

West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Maternal, Child and Family Health



Annual Performance Report

FFY 2011

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development:

The West Virginia Department of Health and Human Resources, as the lead agency for Part C of IDEA, continues to value stakeholder input in the development and implementation of the WV Birth to Three (WVBTT) System. Development of the FFY 2011 Annual Performance Report (APR), submitted February 15, 2013, continued to build on previous stakeholder efforts to improve results for infants, toddlers and families in West Virginia.

The West Virginia Early Intervention Interagency Coordinating Council (WVEIICC) served as the primary stakeholder group for development of the State Performance Plan (SPP) and Annual Performance Reports. The WVEIICC is established under WV Code Chapter 16-5K. The Council meets every other month, with membership that meets IDEA requirements, including parents, service providers, and representatives of various state agencies; as well as other key stakeholders identified by the Council. These additional members include representatives of various advocacy and community groups, including West Virginia Advocates, and the West Virginia Parent Training and Information Center.

The lead agency provides updates to the WVEIICC at each meeting and seeks ongoing input throughout implementation of improvement strategies. The Council contributed input specific to improvement activities and rigorous targets for the State Performance Plan updates and the FFY 2011 APR. Improvement activities are coordinated throughout the year with other interagency and intra-agency partners including the Newborn Hearing Advisory Council, the Early Childhood Advisory Council, the Special Education Advisory Council, WV Birth Score Program, Child Protective Services, and monitoring and research sections of the Office of Maternal, Child and Family Health (OMCFH).

The lead agency staff shared information with, and obtained feedback from the eight Regional Administrative Units (RAUs) throughout the year. State staff utilizes a variety of strategies to obtain data needed for evaluation of performance and identification of improvement strategies across the outcome indicators. The data sources include: information from the WV Birth to Three statewide integrated data system; service coordinator and practitioner feedback; onsite monitoring reviews conducted by the Office of Maternal, Child and Family Health (OMCFH) Monitoring Unit; parent telephone surveys; family outcome surveys; specific data surveys of Regional Administrative Units; complaint logs; and claims payment data. In addition, the State utilized technical assistance from national OSEP funded projects through direct state contact, regional meetings, and national conferences.

The revised State Performance Plan, Annual Performance Report, and local performance data for APR Indicators, are posted on the WV Birth to Three website. In addition to the website posting, members of the WVEIICC (including advocacy groups and other interagency partners), and RAU representatives assist the lead agency with distribution of information through appropriate printed media such as listservs, organizational newsletters, Parent Newsletters of the Regional Administrative Units (RAUs), and the interagency-published Early Childhood Provider Quarterly magazine. WV Birth to Three (WVBTT) will continue to report to the public regarding: a) the State's progress and/or slippage in meeting the measurable and rigorous targets of the State Performance Plan; and b) the performance of each region related to the outcome indicators and targets. Public reporting of state and local data is posted on the WVBTT website at <http://www.wvdhhr.org/birth23/lawandregs.asp>

WV Birth to Three also provided each Regional Administrative Unit with a 'Determination Rating' in accordance with the criteria and guidelines provided by OSEP. Technical assistance is made available to each region in order to identify and implement appropriate improvement strategies.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development: See Overview of Annual Performance Report Development.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Measurement:

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

Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
FFY 2011	100 percent of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely fashion.

Actual Target Data for FFY 2011:

For FFY 2011, 98.1% of infants and toddlers with IFSPs, including new IFSPs, received the services on their IFSPs in a timely fashion. Timely service is defined as within 30 days of parental consent/start date. WV Birth to Three included exceptional family circumstances in both the numerator and denominator for the calculation. In instances where the service was delivered later than 30 days after the consent date on the IFSP, but was delivered within the timelines on the IFSP, this service was considered to be within timelines. In these cases, the IFSP did not call for delivery of the service within 30 days. Children selected during this period were representative of children across the state.

The number of children totaled 420, which was an increase from 261 in the last reporting period. Three hundred and thirty eight (338) children received all services in a timely fashion. Eighty two (82) children did not receive at least one service in timely manner. Seventy four (74) of the eighty two (82) children had a late service due to exceptional family circumstances, including family cancellations or not being home for scheduled visits, or not responding to repeated attempts to schedule visits. Eight of the four hundred and twenty children did not receive at least one service timely due to reasons other than family circumstances.

Because measurement for this indicator is not available through the statewide data system, monitoring methodologies were used. The monitoring included selection of all children with new IFSPs across all eight regions of the state, for the month of May, 2012. WV Birth to Three state staff then gathered additional information in order to determine the time period between parental consent/authorization for service and the first date of service delivery. Analysis also included documentation from the children's records regarding the reason that any service was not delivered in a timely fashion. This time period was selected near the end of the reporting period for easier access to onsite records for verification. The

period was also determined to be representative for the number of new IFSPs during any similar period of the year. In addition to the data pulled for all children during the month of May, the WVBTT Continuous Quality Improvement (CQI) Coordinator selected practitioners randomly across all eight regions during the twelve month period, to complete a self assessment monitoring process that included providing documentation of timely service delivery or reasons for late service delivery. .

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

The FFY 2011 98.1% was a small slippage from the previous FFY 2010 of 98.47%. Even though more children were included in the FFY 2011 count (420 versus 261 previous year), and more children received timely service in the FFY 2011 measurement (338 versus 187 previous year), of the children who did not receive timely service, fewer were due to exceptional family circumstances (4 in previous year versus 8 in current year). For the FFY 2011 data, there were five practitioners and two service coordinators involved in the late services to eight children. Documentation did confirm that all children received their IFSP service.

Two of the practitioners are no longer enrolled in WV Birth to Three. For three of the eight children with a late service, practitioners reported getting late notification from the respective Interim Service Coordinator (ISC) or Ongoing Service Coordinator (OSC) that they were selected to provide a service. For two other children, the selected practitioners could not provide the service and asked to be replaced, which delayed the service. For the remaining three children, the practitioner and service coordinator had no documentation for why they did not provide the initial service in a timely fashion (one service coordinator was involved in late service to two children).

WV Birth to Three includes talking points in all core training modules to emphasize the importance of timely delivery of service. The Service Coordination Outcome page of the IFSP includes a list of service coordination activities which the service coordinator reviews with the family at each IFSP meeting/review. One of those listed activities is: "Coordinate and monitor (helping the family to evaluate) the timely delivery of service." Timely service was included in the Tips of the Week posted on the website. In addition WV Birth to Three reimburses for services on a fee-for-service, face-to-face service delivery basis, which reinforces the timely delivery of service.

Most of the state qualifies as rural and sparsely populated, contributing to the challenge of assuring that families are able to receive each service in a timely fashion. Personnel shortages are also an issue. When sufficient numbers of personnel are not available in the rural areas, practitioners are driving longer distances and attempting to work families into already busy schedules. Shortage of these specialty disciplines is a statewide issue, felt also by other early childhood, health, and disability groups.

The availability of service providers in rural areas continues to be a challenge. WV Birth to Three continues to conduct intensive recruitment activities targeted specifically to increasing the availability of specialty practitioners based on identified areas of need. Regional WV Birth to Three Technical Assistance Specialists review service directories and gather information from RAUs in order to identify the areas of greatest need.

WV Birth to Three has been able in some areas to recruit retiring county school personnel, including specialty disciplines, who are interested in continuing their connections with children and families by enrolling to provide early intervention services. The WV Birth to Three System structure allows for them to enroll and provide services on a part-time basis. Their availability, especially in the most rural areas of West Virginia, helps to address potential personnel shortages.

