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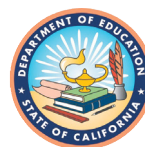
Part C to B for CA Kids Workgroup Recommendations

Report to the chairs of the relevant policy committees and budget subcommittees of the California State Legislature and the California Department of Finance

Authorizing State Legislation: California *Education Code* Section 56477, added by Section 50 of Senate Bill 75 (Chapter 51, Statutes of 2019)

From the California Department of Education, the California Department of Developmental Services, and the Part C to B for CA Kids Workgroup

Prepared by WestEd



Description: This report provides recommendations made by the Part C to B for CA Kids Workgroup to the California State Legislature and the Department of Finance for improving the transition of three-year-old children with disabilities from early intervention services to special education services in California under the authority of California Education Code Section 56477, added by Section 50 of Senate Bill 75 (Chapter 51, Statutes of 2019).

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To the California State Legislature and California Department of Finance:

Senate Bill 75 (Chapter 51, Statutes of 2019) charged the California Department of Education (CDE), in collaboration with the California Department of Developmental Services (DDS), to convene one or more workgroups to identify barriers that may inhibit smooth transitions for three-year-old children with disabilities from Part C to Part B. Once convened, the workgroup would provide recommendations to the relevant subcommittees of the Legislature and Department of Finance regarding: (1) strategies to improve the state's performance in meeting federal deadlines for transitioning three-year-old children with disabilities from individualized family service plans administered by a regional center to individualized education programs administered by a local educational agency and (2) best practices for regional centers and local educational agencies to ensure that every three-year-old child with disabilities receives an uninterrupted continuum of support services. The workgroup recommendations were to include any specific changes needed to state regulations and/or statutes, changes to the implementation of federal regulations, changes to state agency support and oversight, and associated staffing or funding needed to implement the recommendations.

To meet this charge, the CDE contracted with WestEd to establish and facilitate a workgroup focused on improving transition experiences for California's children and families. In the course of executing this charge, the CDE and the DDS have used this opportunity to engage in cross-agency collaboration that supported meaningful stakeholder engagement and interagency communication and decision-making. The collective efforts of the CDE, the DDS, and the Part C to B for CA Kids Workgroup demonstrate that intentional, meaningful, and sustained collaboration across state agencies and stakeholders will be necessary to successfully implement the recommendations in this report.

This report, and the associated efforts of the Part C to B for CA Kids Workgroup, raise an important series of observations, challenges, and opportunities for how the various functions of child-serving agencies work together to design, deploy, and implement coherent supports for children with disabilities and their families during the transition out of Part C programs. The Part C to B for CA Kids Workgroup recommendations and associated actions mark an

improved path forward in how California proceeds with policy and regulatory changes that positively impact the lives of California’s children.

The recommendations contained in this report reflect the ideas developed by the Workgroup with input from state agency staff. This report does not necessarily represent the opinions of the CDE, the DDS, or WestEd, nor does it indicate endorsement of the recommendations by any individual or state agency.



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Executive Summary

The Individuals with Disabilities Education Act (IDEA) outlines requirements and authorizes funding for states to provide education and related services to children with disabilities across the nation from birth to age twenty-two. When an infant or toddler receiving early intervention services under Part C of the IDEA turns three years of age, those Part C services end, and many children and their families move on to other community programs, such as preschool. The process of moving from Part C to another program is known as transition and is an important time in the life of children with disabilities and their families.

Many children who received Part C services remain eligible for special education services under Part B of the IDEA. IDEA regulations require each state to have policies and procedures in place to ensure a smooth and effective transition of services from Part C programs to Part B programs for three-year-olds with disabilities. In 2018, 26 percent of toddlers in California who had received Part C services (about 11,200 toddlers) were found eligible to transition to Part B services at age three (California Department of Education 2020).

Despite efforts by state and local agencies in California to support smooth transitions, systemic challenges have prevented many of the state's children with disabilities and their families from experiencing a smooth transition from Part C services to Part B services. Over the past several years,

“Great care was taken in working on these recommendations. We realize the possible work that may be created as a result of the recommendations. However, families are at the core of what we do, and we feel these recommendations will give the families and the agencies that serve them a better experience.”

– Workgroup Member

California has struggled to reach compliance with federal indicators that measure adherence to required timelines for transitioning services from early intervention programs to special education programs. Consequently, a number of children transitioning out of Part C programs have not received services in a timely manner at age three, and their families have endured difficult transition processes.

To address this issue, Senate Bill 75 required the California Department of Education (CDE) and the Department of Developmental Services (DDS) to jointly convene a workgroup, the Part C to B for CA Kids Workgroup (“the Workgroup”), to provide input and recommendations on improving the transition of services for three-year-old children with disabilities from Part C to Part B programs. Workgroup members included representatives from local educational agencies (LEAs), regional centers, family support organizations, vendored service provider agencies, and legislative staff. Members of the Workgroup engaged in a series of working sessions for one year to investigate the policies and practices involved in transitioning children from Part C to Part B in California and to develop recommendations on how to improve the transition system to ensure continuity of services for young children with disabilities and their families.

To frame its purpose and guide its work, the Workgroup envisioned a system in which

- all children exiting Part C have continuity of services and access to quality education in inclusive settings,
- families are informed and supported throughout their child’s transition experience, and
- state and local agencies work effectively and efficiently together to support smooth transitions.

About This Report

This report summarizes the context, process, and resulting recommendations of the Part C to B for CA Kids Workgroup, which convened from May 2020 through April 2021. The recommendations contained in this report reflect the ideas developed by the Workgroup with input from state agency staff. This report does not necessarily represent the opinions of the CDE, the DDS, or WestEd, nor does it indicate endorsement of the recommendations by any individual or state agency. The Workgroup identified the following seven overarching recommendations to strengthen transition coordination between state agencies, improve local practices, and build state and local capacity to ensure supportive and smooth transitions for young children with disabilities and their families:

Recommendation 1

State Support for the Continuous Improvement of Local Programs: Improve the state's capacity to support the continuous improvement of local Part C and Part B programs to facilitate smooth and equitable transitions for children with disabilities and their families by

- a. providing technical assistance and mandated training that support the alignment, implementation, and continuous improvement of transition practices for local Part C and Part B programs,
- b. providing ongoing professional learning on addressing bias in transition planning, and
- c. collecting and disseminating effective practices that support the continuous improvement of Part C and Part B programs to meet required timelines and support families during the transition process.

Recommendation 2

Eligibility Criteria for Part B Services: Streamline eligibility criteria and eligibility determination policies and practices for programs receiving children who exit Part C at age three by

- a. expanding Part B eligibility criteria and exploring opportunities to promote earlier identification of children eligible for Lanterman services, and
- b. amending and aligning eligibility determination policies and practices across Part C and Part B programs.

Recommendation 3

State Monitoring and Support: Improve the state monitoring and support system to build local program capacity for facilitating smooth transitions for children and families by

- a. expanding and leveraging virtual monitoring strategies that support state-level inter-agency collaboration and strengthen the monitoring and support system for Part C and Part B programs, and
- b. revising local program monitoring and support processes and protocols to reflect changes in required practices as a result of these recommendations.

Recommendation 4

Data Systems and Data Sharing Across Programs: Link existing data systems and revise data-sharing policies and practices to promote timely sharing of information across Part C and Part B programs by

- a. exploring and leveraging existing or emerging data collection systems to link child data across local Part C and Part B programs,
- b. linking existing child/student identifiers across Part C and Part B programs, and
- c. revising state regulations to require that unidentifiable child data be shared across Part C and Part B programs for all children with an Individualized Family Service Plan (IFSP) when they turn two years and three months of age.

Recommendation 5

Access to Developmentally Appropriate Services and Inclusive Settings: Increase access to developmentally appropriate services and inclusive educational settings for three-year-old children with disabilities to ensure a seamless transition of services from Part C to Part B by

- a. applying to adopt the extended IFSP option in accordance with federal regulations,
- b. allowing and funding Part C programs to provide continued services and support for children whose third birthdays fall during LEA breaks in service;
- c. adjusting enrollment practices, timelines, and funding formulas so that existing early education and care programs can accommodate children turning three throughout the school year,
- d. expanding inclusive placement and support options for all three-year-old children exiting Part C programs, including automatic eligibility for the California State Preschool Program, and
- e. developing and disseminating evidence-based guidelines on effective early childhood special education services and supports.

Recommendation 6

Family Engagement and Support: Improve family engagement and support practices for transition by

- a. establishing ongoing opportunities for families to provide feedback on the transition process,

- b. building local program capacity to ensure effective family engagement and equitable access to information that supports informed decision-making for all families,
- c. requiring Part C programs to refer families to the appropriate Early Start family resource center and family empowerment center for support during their children's transition from Part C to Part B services,
- d. advancing legislation to expand family empowerment centers throughout the state and dedicating additional state funding to Early Start family resource centers and family empowerment centers for supporting families during transition,
- e. establishing policies and practices for identifying primary points of contact within Part C and Part B programs to communicate with families and coordinate transition activities,
- f. revising the Part C service coordinator caseload limit and establishing a caseload ratio formula for Part C service coordinators, and
- g. establishing a statewide Transition Navigator program that supports families throughout their children's transition process.

Recommendation 7

State and Local Interagency Agreements: *Improve state and local interagency agreements to strengthen collaboration policies and practices for transition by*

- a. reviewing and revising the components of the state interagency agreement related to transition, and
- b. monitoring implementation and supporting the continuous improvement of the transition policies and procedures outlined in local interagency agreements.

Improving the transition experience for young children with disabilities and their families will take time and careful implementation of these recommendations. It will also require financial investment from the state in the form of one-time funds to cover start-up costs to successfully implement many of the recommendations as well as ongoing funds for dedicated staff to sustain the resulting improvements. However, the potential benefits of implementing these recommendations far outweigh these costs. Embracing the Workgroup recommendations will strengthen the relationships and structures necessary for smooth, timely transitions throughout the state.



Introduction

Background

Section 50 of Senate Bill 75 (Chapter 51, Statutes of 2019) added Section 56477 to the California *Education Code* requiring the California Department of Education (CDE), the Department of Health Care Services (DHCS), and the Department of Developmental Services (DDS) to jointly convene one or more workgroups that include representatives from Local Educational Agencies (LEAs), appropriate county agencies, regional centers, and legislative staff to provide input and recommendations in the following areas:¹

- Improving transition of three-year-old children with disabilities from regional centers (Part C programs) to LEAs (Part B programs) to help ensure continuity of services for young children and families
- Improving coordination and expansion of access to available federal funds through the LEA Medi-Cal Billing Option Program; the School-based Administrative Activities Program; and medically necessary federal Early and Periodic Screening, Diagnostic, and Treatment benefits

“This workgroup took lessons learned from what families tell us ... and worked intentionally on addressing these experiences within the statewide system. Family voices and experiences have been embedded as we discussed where issues can be best addressed and rectified.”

– Workgroup Member

¹ See appendix A to read the full statute and for more background information on SB 75.

Two separate workgroups were convened, each addressing one of these areas, and two sets of recommendations were developed accordingly. This final report provides detailed recommendations from the Part C to B for CA Kids Workgroup (“the Workgroup”) for the first area: improving transition of services for young children with disabilities from Part C to Part B programs, including recommended activities, changes needed to state and local infrastructure, and timelines for implementation. This report describes the Workgroup’s recommendations and the actions necessary to meet the charge set by the legislation. Specifically, it includes program requirements (e.g., changes to interagency coordination practices) and support services (e.g., training and technical assistance) needed to improve transition practices and ensure continuity of services for toddlers with disabilities and their families.² The recommendations contained in this report reflect the ideas developed by the Workgroup with input from state agency staff. This report does not necessarily represent the opinions of the CDE, the DDS, or WestEd, nor does it indicate endorsement of the recommendations by any individual or state agency.

Process for Developing the Recommendations

The recommendations in this report were generated from May 2020 through April 2021 through a series of stakeholder engagement activities with a 41-member workgroup representing a wide range of California early intervention and early childhood special education stakeholder groups. These activities were guided by a 19-member steering committee composed of staff from the CDE and the DDS. The steering committee guided the Workgroup’s activities and provided expert consultation regarding recommendation design. A 21-member advisory group with representatives from the Legislature and Department of Finance had the primary function of advising on the intent of the Senate Bill 75 legislation and associated reporting requirements. The processes for developing the recommendations and writing this final report were facilitated by WestEd,³⁴

The following problem statement was developed and agreed upon by Workgroup and Steering Committee members and was used to guide this work:

There is an interruption of services for young children with disabilities and their families when children are not successfully transitioned from early intervention services (Part C) to special education services (Part B).

² Refer to appendix F for specific changes needed to state regulations or statutes, changes to the implementation of federal regulations, changes to state agency support and oversight, and associated staffing or funding needed to implement the recommendations. Refer to appendix H for additional information regarding staffing and funding needed to implement the recommendations.

³ The Acknowledgments section of this report lists the members of these groups and the agencies and organizations that they represent, and appendix B illustrates the structure of the groups.

⁴ See appendix B, figure 2, for an illustration of the structure for stakeholder involvement.

To frame its purpose and to guide its work, the Workgroup envisioned a system in which

- all children exiting Part C have continuity of services and access to quality education in inclusive settings;
- families are informed and supported throughout their child’s transition experience; and
- state and local agencies work together effectively and efficiently to support smooth transitions.

The recommendations and this final report were developed through a process that involved Workgroup meetings and other input activities, field research, and guidance from a state-level steering committee and advisory group.⁵ The process followed design principles for developing recommendations leading to system improvements that are based on analyzing and understanding stakeholder experiences.⁶

“We came together from a variety of backgrounds in order to identify barriers that families face as they navigate services for their children, with the primary goal of making transition to preschool a positive and welcoming experience for children and families.”

– Workgroup Member

“This workgroup spent time analyzing and discussing how the implementation of the recommendations will impact our students and families.”

– Workgroup Member

To develop these recommendations, the Workgroup engaged in three main activities:

- 1. See, Empathize, and Define:** Investigate potential system strengths and challenges; empathize to learn more about the people most impacted by, and involved in, the system; and develop a shared point of view about stakeholder needs and opportunities for system improvement.
- 2. Ideate:** Generate ideas to address the problem.

⁵ See appendix C for more information on the timeline and specific steps in the process.

⁶ See appendix D for more information on the frameworks that guided the development of the recommendations.

3. Design: Turn ideas into recommendations for changes to policy and practice that will lead to people’s improved experiences in the system.⁷

The system investigation process and results are described in the *Senate Bill 75 Part C to B for CA Kids Progress Report* (CDE et al. 2020). As part of investigating the system, Workgroup members considered what they had learned about family and local program staff experiences with the Part C to Part B transition process and current state and local practices together with their own experiences working within the Part C to Part B systems. The Workgroup identified several root causes contributing to challenges in the transition process, including the following:

- limited alignment of eligibility criteria and determination practices across Part C and Part B programs
- large provider caseloads
- high rates of local program staff turnover
- late referrals for children and families to Part C programs
- limited Part B service options for children and families
- limited state support and guidance
- lack of linked, longitudinal data across Part C and Part B programs

Using the information gathered during their investigation of the system, the Workgroup brainstormed possible ideas for addressing these challenges at the state and local levels. The Workgroup then refined these initial ideas into the recommendations presented in this report. Each recommendation includes proposed actions for carrying out the respective recommendation and, for each respective action listed, details about “why the action is important” and “how to get there,” or what steps to take to carry out the action.

The process of developing recommendations provided opportunities to generate understanding, share experiences, produce ideas, and build relationships across a broad range of stakeholders involved in the California Part C to Part B transition system. The Workgroup offered a space for service providers, local agencies, and statewide advocates to work together, across varied interests and through collective investigation and ideation, to design meaningful recommendations for improving the transition experience for children and families. Workgroup meetings were designed to collectively investigate and understand the current state of California’s transition system and to explore opportunities for system improvement. While the Workgroup was focused on making structural improvements to Part C to Part B transition, Workgroup engagement activities contributed to new relationships and connections among actors in the transition system. As one Workgroup member shared,

⁷ Adapted from the National Equity Project (2021).

“This workgroup included experts from different agencies and backgrounds involved in the Part C to Part B transition [process] who all had insights that provided valuable input to our recommendations. We worked well together, listened, and learned from one another.”

– Workgroup Member

Meanwhile, the steering committee provided a critical space for interagency collaboration between the CDE and the DDS, resulting in greater shared understanding of the respective responsibilities and experiences that each state agency has in the transition process, increased collaboration between the departments, and shared commitments to sustaining collaboration for system improvement over time. The advisory group provided an opportunity to keep staff members from the Department of Finance and the Legislature up to date on the progress of the Workgroup and to generate a shared understanding with Department of Finance and legislative staff on the evolution of the recommendations. Members of the advisory group were quick to respond to the evolving Workgroup recommendations. Several initiatives in the 2021-2022 California Budget⁸ reflect some of the findings and recommendations made by the Workgroup.

California’s Part C and Part B Landscape

This section describes the Part C and Part B systems in California in order to provide important context for the Workgroup recommendations.

Federal regulations require each state receiving funding for its Part C and Part B programs to designate a lead agency to administer the state’s responsibilities under IDEA. The DDS oversees and monitors regional center Part C programs for compliance with state and federal regulations, manages the state’s Comprehensive System of Personnel Development,⁹ collects and compiles statewide data on Part C compliance and outcomes, and submits the state’s Part C Annual Performance Report/State Performance Plan (APR/SPP) each year to the U.S. Department of Education (ED). The CDE partners with the DDS and has oversight and monitoring responsibility for LEAs providing Part C services for some infants and toddlers with disabilities, including children with low-incidence disabilities. The CDE and the DDS collaborate to collect and report compliance and outcomes data, complete the required notifications for upcoming transitions, and develop training and provide information to families and program staff on Part C programs. The CDE is also the lead agency for California’s Part B program,

⁸ <http://www.ebudget.ca.gov>

⁹ This is a mandated component of the statewide Part C system that includes the training and preparation of early intervention professionals.

overseeing and monitoring LEAs across the state that provide Part B services and collecting and reporting data on the state's Part B APR/SPP.

Part C. California's Part C program serves more than 50,000 infants and toddlers with or at risk for disabilities or delays and their families each year, the highest number of any state in the nation (ED 2020a). The DDS is the lead agency for California's Part C program, known as Early Start, and has responsibility for monitoring and implementing the state's system of services for eligible infants and toddlers and their families. The CDE is a partner agency in California's Part C system and oversees LEAs providing Part C services for infants and toddlers with low-incidence disabilities. The CDE and the DDS collaborate to collect and report compliance and outcome data, complete the required notifications of upcoming transitions, and develop training and information for Part C professionals and families whose children are eligible for Part C services.

The system of Part C services in California is complex. Depending on a child's eligible condition, services are coordinated by either a regional center or an LEA. Services are then provided by a regional center vendor that serves eligible children or an LEA program that provides services for children with solely low-incidence disabilities or other eligible children up to their funded capacity.

For most children, services are purchased and coordinated by the 21 regional centers across the state. Each regional center contracts with local service providers, known as vendors, who are reimbursed for services provided to infants, toddlers, and their families eligible for Part C. Examples of vendors include speech and language therapists, occupational and physical therapists, infant development programs, licensed infant mental health specialists, and some LEA infant programs. For these children, a regional center service coordinator is assigned to each child and their family to coordinate the IFSP and help navigate Part C services.

Some children receive Part C services from an LEA *funded capacity program*. These programs, also known as "legacy programs," have been providing early intervention services since before Part C was enacted in 1997. The name "funded capacity" comes from the funding formula used to determine the maximum number of infants and toddlers these programs can serve. The formula for each program is based on the number of children that program was serving when it was first established in the early 1980s (Taylor 2018). These services are provided and paid for by an LEA and can be coordinated by the regional center or, at the discretion of the IFSP team, the LEA.

A small percentage of infants and toddlers have services both coordinated and provided by an LEA. These children have what is known as *solely low-incidence disabilities*, meaning the child is experiencing one of the following conditions: hardness of hearing, deafness, deaf-blindness, orthopedic impairment, or visual impairment. The CDE is responsible for coordinating funding and monitoring of LEA programs serving children with solely low-incidence disabilities.

