes and discuss it further with WRRC during the “Effective General Supervision Systems for Part C Programs” meeting in Portland, Oregon in April 2007.
3. DDS is currently in the process of hiring additional personnel and plans to conduct record reviews at all 21 regional centers during the FFY 2006 reporting period in order to establish a complete baseline for the general supervision system. Records reviewed will be selected through a stratified random sampling process.
4. As noted in indicators 1, 3, and 7, DDS will also explore and consider potential changes to the existing systems (SANDIS/UFS) for universal reporting of data used in indicator measurements.
5. Per OSEP suggestion in its Verification Visit letter to the State, DDS will 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.
6. 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 Annual Performance Report (APR) for FY 2005 (2005-2006)**

**Overview of the Annual Performance Report Development:**

Please refer to overview of APR 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.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	100% of cases will be complete within 60 days.

**Actual Target Data for FFY 2005 (2005-2006):**

Complaints	<u>2005-2006</u>
(1) Signed, written complaints total	8
(1.1) Complaints with reports issued	7
(a) Reports with findings	7
(b) Reports within timeline	6
(c) Reports within extended timelines	1
(1.2) Complaints withdrawn or dismissed	1
(1.3) Complaints pending	0
(a) Complaints pending due process hearing	0

The current data indicates that of the eight complaints filed during the reporting period 100 percent were resolved within the 60 day timeline with one extension. (Measurement formula: 6 plus 1 divided by 7, times 100 equals 100 percent). One complaint required an extension at parent request to gather and present additional information. California considers this to fall within OSEP’s “exceptional family circumstances” definition. No complaints were filed against local education agencies, which CDE would have been required to investigate. No regional center (local level) had more than one complaint filed against them.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005 (2005-2006):** California's complaint resolution process involves procedures apart from the system for resolving disagreements under due process. Violations of statute or regulations (complaints) are investigated by the Lead Agency's Office of Human Rights and Advocacy (OHRAS), whereas due process filings are resolved by an independent contractor, the Office of Administrative Hearings (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.

California received two complaints more this FFY 2005 than the baseline of 6 reported for FFY 2004. All complaints continue to be completed within the required timeframe 100 percent of the time.

**Revisions, with *Justification*, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2005 (2005-2006):** DDS will continue to meet the 100 percent target for investigating and completing complaints in a timely manner by continuously monitoring the complaint process using the established tracking system. Any deviation will be noted and corrected. DDS will also continue to inform families of their right to file a complaint by distributing the booklet "*Parents' Rights: An Early Start Guide for Families*" to parents at least annually and by posting on the DDS website in downloadable format. It can now be found at [http://www.dds.ca.gov/EarlyStart/PDF/Parents\\_Rights\\_English.pdf](http://www.dds.ca.gov/EarlyStart/PDF/Parents_Rights_English.pdf). Finally, Annual Early Start Institutes will continue to train service providers and service coordinators regarding parents' rights and their role in the complaint process.

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

Please refer to overview of APR 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.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	100% of cases will be adjudicated within the 30-day timeline.

**Actual Target Data for FFY 2005 (2005-2006):** Data for FFY 2005 are as indicated in the table below.

Hearing Requests	<u>2005-2006</u>
(3) Hearing Requests total	106
(3.1) Resolution sessions	N/A
(a) Settlement agreements	N/A
(3.2) Hearing (fully adjudicated)	10
(a) Decisions within timeline	5
(b) Decisions within extended timeline	4
(3.3) Resolved without a hearing	96

For California, the measurement of this indicator is 90 percent (Measurement formula: 5 plus 4 divided by 10, times 100 equals 90 percent)

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005 (2005-2006):**

Based on guidance and discussion with OSEP, data collection and interpretation methods by DDS have undergone minor revisions. One case was not completed within the 30-day timeline during FFY 2005 due to time constraints that surfaced around weekends, holiday, and training.

