

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



Annual Performance Report

FFY 2012

Part C State Annual Performance Report (APR) for FFY 2012

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 2012 Annual Performance Report (APR), submitted February 3, 2014, continues 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 FFY2012 Annual Performance Report. 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 the year as improvement strategies are implemented. Improvement activities are coordinated throughout the year with other interagency and intra-agency partners including the Newborn Hearing Screening Advisory Council, the Early Childhood Advisory Council, the Special Education Advisory Council, the WV Home Visitation Stakeholder group. The lead agency staff also 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; record reviews; 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 utilizes technical assistance from national OSEP funded projects through direct state contact, regional meetings, and national conferences.

The State Performance Plan (SPP), APR, 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>. No changes have been made to the previously submitted SPP.

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.

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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 2012	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 2012:

Compliance with this indicator requires that all children receive all services on their Individualized Family Service Plan (IFSP) in a timely fashion. For FFY 2012, 98% of infants and toddlers with new IFSPs or new services, received all 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 290, of which 218 children received all services in a timely fashion. Of the seventy two (72) children who had a late service, sixty five (65) were due to exceptional family circumstances including: family cancellations; rescheduling; not being home for scheduled visits; or, not responding to repeated attempts to schedule visits. Seven children did not receive one of their IFSP services timely due to reasons other than family circumstances. These seven children did receive all other IFSP services in a timely fashion.

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 or new services across all eight regions of the state, for the month of May, 2013. 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. This is also the same period of time that was used in the FFY 2011 period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

The FFY 2012 data for seven children who had one of their IFSP services which was not timely, involved a total of two service coordinators and three direct service professionals. One situation involved a service coordinator who had an urgent family emergency and the missed service date involved two of the seven children, who are twins in the same household. The late service for two of the other children was service coordination and the service coordinator responsible for those late services has been disenrolled from the system. The children have other service coordinators. One practitioner had a personal illness and two others failed to schedule in a timely fashion.

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.

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.

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

The CQI Coordinator will continue to randomly select practitioners, along with children from their respective caseloads who have newly authorized services, for self-assessment of timely service delivery. 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. This process will continue in order to emphasize the importance of providing services in a timely fashion. These self-assessments are not reported with the results for this Indicator because the process looks at individual children on caseloads, not all services for the particular child. Any noncompliance identified is noted under Indicator C9.

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

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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 2012 WV Birth to Three began 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.

Noncompliance Corrected in Timely Fashion

There were six findings of noncompliance under this Indicator during FFY 2011, including findings based on analysis of the FFY 2010 APR data submission which were identified during FFY 2011. All six findings were corrected as soon as possible and in no case longer than one year from identification. In each case the CQI Coordinator verified that each 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.

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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 2012	99.5%

Actual Target Data for FFY 2012:

Two thousand seven hundred and three (2,703) children had active IFSPs through WV Birth to Three on December 1, 2012. 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. 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.

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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 or exited early intervention

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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 2012	A.1 – 54.9% A.2 – 64.9%	B.1 – 62.7% B.2 – 49.9%	C.1 – 70.4%, C.2 – 63.4%

Actual Target Data for FFY 2012:

A. Positive social-emotional skills (including social relationships):	All Children		Excluding "At-Risk"	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	1	0.1%	1	0.1%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	243	22.8%	242	23.4%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	130	12.2%	128	12.4%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	266	24.9%	263	25.4%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	428	40.1%	401	38.7%
Total	1068	100%	1035	100%
Summary Statement Data – 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: 61.9 %				
2. The percent of children who were functioning within age expectations in this outcome area by the time they exited: 65.0 %				
Summary Statement Data – 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: 61.7%				
2. The percent of children who were functioning within age expectations in this outcome area by the time they exited: 64.2%				

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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	1	0.1%	1	0.1%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	269	25.2%	263	25.4%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	276	25.8%	276	26.7%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	374	35.0%	366	35.4%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	148	13.9%	129	12.5%
Total	1068	100%	1035	100%
Summary Statement Data – 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: 70.7%				
2. Percent of children who were functioning within age expectations in this outcome area by the time they exited: 48.9%				
Summary Statement Data – 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: 70.9%				
2. Percent of children who were functioning within age expectations in this outcome area by the time they exited: 47.8%				
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	1	0.1%	1	0.1%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	234	21.9%	229	22.1%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	155	14.5%	155	15.0%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	423	39.6%	408	39.4%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	255	23.9%	242	23.4%
Total	1068	100%	1035	100%
Summary Statement Data – 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: 71.1%				
2. Percent of children who were functioning within age expectations in this outcome area by the time they exited: 63.5%				

Summary Statement Data – 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: 71.0%
2. Percent of children who were functioning within age expectations in this outcome area by the time they exited: 62.8%

Valid entry and exit data was available for 1068 children who exited during the period, with at least six months of service. Data was available for 1035 children excluding those who were eligible under ‘At-Risk’ only. All of the FFY 2012 targets were met with the exception of a small difference in Outcome B, Summary Statement 2. 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.