An important component of the Part C system is the State Interagency Coordinating Council (ICC) on Early Intervention. Required for all states receiving Part C funding, the ICC supports the lead agency in the implementation of the state's Part C service system. Members of California's ICC represent a wide variety of early intervention and early childhood stakeholders, including families, service providers, state agencies, and health care professionals.

Part B. Special education services under the IDEA Part B are provided by over 1,000 LEAs in California. In 2019–20, more than 50,500 children ages three to five received special education and related services in California, a number surpassed only by that of New York (ED 2020b). The CDE is the lead agency for California's Part B program, overseeing and monitoring LEAs across the state that provide Part B services and collecting and reporting data on the state's Part B APR/SPP.

The Advisory Commission on Special Education (ACSE)¹⁰ provides recommendations and advice to the State Board of Education, the State Superintendent of Public Instruction, the Legislature, and the governor in new or continuing areas of research, program development, and evaluation in California special education. Commissioners include families, students with disabilities, educators, administrators, and members of the Legislature.

Family Support. A range of agencies in California provide support, training, and information to families of children eligible to receive Part C or Part B services. *Early Start family resource centers* (FRCs) are funded by a combination of state and federal funds through contracts administered by the DDS to offer parent-to-parent support and other resources to families of children from birth to age three with developmental delays or disabilities who are eligible for Part C. There are 47 Early Start FRCs in California, serving all counties in the state.

Family empowerment centers (FECs) are funded by federal funds through grants administered by the CDE to serve families with children and young adults with disabilities ages three to twenty-two who are receiving special education services. FECs provide information, training, and parent-to-parent support to help individuals and their families navigate the educational system and advocate for a free and appropriate education. There are 14 FECs, each serving a particular region in California.

Parent training and information centers (PTICs) receive funding from ED to serve individuals with disabilities ages birth to twenty-six and their families. As their name implies, PTICs offer information and training to families and professionals on disability issues, community resources, and special education laws and rights. California has six PTICs that serve the entire state.

Finally, *community parent resource centers* (CPRCs) also receive federal funding to serve underserved families of individuals with disabilities ages birth to twenty-six, including families with

¹⁰ Authorized by the Individuals with Disabilities Education Act (IDEA), 20 United States Code Section 1412 (a)(21); California *Education Code*, Section 33590

limited English proficiency, families with low incomes, and family members with disabilities. California's three CPRCs offer information, training, and parent-to-parent support.

Ecosystem of Current Statewide Initiatives. For one year, the Workgroup focused on bringing together research, evidence, and personal experiences to inform a series of recommendations and necessary actions to meet the mandate of the Senate Bill 75 legislation and to set the groundwork for improvements in the Part C to Part B transition system. During the workgroup process, the Workgroup members recognized that other efforts initiated at the local, regional, and state levels are aiming to resolve challenges within the same systems addressed by the Workgroup. The Workgroup, the steering committee, and support staff recognized that they were operating within a complex and intricate ecosystem of statewide initiatives aiming to improve services and supports for children with disabilities ages birth to five and their families. The graphic displayed in appendix E visually represents some of the current initiatives in this ecosystem, organized by various system components. Although this graphic does not show all state-level initiatives, it offers a snapshot of current efforts and illustrates the context in which California can frame, analyze, and develop solutions for improving Part C to Part B transition for children and families.



Recommendations

The following are recommendations from the Workgroup for improving the transition of services for three-year-old children with disabilities from Part C programs to special education programs.¹¹ The recommendations were developed beginning in May 2020, and the details of the recommendations and related actions may not reflect legislation developed after that date.

Recommendation 1

State Support for the Continuous Improvement of Local Programs:
Improve the state’s capacity to support the continuous improvement of local Part C and Part B programs to facilitate smooth and equitable transitions for children with disabilities and their families.

“All [of these] recommendations are critical to improving transition services for all families. We appreciate the opportunity to bring forward these recommendations and actions needed to enhance this work.”

– Workgroup Member

¹¹ For more details about these recommendations, refer to the following appendices:

- Appendix F, table 4, lists the required changes to regulations, statute, oversight, support, staffing, and funding for each recommendation.
- Appendix G illustrates the proposed implementation timeline for the recommendations and associated actions.
- Appendix H, table 6, describes the estimated costs for each recommendation.

- **Action 1-A:** Provide technical assistance and mandated training that support the alignment, implementation, and continuous improvement of transition practices for local Part C and Part B programs.
- **Action 1-B:** Provide ongoing professional learning on addressing bias in transition planning.
- **Action 1-C:** Collect and disseminate effective practices that support the continuous improvement of Part C and Part B programs to meet required timelines and support families during the transition process.

This recommendation includes three actions that would provide the needed resources to the state’s lead agencies for Part C and Part B to strengthen and supplement professional development activities for improving local program transition practices.

Recommendation 1 Proposed Actions

Action 1-A:

Provide technical assistance and mandated training that support the alignment, implementation, and continuous improvement of transition practices for local Part C and Part B programs.

Why This Action is Important

The need for statewide training and guidance on effective transition practices was noted throughout the information collected for the Part C to B for CA Kids Workgroup Progress Report (CDE et al. 2020). States that are similar to California, but which have high scores on transition performance indicators, provide statewide training and guidance to professionals on transition practices. Additionally, Workgroup members from Part C programs reported the need for more training and guidance from the state on transition requirements and best practices. Although California has published the *Effective Early Childhood Transitions* guide (DDS, Early Start Section, and CDE, Special Education Division, 2013) and has offered in-person training about transition in some areas across the state, the state does not currently offer statewide training specific to transition requirements. National technical assistance centers have identified statewide professional development and training on transition as a recommended practice (National Early Childhood Transition Initiative 2008).

This recommended action will build the state’s capacity to address the training and technical assistance needs of local programs related to transition, including those required practices that will emerge or change as a result of the adoption of other recommendations in this report. The Workgroup recognizes that successful implementation of any practice at the local level requires guidance and support from the CDE and the DDS. As effective professional development activities “[reflect] the collaboration of Part C and Part B agencies,” this

guidance should be developed through collaboration and partnership of staff from both the DDS and the CDE (National Early Childhood Transition Initiative 2008). Both agencies will require additional funding to develop and deliver professional development activities.

How to Get There

Statewide Training. The DDS and the CDE should collaborate to provide training to local Part C and Part B programs on transition requirements and effective practices. Collaborative professional development efforts between the agencies should reflect shared responsibility for provision of Part C services as well as distinct responsibilities for administration of Part C and Part B systems. Training should be aligned to the statewide monitoring systems so that monitoring data can inform additional training or guidance to address the most critical needs of local programs.

Where possible, the DDS and the CDE should use existing professional development materials, mechanisms, staffing, contracts, and grants to accomplish this action, including the state Comprehensive System of Personnel Development. Additional necessary funds, structures, and tools should be determined by the DDS and the CDE after both agencies review current training and resources provided through the Comprehensive System of Personnel Development, identify gaps, and determine current needs.

Additional staff will be needed to increase infrastructure support at each agency. These additional positions are critical for effective interagency collaboration as well as local program support. Funding should be appropriated to both the DDS and the CDE for the establishment of at least two positions per agency whose primary responsibilities would be to engage in interagency collaboration regarding transition. Interagency collaboration activities would involve reviewing updated local interagency agreements and providing technical assistance to local programs in support of their coordination and continuous improvement of transition practices. Further, at a minimum, the annual budget should allocate funding to support the hiring of additional staff for the CDE's Part C team. Currently, only one staff person is assigned at the CDE to oversee the 125 LEA Part C programs across the state. Additional CDE staff will be needed to provide the focused training, technical assistance, and interagency collaboration recommended by the Workgroup.

In developing guidance to the field about best practices for facilitating smooth transitions, the DDS and the CDE should review existing resources from local Part C, Part B, and family support programs that might be leveraged for statewide distribution. This review should also include studying the scope and effectiveness of existing trainings and technical assistance to better understand the state's professional development landscape and identify areas of improvement. For example, the DDS and the CDE have directed the production of a new online course to deliver fundamental information about requirements and recommended practices for facilitating transition from Part C programs. The course content was reviewed and approved by both departments and was produced with input from

stakeholders, including families. The proposed review should include evaluation of completion and perceived effectiveness of this course, with the intent to improve or expand on the content as indicated by the evaluation.

For any new professional development opportunities, multiple methods of training delivery should be considered, including intensive trainings, short training modules, and reference materials. Development of any new professional learning materials must include stakeholder input, including input from families. The DDS and the CDE should also consider the role that statewide entities such as the ICC and ACSE might play in the development and dissemination of professional learning for Part C and Part B programs.

At the local level, the DDS and the CDE should provide shared learning opportunities for Part C and Part B program staff, including regional center staff, LEA staff, and service providers, to establish a shared understanding of transition processes and expectations. The state agencies should also support opportunities for local Part C and Part B program staff to share and learn from each other about practices that support the successful transition of children from Part C to Part B programs. At a minimum, training on transition should be provided annually, when onboarding new staff, and in the event of changes to regulations or policies regarding transition.

The DDS and the CDE should collaborate with regional centers and LEAs to determine who would be required to take this training and to establish mechanisms for verifying and reporting that individuals have completed training. At a minimum, all Part C service coordinators, Part C program managers, and LEA Part B staff responsible for transition should be required to complete fundamental training on the requirements and recommended practices for facilitating transition and be required to demonstrate evidence of training. FRC and FEC staff should also complete this fundamental training.

For local program staff to be able to fully participate in training, the programs will need funding to provide substitute personnel to ensure that children and families continue to receive the services indicated in their IFSPs. Therefore, the Workgroup recommends that a portion of the allocated funding to develop and conduct this training be provided to local programs to cover staff time and other associated costs (for example, travel to in-person events) of participating in training.

The state also needs sufficient funding to be able to track and support consistent implementation and measure the impact of training for local programs, including how learning is being applied by Part C and Part B program staff, and its impact on local system improvement. Measures should be quantitative and qualitative and include family input. Measurement efforts should also align with the statewide monitoring system, including indicators reported on the state APR/SPP for Part C and Part B. The existing local program monitoring system might be used to assess and support accountability.

Targeted Technical Assistance. The state should allocate ongoing funding for the DDS and the CDE to jointly provide targeted technical assistance to Part C and Part B programs in support of continuous program improvement. To the extent possible, the DDS and the CDE should leverage existing resources such as current monitoring processes and protocols, staffing, contracts, and grants to accomplish this action. Additional resources needed should be jointly determined by the DDS and the CDE after both agencies collaboratively review existing resources and identify gaps.

At a minimum, technical assistance should address the need for both technical and adaptive changes in the following areas:

- supporting local agencies and local interagency collaboratives to implement any new regulatory requirements and to set parameters for transition practices that fall under local discretion
- addressing systemic ableism, racism, and audism in transition planning (see Action 1-B)
- reviewing and updating interagency agreements (see Action 7-B)

Through regular monitoring or other methods, the DDS and the CDE should conduct ongoing needs assessments at local programs to identify the unique technical assistance and support needs. Needs assessments should also include results from annual reviews of interagency agreements.

Action 1-B:

Provide ongoing professional learning on addressing bias in transition planning.

Why This Action is Important

Research has demonstrated the existence of racial disparities in both Part C and Part B service systems throughout the country. Eligible Black children are less likely than eligible White children to receive Part C services, and Black and Asian children are underrepresented in both early intervention and early childhood special education (Feinberg et al. 2011; Morgan et al. 2012). Moreover, according to the Education Trust (2021), “the probability of a child being identified as having a developmental delay and using early intervention services is drastically different depending on their race and ethnicity. Compared to their White peers with developmental delays, Black children with developmental delays are 44 percent less likely to be identified as such and receive services, and Latino children with developmental delays are 78 percent less likely to be identified as such and receive services.” Children and families also experience inequitable access to early intervention services, including transition services, based on their geographical location (e.g., services are located too far from a family’s home)

and socioeconomic status (e.g., housing instability can make it difficult for families to access consistent support) (Heyman, Bolourian, and Blacher 2020, 97–115).

During transition planning, Part C and Part B staff have a responsibility to prepare for smooth transitions for all children with disabilities and their families, including culturally responsive transition supports and equitable identification and provision of services (Heyman, Bolourian, and Blacher 2020, 97–115; Burchinal, Kainz, and Cai 2011). Early childhood professionals becoming aware of their own conscious and unconscious biases is a critical component of equitable service delivery, underscoring the importance of dedicated resources and training for antibias transition practices (Blanchard et al. 2021; St. John and Thomas 2012). Nationally published guidelines cite “professional development activities [that] teach providers to use culturally responsive approaches to transition planning with families” as an effective practice for successful and equitable transitions at age three (National Early Childhood Transition Initiative 2008). Professional learning on antibias and culturally responsive transition practices can help strengthen family–provider relationships and improve provider support to children with disabilities and their families. Additionally, reducing racial disparities in early childhood experiences can contribute to reducing racial disparities in learning experiences, opportunities, and outcomes for children when they are in school (Burchinal, Kainz, and Cai 2011).

“Children of color who are eligible for services are less likely to receive them and more likely to face challenges while receiving them. This is due to a variety of factors, including insufficient outreach and a lack of culturally competent services.”

—Education Trust (2021)

How to Get There

The DDS and the CDE should collaboratively review existing transition training and ongoing professional learning opportunities for local Part C and Part B program staff to assess content addressing inclusive practices, equitable systems, cultural and linguistic responsiveness, antibias practices and mindsets (e.g., that address ableism, racism, and audism), and organizational culture in relationship to transition. Where gaps are identified, the DDS and the CDE should use existing mechanisms, staffing, contracts, and grants to augment or revise training materials and determine whether additional materials are needed to fill the gaps. The state should then appropriate sufficient funds, as needed, to the DDS and the CDE in support of developing joint training resources to address bias in transition planning and support.

Development of any new training curriculum should follow evidence-based and recommended practices for designing professional learning activities. The process for creating

training curriculum must include stakeholder input with an emphasis on engaging families of color and families from other underrepresented groups (e.g., foster families, families who are highly mobile, families who are experiencing homelessness, and families with parents/guardians and/or children whose primary language is not English). Multiple methods of training delivery should be considered, including intensive trainings, short training modules, and reference materials. The curriculum should include a consistent foundation while being responsive to local contexts (e.g., the community's unique history, needs, etc.). The curriculum should also address building cultural competence and practicing cultural responsiveness.

The goals of the training should include (1) learning how personal biases can contribute to inequitable experiences, opportunities, and outcomes for children and families during the transition process and how to prevent and address these inequities; and (2) reflecting on existing transition policies and practices that may contribute to inequities.

As with Action 1-A, the Workgroup recognizes the need to directly support program staff to participate in this training. A portion of the allocated funding to develop and conduct this training should be used to provide grants or scholarships to cover staff time and other associated costs of participating in the training. Application of learning should also be measured through the existing monitoring systems to reinforce the importance of antibias practice.

Action 1-C:

Collect and disseminate effective practices that support the continuous improvement of Part C and Part B programs to meet required timelines and support families during the transition process.

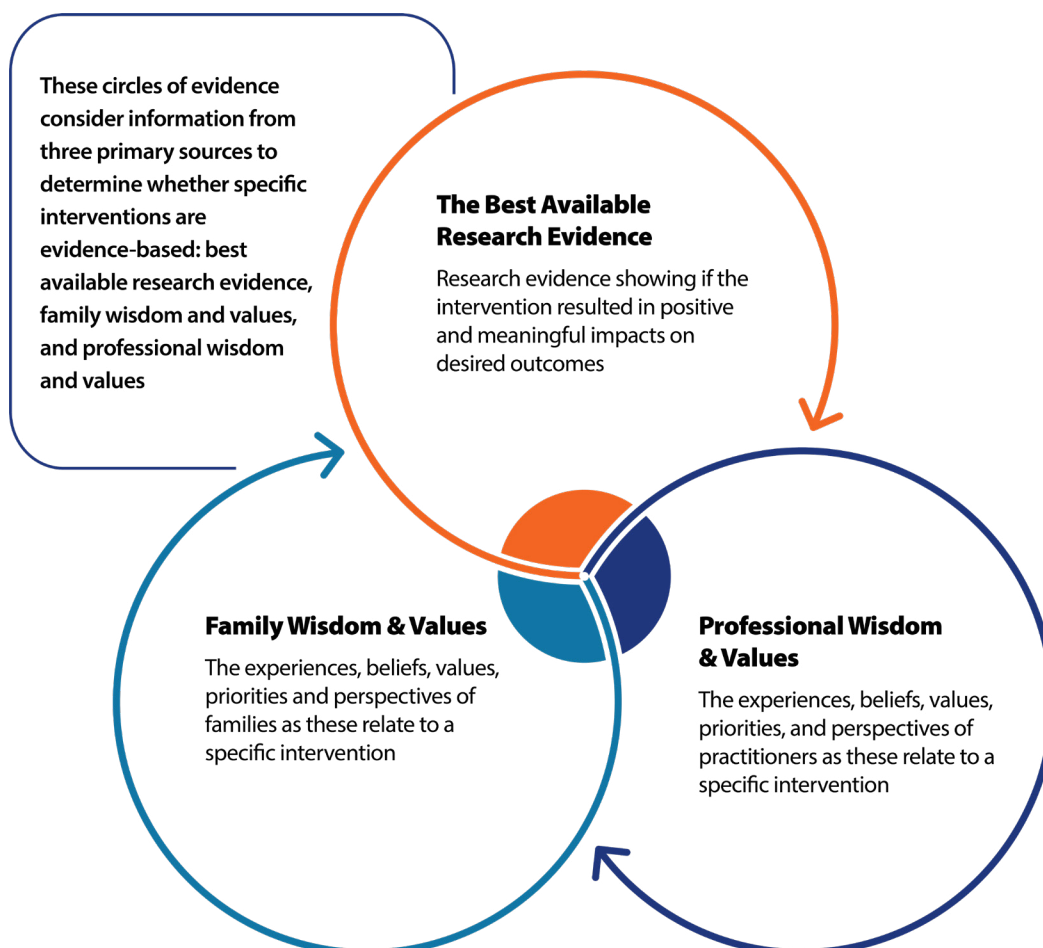
Why This Action is Important

Collection and dissemination of effective practices increases local program staff's knowledge and better equips them to support families during transition. Providing opportunities for local program staff to share effective practices strengthens interagency collaboration and ensures that all staff involved in transition have a shared understanding of practices and responsibilities.

How to Get There

The DDS and the CDE should lead an effort to identify effective practices and disseminate these practices to all Part C and Part B programs across the state. The agencies should jointly establish criteria for inclusion of practices in this effort. Criteria for determining whether a practice is effective should take multiple sources of evidence into account, including the best available research evidence, practitioner experience and values, and family experience and values (Mathur-Kalluri et al. 2018; see figure 1 below). The Workgroup recommends that the established criteria for inclusion in the repository of practices allow for emerging effective practices to be recognized and included. Stakeholder groups, such as the ICC and the ACSE, should be collaborative partners in this effort. Sources for effective practices might include research literature, national technical assistance centers, and promising practices being implemented by local Part C and Part B programs. Identified practices should be shared throughout the state through an accessible online platform, such as the Early Start Neighborhood website.

Figure 1. Three Circles of Evidence-Based Decision-Making in Early Childhood



Source: National Center for Systemic Improvement at WestEd
[Full image description.](#)

To the extent possible, the DDS and the CDE should leverage existing resources such as contracts and grants to accomplish this action. Additional resources needed should be jointly determined by the DDS and the CDE after both agencies collaboratively review existing resources and identify gaps.

Recommendation 2

Eligibility Criteria for Part B Services: Streamline eligibility criteria and eligibility determination policies and practices for programs receiving children who exit Part C at age three.

- **Action 2-A:** Expand Part B eligibility criteria and explore opportunities to promote earlier identification of children eligible for Lanterman services.
- **Action 2-B:** Amend and align eligibility determination policies and practices across Part C and Part B programs.

The two proposed actions under this recommendation seek to bring eligibility criteria into closer alignment between Part C and other programs and to eliminate unnecessary burdens for families during the process of conducting the initial assessment to determine a child’s eligibility for services starting at age three. These actions aim to reduce burdens on families and programs in the transition from one program to another.

“Whenever we propose a policy or a procedure or make the change in a system, we should do so with the end user in mind—in this case, children, families, and staff. Changes should be designed to make their lives easier or more efficient, or to provide greater utility for those in the system. While there are costs to these recommendations, they will ultimately improve people’s lives.”