Many of the exceptional family circumstances under this indicator were due to multiple challenges that many families experience, which in turn impact their availability for services.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines /**Resources for FFY 2012:** Revisions to the target for this Indicator are not applicable. Follow up and

corrective actions will be taken with respective practitioners and RAUs as appropriate to assure the correction of identified noncompliance. Correction of identified noncompliance will be demonstrated and completed within no more than one year from identification.

The self-assessment process for local service coordinators and practitioners regarding their timely delivery of services will be continued. The CQI Coordinator randomly selects practitioners, along with children from their respective caseloads who have newly authorized services. Each practitioner responds with documentation to support whether or not the newly authorized services were implemented in a timely fashion. If services are not provided timely, findings will be issued and further documentation gathered to assure correction.

Training will continue to emphasize the importance of having Interim Service Coordinators (ISCs) and Ongoing Service Coordinators (OSCs) facilitate a conversation during each IFSP meeting/review about the requirement to provide timely services. The ISC or OSC will document the conversation on the Teaming Activity note. This conversation and documentation will help assure that service providers and families are aware and understand the importance of the requirement to provide timely service. In addition, WV Birth to Three has revised procedures to require that if a family selects a practitioner to provide the IFSP service who is not present at the meeting, the ISC or OSC is to confirm the practitioner's availability within two working days, and document such in the child's record. If unable to confirm availability within 48 hours, the ISC or OSC will work with the family to make another selection of service provider.

During FFY 2012, WV Birth to Three is facilitating separate Community of Practice models for service coordinators and various disciplines of direct service practitioners. In addition to issues around effective practice, timely service will be introduced into these conversations.

WV Birth to Three will continue recruitment strategies, especially for disciplines with identified shortages. Recruiting strategies include: exhibiting and recruiting at job fairs of several universities across the state; purchasing of ads in professional organization newsletters; contacting hospitals, home health agencies, and private therapy clinics; attending conferences and other venues; and informing currently enrolled practitioners and payee agencies of areas of shortages.

To remind enrolled practitioners of the importance of providing services in a timely manner, WVBTT will continue to send statewide email notifications, post Tips of the Week on the website, and provide face-to-face technical assistance.

WV Birth to Three will continue strategies this next year to help service coordinators and other team members be more knowledgeable of community resources, in order to be able to link families to resources that will help them address the other challenges in their lives. As research indicates, linking families to other needed resources may help to meet their immediate needs, help to establish positive working relationships, and help families be in a better position to promote their children's development.

Correction of FFY 2010 Noncompliance Corrected in Timely Fashion

There were ten findings of noncompliance under this Indicator during FFY 2010, including findings based on analysis of the FFY 2009 APR data submission which were identified during FFY 2010. All ten findings, involving four programs, were corrected as soon as possible and in no case longer than one year from identification. The CQI Coordinator verified that each of the four programs was correctly implementing the timely service requirement, based on reviewed documentation to assure that correction occurred for identified children and that services were provided in accordance with requirements for all children in a subsequent period of time. Required documentation/action varied depending on the severity of the noncompliance, and included requirements such as submission of detailed charts to document initial dates of service for all new services by the service provider over a designated period of time. The CQI Coordinator was able to cross reference submitted documentation with claims information and record review to verify correction prior to closing findings.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development: See Overview of Annual Performance Report Development.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

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

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
FFY 2011	99.5%

Actual Target Data for FFY 2011:

Two thousand four hundred and ninety-nine (2,499) children had active IFSPs through WV Birth to Three on December 1, 2011. One hundred percent (100%) of children were receiving their IFSP services primarily in their home or other community-based setting. Data for this indicator was gathered from the WV Birth to Three integrated data system as reported in the 618 data. See Indicator 14 and the SPP for reference to the validity and reliability of the WV Birth to Three data system. WV Birth to Three provides training and reviews to assure that teams understand the process for determining whether there is justification to provide services in settings other than the natural environment.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

WV Birth to Three met the target for FFY 2011. All improvement activities as identified in the State Performance Plan are ongoing. WV Birth to Three has policies and procedures in place to assure that eligible children and families receive early intervention services in natural environments in accordance with the requirements of IDEA/Part C. The IFSP team, with the family as an integral member, is responsible for utilizing assessment and other relevant information to identify outcomes, strategies and services; including frequency, intensity and location. WV Birth to Three policies and procedures require early intervention services to be delivered in the child/family’s natural environment unless there is an appropriate justification that early intervention cannot be achieved in that setting. The standard, statewide IFSP form includes a separate page for documenting any service that is not provided in the natural environment, along with the appropriate justification and a plan for moving the service back into the daily routine if applicable.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012: No revisions to targets or improvement activities have been made to this indicator.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development: See Overview of Annual Performance Report Development.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

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

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with

IFSPs assessed)] times 100.

- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered and exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2: Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

FFY	Measurable and Rigorous Targets for Summary Statements			
FFY 2011	A.1 - 66.2% A.2 - 75.8%	B.1 - 75.9 B.2 - 65.6%	C.1 - 80.3%, C.2 - 76.4%	

Actual Target Data for FFY 2011:

A. Positive social-emotional skills (including social relationships):	All Children		Excluding "At-Risk"	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	4	.3	4	.3
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	324	24.5	318	25.1
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	125	9.5	124	9.8
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	282	21.3	267	21.1
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	587	44.4	555	43.8
Total	1322	100	1267	100
Baseline Data For Summary Statements Targets – All Children				
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited: 55.4 %				
2. The percent of children who were functioning within age expectations in this outcome area by the time they exited: 65.7 %				
Baseline Data For Summary Statements Targets – Excluding Children 'At-Risk'				
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited: 54.8 %				
2. The percent of children who were functioning within age expectations in this outcome area by the time they exited: 64.8 %				

B. Acquisition and use of knowledge and skills (including early language/communication)	All Children		Excluding "At-Risk"	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	3	.2	3	.2
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	401	30.3	396	31.2
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	241	18.2	237	18.7

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	444	33.6	430	33.9
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	233	17.6	202	15.9
Total	1322	100	1267	100
Baseline Data For Summary Statements Targets – All Children				
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited: 62.9%				
2. Percent of children who were functioning within age expectations in this outcome area by the time they exited: 51.2%				
Baseline Data For Summary Statements Targets – Excluding Children ‘At-Risk’				
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited: 62.6%				
2. Percent of children who were functioning within age expectations in this outcome area by the time they exited: 49.8%				
C. Use of appropriate behaviors to meet their needs:	All Children		Excluding “At-Risk”	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	6	.5	6	.5
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	284	21.5	279	22.0
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	183	13.9	180	14.2
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	522	39.5	495	39.1
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	326	24.7	307	24.2
Total	1321	100 %	1267	100%
Baseline Data For Summary Statements Targets – All Children				
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited: 70.9 %				
2. Percent of children who were functioning within age expectations in this outcome area by the time they exited: 64.2%				
Baseline Data For Summary Statements Targets – Excluding Children ‘At-Risk’				
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited: 70.3 %				
2. Percent of children who were functioning within age expectations in this outcome area by the time they exited: 63.3%				

Entry and exit data was available for 1322 children who exited during the period, with at least six months of service. Obtaining entry level data is an occasional barrier as well as obtaining exit data for children who move suddenly, or for whom teams have had difficulty maintaining service due to exceptional family circumstances.