Following is a descriptive of the process for gathering and reporting child outcome measurement data. 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.

The outcome measurement system gathers entry data for all children at 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 procedures require 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, with policy recommendation that the measurement occur within 120 days of the child’s exit. In addition to these measurement points required by OSEP, WV Birth to Three requests that IFSP teams complete the COSF during each 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. The COSF data is also linked with the WV Birth to Three SPOE database for further analysis.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

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 provides

more clear guidance for teams, with descriptions 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.

Teams tended to rate child function higher when using the original version of the COSF. Some children who exited during the FFY 2012 period would have had their entry rating done with the original COSF form, and exit measurements done with the revised COSF. Such a change could result in more children classified in category (b) measurements under any of the outcomes, having made progress, but not sufficient to move closer to same age peers. This would most likely be true for children with established conditions since they typically participate in the program for longer periods of time and enter at a young age before delays are as measurable.

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. The higher number of children falling in category (b), under each of the outcomes, lowers the results of the summary statements. Analysis of children under the (b) measurement indicated that the largest percentage of these children either: a) entered WVBTT at an early age with an established condition; b) entered after age two with concerns about language development; and/or, c) received between 6-12 months of service. Aside from the COSF revisions and eligibility changes, it can be expected that often children with established conditions who are identified in WV Birth to Three at an early age may not be functioning significantly differently from their peers at birth, thus their entry rating is higher and the progress they make during their participation in the program may not appear to move them closer to same aged peers on the ECO scale.

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 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.

During the period, WV Birth to Three provided training and technical assistance for all practitioners and service coordinators who may be participating in completion of the COSF. COSF materials were 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. Having trained most service providers in this full day format, WV Birth to Three transitioned the content to a web based format during the latter half of FFY 2012.

Other professional development initiatives were continued, to promote evidence based practices and improved child outcomes. These included continued collaboration with the Technical Assistance Center on Social Emotional Intervention (TACSEI) and the Center on Early Literacy and Learning (CELL), to

implement 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.

Ongoing Improvement Activities:

Ongoing improvement activities will continue to focus on: 1) understanding and addressing data quality issues; and 2) providing universal and targeted professional development to promote the use of evidence based practices to promote better outcomes for children and families.

West Virginia will continue to address these priorities through the new State Systems Improvement Planning process, making use of resources available through national technical assistance centers including but not limited to ECTA, IDC, DaSy, and the Regional Resource Centers (RRCs). WVBTT has used materials from these centers to develop and revise professional development and rating strategies. Use of ECO's self-assessment tool, "Scale for Assuring State Implementation of a Child Outcomes Measurement System" reinforces the need to resolve issues around data quality in order to effectively use child outcome data to target program improvement strategies.

While professional development efforts will continue to address teams' understanding of functional behavior and COSF rating methodology, WVBTT will also focus on data quality issues, including modernizing and updating the current integrated data system.

WVBTT started using the current integrated data system in 2004, based on a system originally designed a few years prior. The child record portion of the system, System Point of Entry (SPOE), is a distributed database with entries completed by each of the Regional Administrative Units (RAUs) combined into one Super SPOE for state level access. This system provides a unique ID for each child while receiving services in an RAU region. The unique ID does not remain with a child when exiting or re-entering a region, or transferring across regions. This structure has served critical functions for the WVBTT system, but requires intensive time and labor to sort, match and analyze data at the state level to assure valid, reliable reporting. This is especially so for analysis of Indicator 3 data. Fortunately, the WVDHHR has committed necessary finances to modernize the WVBTT central finance office functions including moving SPOE to a web based platform. This modernization had been delayed due procurement issues, but is expected to move forward during FFY 2013. The modernization will allow the assignment of a permanent, unique ID for each child at initial referral to WVBTT. It will also provide easier access to accurate and reliable data at all levels of the system.

COSF measurements are not currently tracked in the SPOE data system, due to the issues described above. COSF ratings are entered into and tracked in a separate database at the state office, and entered into the ECO Child Outcomes calculator. The data in this system must be matched to Super SPOE for any additional analysis. When originally designed, this system was intended to be a short term solution until the WVBTT SPOE system was updated to include necessary improvements including capture of the COSF rating data. However, with the delay of SPOE modernization, the supplemental database is the only method of tracking and preparing COSF data for reporting. The FFY 2012 APR analysis identified potential issues around the capture of timely exit ratings. During 2014-2015 as planning and upgrading of the SPOE system occurs, WVBTT will also work with OMCFH to address any data quality issues identified in the current supplemental system. Further investigation will be completed to determine if the database is accurately maintaining COSF exit data entered following annual entries since some measurements entered as exit data were not in a timeframe to be valid for reporting.