– Workgroup Member

Recommendation 2 Proposed Actions

Action 2-A:

Expand Part B eligibility criteria and explore opportunities to promote earlier identification of children eligible for Lanterman services.

Why This Action is Important

While there is some overlap in eligibility criteria to receive Part C and Part B services, there are fundamental differences between each program which impact the services and supports provided to children with disabilities. Part C services are focused on supporting a child and family's *developmental* goals, and Part B services are focused on supporting a child's *educational* goals. Due to this key difference in focus, the two programs' eligibility criteria may overlap but are not identical. However, there are opportunities to bring the eligibility criteria of the two programs into closer alignment to increase the number of children exiting Part C who are determined to be eligible for Part B services. Research suggests that bringing Part C and Part B eligibility criteria into greater alignment helps alleviate challenges to transition faced by families and local programs (Harbin et al. 2008). The Workgroup intends for the state to align its Part C and Part B program eligibility criteria to the greatest extent possible to support continuity of services for children transitioning from Part C to Part B programs and to make it easier for families to understand whether their children might be eligible for Part B services.

Federal regulations describe the minimum eligibility criteria that states must adhere to for Part C and Part B programs. *The minimum Part C eligibility requirement is that the child be identified as having a developmental delay or a diagnosed condition that is likely to lead to a developmental delay.*¹² *Part B criteria require, at a minimum, that the child be diagnosed with a condition that falls under 1 of 13 categories described in law and that the child is determined to need special education services on account of the impact of the condition on the child's learning.*¹³ The IDEA allows states some flexibility in defining eligibility criteria. For example, Part C regulations allow states to determine that children "at risk" for a developmental delay are eligible for their state's Part C program.¹⁴ Similarly, when the IDEA was reauthorized in 2004, it gave states the option to include "developmental delay" as an optional eligibility category for Part B services, enabling states to provide special education services and supports to young children identified as having a developmental delay.¹⁵ This change was made in response to concerns from families and providers that differences between Part C and Part B eligibility criteria interrupt the continuity of services for young children with disabilities at the time of transition from Part C to Part B services (Danaher, Shackelford, and Harbin 2004).

Currently, California's Part B program eligibility criteria reflect the required criteria set forth in the Code of Federal Regulations (CFR)—children in California are eligible to receive Part B services if they are determined to have a condition falling under one of the 13 categories and if they are determined to need special education services and supports as a result of the

¹² 34 CFR 303.21

¹³ 34 CFR 300.8

¹⁴ 34 CFR 303.21

¹⁵ 34 CFR 300.8

condition's effect on their learning.¹⁶ The state's criteria do not, however, currently include "developmental delay" as a basis for establishing a child's eligibility for Part B services. The Workgroup posits that adopting the "developmental delay" criterion would mitigate gaps and delays in services when children transition from Part C to Part B in California.

The rationale behind aligning Part C and Part B criteria in California may also apply to alignment with eligibility criteria for services under the Lanterman Act. The Lanterman Act is a California law that promises services and supports to individuals with developmental disabilities and their families starting at birth.¹⁷ This means some children receiving Part C services are also eligible to receive Lanterman services. Roughly 22 percent of children exiting Part C programs go on to be found eligible for Lanterman services.¹⁸ For children whose developmental disabilities are not diagnosed until close to age three, Lanterman services provided by a regional center are another option for services after a child exits Part C. As with potential gaps in service between Part C and Part B programs, children exiting Part C who may not meet Lanterman eligibility criteria at age three but may go on to experience a lifelong developmental disability would likely benefit from earlier eligibility determination for Lanterman services. Exploring ways to align Lanterman eligibility criteria with those of Part C and Part B programs in California might increase the number of children with disabilities receiving needed services earlier in life.

In the course of developing these recommendations, the Workgroup identified other opportunities to expand eligibility criteria to achieve equity in providing services and supports to *all* children with disabilities. Specifically, the Workgroup noted that children living below the poverty line are more likely to experience developmental delays (Brooks-Gunn and Duncan 1997) and that family socioeconomic status should be considered when determining Part C outreach, services, and supports. Workgroup ideas for increasing access to services for children living in poverty included expanding the Part C definition of children who are at risk for developmental delay to include children living in poverty and increasing targeted outreach efforts in communities with a high percentage of children living in poverty to ensure that children with delays are appropriately identified.

How to Get There

Add "developmental delay" to the state criteria for Part B eligibility. To better align Part C and Part B eligibility, the CDE should consider adopting a state definition of "developmental delay" for children ages three to nine (or a subset of that age range) in accordance with 34 CFR sections 300.8(b) and 300.311(b) and adding "developmental delay" to the state's Part B eligibility criteria. This eligibility criterion would be in addition to existing eligibility criteria that are based on disabling conditions. The CDE would need to develop and adopt a state definition

¹⁶ 5 Code of California Code of Regulations (CCR) 3030

¹⁷ *Welfare and Institutions Code (WIC)* 4500 et seq

¹⁸ DDS Client Master File, 2020

for “developmental delay,” define the age range of children for whom the criterion applies, and determine the necessary changes to child find procedures as a result of expanding eligibility for Part B services. This process should include extensive stakeholder input during planning and implementation and would require changes to the State Plan for Special Education.

Review Lanterman Act eligibility criteria and determination processes for opportunities to align with Part C. The DDS should review current Lanterman Act criteria to identify opportunities for aligning policy and improving assessment practices to increase the identification of children exiting Part C services who may end up experiencing a lifelong developmental disability. Any changes to eligibility criteria should occur in tandem with changes to child find and other regulatory requirements.

The Workgroup does not intend for the alignment of eligibility criteria across programs to reduce or eliminate access to services for infants and toddlers. Eligibility for Part C services must continue to include at-risk categories as well as broad eligibility for low-incidence services.

Action 2-B:

Amend and align eligibility determination policies and practices across Part C and Part B programs.

Why This Action is Important

Determining a child’s eligibility for Part B services is a key part of the transition process from Part C to Part B programs. With parent permission, Part B programs are responsible for conducting an initial assessment (known in federal regulations as “initial evaluation”) to determine a child’s eligibility for Part B services. For children exiting Part C services, this initial assessment must take place in time for eligibility for Part B to be determined and an Individualized Education Program (IEP) to be established by a child’s third birthday.¹⁹ When there is not sufficient time to conduct Part B eligibility assessments, or if a child’s assessment information is not shared across Part C and Part B programs, families and programs can experience unnecessary burdens during the transition process. The Workgroup identified a number of potential systemic barriers that impact the transition process related to coordinated and timely assessments and collaboration between Part C and Part B programs during Part B eligibility determination.

One potential systemic barrier to coordinated and timely assessments is the state’s requirement for LEAs to conduct the initial assessment and develop the IEP within 60 days of receiving parental consent for assessment.²⁰ IDEA Part B regulations allow states to establish a timeframe of no more than 60 days for conducting initial assessments and determining eligibility, and for children transitioning from Part C programs, the regulations require an IEP to be developed by

¹⁹ 34 CFR 300.124(b)

²⁰ Education Code (EC) 56043(c) and 56344(a)

the third birthday and no more than 30 days after Part B eligibility is determined.²¹ Therefore, under federal law, the full process must be completed within 90 days. California enacted a 60-day timeline for both the initial assessment and the IEP development in 2005.

Workgroup members posited that extending the timeline for assessment and IEP development would allow more time for families of children exiting Part C to engage in a thorough and collaborative assessment process. A longer timeline would allow for all necessary meetings, communications, and evaluations to take place while ensuring that each child and family has the support needed to experience a successful transition that meets the unique needs of the child. Workgroup members agreed that the 60-day timeline creates important accountability for LEAs to ensure timely assessments and services but has resulted in unintended consequences for families of children transitioning from Part C services, as these families may feel rushed through an important decision-making process.

Another potential barrier to smooth transitions, noted both in research and by the Workgroup, is the lack of collaboration between Part C and Part B programs during Part B eligibility determination. Federal and state regulations require Part B LEAs to review existing evaluation information when conducting the initial assessment for Part B eligibility, including results of Part C assessments, with parental consent.²² During the initial assessment, Part B programs are required to assess the educational needs of the child in order to determine the impact for the child's ability to access and participate in instruction. In the experience of Workgroup members, reviewing Part C assessments does not occur consistently across California's Part B programs, resulting in duplicative assessments for some children exiting Part C services. The Workgroup noted that requiring a child and family to undergo an assessment that is identical or similar to assessments conducted for Part C purposes creates yet another burden on a family's time. California is not alone in this shortcoming; research suggests that differences in assessment processes between Part C and Part B programs is a common source of frustration for families and local programs across the country (Harbin et al. 2008). As a result, other states, such as Vermont and Alabama, have worked to bring their Part C and Part B eligibility determination policies and practices into greater alignment (Danaher 2011).

Systematic collaboration at the local level between Part C and Part B programs to gain reliable assessment information for determining Part B eligibility would benefit children and families as well as local programs. Sharing information between programs prevents assessments from being duplicated, reducing the demands on a family's time and resources during transition. Increasing collaboration between Part C and Part B programs may also shorten the timelines needed for conducting assessments, thereby helping avoid delays in a child's transition. Creating a more streamlined and collaborative assessment process across agencies—when possible and within regulatory requirements—would also provide cost savings for programs. Other states that have brought their Part C and Part B assessment

²¹ 34 CFR 300.301(c)(1), 300.311(b) and 300.323(c)

²² 34 CFR 300.305(a); 5 CCR 3030(a)

policies into greater alignment have experienced improvement in providing smooth and timely transitions (Harbin et al. 2008).

How to Get There

This recommended action includes several steps to be taken at the state level to streamline Part B eligibility determination processes at the local level. To support implementation, state agencies should investigate strategies implemented in other states and seek support from national technical assistance centers.

Investigate eligibility determination timelines and identify opportunities for improvement. The CDE should explore how the 60-day timeline for initial assessment and IEP development that is established in California *Education Code* is potentially impacting transition timelines and family experiences throughout the state. If the timeline is determined to be a barrier to successful transitions, the CDE should work with the state Legislature to amend this timeline and provide additional guidance to local Part B programs to increase family support and satisfaction within the 60-day timeframe until the amendments are enacted.

Build capacity for Part B programs to use existing assessments to inform Part B eligibility determination. The CDE should provide training and guidance for all Part B programs to use existing Part C assessment results to inform determination of Part B eligibility. This guidance should include establishing policy that supports Part B assessors to determine if assessment results from Part C programs are complete and relevant and to identify and collect additional information needed to determine eligibility and service and support needs. To ensure equity of access to Part B services for all children, guidance should also address strategies for ensuring that assessments of children with low-incidence disabilities are conducted by highly qualified personnel, address effective assessment practices for deaf and hard-of-hearing children that adhere to the policies developed by the Senate Bill 210 Committee,²³ and address strategies for increasing sensitivity of assessment protocols for children identified as having mild levels of autism spectrum disorder.

Even with streamlined assessments, many children would still need additional assessments to determine Part B eligibility after considering the available data from the Part C program. Training and guidance to Part B programs should include considerations for maintaining a smooth and timely transition for children and families who need additional evaluation.

To support and measure local program compliance with this requirement, the CDE should update the Part B monitoring protocol to ensure Part B programs are considering existing

²³ Senate Bill 210 requires the CDE to select language developmental milestones from existing standardized norms, develop a resource for use by parents of children who are deaf or hard of hearing, and select existing tools or assessments that educators can use to assess the language and literacy development of young children who are deaf or hard of hearing. For more information, visit <https://www.cde.ca.gov/sp/ss/dh/>.

evaluations and assessments when determining Part B eligibility. Monitoring results should be used to guide differentiated technical assistance efforts to improve local practice.

Identify assessment tools that align with Part C and Part B assessment and eligibility requirements. The DDS and the CDE should collaborate with state and local assessment administrators to identify assessments and materials whose results can be used to inform determination of Part C ongoing eligibility and services as well as Part B eligibility. The agencies should then disseminate this list of assessment tools to the field to encourage local programs to use these tools to streamline the transition process. Any tests and assessment materials identified through this recommendation must also meet state and federal criteria for use in assessment processes for Part C and Part B services. Assessment tools and processes must also meet the needs of children with solely low-incidence disabilities, including adherence to Senate Bill 210 requirements for deaf and hard-of-hearing children, where applicable.

Strengthen assessment practices across programs. To increase local collaboration and efficiency, the DDS and the CDE should jointly support local Part C and Part B programs to improve processes for interagency communication and agreements regarding use of assessment tools and implementation of assessment processes. Support should include providing training and technical assistance as well as updating monitoring protocols and processes to measure local program compliance and practice improvement. Training and technical assistance should address the needs of children with solely low-incidence disabilities, including the need for highly qualified teachers to assess children who are blind or visually impaired, deaf, hard of hearing, or deaf-blind.

The DDS and the CDE should also provide guidance and support to local programs to build capacity for timely and efficient data sharing. Technical assistance from state agencies should focus on data-sharing procedures and policies listed in interagency agreements and on explaining the regulatory requirements and benefits around sharing assessment information. This strategy would be most effective with the implementation of Actions 4-A and 4-B, which call for linking data systems and unique child identifiers, respectively, across Part C and Part B programs.

Recommendation 3

State Monitoring and Support: *Improve the state monitoring and support system to build local program capacity for facilitating smooth transitions for children and families.*

- **Action 3-A:** Expand and leverage virtual monitoring strategies that support state-level interagency collaboration and strengthen the monitoring and support system for Part C and Part B programs.
- **Action 3-B:** Revise local program monitoring and support processes and protocols to reflect changes in required practices as a result of these recommendations.

This recommendation directs funding to the DDS and the CDE to implement changes to the local program monitoring system that would result in more collaborative monitoring activities and allow the state agencies to measure and support local program compliance with the changes that occur as a result of implementing these recommendations. To advance this goal, the Workgroup offers two actions for consideration.

Recommendation 3 Proposed Actions

Action 3-A:

Expand and leverage virtual monitoring strategies that support state-level interagency collaboration and strengthen the monitoring and support system for Part C and Part B programs.

Why This Action is Important

As the state lead agencies for Part C and Part B, respectively, the DDS and the CDE must ensure that local programs adhere to all regulatory requirements for transition. To accomplish this, both agencies engage in local program monitoring to measure compliance with state and federal law and help programs address and avoid findings of noncompliance. Guidance on effective transition practices notes that state monitoring systems are most effective when they are aligned, collaborative, and focused on program improvement in addition to regulatory compliance (National Early Childhood Transition Initiative 2008).

Currently, the DDS and the CDE generally conduct monitoring activities independently of one another, including monitoring of Part C programs for general regulatory compliance and monitoring across Part C and Part B programs for compliance with transition-specific requirements. The Workgroup noted that more collaborative monitoring activities between the DDS and the CDE would likely improve the effectiveness of the state's monitoring system in ensuring both compliance and continuous improvement of local Part C and Part B programs.

During a monitoring visit, state staff typically review records and visit the site to meet with program personnel; when travel and in-person meetings were suspended during the COVID-19 public health crisis, some monitoring activities moved to a virtual platform. The DDS noted that virtual monitoring activities allowed for more local program staff participation and collaboration, thus improving the capacity of Part C programs and service coordinators to deliver timely and appropriate services and supports during the COVID-19 pandemic. Expanding and coordinating the use of virtual monitoring is one way that the DDS and the CDE could conduct more collaborative local program monitoring and support activities.

While on-site monitoring remains a federally required component of a state monitoring system, the option for holding monitoring meetings virtually would allow the DDS and the CDE to fully engage an interagency monitoring team as defined and required by the California Early

Intervention Services Act.²⁴ A hybrid of on-site and virtual monitoring activities may be a way to address some of these challenges in developing an aligned monitoring and support system. Virtual monitoring meetings are a cost-effective way for state staff to maintain ongoing touchpoints with local programs outside of regular on-site monitoring visits. Additionally, virtual meetings allow for more people to participate synchronously than would the coordination of an on-site visit across multiple schedules. The option of meeting virtually also improves access for staff in rural communities.

How to Get There

With additional state funding, the DDS and the CDE should collaborate to update the existing state monitoring systems to include joint monitoring processes and protocols with both on-site and virtual components. In implementing this shift, the state agencies may decide to review lessons learned from previous attempts to conduct joint monitoring.

The Workgroup noted the need for caution to not conflate the monitoring protocols and expected practices of Part C and Part B, which are subject to different federal and state regulations. Rather, the monitoring protocols for both Part C and Part B should continue to reflect their unique requirements related to transition, while the joint monitoring process should serve to break down barriers that may be contributing to noncompliance in programs and should support program improvement efforts as well as strengthen interagency collaboration.

This action would require the DDS and the CDE to implement collaborative monitoring, which is not the current practice. There may be an adjustment period needed for both state and local agencies to transition into a collaborative monitoring framework.

It should be noted that the intent of this action is for virtual monitoring activities to be a complement to on-site monitoring in most cases—not a replacement. In some cases, virtual meetings may be offered as an alternative at the discretion of the monitoring team or the program(s) being monitored.

Action 3-B:

Revise local program monitoring and support processes and protocols to reflect changes in required practices as a result of these recommendations.

Why This Action is Important

Several recommendations from the Workgroup would, if adopted, result in changes to state regulations governing the activities of local Part C and Part B programs. To ensure and support local program compliance with any new regulations adopted as a result of these

²⁴ 14 GOV 95007(h)(2)

recommendations, the DDS and the CDE would need to update their monitoring processes and protocols to include oversight of these new requirements.

This action would require additional state funding to support the DDS and the CDE to make needed updates to the monitoring system, allowing the state agencies to both (1) support local programs in meeting regulatory requirements for transition and (2) support continuous program improvement in providing smooth transitions for children and families.

How to Get There

If state regulations are amended as a result of these recommendations, the DDS and the CDE should review existing monitoring activities, identify needed changes and funding to implement the changes, and revise monitoring processes and protocols according to updated regulatory requirements. To the extent possible, the DDS and the CDE should use existing resources to achieve this action.

Monitoring and support processes should be coordinated with activities proposed throughout these recommendations. For example, Recommendation Action 1-A would allocate funding for the DDS and the CDE to develop training and technical assistance to the field to implement changes in practice resulting from adoption of these recommendations. The DDS and the CDE should explore integrating this training and technical assistance into the monitoring system to support local program implementation of new requirements.

Without ongoing support for practice implementation and improvement at the local level, monitoring will not achieve the goals of ensuring compliance and improving outcomes. This action must be implemented in conjunction with increased funding and supports to local programs to participate in training and technical assistance efforts to improve practices.

Recommendation 4

***Data Systems and Data Sharing Across Programs:** Link existing data systems and revise data-sharing policies and practices to promote timely sharing of information across Part C and Part B programs.*

- **Action 4-A:** Explore and leverage existing or emerging data collection systems to link child data across local Part C and Part B programs.
- **Action 4-B:** Link existing child/student identifiers across Part C and Part B programs.
- **Action 4-C:** Revise state regulations to require that unidentifiable child data be shared across Part C and Part B programs for all children with an IFSP when they turn two years and three months of age.

The three actions to support this recommendation are aimed at improving the collection, sharing, and reporting of child data at the state and local levels to meet required transition timelines and ensure a smooth transition of services for children with disabilities and their families.

Recommendation 4 Proposed Actions

Action 4-A:

Explore and leverage existing or emerging data collection systems to link child data across local Part C and Part B programs.

Why This Action is Important

Data sharing across local Part C and Part B programs is key to ensuring timely and successful transitions (National Early Childhood Transition Initiative 2008). At the local level in California, child data for Part C is collected and reported through a different data collection system than for Part B. Practices for timely sharing of child data between regional centers and LEAs are developed by the agencies in each catchment area and thus differ across the state. California's Part C and Part B programs are required to include data-sharing procedures in their interagency agreements; however, differences in data platforms and formats between the local agencies can lead to delays and disruptions in the transition process. For example, manual transmission of child records, or use of paper records, can sometimes lead to child data being misplaced, delaying the transition process. The lack of seamless data sharing can also result in families being tasked with relaying information and records between agencies, which creates an unnecessary burden for families.