Data was available for 1267 children excluding those who were eligible under ‘At-Risk’ only. FFY 2011 data did not reach the projected targets. WV Birth to Three will continued to use the Early Childhood Outcomes Center (ECO) Analytical Database for entry and analysis of child outcomes data. The COSF

data was gathered and analyzed in a manner that allows child outcomes data to be aggregated at the Regional Administrative Unit and state level.

WV Birth to Three utilized the ECO Child Outcomes Summary Form (COSF) for gathering and reporting child outcome data for the period. In accordance with the instructions and guidance provided by ECO, 'functioning comparable to same age peers' is defined as a child whose functional behavior was rated as a 6 or 7 on the scale.

Following is a descriptive of the process for gathering and reporting child outcome measurement data. The outcome measurement system gathers entry data for all children shortly after entry into the WV Birth to Three System. This is typically done by the IFSP team and parents at the initial IFSP meeting. WV Birth to Three procedure requires the process to be facilitated by a Developmental Specialist who has completed the COSF training. Exit data is gathered for children who have an initial measurement, and receive services a minimum of six months. The exit rating is done at a review near the child's exit from WV Birth to Three. In addition to these measurement points required by OSEP, WV Birth to Three requests that IFSP teams complete the COSF during the annual IFSP meeting in order to inform the family and other team members and to assist in designing appropriate supports and services. The COSF is completed at the initial, annual and exit IFSP meetings, with participation of all team members including the parents. Feedback from IFSP teams indicates that involving parents in completion of the COSF has resulted in parents showing increased desire to understand their children's behaviors, and to know how to make a difference in their children's development.

Copies of each child's COSF are sent to the State office, where the forms are received by WV Birth to Three, date stamped at entry, and forwarded to another Division within the Office of Maternal, Child and Family Health for data entry. The WV Birth to Three Epidemiologist/Data Coordinator provides training for the data entry staff. Data from the forms is entered into the analytic database designed by ECO. The ECO database provides an approved format and formulas for analysis of individual child progress, as well as analysis of data for all children in the aggregate, in accordance with the OSEP measurement requirements for the three child outcome indicators.

Data was available for more children in FFY 2011 (increase from 1219 in FFY 2010).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

The FFY 2011 percentage summary statements for this indicator are lower than those for the previous FFY 2010, and did not meet the targets. It appears that the trend that was present in the latter portion of FFY 2010 continued in FFY 2011. As discussed in the FFY 2010 APR, there are several factors that may be influencing the performance data and comparison to previously established targets.

Measurements for summary statements were lower in 2010-2011 than in the previous year also, and did not meet the established targets. Initial analysis of the results for both years indicates that the lower measurements followed a consistent pattern across all three outcomes and six summary statements. Analysis seems to support that the revision of the COSF and additional training and technical assistance resulted in teams making more specific decisions regarding child ratings. Data was presented in the FFY 2010 APR that demonstrated the significant difference in scores between the first and second halves of 2010, when these revisions began. This same trend continued in FFY 2011.

Significant time and effort has been invested in revision of the COSF training, revised formatting of the COSF in line with recommendations from the Early Childhood Outcomes Center (ECO), and integration of the COSF rating into the IFSP process. In the latter half of FFY 2010, the COSF was revised from four (4) pages to a two (2) page form that is integrated into the IFSP process in order to better inform IFSP outcomes. The streamlined form reduces duplication of entry and includes revised definitions/guidance for each measure on the scale as recommended by the national Early Childhood Outcomes Center (ECO). The original version of the COSF provided descriptive for 4 of the 7 rating categories, allowing teams to identify a child's function as falling between the described ratings. The revised form provided more clear guidance for teams, with descriptive for each of the 7 categories. The revised form allows for more specific rating of a child's functional abilities. Parents of children with significant disabilities appreciated the revised language. Parent feedback on the form revisions has been very positive, with

parents indicating that this language is encouraging, and reinforces that the child has 'not yet' demonstrated that level of skill, but does not say the child could not progress.

The analysis of FFY 2010 data indicated that teams tended to rate child function higher when using the original version of the COSF. Some children who are exiting during the FFY 2011 period would have had their entry rating done with the original COSF form, and exit measurements done with the revised COSF. Thus a change in the rating method may have been a major contributor to the lower outcome statement calculations. This would most likely be true for children with established conditions since they typically participate in the program for longer periods of time.

WV Birth to Three also revised eligibility criteria in May, 2009, which changes the characteristics of participating children, especially for children who receive services for at least six months. Some children with minor developmental concerns who would have been eligible under the previous criteria do not now meet the eligibility criteria. These are the same children who would have likely exited the program at age equivalent development. Analysis to date of the FFY 2011 data indicate a higher number of children falling in category (b) across the outcome areas, with most of these children being children with established conditions who were identified in WV Birth to Three at a young age. Because these children may not be functioning significantly differently at birth, their entry rating is higher and the progress they make during their participation in the program does not appear to move them closer to same aged peers. This change significantly impacts the resulting summary statement data, resulting in lower percentage measurements.

ECO has provided some guidance suggesting that entry measurements for children who enter near their birth date could be done a few months later. WV Birth to Three has continued procedures to require the COSF measurement during the initial IFSP process both to assure that the measurement was done, and to use the rating conversation as guidance in developing IFSP outcomes. Using another date/period for the initial rating increases the complexity of tracking to assure that the rating has been completed. In the future, as revisions are made to the WV Birth to Three data system that have the potential to move the COSF reporting to a web based process, it may be possible to consider a different entry rating timeframe for the youngest of infants.

WV Birth to Three provides training and technical assistance for all practitioners and service coordinators who may be participating in completion of the COSF. COSF materials are posted on the WV Birth to Three website, with links to technical assistance documents on the ECO website. During 2010-2011, WV Birth to Three revised the COSF training from a half-day to full-day training and Developmental Specialists, as facilitators of the COSF process, were required to attend the revised training. Over 100 Developmental Specialists and other enrolled service providers received this additional training during the period. The training provided information on the importance of: understanding functional behaviors of infants and toddlers; accurately recording the performance of children using the COSF; and the role that parents and family members play in assisting with the measurement process. WV Birth to Three is committed to assuring a child outcome measurement process that supports and promotes the active participation of families.

WV Birth to Three also continued initiatives with the Technical Assistance Center on Social Emotional Intervention (TACSEI) and the Center on Early Literacy and Learning (CELL) in 2011-2012. With significant technical assistance from these two national centers of expertise, West Virginia implemented a professional development infrastructure capable of increasing the skills and knowledge of families and early childhood professionals about how to support positive social emotional growth and early literacy opportunities for all children, and in particular how to address the needs of children with challenging behaviors.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

The combination of these variables will likely continue to have impact over the next few years on the child outcome measurements. WV Birth to Three will continue training initiatives to promote the use of evidence based practices to address the needs of all children. While these efforts continue, additional emphasis will be placed on analyzing ratings, potential regional differences, and reporting processes.

The following are a few of the improvement activities that will be conducted during FFY 2012.

WV Birth to Three plans to convene a workgroup to determine a process for investigating the consistency of understanding across developmental specialists and other team members as to the intent of each rating categories of the revised COSF. WV Birth to Three will also strongly encourage and provide incentives for specialty discipline team members to participate in the revised COSF training, so all team members continue to have increased understanding of the functional rating process.

WV Birth to Three will also do further analysis of the current procedures around which disciplines/professionals are responsible for, or allowed to, facilitate the entry and exit COSFs. Revisions will be made as needed. WV Birth to Three will have a random sample of COSF forms matched against data entry to assure accuracy of the data entry process.