APR Template – Part C (4)

West Virginia
State

Following is a summary of the major improvement activities which are planned or in progress to address continued improvement of outcomes for young children. WV Birth to Three will:

- 1) Utilize national TA centers including ECTA, IDC, DaSy, and RRCs for assistance in analyzing and correcting any data quality issues;
- 2) Establish a child outcomes workgroup that includes representatives from the local and regional level to help analyze data and make recommendations for continued improvements in gathering, entering, tracking and using child outcome data;
- 3) Provide targeted TA to any practitioner and/or RAU identified as in need;
- 4) Work with the state's contractor to assure that needed features for accurate and reliable data gathering and reporting are incorporated into the SPOE modernization;
- 5) Continue professional development initiatives targeted to increase the use of evidence based practices and understanding of COSF rating purpose and process.

Part C State Annual Performance Report (APR) for FFY 2012

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 2012	4a – 77.5%	4b – 75%	4c – 87%

Actual Target Data for FFY 2012:

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.

APR Template – Part C (4)

West Virginia
State

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 2012 period.

Survey responses were analyzed using the NSCEAM recommended standard in order to obtain 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: 77.3-85.1 "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."	81.5 % strongly or very strongly agree (312 of 383)
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: 75.6-83.6 "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."	79.9% strongly or very strongly agree (306 of 383)
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: 84.0-90.6 "Over the past year, Early Intervention services have helped me and/or my family to understand my child's special needs."	87.7% strongly or very strongly agree (336 of 383)

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

FFY	Indicator 4A	Indicator 4B	Indicator 4C
2011-12	79.1	76.6	88.7
2012-13	81.5	79.9	87.7

Data for Indicator 4a, 4b, and 4c exceeded the projected targets. Data for 4a and 4b were also higher than FFY 2011 data. Data for 4c was slightly lower than the previous year, although as noted in the consultant's report, the FFY 2012 measurements are not statistically significant from the previous year and well within the confidence interval. 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 2012 encompasses the actual FFY 2011 measurements.

APR Template – Part C (4)

West Virginia
State

Following are the items and response categories for the IFS:

- q26. – participate in typical activities for children and families in my community.
- q27. – know about services in the community.
- q28. – improve my family's quality of life.
- q29. – know where to go for support to meet my child's needs.
- q30. – know where to go for support to meet my family's needs.
- q31. – get the services that my child and family need.
- q32. – feel more confident in my skills as a parent.
- q33. – keep up friendships for my child and family.
- q34. – make changes in family routines that will benefit my child with special needs.
- q35. – be more effective in managing my child's behavior.
- q36. – do activities that are good for my child even in times of stress.
- q37. – feel that I can get the services and supports that my child and family need.
- q38. – understand how the WV Birth to Three system works.
- q39. – be able to evaluate how much progress my child is making.
- q40. – feel that my child will be accepted and welcomed in the community.
- q41. – feel that my family will be accepted and welcomed in the community.
- q42. – communicate more effectively with the people who work with my child and family.
- q43. – understand the roles of the people who work with my child and family.
- q44. – know about my child's and family's rights concerning WV Birth to Three services.
- q45. – do things with and for my child that are good for my child's development.
- q46. – understand my child's special needs.
- q47. – feel that my efforts are helping my child.

Respondents were asked to select one of the following six responses for each item:

- 1 = very strongly disagree
- 2 = strongly disagree
- 3 = disagree
- 4 = agree
- 5 = strongly agree
- 6 = very strongly agree

From a statistical standpoint, the year-to-year changes over the last few years can be due to random fluctuations, and continue to represent high performance on this indicator including this past year, with a mean score of 742.52, up from FFY 2011 mean score of 737.41, and well above the calibration of the most difficult item on the NCSEAM Impact on Family Scale (IFS).

West Virginia's FFY 2012 mean measure of 742.52 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 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. Using this more rigorous measurement will result in a lower 'percentage' score compared to other states that use a less rigorous method of measurement for the NCSEAM or other selected tool.

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.

The same data set can provide very different measurements, depending on the analytic standards and methodology used. Results can vary dramatically dependent on the methodology. If West Virginia used an analysis that looked for agreement ratings of 4-6, percentages for the sub indicators would be 95% - 98%. 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.

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."