1. SPP Table C: (3.3) – Hearing requests are assigned in conjunction with the assignment of mediation requests and so the totals filed for both are always the same. Cases resolved without



hearing have increased due to a data definition currently being applied to “Resolved without a Hearing”. This category will now include cases withdrawn and/or withdrawn and resolved informally: cases that have been mediated; settled; and open cases. 36 settled in mediation + 60 withdrawn + 0 open = 96.

2. SPP Table C: (3) Hearing requests decreased in number of cases filed and is attributable to the success of the informal meetings taking place between families and regional centers, which are reflected in cases withdrawn or resolved without hearing (3.3).
3. OSEP Verification Visit Letter (12/18/2006): California has updated its due process database and determined that the cases filed were 106, versus the 114 originally indicated in the log referenced by OSEP in its letter. The reason for this discrepancy is that there were 8 cases that were included in the log reviewed by OSEP that were filed in another fiscal year. The log kept at DDS is a working log and any activity on a case is recorded in this log.
4. OSEP Verification Visit Letter (12/18/2006): Regarding documentation of extensions/continuance of the 30 day timeline. OAH grants continuance only in cases “that affect the wellbeing of the child”. The Administrative Law Judge (ALJ) determines this through the legal process and the continuance is documented as such by OAH.

As described under Indicator 10, California’s system for resolving disagreements under due process is distinct from the complaint resolution process. The systems are not intended to be progressive from one to the other. 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.

Parents are encouraged to resolve differences at the lowest administrative level possible. When differences between the parent and regional center/LEA cannot be resolved, voluntary impartial mediation and due process hearings are available.

- Mediation

1. Mediation is a voluntary process.
2. A mediator may assist the parties in specifying any unresolved issues to be included in the hearing request.
3. A mediator has specialized training in communication, mediation and problem solving. The mediator is also knowledgeable about the Early Intervention programs, federal/state laws and regulations applicable to Part C of the Individuals with Disabilities Education Act.
4. A parent may be accompanied by any representative at the mediation.
5. Mediation agreements are signed by all parties
6. Discussions during mediation remain confidential.

- Due Process Hearing

1. An OAH Administrative Law Judge (ALJ) issues a decision that is in compliance with federal and state law.
2. An impartial hearing officer considers both sides of the disagreement.
3. Counsel may be accompanied by the consumer.
4. A decision is mailed to each party after completion of the hearing within 30-days of receipt of the due process hearing request.
5. The due process hearing officer shall be a different person than the mediator when mediation does not resolve the disagreement.
6. The decision is final unless appealed.

Mediation and due process hearings are intended for issues dealing with change or identification of services and/or evaluation. The majority of cases filed with OAH are settled informally and/or withdrawn

due to multiple factors. This process is an inherent part of the culture of the regional center system and is based on the mandatory, informal resolution process under the Lanterman Act which governs services for consumers over the age of 3 years and is offered to Early Start consumers and their families (on a voluntary basis) as a vehicle for settlement at the lowest possible administrative level.

Formal mediation is offered by the OAH Administrative Law Judge (ALJ) as a voluntary part of the mediation and due process hearings system. If a case is not settled in formal mediation, then it will progress to a due process hearing. An ALJ will preside over the hearing and the subsequent decision is to be provided in writing to the family within the mandated 30-day timeline. As discussed with OSEP during its Verification Visit, an ALJ will authorize an extension to the mandated 30-day timeline whenever it is in the best interests of the family. California considers this to fall within OSEP's "exceptional family circumstances" definition. Families are present during the hearings. Standard practice of OAH is if the hearing results in a decision, a copy is mailed to the family the day of the decision.

All participants in the Early Start Program are informed of their right to use due process if they are unable to reach agreement with the regional center or LEA about the substance of the family's program. The OAH is contracted to provide an impartial adjudication of these issues. OAH schedules mediation and hearing dates concurrently within the 30-day timeline. OAH provides DDS with the results of the hearings, formal mediation agreements, and data on all cases pending, resolved, and dismissed. DDS monitors the results and data for compliance and provides technical assistance as appropriate.