The lack of timely data sharing between local Part C and Part B programs was identified by the Workgroup as a root cause for delayed transition activities and difficult experiences for families during transition (CDE et al. 2020). The Workgroup acknowledged that current challenges with collecting and sharing child data across systems that are not connected can lead to unnecessary delays in referrals, assessments, and the scheduling of transition meetings. Linking child data across existing statewide data collection systems would support local agencies in meeting required timelines for transition and facilitating smooth transitions for children and families.

Given that statewide data platforms for Part C and Part B already exist and that there are multiple efforts underway to create linkages between statewide early childhood data systems, it is the intent of the Workgroup for the DDS and the CDE not to dismantle or abandon any data systems currently in existence or in development; rather, the agencies should explore all opportunities to link Part C and Part B child data across existing systems. The Workgroup acknowledges the benefits of capitalizing on existing efforts to avoid duplication and unnecessary expense to the state. The Workgroup also recognizes that the development of any emerging data system that might provide an opportunity to link Part C and Part B child data should involve Part C and Part

B stakeholders, including families of young children with disabilities, local program staff, and service providers.

How to Get There

The DDS and the CDE should jointly explore how to link Part C and Part B child data across existing and emerging statewide data systems, identify the methodology that would best allow for data linkage across Part C and Part B programs and take the necessary steps to modify systems or processes to link data for children served by Part C and Part B. Implementation of this action should include ensuring that there is Part C and Part B stakeholder representation on early childhood data system development working groups. Additional funding would likely be needed to make any needed updates to existing data collection systems.

While Part C and Part B programs might not require access to the same data for a child, there should be a shared data marker at the child level across programs, such as a method for connecting existing child identifiers across Part C and Part B programs. (see Action 4-B). Linking data by connecting existing identifiers would allow for seamless data sharing across programs.

The Workgroup identified a number of factors to consider as the state explores ways to link the Part C and Part B data collection systems. To support smooth transitions, local programs should be able to share basic information about the child and family as well as copies of previous IFSPs, progress reports, and assessment results. To assist local programs in tracking and supporting a child's development, the system should include data pertaining to child outcome areas that are measured across Part C and Part B (e.g., social and emotional development). Creating a continuum of data for children with disabilities from birth through age five aligns with the state's vision of a coordinated and streamlined system of early care and education.

Local programs would likely need support in adapting to a new way of sharing child data during transition planning. Once Part C and Part B child data have been successfully linked, the state would need to review and revise data-sharing policies and practices to ensure that data is entered and shared securely, accurately, and promptly as well as to ensure local program compliance with federal and state regulations. The state should also provide guidance to local programs on updating interagency agreements to clearly describe what data will be shared across programs, how it will be shared, and any circumstances when data cannot be shared (National Early Childhood Transition Initiative 2008). Data-use and data-sharing policies should address parental notification and consent requirements, consistent with procedural safeguard regulations. State agency guidance and support to local programs regarding data sharing will require time and resources to implement.

Given the unique data needs of local programs and confidentiality requirements, the state will need to consider how to address potential difficulties involved in linking child data. Stringent requirements and protocols for accessing data across different levels of the

system would need to be put in place to support sharing data between programs without compromising confidentiality.

Action 4-B:

Link existing child/student identifiers across Part C and Part B programs.

Why This Action is Important

Most infants and toddlers who are referred to Part C programs in California are assigned a Unique Client Identifier that identifies the child in the statewide data system used by DDS, the San Diego Information System (SANDIS). When a toddler with a Unique Client Identifier transitions to a Part B program, that child receives a Statewide Student Identifier to identify the child in the California Longitudinal Pupil Achievement Data System (CALPADS). Currently, California does not have a way of linking these two identifiers across data collection systems.

States that link identifiers for Part C and Part B cite a number of benefits to this practice. Linking unique identifiers across Part C and Part B programs has been shown to increase accuracy of data reporting, reduce delays or disruptions in transmitting data between programs, and build capacity to identify and implement improvements to transition practices (Keller-Allen 2009).

How to Get There

This recommended action would require the DDS and the CDE to establish a process by which the unique identifiers used in SANDIS and CALPADS would be linked to allow for more efficient data sharing across programs during transition planning. Linking identifiers across Part C and Part B programs would streamline the process for local agencies to access and transmit child data to meet required timelines and prevent delays or interruptions in services. Opportunities to leverage other new and emerging statewide data systems should also be explored. In implementing this recommendation, the DDS and the CDE should leverage existing funding and contracts where possible and seek additional state or federal funding through grants and other means if needed.

The process for linking identifiers should include soliciting feedback from stakeholders, engaging legal counsel to ensure compliance with Family Educational Rights and Privacy Act and Health Insurance Portability and Accountability Act requirements, and accessing any needed technical assistance from local and national entities, such as the Center for IDEA Early Childhood Data Systems. California may also benefit from interviewing other states who have successfully linked unique identifiers from their Part C and Part B state systems, such as Kansas, Connecticut, and Utah (Keller-Allen 2009; Whaley and Bull 2016). Once the identifiers are linked across data collection systems, the DDS and the CDE would also need to jointly

develop and deliver training and technical assistance to local program personnel on how to use the linked identifiers to support data sharing across programs during transition planning.

Action 4-C:

Revise state regulations to require that unidentifiable child data be shared across Part C and Part B programs for all children with an IFSP when they turn two years and three months of age.

Why This Action is Important

Children and families sometimes experience an abrupt change when transitioning their services from Part C to Part B or other programs. When transition activities begin too close to a child's third birthday, the process can feel rushed or be delayed due to scheduling conflicts between programs and families, lack of available LEA staff to complete needed assessments, or other factors. As referenced in the progress report for Senate Bill 75 Part C to B for CA Kids (CDE et al. 2020), 29 percent of surveyed family members responded that there was not enough time for their children's transition process to take place. Additionally, Part C and Part B program staff surveyed as part of research conducted for the progress report identified *scheduling* and *timeliness* as among the top challenges for successful transitions.

Other states have addressed this challenge by requiring Part C programs to share "unidentifiable information" early in the transition process. Examples of unidentifiable information include "the number of children transitioning, dates of third birthdays (i.e., when they are transitioning), and general service needs" (Harbin et al. 2008). This early exchange of unidentifiable child data is meant to allow the Part B LEA to anticipate staffing needs and allocate sufficient resources to avoid delays in scheduling assessments and meetings. Requiring that these data be shared no later than nine months prior to any child's transition protects child and family confidentiality and allows programs and families enough time to better plan and prepare for the child's transition from Part C to Part B. The Workgroup recommends that California adopt this strategy to create more time for children and families to experience a seamless transition in services when the child's third birthday arrives.

How to Get There

The DDS and the CDE should amend state regulations to add a definition of "unidentifiable information" and to require that local interagency agreements between regional centers and LEAs include procedures for sharing unidentifiable information no later than nine months prior to a child's third birthday. The state agencies should also clarify the difference between this data sharing and the formal transition notification that initiates the Part B assessment timeline.

Training and technical assistance from the DDS and the CDE, as recommended by the Workgroup in Action 1-A, should be provided to support Part C and Part B programs to

add and implement changes to interagency agreements. The field guide for transition at age three, *Effective Early Childhood Transitions* (DDS, Early Start Section, and CDE, Special Education Division, 2013), should also be updated and clarified to reflect the requirement of sharing unidentifiable information within the required timeframe. The guide should clarify that sharing this information, when done correctly, does not constitute a notification/referral to the LEA and does not initiate Part B initial assessment timelines.

Currently, Part C monitoring protocols for transition do not consistently include checking for compliance with state regulations. Ensuring that the new regulatory requirements are included as items in monitoring protocols would assist the state agencies in ensuring that these practices are occurring in local programs and in identifying programs that need support in implementing these practices. The DDS and the CDE should update monitoring protocols and data collection systems to be able to monitor and support local Part C program implementation of providing the required data by the time children are two years and three months old.

It is not the intent of the Workgroup that the sharing of unidentifiable information would constitute a “referral for assessment” as defined in California *Education Code* Section 56029. The written “referral for assessment,” which includes the child’s personally identifiable information, would still be sent by the Part C service coordinator no later than 90 days before the child’s third birthday, in accordance with Title 17 Section 52112(d)(4).

Recommendation 5

Access to Developmentally Appropriate Services and Inclusive Settings: Increase access to developmentally appropriate services and inclusive educational settings for three-year-old children with disabilities to ensure a seamless transition of services from Part C to Part B.

- **Action 5-A:** Apply to adopt the extended IFSP option in accordance with federal regulations.
- **Action 5-B:** Allow and fund Part C programs to provide continued services and support for children whose third birthdays fall during LEA breaks in service.
- **Action 5-C:** Adjust enrollment practices, timelines, and funding formulas so that existing early education and care programs can accommodate children turning three throughout the school year.
- **Action 5-D:** Expand inclusive placement and support options for all three-year-old children exiting Part C programs, including automatic eligibility for the California State Preschool Program.
- **Action 5-E:** Develop and disseminate evidence-based guidelines on effective early childhood special education services and supports.

This recommendation aims to ensure that young children with disabilities have access to a continuous system of supports throughout the year. To achieve this goal, the Workgroup proposes five complementary actions that would extend the state’s Part C system and expand the existing network of inclusive education settings for children with disabilities.

Recommendation 5 Proposed Actions

Action 5-A:

Apply to adopt the extended IFSP option in accordance with federal regulations.

Why This Action is Important

This action intends to improve the continuity and quality of services for families of children with disabilities. Federal regulations allow states the “extended IFSP option,” which makes Part C services available for children after age three based on (1) the child’s eligibility under IDEA Part B 619, (2) parent consent to extended Part C services, and (3) other requirements, such as giving notice to parents and including an educational component in the IFSP.²⁵ Under the extended IFSP option, families of children with IFSPs who are found eligible for Part B services may choose to continue receiving Part C services in the natural environment (e.g., settings that are typical for an infant or toddler without a disability) beyond age three and no later than age five. In addition to receiving Part C services, these children must also receive educational services that promote school readiness, including “pre-literacy, language, and numeracy skills.”²⁶

This recommended action could benefit both children with disabilities and their families. Research has shown that children learn and grow best in their natural environments, including with familiar people, places, and routines (Dunst et al. 2001). The extended IFSP option would allow children to continue receiving supports and services in their natural environments (home, child care, community settings, etc.), including services to help prepare them for school. States that have implemented the extended IFSP option have seen an increased percentage of children ages three and above who are receiving services in their natural environments (Zero to Three 2017). Other children who might benefit include children with low-incidence disabilities, as these children may experience delays in language development due to language deprivation when transitioning from Part C to Part B services at age three.

Additionally, the extended IFSP option offers families more flexibility in determining the best learning environment for their children after age three. In the current system, families and their children must transition, sometimes abruptly, from developmental, family-centered

²⁵ 34 CFR 303.211

²⁶ 34 CFR 303.344(d)

services in the child’s natural environment (as required by Part C of the IDEA) to educational, child-centered services in the least restrictive environment (as required by Part B of IDEA). With the extended IFSP option, families would be able to choose the best of both worlds, as the extended IFSP would combine developmental services with an educational component that promotes school readiness. This recommended action would especially benefit families of children who are found to be eligible for Part C services close to age three and who are just getting used to Part C services when transition planning begins. These families might be able to avoid any abrupt change in services so soon after entering the Part C program.

This proposed action also advances the state’s vision of a “comprehensive and equitable early learning and care system” for children ages birth through five (California Health and Human Services Agency 2020). Extending Part C services beyond age three combines the benefits of the family-centered early intervention approach with the strengths of the special education program. By adopting the extended IFSP option, California would be closer to realizing its goal of a comprehensive system of services that supports whole-child development and school readiness for young children with disabilities.

How to Get There

California should apply to adopt the extended IFSP option after carrying out a rigorous stakeholder engagement process. The state budget should allocate funding to the DDS and the CDE to jointly convene a stakeholder workgroup to research and outline the process by which the extended IFSP option can be implemented.

Stakeholder engagement is a critical component of this recommended action. While the Workgroup showed cross-agency support for this action, Workgroup members also recognized the need to engage additional stakeholders, especially families of children with disabilities. Other states and territories that have implemented this approach (including Washington, DC, and Maryland) participated in an extensive stakeholder engagement process before, during, and after implementation of the extended IFSP option (Early Childhood Technical Assistance Center 2018).

The stakeholder workgroup must include but not be limited to representatives from LEAs, appropriate county agencies, regional centers, early childhood special education personnel, early learning and care personnel (including family child care providers), and families of children with disabilities.

The stakeholder workgroup should be responsible for the following activities:

- developing a recommended implementation plan and timeline for the DDS and the CDE to adopt the extended IFSP option

- engaging stakeholders prior to, during, and following implementation of the extended IFSP option
- researching implementation strategies, including contacting states that have adopted the extended IFSP option and engaging local and national technical assistance providers
- determining the end of the IFSP extension period in accordance with 34 CFR Section 303.211(a)(2)
- identifying strategies to support children who may not be eligible for extended IFSP services under this option and collaborating with state partners such as First 5 and Help Me Grow to provide supports for those children
- identifying the impact on Part C and Part B staffing (e.g., highly qualified providers/teachers would be needed to serve children after age three, especially for children with low-incidence disabilities, including teachers with Deaf/Hard of Hearing credentials and Visual Impairment credentials)
- establishing practices for informing and communicating with families about this option throughout Part C eligibility as well as during the transition planning period
- exploring all available funding options, including accessing state and federal funds
- developing strategies to mitigate the increased workload for Part C service coordinators and service providers
- creating a mechanism for Part B programs to plan ahead for student enrollment, since families can opt into Part B services at any time during the year

At the conclusion of the stakeholder workgroup process, the DDS, as the Part C lead agency, in partnership with the CDE, should take the necessary steps to adopt the extended IFSP option. These steps include amending the Part C grant application, applying for approval and funding from the U.S. Department of Education Office of Special Education Programs, and making the necessary changes to the state regulations.

Action 5-B:

Allow and fund Part C programs to provide continued services and support for children whose third birthdays fall during LEA breaks in service.

Note: This action is meant to be a potential intermediate measure for reducing gaps in services while Action 5-A is being implemented. If for any reason the recommendations in Action 5-A are unable to be adopted, Action 5-B should be considered an alternative solution.

Why This Action is Important

A child whose third birthday occurs during a break in school services, such as summer break, sometimes experiences a gap in services until the Part B program resumes (e.g., at the start of the regular school year). Prior to 2009, state regulations allowed for children found eligible for services under the Lanterman Act who turned three years old during a school break to continue receiving Part C services until the Part B program was back in session. The Lanterman Act was revised in 2009 to prohibit regional centers from purchasing educational services, including early intervention services, for children ages three through seventeen unless certain exemption criteria are met.²⁷ It is the intent of the Workgroup to restore and expand the opportunity for all three-year-old children with disabilities to continue receiving Part C services during school breaks, not only children who are eligible for Lanterman services. The Workgroup recognizes that sufficient funding would be required for Part C programs to be able to continue providing service coordination and developmental services during these breaks in LEA service.

How to Get There

During the exploration and implementation of the extended IFSP option as described in Action 5-A, the Legislature, the DDS, and the CDE should initiate legislative processes to amend California state statute and regulations pertaining to continued provision of early intervention services to three-year-old children. The *Welfare and Institutions Code* should be amended to allow regional centers to purchase and provide early intervention services for those toddlers with IFSPs who turn three years old during an LEA break until the LEA resumes services. Title 17 of the *California Code of Regulations* should be amended to remove the requirement that children must be found eligible for services under the Lanterman Act to receive continued services.

The California state budget should appropriate ongoing funding to regional centers to purchase early intervention services for all three-year-old children to whom the amended Title 17 regulations apply. Funding would also support additional training needed for Part C providers to appropriately support the development of children after the age of three.

The Workgroup notes that the recommended action, as written, does not extend to children whose Part C services are provided or purchased by an LEA. The state should consider how to offer a similar extension of services to these children.

Note: This recommended action would be nullified if the state adopts the extended IFSP option (see Action 5-A). This recommended action would not prohibit an eligible child from receiving Part B services, as opposed to receiving continued Part C services.

²⁷ WIC 4648.5

Action 5-C:

Adjust enrollment practices, timelines, and funding formulas so that existing early education and care programs can accommodate children turning three throughout the school year.

Why This Action is Important

Children who transition out of Part C programs at age three can experience a delay in accessing an early education program when the child's third birthday occurs in the middle of the school year. This delay in access is often caused by a lack of child care slots available in the community in which to place a child with disabilities. Addressing the system design by adjusting enrollment practices and timelines, along with expanding funding, will help to alleviate these current challenges. The improvement of these systems will generate for families a more seamless experience from one setting to the next.

How to Get There

The CDE should provide support and guidance to early education programs to adjust enrollment practices and timelines to accommodate children transitioning to school settings throughout the year rather than only at certain times of the year. Increased funding to state-sponsored preschool and other programs (e.g., Head Start) would be needed in order to ensure appropriate staffing levels and additional supports.

This action is complemented by Action 4-C, which would require Part C service coordinators to share unidentifiable transition data for all children with IFSPs nine months prior to their third birthdays. This advanced notice that a child is beginning the transition process can better enable the Part B LEA to anticipate staffing needs and allocate sufficient resources to avoid delays in scheduling assessments and meetings.

Action 5-D:

Expand inclusive placement and support options for all three-year-old children exiting Part C programs, including automatic eligibility for the California State Preschool Program.

Why This Action is Important

All children receiving Part C services must eventually exit the Part C program. For those children found eligible to receive Part B services at age three, there may be insufficient availability of inclusive preschool programs or service providers in their communities, leading to a delay in receiving services. Children who are not found to be eligible for Part B services may still benefit from developmental or educational services. This recommended action would address the

barrier of inadequate placement and support options for three-year-old children with disabilities or delays, regardless of their eligibility to receive Part B services.

For children with low-incidence disabilities, additional placement options will improve their access to placements with specialized instruction and with peers with the same disabilities, which can support their development in social settings. Expanding options for where a child might receive services after reaching age three also supports families who want to participate in decision-making around the service options for their children.

How to Get There

There are multiple ways the state can implement this action. One approach is to establish universal, inclusive preschool for three-year-old children with high-quality services and supports for children with disabilities and other needs. To do so, the state should adopt the Master Plan for Early Learning and Care's recommendation to create a state-funded preschool system for three-year-old children that ensures access for children with disabilities (California Health and Human Services Agency 2020).

The state might also look to the existing early education system for opportunities to expand access to children exiting Part C services. For example, the CDE could guarantee that children with disabilities have access to the California State Preschool Program by making children with IFSPs and IEPs automatically eligible for full-day, state-funded preschool. The state budget would need to appropriate additional funds to the Inclusive Early Education Expansion Program to build the capacity of LEAs and community-based agencies to provide inclusive early learning and care programs, as expanding eligibility does not ensure access unless a sufficient number of early learning and care slots exist.

Another avenue of exploration involves the service and support options offered by regional centers for three-year-old children and their families. With funding from the state budget, the DDS could establish a workgroup to review the landscape of regional center services typically offered to three-year-old children exiting Part C services. This review should include soliciting and analyzing feedback from families about their satisfaction with services provided; this feedback should then be used to develop recommendations for expanding the service and support options that regional centers provide.

Implementation of this action should include the provision of training and guidance to Part C and Part B programs as well as family support centers to improve awareness of all available early education placement and support options in the community and to prompt these providers to share this information with families during the transition process. This guidance should include support from the CDE to local Part B programs to provide early childhood special education and related service consultation to staff in private preschools where students with IEPs are included and to contract with private preschools as needed to enroll students with IEPs in these settings.

When implementing strategies to increase placements and supports for children with disabilities, the state should ensure that any additional funding made available to early education programs is also made available to programs serving children with low-incidence disabilities, including the California Schools for the Deaf and the California School for the Blind.

Action 5-E:

Develop and disseminate evidence-based guidelines on effective early childhood special education services and supports.

Why This Action is Important

Establishing statewide guidelines on the different types and effectiveness of early childhood special education services ensures that Part C and Part B professionals have access to resources that contribute to the best experiences and outcomes for children and families who are transitioning from Part C services. Statewide guidelines can also help families during transition planning to determine which types of programs or services might be most effective for their child.