In addition to these improvement strategies, WV Birth to Three with input from the WVEIICC is proposing revisions to Indicator 3 summary statement targets. The current targets were established initially with little background data. While more trend data would be better, the past three years of data in combination with known changes in eligibility provide a better basis for projections. West Virginia proposes to use FFY 2011 data as new baseline data and conservatively use this data to predict future targets, while evaluating all improvement activities.

Summary Statements Revised Targets – Excluding ‘At-Risk’ Children	Actual Data FFY 2011	Targets FFY 2012
A.1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited the program.	54.8%	54.9%
A.2. The percent of children who were functioning within age expectations in this outcome area by the time they exited the program.	64.8%	64.9%
B.1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited the program.	62.6%	62.7%
B.2. The percent of children who were functioning within age expectations in this outcome area by the time they exited the program.	49.8%	49.9%
C.1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited the program.	70.3%	70.4%
C.2. The percent of children who were functioning within age expectations in this outcome area by the time they exited the program.	63.3%	63.4%

There are multiple variables that can influence these summary statement measurements such as: any change in a state’s eligibility criteria and procedures, changes in forms and processes, and fluctuations in the characteristics of participating children and families. All of these factors contribute to the difficulty of comparing measurements from year to year in any given state, and even more so if comparing measurements across states.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development: See Overview of Annual Performance Report Development.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

FFY	Measurable and Rigorous Target		
FFY 2011	4a – 77%	4b – 75%	4c – 87%

Actual Target Data for FFY 2011:

WV Birth to Three uses the National Center on Special Education Accountability and Monitoring (NCSEAM) Impact on Family Scale (IFS) to gather input from families for this Indicator. The NCSEAM survey has undergone rigorous validity and reliability testing. It also provides comparability when consistent measurement and analysis processes are used. WV Birth to Three mailed surveys to the families of all children who received services for six months or longer, near or soon after each child's exit from the WV Birth to Three System at age three. Surveys were mailed with stamped return envelopes. Returned forms were date stamped and forwarded to another division of the Office of Maternal, Child and Family Health for data entry.

An external contractor conducted a Rasch measurement analysis of the WV Birth to Three family survey results. The distribution of survey respondents by region and ethnic group was determined to be representative of WV Birth to Three child count and geographic and ethnic distribution for children exiting during the period.

The survey analysis also determined that the West Virginia data from the IFS meet or exceed the NCSEAM 2005 National Item Validation Study’s standards for internal consistency, completeness, and overall quality expected from the survey. The measurement’s reliability was 0.95. Overall data consistency is acceptable, as indicated by several different model fit statistics. Analysis also confirmed that the response rate of approximately 30% did not negatively impact the validity of the family survey data. WV Birth to Three received 398 valid survey returns for the FFY 2011 period.

Survey responses were analyzed using the NSCEAM recommended standard in order to obtain to a response for each of the three family outcome measurements. The following chart represents the percentages of families who were in agreement with the measurement at a level equal to or above the national standard for the outcome, as established by NCSEAM.

Measurement	Standard	% Responding At or Above the Standard
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights.	95% Confidence Interval: 74.8-82.8 “Over the past year, Early Intervention services have helped me and/or my family to know about my child’s and family’s rights concerning Early Intervention services.”	79.1 % strongly or very strongly agree (315 of 398)
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs.	95% Confidence Interval: 72.2-80.5 “Over the past year, Early Intervention services have helped me and/or my family to communicate more effectively with the people who work with my child and family.”	76.6% strongly or very strongly agree (305 of 398)
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn.	95% Confidence Interval: 85.2-91.4 “Over the past year, Early Intervention services have helped me and/or my family to understand my child’s special needs.”	88.7% strongly or very strongly agree (353 of 398)

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

FFY 2011 data met the targets for Indicator 4a, 4b, and 4c. While the actual reported percentages are slightly lower than last year, when taking the Rasch analysis process and survey design into consideration, these numbers are not statistically significant for slippage. The calculation of the percent on the sub-indicators of the scale is based on a survey response group, and when generalized to the population, sampling error has to be taken into account. The 95% confidence interval for FFY 2011 encompasses the actual FFY 2010 measurements.

From a statistical standpoint, the year-to-year changes over the last few years are probably due simply to random fluctuations, and not to any real change in performance. WV Birth to Three has maintained high performance on this indicator including this past year, with a mean score of 737.41, well above the calibration of the most difficult item on the NCSEAM scale.

West Virginia’s FFY 2011 mean measure of 737.41 indicates that virtually all families are expressing some level of agreement with all the items on the scale. In fact, the number of “disagree” responses is, overall, very small.

The APR Indicator Analysis report for FFY 2010 compared mean measurements reported by states and provided some information about the analysis standards and procedures used. While seventeen states

reported using the NCSEAM Impact on Family Scale, not all of those states used the NCSEAM recommended standards for the sub indicators. The standards and analysis process that a state chooses to use will have significant impact on the performance data. West Virginia chooses to continue to use the more rigorous analysis of the IFS as well as the Family Centered Services Scale (FCSS) in order to better target how and where to target improvement activities.

WV Birth to Three has continued to use the more rigorous standards recommended with the NCSEAM survey with the Rasch analysis and standards, and uses that data to measure internal change and target improvement activities. At the same time, there is some concern that when this data is reported to the public, the general public might not understand the rigor of the standards and analysis process and resulting 'scores', and may be more accustomed to surveys that use less rigorous standards. Measurement and reporting of Part C outcomes is important not only for APR reporting and improvement planning, but also for sharing with the general public and among early childhood systems.

Recognizing that the same data set can provide very different measurements, depending on the analytic standards and methodology used, the ICC and WV Birth to Three requested an analysis of the FFY 2011 data set using a variety of standards for comparison and consideration for public reporting. The results indicated that scores can vary dramatically dependent on the methodology. One analysis of the data set looked for a percent of respondents with an item score of 4 (on a 6 point scale) or above for the single item closest in content to the sub-indicator for the three family outcome measures. That analysis provided the following results: Indicator 4A – 96.7%; Indicator 4B – 97.5%; Indicator 4C – 98.0. These results emphasize the importance of recognizing the potential variance among methods of outcome measurement even when using the same data set. West Virginia will use this information when working with other early childhood partners to offer an expanded understanding and messaging of WV Birth to Three system outcomes.

Each item on the IFS is assigned a metric rating. The metric was set so that a measure of a particular item's value implies *near certainty of agreement* with all items located up to that value on the scale. NCSEAM recommends that the survey data be analyzed through the Rasch measurement framework. This analysis locates each survey item, and each responding family, on the same measurement ruler. An item's location on the ruler is its calibration. A family's position on the ruler is the family's measure.

West Virginia's FFY 2010 mean measure of 739.42 indicates that virtually all families are expressing some level of agreement (either simple agree, strongly agree, or very strongly agree) with all the items on the scale. In fact, the number of "disagree" responses is, overall, very small. WV Birth to Three, in conjunction with the ICC, continues to gather information from families using both scales of the NCSEAM survey, including the Family Centered Services Scale (FCSS).

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

WV Birth to Three has followed survey recommendations and focused improvement activities toward the top two or three items from the IFS scale rating (these are items that virtually all families agreed with, but not as many families agreed at a strongly or very strongly level). The items that were most difficult to get higher levels of strong and very strong agreement were: "Over the past year, WV Birth to Three services have helped me and/or my family to know about services in my community;" and, "Over the past year, WV Birth to Three services have helped me and/or my family participate in typical activities for children and families in my community."