DDS continues to monitor, report, and follow up due process activities at the local level through Site Monitoring Visits, record reviews, and technical assistance as explained in the state's SPP. The following describe additional actions that were taken for improvement during the reporting period.

1. Two separate databases are maintained; one by the OAH and one by DDS, providing a system of checks and balances. DDS receives reports from the OAH, enters appropriate data into its database, tracks the data entered for timelines and systemic issues, and annually distributes reports to the Interagency Coordinating Council (ICC) and for monitoring functions. Any discrepancies noted during review are now addressed directly with the OAH and followed up to determine if all actions were appropriate.
2. Training was presented to Administrative Law Judges by DDS and OAH that included the state requirement that cases be heard and decisions rendered and mailed within 30 days of filing. As previously discussed, OAH judges make determinations when a legal continuance/extension is granted based on the best interest of the child and the family.
3. Trend data from monitoring visits, complaints, and due process are considered when developing the contents of the state's Training Institutes and technical assistance efforts.
4. DDS Liaisons track the mediation and due process hearing data for each regional center catchment area in their monitoring and follow-up reports. An integral component of this monitoring includes the documentation of the review of parent's rights to due process.
5. DDS posts and updates all information and forms regarding mediations and hearings to the DDS Early Start website and offers technical assistance to the community.
6. To increase quality, accessibility of hearing locations for families, and ensure accuracy of recordings from OAH hearings, DDS purchased high definition recorders to be located at each regional center.

**Revisions, with *Justification*, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2005 (2005-2006):** The following represent improvement activities DDS will undertake to improve the monitoring of this indicator.

1. DDS will research streamlining the data collection process by utilizing an automated data system in conjunction with OAH to improve accuracy and timeliness of the data.

2. DDS will conduct contract negotiations with the OAH in order to add and/or clarify information/data in its submissions of reports to DDS. Negotiations will also include the general streamlining of information and data and language regarding the mailing of settlements and decisions.
3. DDS will assign a Coordinator to continuously track its internal database for timeline compliance and provide oversight of the OAH contract through annual review.
4. The DDS and OAH will continue to support mitigation at the lowest administrative level (regional center) and to provide technical assistance to the community.
5. DDS will schedule training with OAH.

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

Please refer to overview of APR 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) 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.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	55% of mediations will result in agreements.

**Actual Target Data for FFY 2005 (2005-2006):** Data for FFY 2005 (2005-2006) are as indicated in the table below.

Data is obtained from OAH, the contractor for legal and data services with DDS. DDS maintains the database from which this information is obtained.

Mediation Requests Section B Table	<u>2005-2006</u>
(2) Mediation Requests total	106
(2.1) Mediations	36
(a) Mediations related to Due Process	36
(i) Mediation agreements	36
(b) Mediation not related to due process	Not Applicable
(i) Mediation agreements	Not Applicable
(2.2) Mediations not held (including pending)	0

For California, the measurement of this indicator is 100 percent (Measurement formula: 36 plus 0 divided by 36, times 100 equals 100 percent)

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005-2006**

SPP Table B (2): Mediation requests are assigned in conjunction with the assignment of hearing requests and so the totals filed for both are always the same. In FFY 2005 there was a decrease in total requests which California attributes to training between DDS and OAH, as well as regional center efforts to mitigate at the lowest administrative level possible.

SPP Table B (2.1)(a): Mediations held and settled increased from 51.52 percent in FFY 2004 to 100 percent in FFY 2005. This is largely attributed to the minor revisions regarding data interpretation explained in Indicator 11, as well as regional center efforts to mitigate at the lowest administrative level possible.

The mediation and hearing processes are set concurrently. Refer to Indicator 11 for a description of the differences and the processes involved. A formal mediation is offered by the Administrative Law Judge from OAH, which is a voluntary part of this process. Families are present during mediation. Standard practice of OAH is if mediation results in a settlement, a copy is provided to the family before they leave. If the case is not settled in formal mediation then it will go on to hearing.