How to Get There

The CDE, in collaboration with stakeholders and with technical assistance from research experts in the field, should develop and disseminate research-informed and evidence-based guidelines on effective special education services and supports for three-year-old children with disabilities. To the extent possible, the CDE should use existing professional development materials, mechanisms, staffing, contracts, and grants to accomplish this action. Additional resource needs should be determined by the CDE after reviewing existing resources and identifying gaps. The state budget should then allocate sufficient funds, as needed, to the CDE in support of this effort.

When developing the guidelines, the CDE should consider source material inclusive of the three circles of evidence-based decision-making in early childhood, as described by the National Center for Systemic Improvement (Mathur-Kalluri et al. 2018): the best available research evidence, family wisdom and values, and practitioner wisdom and values. The CDE should also look to existing guidelines and evidence throughout the state, including resources developed under Senate Bill 210. Guidelines should be written in language that is easy to understand and translated into multiple languages, and they should include strategies for addressing the unique needs of each child and for considering family culture and preferences. Once developed, the CDE should partner with the DDS and other state and local agencies to disseminate the guidelines to the early intervention and early childhood special education field.

Recommendation 6

Family Engagement and Support: *Improve family engagement and support practices for transition.*

- **Action 6-A:** Establish ongoing opportunities for families to provide feedback on the transition process.
- **Action 6-B:** Build local program capacity to ensure effective family engagement and equitable access to information that supports informed decision-making for all families.
- **Action 6-C:** Require Part C programs to refer families to the appropriate Early Start family resource center and family empowerment center for support during their children’s transition from Part C to Part B services.
- **Action 6-D:** Advance legislation to expand family empowerment centers throughout the state and dedicate additional state funding to Early Start family resource centers and family empowerment centers for supporting families during transition.
- **Action 6-E:** Establish policies and practices for identifying primary points of contact within Part C and Part B programs to communicate with families and coordinate transition activities.
- **Action 6-F:** Revise the Part C service coordinator caseload limit and establish a caseload ratio formula for Part C service coordinators.
- **Action 6-G:** Establish a statewide Transition Navigator program that supports families throughout their children’s transition process.

This recommendation calls for changes to state and local program policies and practices to improve transition supports and services for families. Seven actions are proposed to advance the aims of this recommendation.

“The more families are engaged, feel supported, and feel comfortable advocating for their children early on in their children’s lives, the more successful they will be throughout all transitions in their children’s lives.”

– Workgroup Member

Recommendation 6 Proposed Actions

Action 6-A:

Establish ongoing opportunities for families to provide feedback on the transition process.

Why This Action is Important

Effective state transition systems collect and use feedback from families to strengthen transition practices and improve outcomes for children with disabilities and their families (National Early Childhood Transition Initiative 2008). Survey results shared in the Part C to B for CA Kids progress report (CDE et al. 2020) suggest that many local programs do not regularly collect, analyze, and use family satisfaction data to improve the quality of transition for children and families. Without information on how families experience transition, state and local programs are limited in their ability to effectively implement improvements that result in smoother transitions for children and families across the system. Establishing consistent and transparent feedback mechanisms for families would also increase family engagement and trust with the transition process, as they would be able to see their input and feedback informing systemic change.

How to Get There

The DDS and the CDE should jointly develop statewide processes and protocols for collecting feedback from families about their experiences during their children's transitions from Part C services. To achieve this action, the state agencies should explore existing feedback mechanisms, including current family outcome surveys.

One element of the family feedback system should be a standard survey for use throughout the state to measure family satisfaction with the transition process and services. The survey should be administered to families of children ages three and older who transitioned from receiving Part C services to receiving services through Part B or other programs. Dissemination strategies should be designed to minimize the impact to the existing workloads of local program staff. Quantitative data should be collected at the state level, and results should be shared with the public and with local Part C and Part B programs to support continuous improvement efforts. Strategies and timelines for disseminating this survey should take into account the various other family surveys taking place across the state so as not to conflict with other survey efforts.

If the state agencies use an existing survey for this action, questions specific to families' transition experiences should be developed with input from stakeholders, including families of children with disabilities, Part C and Part B program staff, service providers, and family support staff at Early Start FRCs and FECs. The survey should also be kept simple in order to minimize the time and effort required for families to complete it.

If a new survey tool is developed in carrying out this action, the DDS and the CDE should solicit and integrate input from a variety of Part C and Part B stakeholders, with an emphasis on input from families of children with disabilities. Individuals or a team with strong knowledge of IDEA requirements and with expertise in research best practices should lead the development of the survey protocol. Questions and instructions should be written in language that is easy to understand, be translated into multiple languages, and be made fully accessible in compliance with Section 508 of the Rehabilitation Act.

The DDS and the CDE should collaborate to develop procedures for local programs to disseminate the survey to families. Dissemination methods should include partnering with Early Start FRCs and FECs, contingent upon funding to support these efforts (see Action 6-D). The state agencies should ensure that staff at regional centers, LEAs, and family support centers are knowledgeable about the contents of the survey and on how to support families in accessing and completing the survey. The statewide survey should be complemented by guidance to local programs on methods for evaluating family satisfaction throughout the transition process, including informal interviews.

The state agencies should also create guidelines for local programs to use family feedback to improve transition practices and services. Guidelines should include establishing formal, ongoing opportunities for Part C and Part B program staff and other partners to jointly review family feedback and reflect on opportunities for continuous improvement of the transition process. These collaborative improvement efforts may be codified in the local interagency agreement or another mechanism to ensure that all programs are aware of their responsibilities. Additional funding to local programs should also be provided to support programs in implementing improvement strategies that emerge from reviews of family feedback.

Action 6-B:

Build local program capacity to ensure effective family engagement and equitable access to information that supports informed decision-making for all families.

Why This Action is Important

Families play a critical role in planning for their children's transitions from Part C services. Research suggests that family engagement in a child's early learning experiences leads to positive outcomes later in life (Powell et al. 2010). An important role of local Part C and Part B programs is thus to support families as active and informed participants in the transition process.

Building relationships with families and supporting their involvement in transition planning may help alleviate some of the barriers to smooth and successful transitions. Through this recommended action, the state lead agencies would support local program implementation

of effective family engagement practices with the goal of sustaining family partnerships throughout transition. This action would also improve interagency collaboration and increase supports for families at transition meetings by funding Part C service providers to attend the IFSP, IEP, and transition conference meetings.

Providing families with information is critical to preparing families for transitioning their children from Part C to Part B programs. According to the National Early Childhood Transition Center, “successful transitions for both the child with disabilities and his or her family require that families be informed consumers. Without sufficient information, it is more difficult for families to make good or informed decisions” (Harbin et al. 2007). Families must have access to the information they need to advocate for their children during the transition process. This action should result in consistent, timely, and accessible transition information being shared with families throughout the state.

How to Get There

This action proposes a number of policy and practice changes to effectively support families in planning for transitioning their children out of Part C services. These activities include

- establishing a set of recommended practices for family engagement during transition;
- amending state policy to require regional centers to fund Part C providers to attend transition meetings; and
- developing and disseminating accessible transition information.

Establish a set of recommended practices for family engagement. The DDS and the CDE should collaborate with stakeholders to develop recommended family engagement practices specific to the transition process. Source materials for these recommended practices should include existing research and resources on family engagement strategies and frameworks. To the extent possible, the DDS and the CDE should leverage existing funding and mechanisms to create and promote these practices, including statewide training and technical assistance systems, current contracts and grants, and ongoing collaboration with the ICC and the ACSE. Topics should include but not be limited to

- strategies for building trust with families;
- guiding questions to elicit child and family support and service needs;
- policies for including family support centers (e.g., Early Start FRCs, FECs) in transition meetings; and
- strategies for facilitating family visits to potential preschool programs.

Require regional centers to fund Part C–vendored providers providers to attend and participate in transition meetings. The DDS funding structure should be changed to include a service code that will permit regional centers to fund early intervention–vendored service providers to attend transition planning meetings. Service providers should specifically be compensated for attending IFSP meetings, the transition conference, and the IEP meeting until the transition to preschool services is completed. Additionally, the DDS should revise current policy to allow providers from different disciplines to bill for the same hour of service. This change would allow for collaborative visits and consultation among providers and other members of the child’s IFSP team when planning for a child’s transition.

Develop and disseminate information about transition to families. The DDS and the CDE should jointly develop and disseminate materials that are accessible to all families and that explain transition processes and procedural safeguards to families. Materials should be translated into multiple languages. The DDS and the CDE should evaluate and use existing resources to accomplish this activity, including current state and local publications, grants, and contracts. Once the resources have been developed, the DDS and the CDE should publish them on public websites.

Action 6-C:

Require Part C programs to refer families to the appropriate Early Start family resource center and family empowerment center for support during their children’s transition from Part C to Part B services.

Why This Action is Important

The need for increased support and information for families whose children are transitioning from receiving Part C services to receiving Part B services emerged as a common theme in the Senate Bill 75 Part C to B for CA Kids progress report (CDE et al. 2020). Many families surveyed during research activities for the progress report noted that receiving parent-to-parent support and additional information and training about transition from Part C to Part B would have helped them feel more prepared for their children’s transitions.

California has an infrastructure of state-funded family centers, including FECs and Early Start FRCs, that provide this kind of support, information, and training to families of children with disabilities on a variety of topics, including transition. Early Start FRCs serve families of children eligible for Part C services through age three, and they are mandated to provide parent-to-parent support and transition assistance for families. FECs serve families of children ages three through twenty-two with IEPs, and they train and support families whose children recently transitioned to Part B services to effectively communicate with personnel and fully participate in the development of their children’s IEPs. These programs can provide information on parent and guardian

rights, supports and services in the community, and strategies for communicating the child's strengths and needs to transition planning personnel.

Current policy does not require Part C programs to refer families to family centers for transition support. Information gathered to support the Workgroup's efforts suggests a wide variation in referral frequency across the state. According to survey results shared in the progress report for Senate Bill 75 Part C to B for CA Kids (CDE et al. 2020), 65 percent of Part C program staff respondents reported that their program shares information on where families can get training and support about their children's transitions. Additionally, the family survey results from the progress report revealed that most families who reported that they did not have enough information to successfully participate in their children's transitions also indicated that they wished they had received more information about where they could get support about their children's transitions. Requiring a referral to the family center as part of the transition process will ensure that all families in California have the opportunity to access information, training, and support from family centers during their children's transitions from Part C services.

“Families of children with disabilities need to feel they belong. Family centers are helping families navigate our complex [Part C and Part B] systems.”

– Workgroup Member

How to Get There

State regulations should be amended to require the Part C service coordinator to provide a referral to the local Early Start FRC and the local FEC during transition planning, with parent or guardian consent. The DDS and the CDE should also update guidance and training to the field on this new requirement, including strategies for tracking and reporting compliance with this activity. Implementation of this action would be contingent on increased funding to Early Start FRCs and FECs as detailed in Action 6-D.

The Workgroup noted that if sufficient funding is not appropriated for FECs and Early Start FRCs, these agencies will not be equipped to respond to the large increase in referrals as a result of this new requirement. See Action 6-D for funding recommendations. Additionally, there are 32 regions throughout the state that do not have FECs. If this requirement is adopted prior to full expansion of FECs, families in those regions will be unable to access the full array of available supports as their children transition to receiving special education services. See Action 6-D for recommended legislative actions.

Action 6-D:

Advance legislation to expand family empowerment centers throughout the state and dedicate additional state funding to Early Start family resource centers and family empowerment centers for supporting families during transition.

Why This Action is Important

Although Early Start FRCs and FECs exist to provide the kind of support and information that families need during their children's transitions, these family centers do not currently have sufficient funding to support all of California's families going through the transition process. Increased funding is needed for these centers to be able to expand their existing support and information efforts.

Currently, 32 regions in California do not have an established FEC serving children ages three to twenty-two with disabilities and their families. Expanding FECs throughout the state by amending state statute and appropriating funding is critical to ensuring that all families in California have access to transition support for their three-year-old children with disabilities.

“Family centers are on the front lines in working with families and their children with disabilities. They work tirelessly and are passionate about children and their families, but their resources are strained and the volume of needs continues to grow. Their ability to support children and the families that care for them is stretched to the max, and therefore adequate funding and resources need to be appropriated in order to meet the needs of our children, who are our future.”

– Workgroup Member

How to Get There

The state Legislature should pass a bill to expand the numbers of and increase funding for FECs. The annual state budget should also appropriate sufficient funding to the DDS to increase the grant amounts to Early Start FRCs. The size of grant increases should be determined jointly by the DDS and Early Start FRC representatives.

Action 6-E:

Establish policies and practices for identifying primary points of contact within Part C and Part B programs to communicate with families and coordinate transition activities.

Why This Action is Important

Designating primary points of contact for transition at each Part C and Part B agency is considered an effective practice for creating smooth transition experiences for young children with disabilities and their families (National Early Childhood Transition Initiative 2008). According to findings outlined in the Senate Bill 75 Part C to B for CA Kids progress report (CDE et al. 2020), having a primary contact at each local agency can contribute to increased collaboration and greater efficiency in transition-related communication and planning across the agencies. Although some regional centers and LEAs in California keep one another informed on their designated primary points of contact for transition, this practice is not consistent throughout the state.

Current state regulations require interagency agreements to include “mechanisms for ensuring the availability of contacts at regional centers and LEAs at all times during the year.”²⁸ This action would amend state regulations to specify that each agency must ensure availability throughout the year of a designated contact person for transition. Implementation of this action requires the DDS and the CDE to provide support and guidance to local programs to implement this practice.

How to Get There

State regulations should be amended to require that interagency agreements between regional centers and LEA Part B programs include identification and availability of a designated contact person responsible for coordination of transition activities and communication with families and with one another. The DDS and the CDE should jointly support and guide regional centers and LEAs to implement this practice and update interagency agreements accordingly. The state agencies should offer support for those local agencies that wish to adopt the practice before it becomes a regulatory requirement. Guidance offered by the state agencies should align with recommended practices in the literature, including *Designing and Implementing Effective Early Childhood Transition Processes* from the National Early Childhood Transition Initiative (2008), and should be responsive to local needs and contexts. Guidance should address the need for adequate succession planning to mitigate the impact of staff turnover.

²⁸ 17 CCR 52140

Action 6-F:

Revise the Part C service coordinator caseload limit and establish a caseload ratio formula for Part C service coordinators.

Why This Action is Important

Staff providing service coordination for infants and toddlers with disabilities play a key role in transitioning children from Part C to Part B and other programs at age three. The Part C service coordinator's responsibilities include facilitating the development of the child's transition plan, coordinating transition services, communicating with the Part B agency, and ensuring a smooth handoff of services from the Part C program.

Part C service coordinator caseloads vary widely across the country and tend to depend on the model of service coordination adopted within each state (Hurth 1998). To date, no recommended minimum, maximum, or average caseload number has been published in federal or state regulations or in research literature. Although federal regulations do not stipulate a maximum caseload for service coordinators, early childhood experts maintain that "caseloads must be low enough to allow a service coordinator to build a relationship with families and to understand their concerns, priorities, and resources" (Hurth 1998). Research indicates that service coordinators prefer to have caseloads that are low enough that they can increase the quantity and quality of support and collaboration with families and other agencies throughout Part C services, including during transition at age three (Campbell and Halbert 2002). The Workgroup maintains that limiting the caseload for California's Part C service coordinators would provide more time for service coordinators to establish a full understanding of child and family needs and to focus on relationship-building with families. A lower caseload limit would also likely reduce staff turnover and ultimately contribute to overall improved support to families.

California law²⁹ currently requires Part C service coordinators to maintain an average service coordinator-to-consumer ratio of 1 to 62. It is the intent of the Workgroup to lower this caseload average by instituting a maximum service coordinator caseload and, within this maximum limit, to establish a formula for determining local program caseload ratios that assure equitable access to quality service coordination for children and families throughout the state. This action would also require the annual state budget to appropriate sufficient funding to Part C regional centers and LEAs in order to maintain adequate staffing to meet these caseload limits and ratios.

How to Get There

The state Legislature should initiate a legislative process to amend California *Government Code* to establish a maximum caseload for all early intervention service coordinators and allow for

²⁹ GOV 95018

regional centers and LEAs to implement a caseload ratio formula that is responsive to local needs and contexts. The Workgroup recommends a maximum service coordination caseload of 45; additional research may be needed to confirm that this maximum would sufficiently alleviate the current service coordination caseload burden in California. This caseload would apply to regional center or LEA staff providing service coordination or case management services to infants and toddlers with disabilities and their families in accordance with 34 CFR Section 303.34.

The DDS and the CDE, in collaboration with representatives from regional centers and LEAs, should develop a formula for regional center and LEA Part C programs to use in determining appropriate service coordination caseload ratios. This formula should account for factors such as the population of children eligible for Part C services residing in the local program's catchment area, the number of partnering agencies for serving children with disabilities and their families, the services most needed by children and families residing in the catchment area, and geographic features of the area (e.g., urban versus rural). In assessing the service needs of local children and families, programs should consider the diversity of child and family needs and experiences, such as children with intensive medical needs, children with multiple disabilities, families with children in the justice system, children who are experiencing homelessness or are in foster care, families living in tribal communities, and children of individuals with developmental disabilities.

The annual state budget should appropriate additional funding to the DDS and the CDE to fully fund the coordination of regional center and LEA services and caseload needs. The DDS and the CDE should ensure that budgeted funds are apportioned to allow agencies to hire sufficient staff and cover any increase in administrative costs to be able to meet the required ratios and not exceed the maximum caseloads established as a result of this recommendation.

Action 6-G:

Establish a statewide Transition Navigator program that supports families throughout their children's transition process.

Why This Action is Important

Research suggests that having access to personnel who are dedicated to transition support can help families feel less overwhelmed and more engaged in their children's transition from Part C services (Rous, Myers, and Stricklin 2007). The Workgroup believes that families would benefit from having a "navigator" to support them through the entire transition experience. An ideal Transition Navigator would understand local systems and family experiences and would leverage this knowledge to support families.

To effectively meet the needs of California’s diverse population, a Transition Navigator program established by the state must be culturally and linguistically responsive to families. The state may look to *promotor* programs—that is, community health worker programs—as a model for the Transition Navigator program, as these programs have been shown to be effective in providing culturally responsive family engagement and support (Ayala et al. 2010). *Promotor* programs offer consistent and familiar support to families to help them feel informed, supported, and engaged in planning for their children’s transitions.

“Families are a critical partner in the system and need to be supported to ensure success of the child. The system has a responsibility to ensure families are supported. Transitions are hard for families, and they need assistance to make them successful. The system is working hard but needs additional resources to help all families.”

– Workgroup Member

How to Get There

The state budget should appropriate one-time funding to support the DDS and the CDE to jointly convene a stakeholder workgroup to develop and implement a Transition Navigator program in California. Ongoing funding should be appropriated for maintaining the Transition Navigator program.

Members of the stakeholder workgroup should include but not be limited to families of infants, toddlers, and young children with disabilities; Part C and Part B program staff and leadership; family support personnel; and representatives from other programs serving children with disabilities (e.g., First 5, Early Head Start, Head Start). The workgroup should be responsible for exploring existing family support models and mechanisms to leverage for the Transition Navigator program (e.g., the DDS Promotora Program, Community Advisory Committees, and early education family engagement personnel); developing an implementation plan that includes specifying what funding and regulatory changes may be needed; and defining the roles of the Transition Navigator and partner agencies with which the Navigator might interact.

Implementation of the Transition Navigator program should include the DDS and the CDE adding a component to the state interagency agreement that describes the responsibilities of the state and local Part C and Part B agencies related to the Transition Navigator role (e.g., referring families to the Transition Navigator). Implementation should also include developing standard statewide training on Transition Navigator requirements and responsibilities as well as providing

information that is accessible to all families and that describes to families the purpose and benefits of the Transition Navigator program.

To determine the amount of funding needed for Transition Navigator positions in each regional center catchment area, the Workgroup proposes creating a formula that calculates the uniform base grant across all areas and then establishing a ratio that supplements each catchment area based on factors such as community needs and geographic location.

Responsibilities of the Transition Navigator should include but not be limited to

- supporting dissemination of the family feedback survey, followed by participating in local program continuous improvement efforts resulting from feedback (see Action 6-A);
- attending transition meetings to support families (see Action 6-B);
- supporting families to identify and communicate their children's strengths and needs during the transition planning process; and
- working collaboratively with local programs to identify and meet the transition needs of underserved populations.