Developers of the NCSEAM Family Survey scales identified a relationship between the IFS and FCSS scales. This is an important aspect of West Virginia's use of the survey results. As indicated above, overall results for the Impact on IFS are very high. The WV Birth to Three mean IFS measure of 739.42 is well above the calibration of the highest item on the scale and therefore doesn't provide as much guidance for targeting improvement strategies.

Results of the Family Centered Services Scale (FCSS) helped to target improvement strategies around ways to link families to other community resources beyond those services they were receiving from WV Birth to Three. With input and feedback from the WVEIICC, WV Birth to Three Regional TA staff developed a Transition Resource Information form that supports a service coordinator's conversation with families to identify local resources to meet their needs, and provides written contact information for the families to maintain in their records. During FFY 2011, Lunch and Learn webinars were hosted with an emphasis on information about community resources. This format makes the information readily accessible to service coordinators and has promoted positive conversation and sharing. WV Birth to Three continues to host a full day session on resources for families during the annual Celebrating Connections Conference.

Other improvement activities included posting the survey items on the website so service coordinators and practitioners could use the items for self assessment of their practices. Parent Partners also included articles in regional family newsletters to remind families of the importance of their feedback on the Family Survey.

WV Birth to Three will continue analysis of family responses with lower mean scores in order to determine if there are any characteristics that are similar across those few respondents. To date, analyses by age, race and geographic region, have not identified any shared characteristics among the few families that did not report as positive outcomes.

WV Birth to Three will continue to work along with the WVEIICC, RAUs, and local service coordinators and service practitioners to further analyze the FFY 2011 results, implement current improvement activities and identify potential new activities.

WV Birth to Three will continue to mail surveys to the families of all children who have received services for six months or longer, near or soon after each child's exit from the WV Birth to Three System at age three. Surveys are mailed with stamped return envelopes. Inside the survey envelope, families will be provided with information about how to contact the West Virginia Parent Training and Information Center (WVPTI) for help in completing the survey or accessing other services.

Local Family Outcomes data is shared with Regional Administrative Units and posted on the WV Birth to Three website. Data is reported for each of the eight (8) RAU regions, compared to state level performance and targets.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development: See Overview of Annual Performance Report Development.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.

FFY	Measurable and Rigorous Target
FFY 2011	2.01%

Actual Target Data for FFY 2011:

The data for this outcome indicator is taken from the WV Birth to Three data system and the West Virginia 618 data as reported in January, 2012.

National Baseline	% of Children Birth to Age 12 Months Served in West Virginia	State's Ranking Against All Other States and Territories
1.02%	1.79%	8th

On December 1, 2011, WV Birth to Three was serving three hundred and sixty nine (369), or 1.79 % of infants and toddlers birth to age 1. The December 1, 2011, national baseline for percentage of population birth to age 1 with IFSPs, as calculated by OSEP, is 1.02 %.

West Virginia ranked eighth (8th) in comparison to all other states and territories and .72% above the national baseline. See West Virginia's Part C State Performance Plan for description of the methods of assuring the accuracy of the child count through the WV Birth to Three integrated data system.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

FFY	Measurable and Rigorous Target
FFY 2011	3.6%

Actual Target Data for FFY 2011:

Two thousand four hundred and ninety-nine (2,499) children had active IFSPs on December 1, 2011. Seven other states and/or territories served a higher percentage of infants and toddlers under age three, than West Virginia’s 4.09%. West Virginia tied in ranking with New York at eighth (8th) in comparison to all states and territories, and .82% above the national baseline.

While national data is not available for comparison, it is important to recognize that a total of five thousand and fifty eight (5,058) children received IFSP services through WV Birth to Three during the twelve (12) month period. This is equivalent to over 8% of the population in this age group.

National Baseline	% of Children Birth to Age 36 Months Served in West Virginia	State's Ranking Against All Other States and Territories
2.78%	4.09%	8th

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011 for Indicators 5 and 6:

The FFY 2011 data for Indicator 5 (infants birth to age one) did not meet the target and showed a slight decline from the previous year. At the same time, the FFY 2011 data for Indicator 6 (total infants and toddlers under age three) did exceed the target and was an increase over the previous year.

It was expected that child count numbers might show a decline due to changes in the Part C eligibility definition that became effective in May, 2009. Infants under the age of one might be most affected by the change. During the past year, additional guidance was provided to teams as to the flexibility that the eligibility definition extends to determination of eligibility for the youngest infants. A small increase has already been noted in the December 1, 2012 child count, with a birth to age one child count of three hundred and ninety nine (399) and a cumulative count of five thousand two hundred and thirty three (5,233).

WV Birth to Three has continued interagency child find efforts on the state and regional level through a variety of strategies for the early identification of infants and toddlers with developmental delay or significant risk factors. WV Birth to Three’s collaborative activities with Title V, CHIP, Bureau for Children and Families, Head Start, and Medicaid assist in the early identification and referral of potentially eligible children. West Virginia finds that coordination with primary health care providers and other community partners is important to assure that children potentially in need of early intervention services are identified as early as possible.

WV Birth to Three continues coordination with Title V/CSHCN, Newborn Hearing Screening, and Right From The Start programs to assure that infants failing the newborn hearing screen receive diagnostics, with referral to Part C and Ski Hi when hearing loss is confirmed. The Birth Score universal newborn screening, completed at birth for all children born in West Virginia, identifies infants who are born with conditions that may place them at-risk of developmental delay. Referrals are made directly to the appropriate WV Birth to Three RAU.

Public awareness and child find activities are conducted collaboratively with interagency partners, including Part B preschool, Child Care and Head Start. Examples of this collaboration include the publication and distribution of a quarterly magazine, annual calendars, and developmental wheels to

county schools, physicians, Family Resource Networks, medical clinics, early childhood providers, and higher education faculty. The publications include developmental checklists and information about how to make a referral to Part C, Part B, Head Start and/or Child Care.

WV Birth to Three state staff coordinated with the Bureau for Children and Families, Child Protective Services, in the development of procedures to assure the referral of children who have experienced substantiated abuse and/or neglect. A CAPTA training is provided to WV Birth to Three service coordinators and practitioners related to the requirements and coordination with Child Protective Services and Foster Care. The training promotes better understanding and coordination among the partnering agencies. The revised training is made available to all practitioners through a webinar format and is required for all service coordinators. WV Birth to Three also developed enhanced relationships with WV CHIP during the period, in order to reciprocally provide information for families.

WV Birth to Three child find and public awareness materials are easily recognizable, with an identifying logo and color scheme. Materials are made available in alternate languages and formats. Brochures and posters are made available to the public through posting on the WV Birth to Three website and other distribution methods. A statewide toll-free referral number for WV Birth to Three routes the caller to the appropriate Regional Administrative Unit (RAU) for the area.

In addition to state level child find activities, each RAU is responsible for developing and implementing an annual Child Find/Public Awareness Plan. The annual plans and quarterly reports are submitted to the WV Birth to Three State office. The plans assure that activities are designed to reach under-represented groups and all geographic areas of the region. In addition to the more typical avenues for distributing information, the RAUs are able to design unique activities that fit their geographic region. RAUs have demonstrated creative ideas for growing early intervention partners at the local level.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

WV Birth to Three has not made any revision to proposed targets and will continue interagency collaborative child find activities in order to identify potentially eligible children as early as possible. Collaboration with Health Check and physician linkages will continue, including implementation of a new physician referral form during FFY 2012.