The majority of cases filed with OAH are settled informally and withdrawn due to multiple factors. This process is an inherent part of the culture of the regional center system based on the mandatory informal resolution process of the Lanterman Act, which governs services for consumers over the age of 3 years and is offered to Early Start consumers and their families (on a voluntary basis) as a vehicle for settlement at the lowest possible administrative level. These cases are documented in indicator 11 as "Resolved prior to Hearing".

**Revisions, with *Justification, to Proposed Targets / Improvement Activities / Timelines / Resources* for FY 2005 (2005-2006):** Refer to Indicator 11 for Improvement Activities.

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

Please refer to overview of APR development on page 1.

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

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

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

**Measurement:**

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

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	Tables and APR will be accurate and submitted on time.

**Actual Target Data for FFY 2005 (2005-2006):** The exit and settings tables due November 1, 2006, underwent methodological revisions that were based on amended data definitions in the Data Dictionary, posted by WESTAT, and related guidance provided in October 2006. Although challenged, California submitted its tables on time and verified that the data met all computational and logical edit checks. Additionally, after extensive review and analysis following OSEP’s verification visit in October 2006, some of the processes and data elements used in the measurements for indicators were changed, as noted in this APR and associated SPP changes to be submitted.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2005:** California expends considerable resources and efforts to ensure California’s Early Start data is valid and reliable. The processes used by the Lead Agency for development, revision, and implementation of data collection, and related-use or dissemination, consistently include stakeholder consensus regarding collection and accuracy standards. In California, data changes require revisions to technical and program-user manuals, software revisions at 21 regional centers (local level) in addition to the lead agency, and training for myriad staff members who collect and report Part C data. Subsequently, for valid and reliable data to be generated, considerable lead-time is needed whenever data definitions, categories for data collection, or new data elements are introduced.

California’s Early Start data system is part of a larger system designed as a continuous improvement model. Statistical data meets or exceeds the federal criteria and standards for statistical data. DDS’s existing technical infrastructure used by Early Start conforms to the general principles for quality data:

1. *Automation* with automated system back-ups;
2. *Interoperability* between DDS, regional centers and regional center vendors with seamless data mining within appropriate levels of access consonant with confidentiality requirements;
3. *Connectivity* with all regional centers networked to DDS for all collection, reporting, and consumer record transfers;
4. *Capacity* at local (regional center) level is preserved by transitioning the SANDIS to UFS pass-through from the local level to the State level. This permits SANDIS to have additional components, such as electronic referrals to generic agencies and other resource efficiencies, to improve service delivery, accommodate the increased volume of records with caseload growth, and increased capacity for backup data storage. Capacity preservation is also ensured via archival methods at both the state and local levels;
5. *Utility* is ensured by DDS structuring all data systems around the needs of the users (regional centers). All processes and related changes are designed to ensure minimal impacts cause the least possible burdens to the users. Review and approval processes for proposed revisions ensure that changes without benefit to the users, and which impair users' ability to deliver services, are not instituted; and
6. *Reliability* conforms to strict, comprehensive, state policy and regulations that govern state information technologies requiring comprehensive system testing and performance monitoring, along with contingency plans that ensure continuity in case of disruptions (e.g., earthquakes).

The DDS Early Start data system further uses comprehensive *data dictionaries, business rules, and data definitions* which meet or exceed the identified federal criteria and are designed to facilitate delivery of quality services at the local level.