Recommendation 7

State and Local Interagency Agreements: Improve state and local interagency agreements to strengthen collaboration policies and practices for transition.

- **Action 7-A:** Review and revise the components of the state interagency agreement related to transition.
- **Action 7-B:** Monitor implementation and support the continuous improvement of the transition policies and procedures outlined in local interagency agreements.

This recommendation seeks to strengthen collaborative relationships between state and local agencies to support smooth transitions from Part C to Part B services for children with disabilities and their families. The Workgroup offers two complementary actions to achieve the goal of this recommendation.

Recommendation 7 Proposed Actions

Action 7-A:

Review and revise the components of the state interagency agreement related to transition.

Why This Action is Important

The Workgroup posits that consistent, clear, and structured guidance from the DDS and the CDE would support local Part C and Part B programs to achieve successful transitions. Federal regulations require each state to have an agreement in place between the Part C lead agency and the state educational agency (in California, the DDS and the CDE, respectively) that addresses how the two agencies will meet the federal requirements related to transition. The DDS and the CDE currently have such an interagency agreement that addresses transition and includes coordination of children's transition from Part C to Part B services, joint development of guidance to the field regarding transition requirements and effective practices, and notification regarding children who are 120 days from their third birthday.

There are opportunities to strengthen the state interagency agreement that might reduce identified barriers for transition statewide, including such barriers as misalignment of monitoring practices and a lack of transition-focused information for families that has been developed jointly by the DDS and the CDE for use throughout the state. The state-level interagency agreement provides an opportunity to establish additional clarity and consistency between the two agencies. The state interagency agreement could strengthen the consistent communication, monitoring, and support provided across California's local programs. This action also represents an opportunity for California to align with recommended practices for state interagency agreements. It is the intent of the Workgroup that the revised state interagency agreement serve as a model for the development and content of local interagency agreements.

How to Get There

The DDS and the CDE should jointly review and revise the components of the state interagency agreement related to transition. This process should be guided by recommended practices for state-level interagency agreements, including engaging Part C and Part B stakeholders in the review and revision of the agreement. Once the state interagency agreement has been revised, the agreement should be posted publicly on both the DDS and the CDE websites for transparency.

During the review process, the state agencies and stakeholders may determine that new regulations will need to be established to outline the required components of the state interagency agreement. Currently, neither federal nor state regulations specify what the state-level agreement must address regarding transition from Part C to Part B.

Potential additions to the state interagency agreement include the following:

- regular review of data from the Annual Performance Report to identify root causes of transition issues and generate solutions
- alignment in monitoring processes and protocols
- joint development of transition information for families

- other recommended practices outlined in Designing and Implementing Effective Early Childhood Transition Processes (National Early Childhood Transition Initiative 2008)

Action 7-B:

Monitor implementation and support the continuous improvement of the transition policies and procedures outlined in local interagency agreements.

Why This Action is Important

To ensure collaboration between local agencies responsible for providing Part C and Part B services, state regulations require regional centers and LEAs to maintain interagency agreements that describe the policies, procedures, and responsibilities for both agencies to serve infants and toddlers with disabilities and their families. These interagency agreements must address “transition planning procedures” and must be reviewed annually by both agencies.³⁰ Within the regulatory requirements, local programs are permitted to develop agreements that meet the unique needs of their agencies and communities; consequently, contents of interagency agreements vary across the state. Examples of transition-related procedures outlined in local interagency agreements include procedures and requirements for receiving late referrals to Part C, identifying a main point of contact, convening the transition conference, and developing the IEP and the exit IFSP (Golden Gate Regional Center and San Mateo County SELPA 2019; Riverside County SELPA and Inland Regional Center 2018; West San Gabriel SELPA and San Gabriel/Pomona Regional Center 2016).

Although the state requires documentation that guides local interagency collaboration, there are opportunities to strengthen the accountability and support system to address potential transition-related challenges of local interagency collaboration. The National Early Childhood Transition Initiative (2008) recommends that state lead agencies offer “technical assistance and support to facilitate the development and implementation of local agreements” regarding transition. This action would require the DDS and the CDE to augment existing technical assistance and monitoring activities to ensure consistency across the state in terms of attention to transition processes and practices in local interagency agreements.

How to Get There

The DDS and the CDE should develop and provide technical assistance on required and recommended elements of interagency agreements, with a focus on transition procedures and responsibilities. The technical assistance should include foundational information that is shared across the state but should also be responsive to local needs and contexts. Technical assistance should be provided to program managers and others responsible for developing, reviewing,

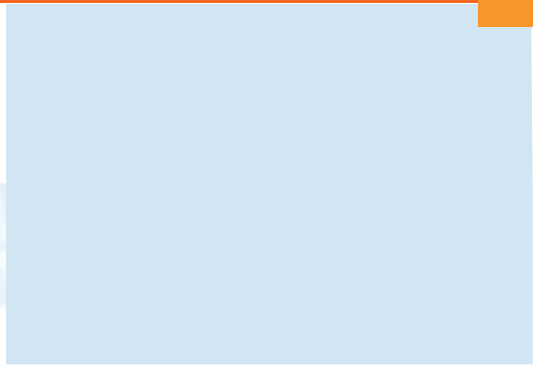
³⁰ 17 CCR 52140(b)(10)

and revising interagency agreements. To the extent possible, the DDS and the CDE should use existing resources to achieve this action, including current relationships, contracts, grants, and staffing. The state agencies should also identify and leverage best practices and effective models of local collaboration that appear in the literature and that are currently happening throughout the state.

The intended outcomes of technical assistance and monitoring should be to ensure that local interagency agreements align with best practices for

- publicly posting the current, executed interagency agreement;
- regularly communicating local agency responsibilities between agencies and to families;
- establishing regular opportunities for formal discussions, development, and review of responsibilities between local agencies; and
- establishing mechanisms to sustain collaboration across local agencies in the event of staff turnover.

To support state oversight of local interagency collaboration, the DDS and the CDE should jointly explore opportunities to update and align local program monitoring processes and protocols to include measures of effective collaboration.



Conclusion

The recommendations provided by the Workgroup in this report offer a path forward for improving how California supports young children with disabilities and their families to transition from Part C to Part B programs. The workgroup process is an example of how diverse system stakeholders can come together, across varied interests and experiences, to collectively identify and understand systemic barriers and strengths and to generate ideas for improving experiences, opportunities, and developmental and educational outcomes for children and families. Together, the Workgroup established a shared vision for effective Part C to Part B transition and generated recommendations for system improvement with children and families at the center. Following are some closing thoughts from Workgroup members about the workgroup process and recommendations, and about implications for the future of Part C to Part B transitions in California.

“The recommendations come from people actively engaged in the field who put the outcomes for all children first and who are sensitive to the experiences and voices of our parents. The recommendations were made with a great deal of collaboration and a substantial amount of time invested into the work.”

– Workgroup Member

“This was a joint collaboration between the involved agencies, working collaboratively toward the same outcome of ensuring timely, efficient, and family-focused transitions.”

– Workgroup Member

“This group has representation from key stakeholder groups, and there was overall consensus with open and honest discussion.”

– Workgroup Member

“These [recommendations] are child- and family-centered. They are systems change and improvement ideas that can ultimately help Part C and Part B programs better serve children with disabilities.”

– Workgroup Member

“All recommendations are critical to improving transition services for all families. We appreciate the opportunity to bring forward these recommendations and actions needed to enhance this work.”

– Workgroup Member



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Appendices

Appendix A. Senate Bill 75

CHAPTER 51

California Education Code (EC) Section 56477 was added by Section 50 of Senate Bill (SB) 75 (Chapter 51, Statutes of 2019), to read:

56477. (a) Commencing with the 2019–20 fiscal year, the department shall jointly convene with the State Department of Developmental Services and the State Department of Health Care Services one or more workgroups that include representatives from local educational agencies, appropriate county agencies, regional centers, and legislative staff. The workgroups shall convene for the following purposes:

(1) Improving transition of three-year-old children with disabilities from regional centers to local educational agencies, to help ensure continuity of services for young children and families.

(2) Improving coordination and expansion of access to available federal funds through the Local Educational Agency Medi-Cal Billing Option Program, the School-Based Medi-Cal Administrative Activities Program, and medically necessary federal Early and Periodic Screening, Diagnostic, and Treatment benefits.

(b) On or before October 1, 2020, the workgroups shall provide the chairs of the relevant policy committees and budget subcommittees of the Legislature and the Department of Finance with a progress report that includes all of the following:

(1) A detailed timeline for the implementation of the workgroups, including information on the structure of the workgroups, frequency of meetings, and other relevant information.

(2) Work conducted by each workgroup to date and initial findings, including information gathered, if any, on potential barriers to access the Local Educational Agency Medi-Cal Billing Option Program, the School-Based Medi-Cal Administrative Activities Program, and medically necessary federal Early and Periodic Screening, Diagnostic, and Treatment benefits.

(3) Information on potential barriers to ensure smooth transitions for three-year-old children with disabilities from regional centers to local educational agencies.

(c) On or before October 1, 2021, the workgroups shall provide the chairs of the relevant policy committees and budget subcommittees of the Legislature and the Department of Finance with a final report that includes recommendations for all of the following:

(1) Strategies to improve the state's performance in meeting federal deadlines for transitioning three-year-old children with disabilities from individualized family service plans administered by a regional center to individualized education programs administered by a local educational agency.

(2) Best practices for regional centers and local educational agencies to ensure every three-year-old child with disabilities receives an uninterrupted continuum of support services.

(3) Program requirements and support services needed for the Local Educational Agency Medi-Cal Billing Option Program, the School-Based Medi-Cal Administrative Activities Program, and the medically necessary federal Early and Periodic Screening, Diagnostic, and Treatment benefits to ensure ease of use and access for local educational agencies and parity of eligible services throughout the state and country.

(d) Recommendations provided pursuant to this section shall include any specific changes needed to state Regulations and/or Statutes, need for approval of amendments to the state Medicaid plan or federal waivers, changes to the implementation of federal regulations, changes to state agency support and oversight, and associated staffing or funding needed to implement the recommendations.

(e) The amount appropriated for purposes of this section in Provision 38 of Item 6100-001-0001 of Section 2.00 of the Budget Act of 2019 shall be available for encumbrance or expenditure until June 30, 2022.

(f) The requirements for submitting a report imposed under subdivisions (b) and (c) are inoperative on October 1, 2024, and October 1, 2025, respectively, pursuant to Section 10231.5 of the Government Code.

Appendix B. Group Structure for Implementing the Requirements of the Legislation

Figure 2 below illustrates the structure of the groups that were involved in the fulfillment of the requirements of EC Section 56477 added by Section 50 of SB 75 (Chapter 51, Statutes of 2019), including a 21-member Advisory Group, a 19-member Steering Committee, and a 41-member Workgroup. For a list of members of the Advisory Group, the Steering Committee, and the Workgroup and their affiliations, see the Acknowledgments section at the beginning of this report.

Figure 2. Group Structure for Implementing the Requirements of the Legislation



Source: This graphic is based on the work of WestEd and the Part C to B for CA Kids Steering Committee, 2021.

Appendix C. Recommendation Development Process

Table 1 below outlines the process for developing the Part C to B for CA Kids Workgroup recommendations, including a timeline of specific activities and outcomes.

Table 1. Recommendation Development Process

Timeline/Activity	Outcomes
<p>May 2020</p> <p>Workgroup Meeting #1</p>	<ul style="list-style-type: none"> • Determined a shared vision • Engaged in activities to begin understanding the current system (cause-and-effect analysis, empathy mapping, process mapping)
<p>May–August 2020</p> <p>System Investigation</p>	<ul style="list-style-type: none"> • Conducted family and program staff surveys • Conducted interviews with system stakeholders • Conducted a national scan of Part C to Part B transition practices • Continued drafting process maps
<p>August–October 2020</p> <p>Submission of Progress Report</p>	<ul style="list-style-type: none"> • Submitted progress report to the Department of Finance and the Legislature
<p>October 2020</p> <p>Workgroup Meeting #2</p>	<ul style="list-style-type: none"> • Debriefed progress report • Reviewed family and program staff survey results • Reviewed and refined cause-and-effect diagram • Explored ideas for change and began identifying and prioritizing emerging recommendation areas
<p>October 2020–January 2021</p> <p>Draft Recommendations</p>	<ul style="list-style-type: none"> • Continued information gathering to inform recommendations • Drafted recommendations
<p>January 2021</p> <p>Workgroup Meeting #3</p>	<ul style="list-style-type: none"> • Identified opportunities for alignment with the Early Learning and Care Master Plan • Refined emerging recommendations

Timeline/Activity	Outcomes
<p>January–February 2021</p> <p>Draft Recommendations</p>	<ul style="list-style-type: none"> • Continued information gathering to inform recommendations • Continued drafting recommendations
<p>March 2021</p> <p>Workgroup Meeting #4</p>	<ul style="list-style-type: none"> • Reviewed and provided final input on recommendations
<p>March–September 2021</p> <p>Draft Final Report</p>	<ul style="list-style-type: none"> • Completed information gathering to finalize recommendations • Drafted final report
<p>October 2021</p> <p>Submit Final Report</p>	<ul style="list-style-type: none"> • Submitted final report to the relevant committees of the Department of Finance and the Legislature

Appendix D. Guiding Frameworks for Recommendation Development

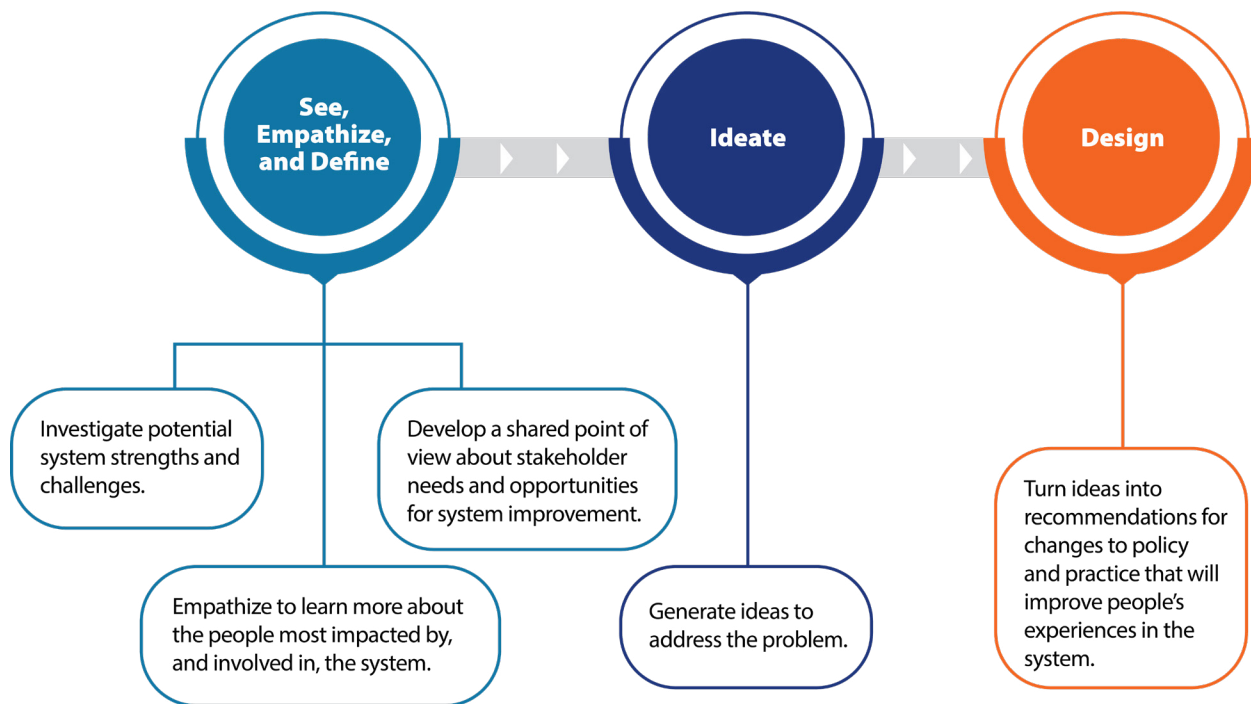
Principles from both Design Thinking and systems change theory were adapted and used to guide the development of Part C to B for CA Kids Workgroup recommendations. Guided by these principles, the Workgroup established a shared understanding of explicit and implicit conditions that contribute to systemic inefficiencies and inequities and, based on this shared understanding of the system, designed recommendations for system improvement.

Design Thinking

Design Thinking is an iterative process that is employed to understand and apply user-centered experiences to create solutions to problems in creative and innovative ways (Dam and Siang 2018). The cornerstone of Design Thinking is to make improvements based on analyzing and understanding stakeholder experiences. Figure 3 below summarizes the three phases of the Design Thinking process that were used to design the Part C to B for CA Kids Workgroup recommendations. The three phases are:

- 1. See, Empathize, and Define:** Investigate potential system strengths and challenges; empathize to learn more about the people most impacted by, and involved in, the system; and develop a shared point of view about stakeholder needs and opportunities for system improvement.
- 2. Ideate:** Generate ideas to address the problem.
- 3. Design:** Turn ideas into recommendations for changes to policy and practice that will lead to people's improved experiences in the system (National Equity Project, n.d.).

Figure 3. Design Thinking



Source: Adapted from National Equity Project (2021)

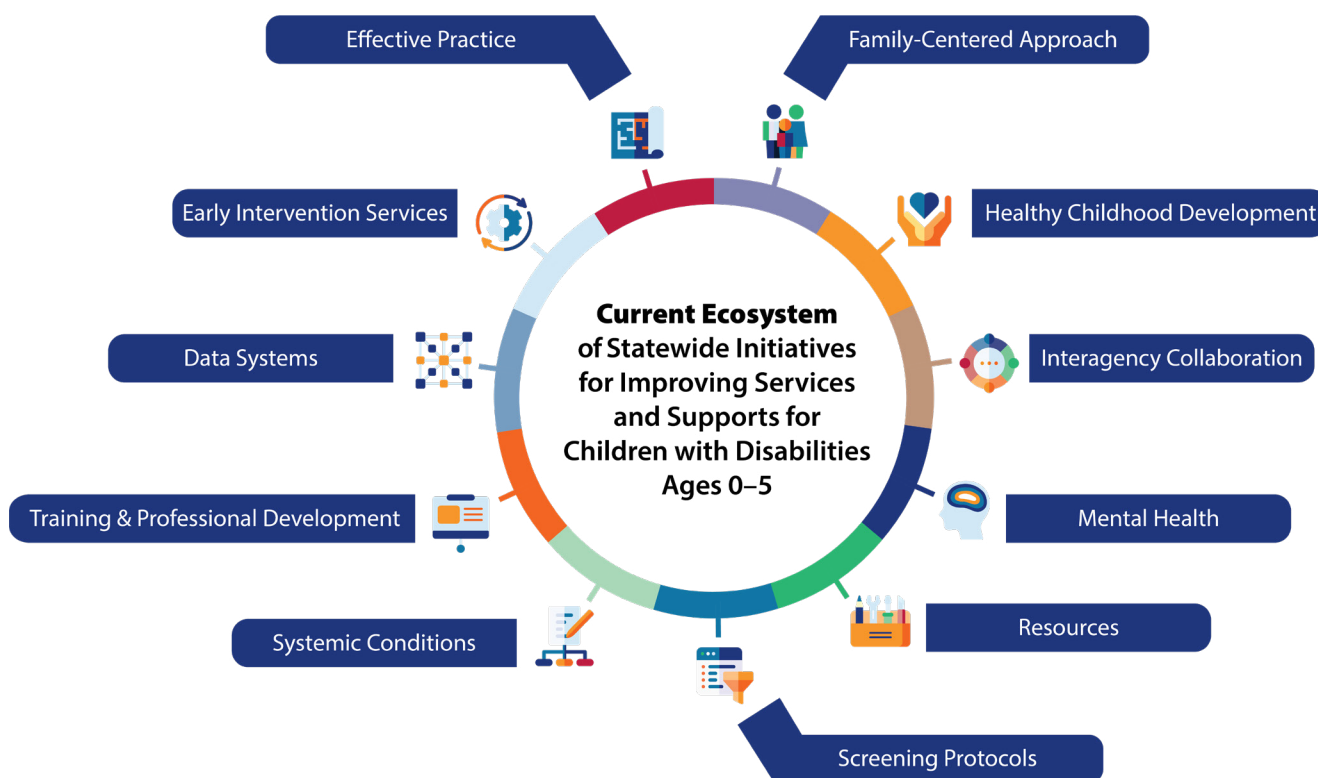
Conditions of Systems Change

The Six Conditions of Systems Change developed by Kania, Kramer, and Senge (2018) involve identifying and examining root causes through active reflection and examination of explicit and implicit systemic conditions that sustain inefficiencies and contribute to systemic inequities. The Six Conditions of Systems Change occur on three tiers: (1) structural, (2) relational, and (3) transformative. Structural change is explicit change; it includes areas such as policies, practices, and resource flows. Relational change is semi-explicit change; it includes areas such as relationships and connections as well as power dynamics. Transformative change is implicit change; it includes mental models that are shaped by “habits of thought—deeply held beliefs and assumptions and taken-for-granted ways of operating that influence how we think, what we do, and how we talk” (Kania, Kramer, and Senge 2018, 4).