WV Birth to Three will continue to work closely with other early childhood partners to raise the awareness of the importance of development in the first three years of a child's life, and the importance of identifying potential developmental delays as early as possible. This collaboration includes membership on the Early Childhood Advisory Council (ECAC), including ECAC's First Thousand Days Campaign public awareness campaign.

WV Birth to Three is also working closely with West Virginia's new Home Visitation program, funded through the Maternal and Child Health Bureau, and located in the same office as WV Birth to Three. WV Home Visitation will begin a Help Me Grow (HMG) West Virginia initiative in the spring of 2013, providing an opportunity for ASQ:3 developmental screening and parent education for all children birth through age five. The HMG initiative will be linked closely with primary care physicians to coordinate developmental screening, appropriate referrals and follow up for families. WV Birth to Three will encourage families to enroll their children in HMG, especially at transition and when children are found not eligible for WV Birth to Three.

The WV Birth to Three Data Coordinator, who is also an epidemiologist in the Division of Research and Planning, is working with other epidemiologists in that Division to analyze Birth Score referrals to assure that children who are identified through the Birth Score process are being referred to WV Birth to Three

When reporting regional performance on this Indicator, WV Birth to Three will not report any data that would result in the disclosure of personally identifiable information, or where the availability of data is insufficient to yield statistically reliable information. See the State Performance Plan for additional maintenance/improvement strategies.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development: See Overview of Annual Performance Report Development.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:
Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed)] times 100.
Account for untimely evaluations.

FFY	Measurable and Rigorous Target
FFY 2011	100%

Actual Target Data for FFY 2011:

For FFY 2011, 97% of children and families during the reporting period had an initial evaluation and assessment and initial IFSP meeting within 45 days of the referral date. WV Birth to Three has chosen to include exceptional family circumstances in the compliance calculation, assuring that the number was included in both the numerator and denominator. Data was gathered from the statewide integrated database for the six hundred and thirty eight (638) children with initial IFSPs during the fourth quarter of FFY 2011. Including one hundred and twenty (121) exceptional family circumstances, six hundred and sixteen (616) children had their initial IFSP meeting within 45 days of referral. Twenty two (22) children received evaluation, assessment, and initial IFSP meeting, but not within 45 days of referral.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

The FFY 2011 performance of 97% is consistent with the performance of FFY 2010, but did not meet the target of 100%.

Six of the eight RAUs achieved 100% compliance during the period. The two RAUs that did not achieve compliance are in rural, mountainous areas of the state. One of those RAUs was able to achieve 100% compliance in the second reporting period of FFY 2012. The remaining RAU is also the only region to not achieve compliance during FFY 2010 and is therefore working closely with the state office and was able to achieve 97% timely IFSPs in the first reporting period of FFY 2012. Technical assistance will continue with this region to address the noncompliance. This particular region of the state includes the county with one of the highest poverty, unemployment, and teen birth rates in the country. Finding and maintaining employees in the region is difficult.

West Virginia experiences a shortage of specialty personnel in the most rural areas of the state. Many of the most rural counties have a larger geographic area and smaller populations, making it even more difficult to recruit practitioners to the area. In these rural counties, depending on the individual concerns for referred children, it is sometimes necessary to bring therapists in from other regions. When these shortages exist, families are offered an opportunity to access their initial evaluations and assessments at other locations, but these same families often do not have transportation in order to access evaluations outside the area.

WV Birth to Three conducts intensive recruitment strategies on the state and local level to address personnel shortages. Unfortunately, shortages of specialty personnel such as speech therapists, physical therapists and occupational therapists exist across almost all ages and disability groups. WV Birth to Three policies and reimbursement allow for the use of Physical Therapy Assistants and Occupational Therapy Assistants, which has helped somewhat to increase availability. However, the use of assistants is limited by the availability of licensed therapists to provide evaluation/assessment and supervision as required under state licensing.

WV Birth to Three has policies and procedures that every child referred to Part C is to be provided the opportunity for a timely multidisciplinary evaluation that addresses the child's development across five developmental domains, and is related to the child and family's areas of concern. Policies and procedures require that the evaluation/assessment be completed and an initial Individualized Family Service Plan meeting held within 45 days of the child and family's referral to Part C.

Children suspected of being in need of early intervention services are referred to the Regional Administrative Unit (RAU) for the county of the child and family's residence. The Interim Service Coordinator of the RAU is responsible for making initial contact with the family to obtain the family's consent for evaluation and to begin the information gathering process and coordination of the multidisciplinary process. WV Birth to Three policies and procedures consider the referral to be in place when the initial call is received by the RAU. The multidisciplinary process is conducted by qualified individuals enrolled in the WV Birth to Three System, and includes at least two disciplines, one of which is required to be a licensed health care practitioner.

After explaining the purpose and intent of WV Birth to Three, and obtaining the family's consent for evaluation, the Interim Service Coordinator assists the family in making decisions regarding the selection of multidisciplinary team members. The Interim Service Coordinator, based on information provided through the referral and the information gathering process with the family, identifies the expertise needed to conduct evaluation activities and gather information to address the concerns related to the child's development. The family has an opportunity to select from enrolled individuals who are available to conduct the evaluation/assessment activities. In accordance with WV Birth to Three policy and procedure, individuals who are selected to conduct evaluation and assessment activities have 15 days from confirmation to complete the activities and submit a report to the family, Interim Service Coordinator, and other team members. Evaluation/assessment activities and initial IFSP meetings are conducted in the child and family's natural environment and individuals involved in assessment are members of the initial IFSP team.

West Virginia is a large state geographically (23,230 square miles), with sparse distribution of the total state population of 1.8 million people. Twenty-three (23) of the state's fifty-five (55) counties have a population of 10-45 people per square mile. Another 17 counties have a population of 46-93 people per square mile. A few small census tracts reflect more dense population, typically in locations of the state's major universities. With this sparse population distribution, children may be referred from a region of a county where no other child is currently receiving services, and thus sometimes it takes a longer period of time to coordinate the initial comprehensive multidisciplinary evaluation/assessment and IFSP process.

Each Regional Administrative Unit (RAU) enters data on the referrals and IFSP meeting dates into the integrated Birth to Three data system. The State Birth to Three Data Analyst has access to individual child data as well as aggregated data on a regional and statewide basis. Onsite monitoring,

conducted by the Office of Maternal, Child and Family Health, includes review of hard copy documentation in the child's record compared to the electronic data system to assure the accuracy and reliability of data entry information.

When an initial IFSP meeting is not conducted within 45 days of referral, the respective RAU is required to enter the reason for the delay. Review of the documented reasons was added to the onsite record reviews in order to assure that documentation exists in the child's record to support the reported reason for delay. Regional Technical Assistance Specialists also discuss the reasons for delay during onsite visits, and help the RAU staff problem solve solutions.

Correction of FFY 2010 Findings of Noncompliance:

In FFY 2010, one finding was issued to an RAU related to the 45 day timeline. This RAU has made significant progress, but has not achieved 100% compliance. The WV Birth to Three CQI Coordinator will monitor the progress until the RAU achieves compliance and all children in the region receive their initial IFSP within 45 days of referral. The RAU has directed financial resources and hired additional administrative staff and maintained stable staffing for several months, both of which is assisting them to make progress. The agency also located a new workspace which provides a more conducive work environment and organizational space. The WV Birth to Three State office will continue providing direct technical assistance onsite and via routine communication.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

WV Birth to Three will continue to take corrective action with any RAU that is not in compliance with the 45 day timeline. In addition, WV Birth to Three identifies noncompliance by practitioners in meeting the timeline for evaluation/assessment. Corrective actions are identified for all noncompliance, assuring that findings of noncompliance under this indicator are corrected as timely as possible and in no case more than one year from identification.