The following highlights some of the actions/decisions taken by California to improve its data collection system and explain target progress or slippage for timeliness and accuracy:

1. DDS replicated its study for reporting data on the "at risk" population in order to reaffirm its continued validity and use for reporting on indicators 5 and 6 and Table 1.
2. Based on the findings of OSEP's verification and subsequent analysis by DDS, the settings data source used for 618 tabular reporting was changed (Refer to Indicator 2 and Table 2 submission for description) as the source is more reliable and accurate than the previous source used.
3. Based on the findings of OSEP's verification and subsequent analysis by DDS, the timeliness of services data source used for APR/SPP reporting was changed (Refer to Indicator 1) as the source is more reliable and accurate than the previous source used. DDS intends to implement an enhancement to the monitoring process to collect more accurate data in accordance with current OSEP guidance and instructions for future APR reporting.
4. DDS added an additional data file-match with the California Department of Education (CDE), which included all children whether or not enrolled in Lanterman services, for appropriate Table 3 reporting.
5. DDS reviewed program audits and other monitoring results to affirm that regional centers provide referral information to families of children deemed ineligible for regional center services.
6. DDS reviewed Early Start monitoring data to affirm that all Part C children whose records were reviewed received referrals to Family Resource Centers (FRCs). The foregoing constitutes California's plan for ensuring that the State's exit data are accurate.
7. DDS continued monitoring state population trends and began comparing the most recent year's prevalence for California, Texas, and the U.S. to the prior year in order to ascertain, explore, and analyze similarities and differences of change that might lead to the identification of additional outreach, or other efforts, to effectively meet the needs of Early Start Program families.

8. DDS determined that a valid and reliable method for computing accurate regional center level data for percent served is problematic and subsequently, cannot be used for determinations or disseminated for review.
9. DDS determined that complaints, due process hearings, and formal mediation sessions number too few to appropriately publish by regional center without risking confidentiality violations.
10. DDS contracted with Kinetic Flow Inc. to conduct a Family Rights Survey (Indicator 4). Data collected was analyzed and results produced by NCSEAM personnel. Additionally, Kinetic Flow provided DDS with detailed analysis of each survey question at both the state and local levels.
11. DDS has developed and is using a monitoring tool for child outcomes (Indicator 3). Results and description of accomplishments is detailed in the SPP change to Indicator 3.
12. DDS dedicated a Senior Psychologist to the child outcomes Priority Indicator project. Preliminary actions taken to develop Indicator 3 included:
  - a. Obtain knowledge of the standardized assessment and evaluation instruments used in California's Part C program.
  - b. Derive and validate developmental levels from standard scores and age equivalencies in accordance with each instrument, including instruments on the ESR and those used by other states with similar eligibility definitions where information about the instruments are provided on the States' Part C website.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines /**

**Resources for FFY 2005 (2005-2006):** The following highlights some of the activities and resources that California will investigate and/or has included in order to further enhance and improve its data collection and program monitoring efforts.

1. DDS will explore enhancing data accuracy by aligning exit data categories with table categories for the Part C children that are exclusively served by CDE.
2. DDS will explore with CDE the use of a unique data identifier for children and other system enhancements to their file matching protocols in order to improve accuracy and minimize the number of records requiring manual validation.
3. DDS will reissue its race/ethnicity Program Advisory to guide regional centers in appropriate coding of the up to 20 different ethnicity fields used in order to ensure provision of culturally appropriate services.
4. Although California's complaint and due process systems are distinctly separate and maintained by different parties, DDS has modified both to conform to the future 618 data table requirements and has also constructed and piloted a reporting MS Access database that queries both databases to provide a blended report and reporting database.
5. DDS will negotiate with OAH to revise data definitions for due process and mediation so that the timelines are based on letter mailed and that DDS consistently receives information on resolution in cases withdrawn. The foregoing constitutes California's plan for ensuring that the State's due process and mediation data are accurate. Refer to Indicators 11 and 13 for the State's analysis of extensions granted.
6. DDS has begun revising and validating the record review database. One of the key revisions is changing the date of the data to reflect the date of "notification of findings to regional centers" from the date of "reviewing the records" to conform to OSEP's data definitions for compliance.
7. DDS is currently exploring an on-line training capacity for training at both the state and local levels, including regional centers, vendors, professionals, Agency/Department employees, and others.
8. DDS has posted its Early Start Report manual on its website and will develop a Program Advisory for regional centers regarding their reporting requirements.
9. With CDE's revised data collection system, implemented in late 2006, California expects to further enhance settings data accuracy by having settings data categories matching Table 2's categories



for the Part C children exclusively served by CDE available. The foregoing constitutes California's plan for ensuring that the State's setting data are accurate.