Appendix E. Part C to B Ecosystem of Initiatives

To understand how the Senate Bill 75 legislation and associated recommendations are connected to other statewide initiatives aiming to improve services and supports for children with disabilities ages birth through five and their families, figure 4 below illustrates a current sample of statewide and federal initiatives, organized by 11 system components (data systems, early intervention services, effective practice, family-centered approach, healthy childhood development, interagency collaboration, mental health, resources, screening protocols, systemic conditions, and training and professional development).

Figure 4. Current Ecosystem of Statewide Initiatives for Improving Services and Supports for Children With Disabilities Ages Birth Through Five



Source: This graphic is based on the work of WestEd.

Services and Supports of the Current Ecosystem

Data Systems

- CA Statewide Screening Collaborative
- Help Me Grow California
- SB 81: Budget, Fiscal Review, Develop Services



Early Intervention Services

- Early Start
- Mental Health Services Act
- Senate Bill 75 Part C to B Workgroup



Effective Practice

- SB 75 Part C to B Workgroup
- State Systemic Improvement Plan
- First 5 IMPACT Program



Family-Centered Approach

- Early Start
- Help Me Grow California
- First 5 IMPACT Program
- State Interagency Coordinating Council on Early Intervention
- CA State Council on Developmental Disabilities



Healthy Childhood Development

- CA Statewide Screening Collaborative
- Family Empowerment and Disability Council
- Family Resource Centers Network of CA



Interagency Collaboration

- Impact Inclusion State Leadership Team
- State Interagency Coordinating Council on Early Intervention
- State Systemic Improvement Plan
- SB 75 Part C to B Workgroup
- First 5 IMPACT Program



Mental Health

- Early Childhood Mental Health
- Mental Health Services Act



Resources

- SB 75 Part C to B Workgroup
- SB 81: Budget, Fiscal Review, Developmental Services
- Inclusive Early Education Expansion Program
- Family Resource Centers Network of CA
- Family Empowerment and Disability Council



Screening Protocols

- CA Statewide Screening Collaborative
- Help Me Grow California



Systemic Conditions

- SB 75 Part C to B Workgroup
- Advisory Commission on Special Education
- Mental Health Services Act
- State Systemic Improvement Plan
- CA State Council on Developmental Disabilities
- Early Education Expansion Program
- Help Me Grow California



Training & Professional Development

- Comprehensive System of Personnel Development
- Inclusive Early Education Expansion Program

Methodology for Selecting and Mapping Initiatives

For the purposes of figure 4, “initiatives” were defined as collective, structured efforts that use a “multi-sector approach to changing systems for improved population level outcomes” (Wright 2019). These initiatives were identified by reviewing state agencies’ and other agencies’ or organizations’ websites that were affiliated with Part C to B for CA Kids Workgroup members. Input was also solicited from experts in the field who were asked to identify any state-sponsored initiatives. The list of initiatives in the figure is not exhaustive and does not represent the full scope of work done by all agencies in this space, nor does it illustrate the ongoing efforts from specific advocacy groups or organizations. It does, however, provide a snapshot of state-level initiatives to highlight how the Senate Bill 75–related work is connected and interconnected to other work.

The 11 system components were developed after reviewing several frameworks, including the California Master Plan for Early Learning and Care, Help Me Grow California, and the Six Conditions for Systems Change (Kania, Kramer, and Senge 2018).

Table 2 below describes each of the categories of initiatives shown in figure 4. Table 3 below expands on the information in figure 4 by providing descriptions and references for the initiatives listed in the figure.

Table 2. Categories of Statewide Initiatives for Improving Services and Supports for Children With Disabilities Ages Birth–Five

Category	Description
Data Systems	Data systems refer to information that is connected, integrated, secured, maintained, stored, and reported across programs and services (U.S. Department of Health and Human Services and ED 2016).
Early Intervention Services	Early intervention services describe the services and supports that are available to babies and young children with developmental delays and disabilities and their families (CDC n.d.d).
Effective Practice	Effective practice describes the implementation of methodologies, strategies, or approaches that are evidence-based or promising in attaining a desired outcome (DDS, Early Start Section, and CDE Special Education Division 2013).
Family-Centered Approach	A family-centered approach refers to a relationship-based approach in which service providers collaborate closely with the family to develop a shared view of the child and his or her strengths and needs (WestEd 2011).
Healthy Childhood Development	Healthy childhood development refers to the idea that children of all abilities, including those with special health-care needs, are able to grow up where their social, emotional, and educational needs are met (CDC n.d.a).
Interagency Collaboration	Interagency collaboration refers to a collaboration that occurs when people from different organizations produce something through joint effort, resources, and decision-making and share ownership of the final product or service (Linden 2002).
Mental Health	Mental health in childhood means reaching developmental and emotional milestones and learning healthy social skills and how to cope when there are problems (CDC n.d.b).
Resources	Resources are described as a stock or supply of money, materials, staff, and other assets that can be drawn on by a person or organization in order to function effectively (http://Merriam-Webster.com 2021).

Category	Description
Screening Protocols	<p>Screening protocols refer to the use of appropriate instruments that are administered by trained personnel and help determine whether an infant or toddler may have a disability and is therefore in need of early intervention services (Early Childhood Technical Assistance Center n.d.b).</p>
Systemic Conditions	<p>Systemic conditions relates to shifting the policies, practices, resources, relationships and connections, power dynamics, and/or mental models that hold systemic problems in place (Kania, Kramer, and Senge 2018).</p>
Training and Professional Development	<p>Training refers to an instructional experience provided primarily by employers for employees, designed to develop knowledge and new skills that are expected to be applied immediately upon arrival or return to the job. Professional Development describes a consciously designed systematic process that strengthens how staff obtain, retain, and apply knowledge, skills, and attitudes (CDC n.d.c).</p>

Table 3. Current Ecosystem of Statewide Initiatives for Improving Services and Supports for Children With Disabilities Ages Birth–Five

Initiative	Description	Category
<p>CA Statewide Screening Collaborative</p>	<p>The CA Statewide Screening Collaborative identifies and addresses service gaps by improving the synergies among state programs involved in recognition and response activities and by adopting a common language, standard tools, and screening protocols for families and children that affect healthy childhood development (California Early Start n.d.).</p>	<ul style="list-style-type: none"> • Data Systems • Healthy Childhood Development • Screening Protocols
<p>Help Me Grow California</p>	<p>Help Me Grow California is designed to help leverage existing resources to ensure communities identify vulnerable children, establish links to community-based services, and empower families to support their child’s healthy development through the implementation of four interconnected Core Components (Help Me Grow California. n.d.):</p> <ul style="list-style-type: none"> • Centralized Point of Access: streamlining access to child development information, support, and referrals to help families navigate California’s complex intervention system • Family and Community Outreach: building awareness and linkage across support systems • Health-care Provider Outreach: collaborating with health-care professionals to ensure children receive developmental screenings • Data Collection and Analysis: identifying gaps in service and opportunities for greater collaboration and systems improvement 	<ul style="list-style-type: none"> • Data Systems • Family-Centered Approach • Screening Protocols • Systemic Conditions

Initiative	Description	Category
Senate Bill 81 Budget, Fiscal Review, Developmental Services	<p>Senate Bill 81 (Ch. 28, C.A. 2019)³¹ provided the DDS with time-limited funding to provide rate increases for specified service codes, effective January 1, 2020, through December 31, 2021. The rate increases shall be suspended at the end of this period unless certain conditions, specified in Senate Bill 81, apply. Federal approval for matching federal funds was obtained on December 19, 2019. This bill would, among other things, require the governing board of a regional center to include members with financial expertise and members with management or board governance expertise by August 15, 2020.</p>	<ul style="list-style-type: none"> • Data Systems • Resources
Early Start (federal)	<p>Early Start is the name of California’s Part C program, a federal program that is part of the Early Intervention Program for Infants and Toddlers with Disabilities, which was enacted in 1986 under the IDEA.³² At the state level, Early Start is coordinated by the DDS and is California’s response to federal legislation ensuring that early intervention services for infants and toddlers with disabilities and their families are provided in a coordinated, family-centered system of services that are available statewide (DDS n.d.a).</p>	<ul style="list-style-type: none"> • Early Intervention Services • Family-Centered Approach

³¹ SB 81 Developmental Services, Chapter 28, California Statutes of 2019, Committee on Budget and Fiscal Review.

³² 20 United States Code (U.S.C.), Section 1431 et seq

Initiative	Description	Category
Mental Health Services Act	The Mental Health Services Act was passed by voters in California in 2004. Funds are applied for and used by regional centers for projects that improve outreach and services to individuals with disabilities and co-occurring mental health needs, which can include the Part C/Early Start community. The Act addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the public behavioral health system (DDS n.d.d).	<ul style="list-style-type: none"> • Early Intervention Services • Mental Health • Systemic Conditions
Senate Bill 75 Part C to B Workgroup (state)	The Senate Bill 75 (Chapter 51, Statutes of 2019) Part C to B Workgroup developed recommendations to improve the state’s performance in meeting federal deadlines for transitioning three-year-old children with disabilities from IFSPs administered by a regional center to IEPs administered by an LEA. It also involves a final report to provide recommendations for best practices for regional centers and LEAs to ensure every three-year-old child with disabilities receives an uninterrupted continuum of support services. ³³	<ul style="list-style-type: none"> • Early Intervention Services • Effective Practice • Interagency Collaboration • Resources • Systemic Conditions
State Systemic Improvement Plan (SSIP)	The SSIP is a multiyear (<i>per CDE</i>) plan for improving outcomes for children with disabilities that is required for all state Part C and Part B programs. In California, the Part C SSIP was developed in collaboration with the SSIP Task Force. Established in 2014, the SSIP Task Force consisted of a diverse group of stakeholders, including parents, early intervention practitioners, an early intervention mental health expert, and other early intervention advocates as well as representatives from the DDS, the CDE, Part C local agencies, the ICC, and the National Center for Systemic Improvement and Center for Prevention & Early Intervention (DDS n.d.g).	<ul style="list-style-type: none"> • Effective Practice • Interagency Collaboration • Systemic Conditions

³³ EC Section 56477 added by Section 50 of SB 75 (Chapter 51, Statutes of 2019)

Initiative	Description	Category
First 5 IMPACT Program	<p>The First 5 Improve and Maximize Programs so All Children Thrive (IMPACT) program is an innovative approach that forges partnerships between First 5 California and counties to achieve the goal of helping children ages birth to five and their families thrive by increasing the number of high-quality early learning settings, including supporting and engaging families in the early learning process. Supporting more settings to achieve high-quality standards helps ensure more of California’s children enter school with the skills, knowledge, and disposition necessary to be successful. This provides families the information and support they need to promote and optimize their children’s development and learning both inside and outside the home (First 5 California n.d.).</p>	<ul style="list-style-type: none"> • Effective Practice • Family-Centered Approach • Interagency Collaboration
State ICC on Early Intervention (state)	<p>The State ICC on Early Intervention includes members who are appointed by the governor. The council is comprised of parents of children with disabilities, early intervention service providers, health-care professionals, state agency representatives, and others interested in early intervention.</p> <p>The ICC encourages a family-centered approach, family–professional partnerships, and interagency collaboration while providing a forum for public input (DDS n.d.f).</p>	<ul style="list-style-type: none"> • Family-Centered Approach • Interagency Collaboration

Initiative	Description	Category
CA State Council on Developmental Disabilities	The CA State Council on Developmental Disabilities is established by state and federal law as an independent state agency to ensure that people with developmental disabilities and their families receive the services and supports they need. Through advocacy, capacity building, and systemic change, the Council works to achieve a consumer- and family-based system of individualized services, supports, and other assistance (California State Council on Developmental Disabilities n.d.).	<ul style="list-style-type: none"> • Family-Centered Approach • Systemic Conditions
Early Childhood Mental Health	Early Childhood Mental Health describes the projects that the DDS supports by using Mental Health Services Act funds for regional centers to develop and oversee innovative projects. These projects focus on treatment for children and families with mental health diagnoses (DDS n.d.d).	<ul style="list-style-type: none"> • Mental Health
Family Resource Centers Network of CA	<p>The Family Resource Centers Network of CA is a coalition of Early Start FRCs that primarily support families in Part C. Early Start FRCs that are under contract with the DDS may provide the following (DDS n.d.b):</p> <ul style="list-style-type: none"> • Parent-to-parent family support • Peer counseling and home visits • Information and referral • Public awareness • Parent education • Assistance with transition from Early Start at age three • Support services in many languages • Translation assistance • Support services in urban and rural communities 	<ul style="list-style-type: none"> • Family-Centered Approach • Resources

Initiative	Description	Category
<p>Family Empowerment and Disability Council</p>	<p>The Family Empowerment and Disability Council is coordinated through the Seeds of Partnership contract, funded by the CDE, Special Education Division. The Council’s leadership supports families in Part B. FECs provide training and information to families of children and young adults with disabilities between the ages of three and twenty-two. These parent-led nonprofit organizations offer specialized training, peer-to-peer support, information, and referral services. They aim to assist parents to better understand their child’s educational and developmental needs, communicate effectively with service providers, serve as a resource for the IEP process, participate in school reform and improvement activities, promote alternative dispute resolution, and support positive relationships between parents and professionals. Services available through each FEC vary based on the needs of the community (Seeds of Partnership n.d.).</p>	<ul style="list-style-type: none"> • Family-Centered Approach • Resources

Initiative	Description	Category
Inclusive Early Education Expansion Program	<p>The Inclusive Early Education Expansion Program provides funding to increase access to inclusive early learning and care programs for children with disabilities, including children with severe disabilities, and to fund the cost to the CDE of conducting an evaluation of the Program. Funding for this program is in accordance with Assembly Bill 1808 (Ch. 32, 2017–2018)³⁴ (CDE n.d.c).</p> <ul style="list-style-type: none"> • Facilities: Funding can be used by an LEA either for its early learning and care programs or for programs operated by a consortium of early learning and care providers and/or for facility repairs and renovations that will assist children with disabilities, including children with severe disabilities, by increasing access to inclusive early learning and care programs. Funding for new facility construction can only be used by LEAs to improve their own facilities. • Adaptive Equipment: LEAs or early learning and care consortium providers may use the funds to improve the accessibility of indoor and outdoor environments by building or purchasing adaptive equipment in order to increase participation of children with disabilities, including children with severe disabilities. 	<ul style="list-style-type: none"> • Resources • Systemic Conditions • Training and Professional Development

³⁴ Assembly Bill 1808, Education finance: Education omnibus trailer bill, Ch. 32 (C.A. 2017–2018)

Initiative	Description	Category
Inclusive Early Education Expansion Program	<ul style="list-style-type: none"> ● Professional Development: Funding can be used by LEAs and consortium providers for professional development to ensure that staff are prepared to serve children with a broad range of disabilities, including children with severe disabilities. ● Impact Inclusion State Leadership Team: This is a statewide workgroup established by the CDE to share challenges, barriers, and best practices for inclusion of children with exceptional needs in early learning and care settings and to work toward continuous improvement of inclusion of children with exceptional needs in high-quality early learning and care programs in California. 	<ul style="list-style-type: none"> ● Resources ● Systemic Conditions ● Training and Professional Development
Advisory Commission on Special Education (ACSE)	<p>The ACSE provides recommendations and advice to state leadership on issues related to special education. Housed at the CDE, the Commission is an advisory body required by federal³⁵ and state statute.³⁶ The ACSE provides recommendations and advice to the State Board of Education, the State Superintendent of Public Instruction, the Legislature, and the governor in new or continuing areas of research, program development, and evaluation in California special education (CDE n.d.a).</p>	<ul style="list-style-type: none"> ● Systemic Conditions
Comprehensive System of Personnel Development	<p>The Comprehensive System of Personnel Development is a required component of a state's Part C program that includes the training, preparation, recruitment, and retention of early intervention professionals as well as training of primary referral sources (Early Childhood Technical Assistance Center n.d.a). In California, the Comprehensive System of Personnel Development is coordinated by the DDS through a contract with WestEd.</p>	<ul style="list-style-type: none"> ● Training and Professional Development

³⁵ 20 U.S.C. 1412(a)(21)

³⁶ EC 33590-6-33596

Appendix F. Changes Required in Order to Implement the Recommendations

Table 4 below outlines the required changes to regulations, statutes, oversight, support, staffing, and/or funding in order to implement the recommendations contained in this report.

NOTE: This list is not intended to be exhaustive, as additional changes may be required during implementation.