WV Birth to Three is committed to assuring that all eligible children and families have access to evaluation and initial IFSP meetings within 45 days of referral. All improvement strategies as identified in the State Performance Plan will be continued, in order to assure that all regions are in compliance with timeline requirements. State office personnel will continue to make onsite visits to each RAU on a monthly basis, to review current status of activities and offer technical assistance to assist the RAUs to identify the reasons for delays in getting initial IFSP meetings held within 45 days. All RAUs are required to submit quarterly reports that identify the strategies they are using to assure timelines, and strategies that are being added in order to assure that all children have initial IFSP meetings within 45 days.

Statewide emails and other direct technical assistance will be continued, targeted to practitioners who complete evaluations/assessments in order to emphasize the importance of assuring that children and families have their initial IFSP meeting within 45 days of referral. WV Birth to Three is committed to assuring, to the maximum extent possible, that expertise needed to address child/family concerns is included in the initial evaluation/assessment process, recognizing that this may affect timelines. The number of referrals and rural distributions add to the state's challenge of fulfilling this commitment within the 45 day timeline. WV Birth to Three will continue to conduct targeted recruiting efforts to assist RAUs to access needed specialists for evaluation/assessment.

Local data for this Indicator is shared with Regional Administrative Units and posted on the WV Birth to Three website at <http://www.wvdhhr.org/birth23/lawandregs.asp>. Data is reported for each of the eight (8) RAU regions, compared to state level performance and targets.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development: See Overview of Annual Performance Report Development.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percentage of toddlers with disabilities exiting Part C with timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

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

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

<p>Measurement:</p> <p>A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.</p> <p>B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.</p> <p>C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.</p>
--

FFY	Measurable and Rigorous Target
FFY 2011	8a. – 100%, 8b. – 100%, 8c. – 100%

Actual Target Data for FFY 2011:

- A. Based on the lead agency’s analysis across all eight regions, 100% of children who exited during the representative time frame reviewed had transition steps and services documented. Data was gathered through record review for all children who exited at age three during the month of May, 2012. There were 97 children who exited at age three during the period, with only one child that did not have transition steps due to exceptional family circumstances.
- B. The State Birth to Three Office sent respective LEAs notification of 100% of the 678 potentially eligible infants and toddlers. Notification was sent to the LEA 6 months prior to the child's third birthday.
- C. Of the 678 children determined to be potentially eligible for Part B, 676 had a face-to-face transition conference. Two children/families did not have a transition meeting due to the parents’ refusal to have the meeting. These two children were not included in either the numerator or denominator. Accounting for the family refusals, 100% of children had a face-to-face transition

conference. For 583 children, the transition conference was held at least 90 days prior to the child's third birthday, and for 86 children the conference was held later due to exceptional family circumstances. There were 7 children who had late transition conferences due to other reasons. Considering exceptional family circumstances, 98.96% of the meetings were held at least 90 days prior to the child's third birthday. WV Birth to Three included exceptional family circumstances in both the numerator and denominator for the calculation.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

The FFY 2011 targets for Indicators 8A and 8B were met, at 100%. The target of 100% for Indicator 8C was not met. FFY 2011 performance of 98.96% was an improvement over FFY 2010 performance of 98.37%. In order to capture data for this Indicator, the lead agency continued the revised data reporting processes that were initiated in FFY 2005. This reporting process supports the child and family transition process, and assures access to accurate data necessary to evaluate performance on the measurements of this Indicator. Service coordinators complete and submit the revised Transfer/Transition form to the RAU when the child exits the Birth to Three System. The Transfer/Transition form includes information for the notification of the face-to-face transition planning meeting, the parties invited to the meeting, and those who attended. After entering the transition conference date and exit reasons in the WV Birth to Three integrated database, the RAU forwards the form to the State office, where the forms are available for monitoring review in order to identify potential systemic issues. In the FFY 2011 period, information from the Transfer/Transition forms was used by Part C and Part B to identify training and technical assistance needs. As in past years, data indicated the need to clarify more frequently for service coordinators that waiting for partners to be available for the face-to-face meeting did not justify having the meeting after 90 days.

The lead agency continues to provide WV Birth to Three service coordinators and local early childhood transition teams with training and technical assistance related to the transition requirements. A Transition training is required for service coordinators and open to other interested individuals. The training was revised and includes examples to walk participants through resources and activities. Participants are encouraged to ask questions and share their successful strategies and tools for time management, tracking, etc.

Enrollment requirements for service coordinators have been revised, requiring more training prior to enrollment and requiring a newly enrolling service coordinator to enroll with WV Birth to Three through a service coordination payee agency. Transition items are included in the service coordinator competency test. In addition, service coordinators must pass the competency test prior to enrollment.

Regional TA Specialists continued to attend 'Orientation to WV BTT' sessions in order to meet potential service coordinators and direct service practitioners prior to enrollment. TA Specialists then followed up through phone calls and cards to make a personal connection with newly enrolled service coordinators and providers. This personal touch results in more service coordinators reaching out to ask questions and seek assistance from TA Specialists.

WV Birth to Three coordinates with the WV Department of Education and other early childhood partners and routinely provides clarifications to support smooth transitions at the local level. Regional Administrative Units (RAUs) update transition procedures annually and the procedures are posted on the WV Birth to Three website to assist service coordinators. WV Birth to Three will continue to work collaboratively with early childhood partners to identify any potential systemic issues around transition and to assure that supports and activities of the Part C system are promoting positive transition outcomes for children and families.

Correction of FFY 2010 Findings of Noncompliance:

During FFY 2010, there were five monitoring findings of noncompliance issued under 8A. All five findings were corrected timely, with documentation to confirm that correction was made for a future period of time. There were no findings of noncompliance under 8B. There were fourteen findings of noncompliance issued under 8C, with 100% of findings corrected within one year of identification.

Anything less than 100% was considered noncompliance. The CQI Coordinator issued findings to respective service coordinators. Regional TA Specialists offered technical assistance. Corrective action plans were developed in response to these findings. Service coordinators were required to submit documentation to the CQI Coordinator to assure that correction occurred for identified children. Prior to closing any finding, the CQI Coordinator also reviewed documentation for a future designated period of time, to assure that the face-to-face meetings were provided in accordance with requirements for all children on the service coordinator’s caseload.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

Revisions to targets for this indicator are not appropriate. The current improvement strategies are making a difference and will be continued, with additional emphasis on early identification of service coordinators and/or counties that are having difficulties around transition. Direct technical assistance will be offered to assist them with identifying the cause of the difficulty and appropriate next steps.

WV Birth to Three Regional Technical Assistance (TA) Specialists will continue to conduct quarterly TA reviews to identify service coordinators most in need of technical assistance so that TA can be provided before timelines are missed. If the TA Specialists identify service coordinators who continue to have difficulty in understanding and/or meeting transition requirements, the TA Specialist will identify the issue to the CQI Coordinator who may request an onsite monitoring visit. Any noncompliance identified as a result of the monitoring must be corrected within the timelines of the corrective action plan, and in no case will be longer than one year.