10. Other enhancements in the planning and exploration phase include:
  - a. IFSP automation for compliance elements;
  - b. Program Advisories on documenting exceptional circumstances and justifications for non-natural environments; and universal reporting of exceptional circumstances and justifications.
11. For timely reporting and training of personnel, DDS will request from OSEP the following data related items:
  - a. Identification of technical assistance contractor for development of the "National APR/SPP and 618 Data Manual for States".
  - b. Provision of Data Manual related training beginning with the Part C Data Managers Meeting.
  - c. Posting of the manual on a single website with other key organizations, including OSEP, linking to the manual.
  - d. Manual development and changes consider state reporting due dates so that new data definitions not require retroactive redefinition and collection.

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	8
(1.1) Complaints with reports issued	7
(a) Reports with findings	7
(b) Reports within timeline	6
(c) Reports within extended timelines	1
(1.2) Complaints withdrawn or dismissed	1
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0

SECTION B: Mediation requests	
(2) Mediation requests total	106
(2.1) Mediations	
(a) Mediations related to due process	36
(i) Mediation agreements	36
(b) Mediations not related to due process	Not applicable
(i) Mediation agreements	Not applicable
(2.2) Mediations not held (including pending)	0

SECTION C: Hearing requests	
(3) Hearing requests total	106
(3.1) Resolution sessions	Not applicable
(a) Settlement agreements	Not applicable
(3.2) Hearings (fully adjudicated)	10
(a) Decisions within timeline <b>SELECT</b> timeline used {30 day/Part C 45 day/Part B 45 day}	5
(b) Decisions within extended timeline	4
(3.3) Resolved without a hearing	96

Aggregated from 2005 SPP Data for 2006 APR Reporting of Baseline

Indicator 9:

	# of findings of noncompliance	# of corrections verified within one year	Percent corrected
A. Monitoring Priorities	14	0	0.00%
B. Other	55	1	1.81%
C. Other mechanisms	1	0	0.00%
TOTAL	70	1	70/1 = 1.43%

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 = 14</p> <p>b = 0</p> <p><math>b/a - 0/14 = .00 \times 100 = 100\%</math></p>	<p>An on-site review was conducted for six 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	NA				NA
	Other: Specify	NA				NA
2. Percent of infants and toddlers with IFSPs who primarily receive early	Self-Review	NA				NA
	On-site Visit	115	1	1	0	0.00%

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
intervention services in the home or programs for typically developing children.	Data Review	NA				NA
	Other: Specify	NA				NA
3. Percent of infants and toddlers with IFSPs who demonstrate improved: positive social-emotional skills, acquisition and use of knowledge and skills; use of appropriate behaviors to meet their needs. <b>NEW INDICATOR NO DATA 2004-05</b>	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. <b>NEW INDICATOR NO DATA 2004-05</b>	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	6,124	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	32,268	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	115	11	11	0	0%
	Data Review	NA				NA
	Other: Specify	NA				NA

Indicator	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Verified Corrected w/in 1 yr	% Corrected w/in 1 yr
8. Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday.	Self-Review	NA				NA
	On-site Visit	14	2	2	0	0.00%
	Data Review	NA				NA
	Other: Specify	NA				NA
TOTALS	SUM COLUMNS A AND B			14	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 = 55</p> <p>b = 1</p> <p>b/a = 1.81%</p>	<p>An on-site review was conducted for only six 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 = 1</p> <p>c = 0</p> <p><math>c/b = 0/1 = 0</math> <math>\times 100 = 0.00\%</math></p>	<p>A data review was conducted for all 21 regional center programs.</p>