Table 4. Required Changes to Implement the Recommendations

Recommended Action	Changes Required for Implementation
<p>Action 1-A: Provide technical assistance and mandated training that support the alignment, implementation, and continuous improvement of transition practices for local Part C and Part B programs.</p>	<p>State Agency Support and Oversight: Update the professional development and local program support activities provided by the DDS and the CDE.</p> <p>Staffing and/or Funding: Allocate funding to the DDS and the CDE to jointly develop and deliver training and technical assistance to local Part C and Part B programs on transition practices. Appropriate funding to the DDS and the CDE to hire additional staff who build agency capacity to effectively support local program continuous improvement.</p>
<p>Action 1-B: Provide ongoing professional learning on addressing bias in transition planning.</p>	<p>State Agency Support and Oversight: Develop or augment professional development activities for Part C and Part B personnel and monitor for implementation of desired practices following professional learning activities.</p>
<p>Action 1-C: Collect and disseminate effective practices that support the continuous improvement of Part C and Part B programs to meet required timelines and support families during the transition process.</p>	<p>State Agency Support and Oversight: Collect and disseminate effective practices that support the continuous improvement of Part C and Part B programs.</p>

Recommended Action	Changes Required for Implementation
<p>Action 2-A: Expand Part B eligibility criteria and explore opportunities to promote earlier identification of children eligible for Lanterman services.</p>	<p>State Regulations and/or Statutes: Amend Title 5 regulations and California <i>Education Code</i> to expand eligibility criteria for Part B services. If determined necessary, amend Welfare and Institutions Code to update eligibility for Lanterman Act services.</p> <p>Staffing and/or Funding: Allocate adequate funding to state and local programs to account for the increase in eligible children and services provided due to expansion of eligibility criteria.</p>
<p>Action 2-B: Amend and align eligibility determination policies and practices across Part C and Part B programs.</p>	<p>State Regulations and/or Statutes: Amend California <i>Education Code</i> governing the responsibilities of LEAs in conducting the initial assessment and establishing the initial IEP for an eligible child exiting Part C services.</p> <p>State Agency Support and Oversight: Update the support and oversight provided to local Part C and Part B programs. Revise the state Part C and Part B monitoring systems to reflect changes in regulation.</p>
<p>Action 3-A: Expand and leverage virtual monitoring strategies that support state-level interagency collaboration and strengthen the monitoring and support system for Part C and Part B programs.</p>	<p>Staffing and/or Funding: Allocate additional state funding to support the DDS and the CDE to establish infrastructure and staff protocols to implement collaborative monitoring practices and offer virtual monitoring visits.</p>
<p>Action 3-B: Revise local program monitoring and support processes and protocols to reflect changes in required practices as a result of these recommendations.</p>	<p>State Agency Support and Oversight: Revise the state monitoring system to reflect changes in regulation that occur as a result of adoption of these recommendations.</p> <p>Staffing and/or Funding: Provide needed funding, as identified by the DDS and the CDE, to the departments in order to implement revisions to the state monitoring system.</p>

Recommended Action	Changes Required for Implementation
<p>Action 4-A: Explore and leverage existing or emerging data collection systems to link child data across local Part C and Part B programs.</p>	<p>State Agency Support and Oversight: Link child data across statewide data collection systems. Update state data-sharing policies accordingly. Revise training and guidance to local programs to address data sharing across agencies.</p> <p>Staffing and/or Funding: Provide funding, as needed, to the DDS and/or the CDE to implement any required changes to existing data collection systems in order to successfully link child data.</p>
<p>Action 4-B: Link existing child/student identifiers across Part C and Part B programs.</p>	<p>State Agency Support and Oversight: Link unique identifiers across statewide data collection systems.</p> <p>Staffing and/or Funding: Provide funding, as needed, to the DDS and/or the CDE to implement any required changes to existing data collection systems.</p>
<p>Action 4-C: Revise state regulations to require that unidentifiable child data be shared across Part C and Part B programs for all children with an IFSP when they turn two years and three months of age.</p>	<p>State Regulations and/or Statutes: Amend Title 17 regulations to include a definition of “unidentifiable information” and to require that local interagency agreements between regional centers and LEAs address the sharing of unidentifiable information no later than nine months before the third birthday of all children receiving Part C services.</p>
<p>Action 5-A: Apply to adopt the extended IFSP option in accordance with federal regulations.</p>	<p>State Regulations and/or Statutes: Amend state Statutes and regulations to include the extended IFSP option.</p> <p>Implementation of Federal Regulations: Revise the annual Part C grant application to adopt the extended IFSP option described in Part C regulations (34 CFR § 303.211).</p> <p>Staffing and/or Funding: Allocate ongoing funding to the DDS and the CDE to initiate and oversee a stakeholder engagement process, including convening a workgroup, to research and implement the extended IFSP option. Once adopted, access federal funding, including State Incentive Grants, to support the increase in the number of children receiving Part C services beyond age three.</p>

Recommended Action	Changes Required for Implementation
<p>Action 5-B: Allow and fund Part C programs to provide continued services and support for children whose third birthdays fall during LEA breaks in service.</p>	<p>State Regulations and/or Statutes: Amend Title 17 regulations to allow regional centers to continue providing or purchasing early intervention services for three-year-old children during LEA breaks in service, regardless of eligibility for regional center services. Also, amend the Welfare and Institutions Code to allow regional centers the authority to purchase early intervention services for three-year-old children during a period of an LEA break in service.</p> <p>Staffing and/or Funding: Allocate funding to Part C programs to support provision of continued Part C services for children with IFSPs who turn three years old during a period when the Part B LEA is not in session.</p>
<p>Action 5-C: Adjust enrollment practices, timelines, and funding formulas so that existing early education and care programs can accommodate children turning three throughout the school year.</p>	<p>State Agency Support and Oversight: Update the support and guidance activities provided to local Part B programs by the CDE.</p> <p>Staffing and/or Funding: If needed, appropriate additional funding to the CDE to increase grant and contract amounts to Part B programs.</p>
<p>Action 5-D: Expand inclusive placement and support options for all three-year-old children exiting Part C programs, including automatic eligibility for the California State Preschool Program.</p>	<p>Staffing and/or Funding: If needed, appropriate additional funding to the CDE to increase grant and contract amounts to Part B programs.</p>
<p>Action 5-E: Develop and disseminate evidence-based guidelines on effective early childhood special education services and supports.</p>	<p>Staffing and/or Funding: If needed, allocate additional funding to the CDE to develop evidence-based guidelines on effective special education services and supports for children with disabilities.</p>

Recommended Action	Changes Required for Implementation
<p>Action 6-A: Establish ongoing opportunities for families to provide feedback on the transition process.</p>	<p>State Agency Support and Oversight: Develop a statewide system or process for collecting family feedback on the transition process.</p>
<p>Action 6-B: Build local program capacity to ensure effective family engagement and equitable access to information that supports informed decision-making for all families.</p>	<p>State Agency Support and Oversight: Establish a set of recommended practices for family engagement during transition. Amend DDS policy and funding structure to require regional centers to fund Part C providers to attend transition meetings. Develop and disseminate transition information that is accessible to all families.</p>
<p>Action 6-C: Require Part C programs to refer families to the appropriate Early Start family resource center and family empowerment center for support during their children’s transition from Part C to Part B services.</p>	<p>State Regulations and/or Statutes: Amend Title 17 regulations to require Part C service coordinators to make a referral for transition-related parent-to-parent support and training to the local Early Start FRC and the local FEC, with parent consent.</p>
<p>Action 6-D: Advance legislation to expand family empowerment centers throughout the state and dedicate additional state funding to Early Start family resource centers and family empowerment centers for supporting families during transition.</p>	<p>State Regulations and/or Statutes: Amend California <i>Education Code</i> to expand FECs across the state and increase the base grant and cost-of-living adjustment amounts for FECs.</p> <p>Staffing and/or Funding: Increase funding in the state budget to the CDE and the DDS to increase grant amounts to FECs and Early Start FRCs, respectively.</p>
<p>Action 6-E: Establish policies and practices for identifying primary points of contact within Part C and Part B programs to communicate with families and coordinate transition activities.</p>	<p>State Regulations and/or Statutes: Amend Title 17 regulations to require local interagency agreements to designate a contact person to coordinate transition planning activities and communications with families and other agencies.</p> <p>State Agency Support and Oversight: Update local program support activities provided by the DDS and the CDE.</p>

Recommended Action	Changes Required for Implementation
<p>Action 6-F: Revise the Part C service coordinator caseload limit and establish a caseload ratio formula for Part C service coordinators.</p>	<p>State Regulations and/or Statutes: Amend Welfare and Institutions Code to establish a maximum service coordinator caseload of no more than 45 consumers and require that determination of program caseload ratios be on the basis of a formula developed by the DDS, the CDE, and representatives from regional center and LEA Part C programs.</p> <p>State Agency Support and Oversight: Update local Part C program monitoring and data collection procedures.</p> <p>Staffing and/or Funding: Allocate funding in the state budget to the DDS and the CDE to sufficiently fund regional centers and LEAs to hire adequate staff to adhere to required caseload limits and ratios.</p>
<p>Action 6-G: Establish a statewide Transition Navigator program that supports families throughout their children’s transition process.</p>	<p>State Regulations and/or Statutes: If needed, amend state Statutes and/or regulations to establish a statewide Transition Navigator program and appropriate necessary funding.</p> <p>State Agency Support and Oversight: Update the state interagency agreement and provide training and technical assistance to local Part C and Part B programs.</p> <p>Staffing and/or Funding: Allocate funding in the state budget to the DDS and the CDE to convene a stakeholder workgroup for the purpose of developing a plan for implementing a statewide Transition Navigator program. Appropriate ongoing funding to support the Transition Navigator program.</p>
<p>Action 7-A: Review and revise the components of the state interagency agreement related to transition.</p>	<p>State Regulations and/or Statutes: If needed, establish a new state statute and/or regulation that describes the required components of the state interagency agreement.</p> <p>State Agency Support and Oversight: Amend the state interagency agreement that outlines the joint support and oversight provided to local Part C and Part B programs by the DDS and the CDE.</p>

Recommended Action	Changes Required for Implementation
Action 7-B: Monitor implementation and support the continuous improvement of the transition policies and procedures outlined in local interagency agreements.	State Agency Support and Oversight: Update the local program monitoring and support activities provided by the DDS and the CDE.

Appendix G. Proposed Recommendation Implementation Timeline³⁷

Table 5 below illustrates approximately how long implementing each action resulting from the Part C for CA Kids Workgroup recommendations will take. The timeline for each action starts from the point of assignment of funds in California state trailer bill language and ends with full implementation of ongoing work (as in Actions 1-A, 1-B, 2-A, 2-B, 3-A, 5-B, 5-D, 6-A, 6-B, 6-C, 6-E, 6-G, and 7-B) or completion of time-limited work (as in Actions 1-C, 3-B, 4-A, 4-B, 4-C, 5-A, 5-C, 5-E, 6-D, 6-F, and 7-A). Note that many actions are contingent on other actions, so that the state agencies have personnel dedicated to implementation of other actions. Actual timelines may vary.

Table 5. Proposed Action Implementation Timeline

Action	Proposed Implementation Timeline
Action 1-A: Provide technical assistance and mandated training that support the alignment, implementation, and continuous improvement of transition practices for local Part C and Part B programs.	Up to two years
Action 1-B: Provide ongoing professional learning on addressing bias in transition planning.	Up to two years
Action 1-C: Collect and disseminate effective practices that support the continuous improvement of Part C and Part B programs to meet required timelines and support families during the transition process.	Up to one year
Action 2-A: Expand Part B eligibility criteria and explore opportunities to promote earlier identification of children eligible for Lanterman services.	Up to three years
Action 2-B: Amend and align eligibility determination policies and practices across Part C and Part B programs.	Up to three years

³⁷ An implementation timeline was generated for each action by CDE and DDS staff. The CDE based timeline estimates on comparable projects/contracts. These estimates are presented to give a sense of scale and should not be regarded as a detailed evaluation. These timeline estimates are useful in evaluating how much effort will be required to implement the recommendation.

Action	Proposed Implementation Timeline
<p>Action 3-A: Expand and leverage virtual monitoring strategies that support state-level interagency collaboration and strengthen the monitoring and support system for Part C and Part B programs.</p>	<p>Up to two years</p>
<p>Action 3-B: Revise local program monitoring and support processes and protocols to reflect changes in required practices as a result of these recommendations.</p>	<p>Up to two years</p>
<p>Action 4-A: Explore and leverage existing or emerging data collection systems to link child data across local Part C and Part B programs.</p>	<p>Up to two years</p>
<p>Action 4-B: Link existing child/student identifiers across Part C and Part B programs.</p>	<p>Up to three years</p>
<p>Action 4-C: Revise state regulations to require that unidentifiable child data be shared across Part C and Part B programs for all children with an IFSP when they turn two years and three months of age.</p>	<p>Up to two years</p>
<p>Action 5-A: Apply to adopt the extended IFSP option in accordance with federal regulations.</p>	<p>Up to three years</p>
<p>Action 5-B: Allow and fund Part C programs to provide continued services and support for children whose third birthdays fall during LEA breaks in service.</p>	<p>Up to three years</p>
<p>Action 5-C: Adjust enrollment practices, timelines, and funding formulas so that existing early education and care programs can accommodate children turning three throughout the school year.</p>	<p>Up to two years</p>
<p>Action 5-D: Expand inclusive placement and support options for all three-year-old children exiting Part C programs, including automatic eligibility for the California State Preschool Program.</p>	<p>Up to two years</p>
<p>Action 5-E: Develop and disseminate evidence-based guidelines on effective early childhood special education services and supports.</p>	<p>Up to two years</p>

Action	Proposed Implementation Timeline
Action 6-A: Establish ongoing opportunities for families to provide feedback on the transition process.	Up to one year
Action 6-B: Build local program capacity to ensure effective family engagement and equitable access to information that supports informed decision-making for all families.	Up to one year
Action 6-C: Require Part C programs to refer families to the appropriate Early Start family resource center and family empowerment center for support during their children’s transition from Part C to Part B services.	Up to three years
Action 6-D: Advance legislation to expand family empowerment centers throughout the state and dedicate additional state funding to Early Start family resource centers and family empowerment centers for supporting families during transition.	Annually through the legislative process until expansion is completed
Action 6-E: Establish policies and practices for identifying primary points of contact within Part C and Part B programs to communicate with families and coordinate transition activities.	Up to two years
Action 6-F: Revise the Part C service coordinator caseload limit and establish a caseload ratio formula for Part C service coordinators.	Up to two years
Action 6-G: Establish a statewide Transition Navigator program that supports families throughout their children’s transition process.	Up to two years
Action 7-A: Review and revise the components of the state interagency agreement related to transition.	Up to one year
Action 7-B: Monitor implementation and support the continuous improvement of the transition policies and procedures outlined in local interagency agreements.	Up to one year

Appendix H. Estimated Staffing and Funding Needed for Recommendation Implementation³⁸

Table 6 below outlines the estimated costs to implement each of the recommendations made by the Part C to B for CA Kids Workgroup. Additional analysis will be needed to determine the exact detailed costs to implement each recommendation and its associated actions.

Estimates for state operations are calculated as if each recommendation will be considered for implementation separately. Should the Legislature and the Department of Finance choose to act on only certain recommendations, the estimated minimum number of staff needed to implement each recommendation, independent of the others, is noted in the table. The CDE believes that a dedicated team at the CDE is essential to successful implementation of each recommendation and for sustainability and continuous improvement in each area.

These estimates will likely require refinement as the scope of work and the implementation details for each recommendation develop. Further, this report was drafted while the outcomes of current budget proposals related to improving state-level coordination and Part C to Part B transition remain unclear. It is possible that the DDS and CDE resource estimations should be seen as supplemental requests based on the 2021 Budget Act finalization.

³⁸ A cost estimate was generated for each recommendation by CDE and DDS staff. The CDE based cost estimates on comparable projects/contracts. These estimates are presented to give a sense of scale and should not be regarded as a detailed evaluation. These cost estimates are useful in evaluating how much effort will be required to implement the recommendation.

Table 6. Estimated Staffing and Funding Needed for Recommendation Implementation

Recommendation	Estimated CDE Staffing and Funding Needed	Estimated DDS Staffing and Funding Needed
<p>Recommendation #1: Improve the state’s capacity to support the continuous improvement of local Part C and Part B programs to facilitate smooth and equitable transitions of children with disabilities and their families.</p>	<p>1.0 Education Administrator I</p> <p>2.0 Education Programs Consultants (EPCs)</p> <p>1.0 Associate Governmental Program Analyst (AGPA)</p> <p>• Staffing Estimate: \$3.9 million</p> <p>• Contracts/Cost Estimate: \$9.5 million</p>	<p>1.0 Career Executive Assignment (CEA), Level A</p> <p>• Staffing Estimate: \$166,000</p>
<p>Recommendation #2: Streamline eligibility criteria and eligibility determination policies and practices for programs receiving children who exit Part C at age three.</p>	<p>EPC</p> <p>AGPA</p> <p>• Staffing Estimate: \$1.7 million</p> <p>• Contracts/Costs Estimate: \$6.8 million</p>	<p>1.0 CEA, Level A</p> <p>• Staffing Estimate: \$166,000</p>
<p>Recommendation #3: Improve the state monitoring and support system to build local program capacity for facilitating smooth transitions for children and families.</p>	<p>5.0 EPCs</p> <p>• Staffing Estimate: \$5 million</p> <p>• Contracts/Costs Estimate: \$7.6 million</p>	<p>1.0 CEA, Level A</p> <p>• Staffing Estimate: \$166,000</p>

Recommendation	Estimated CDE Staffing and Funding Needed	Estimated DDS Staffing and Funding Needed
<p>Recommendation #4: Link existing data systems and revise data-sharing policies and practices to promote timely sharing of information across Part C and Part B programs.</p>	<p>1.0 Research Data Analyst II</p> <ul style="list-style-type: none"> ● Staffing Estimate: \$770,000 ● Contracts/Costs Estimate: \$2.3 million 	<p>1.0 Associate Governmental Program Analyst (AGPA)</p> <ul style="list-style-type: none"> ● Staffing Estimate: \$107,000 ● IT Planning Contract Estimate: \$3–5 million
<p>Recommendation #5: Increase access to developmentally appropriate services and inclusive educational settings for three-year-old children with disabilities to ensure a seamless transition of services from Part C to Part B.</p>	<p>4.0 Child Development Consultants</p> <p>5.0 AGPAs</p> <p>1.5 Information Technology Specialist I</p> <ul style="list-style-type: none"> ● Staffing Estimate: \$9.7 million ● Contracts/Costs Estimate: \$2.7 billion 	<p>1.0 CEA, Level A</p> <ul style="list-style-type: none"> ● Staffing Estimate: \$166,000
<p>Recommendation #6: Improve family engagement and support practices for transition.</p>	<p>EPCs</p> <ul style="list-style-type: none"> ● Staffing Estimate: \$2.0 million ● Contracts/Costs Estimate: \$231.9 million 	<ul style="list-style-type: none"> ● Contracts and/or Staffing Estimate: \$500,000
<p>Recommendation #7: Improve state and local interagency agreements to strengthen collaboration policies and practices for transition.</p>	<ul style="list-style-type: none"> ● Contracts/Costs Estimate: \$7.4 million 	<ul style="list-style-type: none"> ● Contracts and/or Staffing Estimate: \$500,000

Appendix I. Glossary

Table 7 below highlights terms and policies that are often used in the Part C to Part B transition process.

Table 7. Part C to Part B Transition Glossary of Terms

Term or Policy	Definition
Early Start	Early Start is the name of California’s Part C program (California Department of Developmental Services [DDS] n.d.a).
Early Start Family Resource Center (FRC)	An Early Start FRC is a nonprofit organization that contracts with the DDS to provide training, information, and parent-to-parent support to families of infants and toddlers with disabilities and delays ages birth to three (DDS n.d.b)
Family Empowerment Center (FEC)	An FEC is a nonprofit organization that receives grant funding from the CDE to provide training, information, and support to families of children and young adults with disabilities ages three to twenty-two (CDE n.d.b)
Individualized Education Program (IEP)	The IEP is a written document that describes how a child’s disability affects his or her participation in appropriate activities, measurable academic and functional goals, and the services and supports to be provided to the child to make progress on goals and participate in education activities with nondisabled peers. ³⁹
Individualized Family Service Plan (IFSP)	The IFSP is a written document that describes an infant or toddler’s current level of development, the desired outcomes for the child and family, and the early intervention services an eligible infant or toddler and their family will receive to meet those outcomes. ⁴⁰
Individuals with Disabilities Education Act (IDEA)	The IDEA is a federal legislation that ensures early intervention, special education, and other services for children with disabilities (U.S. Department of Education n.d.).

³⁹ IDEA, Section 300.320

⁴⁰ IDEA, Section 303.344

Term or Policy	Definition
Lanterman Act	The Lanterman Developmental Disabilities Services Act is the California law giving individuals with developmental disabilities and their families the right to access the supports and services needed to live independently and fully participate in their communities (DDS n.d.c).
Local Educational Agency (LEA)	An LEA is an entity responsible for providing a free and appropriate education to all students, including students with disabilities. ⁴¹
Part B	Part B is the part of the IDEA that governs state programs providing special education and related services to children with disabilities ages three to twenty-two. ⁴²
Part B Program	A Part B Program refers to an LEA providing special education and related services to eligible children with disabilities (CDE n.d.d).
Part C	Part C refers to the part of the IDEA that governs state programs providing early intervention services to infants and toddlers with or at risk for developmental delays or disabilities ages birth to three. ⁴³
Part C Program	A Part C Program is an organization providing early intervention services to eligible infants and toddlers and their families (DDS n.d.h).
Regional Center	A regional center is a nonprofit agency in California that develops, coordinates, and purchases services and supports for eligible individuals with developmental disabilities (DDS n.d.e).

⁴¹ IDEA, Section 303.23

⁴² IDEA, Ch. 33, Subchapter II

⁴³ IDEA, Ch. 33, Subchapter III

Appendix J. Figure 1 Full Description

Overview

Three circles are arranged like a three-leafed clover, each representing a circle of evidence. The outline of each circle ends with an arrow that points to the next circle. A call out box shows contextual information.

Text in Figure 1

Call out box: These circles of evidence consider information from three primary sources to determine whether specific interventions are evidence-based: best available research evidence, family wisdom and values, and professional wisdom and values.

The Best Available Research Evidence: Research evidence showing if the intervention resulted in positive and meaningful impacts on desired outcomes.

Professional Wisdom & Values: The experiences, beliefs, values, priorities, and perspectives of practitioners as these relate to a specific intervention.

Family Wisdom & Values: The experiences, beliefs, values, priorities and perspectives of families as these relate to a specific intervention.

SB 75

Senate Bill 75

Part C to B for CA Kids Workgroup Recommendations

Report to the chairs of the
relevant policy committees and
budget subcommittees of the
California State Legislature and the
California Department of Finance