Local data for all components of this Indicator is shared with Regional Administrative Units and posted on the WV Birth to Three website. Data is reported for each of the eight (8) RAU regions, compared to state level performance and targets.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

Percent of noncompliance corrected within one year of identification:

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

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

FFY	Measurable and Rigorous Target
FFY 2011	100% of noncompliance findings are corrected within one year of identification

Actual Target Data for FFY 2011:

Ninety eight percent (98%), or 47 of the 48 findings of noncompliance identified during FFY 2010, were corrected no later than one year from identification. There was no uncorrected noncompliance from the previous year. See attached C9 worksheet for further details.

To assure correction of noncompliance, the CQI Coordinator considered the level of noncompliance and the cause of the noncompliance. Corrective actions were developed in response to these findings. The CQI Coordinator required documentation to assure that correction occurred for identified children and that services were provided in accordance with requirements for all children for a subsequent period of time.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

The FFY 2011 data of 98% did not meet the target of 100%. The one finding that has not been corrected within one year is noted and explained under Indicator 7. Appropriate actions continue to assure correction as soon as possible. Actions to date have included the RAU establishing a plan to meet the 45 day timeline for all children and focusing grant resources toward appropriate staffing and workspace. Other actions include technical assistance from state staff, shared data, and periodic onsite visits.

WV Birth to Three administers a comprehensive general supervision process that includes onsite monitoring reviews, a complaint process, annual grant applications and enrollment agreements, and an integrated data system that meets Federal data reporting requirements and provides ongoing program evaluation data at the state and regional level.

All RAUs sign a grant agreement with the lead agency, with assurances to abide by all policies and procedures. In addition, all Interim Service Coordinators employed through the RAUs, Ongoing Service Coordinators and Direct Service Practitioners must be enrolled and credentialed through the Central Finance Office process, assuring that they meet entry level and ongoing training requirements. The enrollment agreements provide options to dis-enroll any individual who does not provide services within required policies and procedures.

The integrated data system is a component of the Central Finance Office (CFO). The CFO coordinates the enrollment of qualified service coordinators and direct service practitioners. Only those individuals who meet the lead agency's initial and ongoing personnel standards, training and other credential requirements, are enrolled in the WV Birth to Three System. When individuals are selected by families to provide identified services, the data system generates 'authorizations' that reflect the specific IFSP service commitments. Enrolled service coordinators and practitioners submit billing claims directly to the CFO after providing the service as identified on the IFSP.

The CFO processes claims and sends a file to the lead agency for processing of payment to local service providers. The CFO also sends a monthly Explanation of Benefit (EOB) to each family. This feature was added as a commitment to family centered services and the importance of parent/professional partnerships. Families report maintaining copies of their service activity notes for later comparison with EOBs. EOBs demonstrate a partnership with families and provide additional information for them to judge whether or not services are meeting their needs.

In addition to the routine distribution to families, the WV Birth to Three Procedural Safeguards brochure is posted on the BTT website. The brochure is posted in English and Spanish, and made available in other formats upon request.

The overall components of the general supervision system provide multiple ways to identify potential noncompliance. When noncompliance is identified, the CQI Coordinator issues findings and corrective action requirements for the respective service coordinator, service practitioner, or RAU.

Regional Birth to Three state staff is available to provide technical assistance as appropriate, in accordance with the plans of correction, for the involved individual/agency. The CQI Coordinator monitors the status of corrective plans to assure that documentation of correction is received within the requested timeline, and to assure that noncompliance has been corrected. If documentation is not provided as requested, the involved party receives another notification from the CQI Coordinator.

If corrective actions are not completed as required, the State Office initiates next steps, implementing sanctions as appropriate. Sanctions may include disenrollment from the Birth to Three System if the individual/agency is not able to achieve correction of noncompliance within the required timeline, which in all cases is no more than one year from the time of identification.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

Changes to proposed targets for this indicator are not applicable. During the FFY 2012 period, Part C staff will work in conjunction with the OMCFH Monitoring Unit, to continue to prioritize monitoring activities that focus on identifying noncompliance related to indicators of the APR, in addition to any systemic issues that may be identified. All improvement activities of the State Performance Plan will continue.

NOTE: Indicator 10 and 11 are not reported in the FFY 2011 APR.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: Percent = (3.1(a) divided by 3.1) times 100.

FFY	Measurable and Rigorous Target
FFY 2011	NA - West Virginia does not use Part B due process procedures

Actual Target Data for FFY 2011: NA

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011: NA

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012: NA

Part C State Annual Performance Report (APR) for FFY 2011

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

FFY	Measurable and Rigorous Target
FFY 2011	Not applicable.

Actual Target Data for FFY 2011: There were no mediations held in FFY 2011.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011: N/A

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

[If applicable]

Part C State Annual Performance Report (APR) for FFY 2011

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

FFY	Measurable and Rigorous Target
FFY 2011	100% of State reported data, including 618 data, State performance plan, and annual performance reports, are: <ul style="list-style-type: none"> a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and b. Accurate, including covering the correct year and following the correct measurement

Actual Target Data for FFY 2011: All State reported data was submitted timely and accurately.

100% of State reported data was submitted within required timelines, with information as required.

a. WV Birth to Three assures that 100% of required data tables were submitted on or before due dates. The Child Count and Settings Tables with due date of February, 2012 were submitted on January 24, 2012, and the Exit and Dispute Resolution tables with due dates of November, 2011 were submitted on October 31, 2011. Child Count and Settings Data with due date of February, 2013 was entered into EMAPS on January 8, 2013. Exit and Dispute Resolution data with due date of November, 2012 was entered into EMAPS on October 24, 2012. West Virginia’s FFY 2010 Annual Performance Report (APR) was submitted on January 31, 2012 and the FFY 2011 APR was submitted on February 15, 2013; AND,

b. WV Birth to Three assures valid, reliable and accurate data. All 618 data was reported within timelines, with no corrections by WESTAT. Response notes were provided as requested.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

In addition to meeting timelines and other requirements for data submission, WV Birth to Three also received a ‘Meets Requirements’ rating from OSEP in response to the State’s submission of the FFY 2010 APR.

WV Birth to Three operates an integrated data system and procedures that provide an accurate and reliable method of gathering and reporting 618 data for all children participating in the WV Birth to

Three System, as verified by OSEP during an onsite visit in October, 2003 and verification visit in 2010. Data is entered into the system by each of the eight Regional Administrative Units (RAUs).

The data is entered from standard Birth to Three forms/documents. All practitioners/service coordinators use the same standardized forms, which promotes consistency and reduces inaccuracies of data entry.

The WV Birth to Three Data Analyst provides training and technical assistance for staff entering data at the regional level. The data system is designed with internal edits and audits. At the end of each day, the RAU completes a communication with the Central Finance Office (CFO), where the data is uploaded and aggregated with the data of the other RAUs. The WV Birth to Three Data Analyst receives an updated file from the CFO and has access to view-only data from all RAUs. The Data Analyst is able to review the data to identify any potential irregularities, such as late closure of records. The Data Analyst informs the RAUs of any corrections or steps that are to be completed, and assures that RAUs make the required updates. Onsite monitoring from the OMCFH Monitoring Unit includes data verification, assuring that the electronic data matches the information available in the child's educational record.

The integrated data system used to provide 618 data, is also used to report on as many of the outcome indicator measurements as possible. The lead agency finds that some measures that were previously monitored through onsite review are more appropriately measured by collecting data at the state level for all children in the WV Birth to Three System. Even when the State is able to gather data through the integrated data system, for many of the measurements of the State Performance Plan indicators, there must also be an intensive desk audit/review process to assure the validity of the data.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

Revisions to proposed targets are not applicable for this indicator.