In addition to responses on the IFS which are sufficient to report on Indicator 4 measurements, WV Birth to Three includes the second NCSEAM scale, the Family Centered Services Scale (FCSS). This scale asks families questions about their perception of service from their service providers. Developers of the NCSEAM Family Survey scales identified a very strong statistical relationship between the IFS and FCSS scales. This is an important aspect of West Virginia's use of the survey results. Mean results of the FCSS for this period was 664.24.

Results of the FCSS help to target improvement strategies. During FFY 2012, Lunch and Learn webinars continued 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, the consultant report and further state 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 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, and compared to state level performance and targets.

Part C State Annual Performance Report (APR) for FFY 2012

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 2012	2.01%

Actual Target Data for FFY 2012:

The data for this outcome indicator is taken from the WV Birth to Three data system and the West Virginia 618 data.

Year	% of Children Birth to Age 12 Months Served in West Virginia	State's Ranking Against All Other States and Territories
FFY 2011	1.79%	8th
FFY 2012	1.98%	7th

On December 1, 2012, WV Birth to Three was serving of three hundred and ninety nine (399), or 1.98 % of infants and toddlers birth to age 1. The FFY 2012 child count demonstrated an increase over FFY 2011 from 369, and 1.79% of the population birth to age 1.

Only six other states served a higher percentage of infants and toddlers. This represents a change from the previous year when seven other states served a higher percentage. 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 2012	3.6%

Actual Target Data for FFY 2012:

Two thousand seven hundred and three (2,703) children had active IFSPs on December 1, 2012. This represents 4.42% of the population in this age group. Six other states and/or territories served a higher percentage of infants and toddlers under age three, than West Virginia’s 4.42%. The FFY 2012 child count demonstrated an increase over FFY 2011 from 2,449, and 4.09% of the population birth to age 3.

While national data is not available for comparison, it is important to recognize that a total of five thousand two hundred and thirty three (5,233) children received IFSP services through WV Birth to Three during the twelve (12) month period. This is equivalent to over 8.5% of the population in this age group.

Year	% of Children Birth to Age 36 Months Served in West Virginia	State’s Ranking Against All Other States and Territories
FFY 2011	4.09%	8th
FFY 2012	4.42%	7th

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012 for Indicators 5 and 6:

The FFY 2012 data for Indicator 5 (infants birth to age one) showed a significant increase from the previous year, although it did not meet the target that was established prior to the 2009 eligibility definition. WV Birth to Three has decided not to make any revision to the target for Indicator 5 and will continue interagency collaborative child find activities in order to identify potentially eligible children as early as possible. The FFY 2012 data for Indicator 6 (total infants and toddlers under age three) also demonstrated significant increase over the previous year and continued to exceed the original target.

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

APR Template – Part C (4)

West Virginia
State

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:

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 implements many collaborative activities with West Virginia's Home Visitation program, funded through the Maternal and Child Health Bureau. Since West Virginia had no certified trainers for the ASQ:3 or ASQ:SE, WVBTT and WV Home Visitation jointly supported a Brookes Publishing train the trainer session. Professionals across early childhood sectors attended and West Virginia now has certified trainers available to provide training and expand use of the ASQ:3 and ASQ:SE developmental screening tools across early childhood programs. WVBTT also works closely with Help Me Grow (HMG) West Virginia. The HMG initiative is linked closely with primary care physicians to coordinate developmental screening, appropriate referrals and follow up for families. WV Birth to Three refers families to HMG, especially at transition and when children are found not eligible for 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 2012

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 2012	100%

Actual Target Data for FFY 2012:

For FFY 2012, 97.4% 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 (689) children with initial IFSPs during the fourth quarter of FFY 2012. This time period was selected near the end of the reporting period for easier access to onsite records for verification. The records were selected to include all children in each of the eight regions for this time period, which was representative of numbers of initial IFSPs during other periods of time. The demographics of child records selected during this period were also representative of children across the state.

Including one hundred eighteen (118) exceptional family circumstances, five hundred and fifty three (553) children had their initial IFSP meeting within 45 days of referral. Eighteen (18) 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 2012:

The FFY 2012 performance of 97.4% is slightly higher than the performance of FFY 2011, but did not meet the target of 100%.

Seven of the eight RAUs achieved 100% compliance during the period. The remaining RAU is also the only region to not achieve correction during FFY 2011 for non-compliance identified in FFY 2010. This RAU is working closely with the state office and was able to achieve 97% timely IFSPs during the reporting period of FFY 2012. The state office will continue to provide technical assistance to this

region in order to assure to correction of 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 contributes to staff turnover and impacts timelines.

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 2011 Findings of Noncompliance:

One RAU corrected the FFY 2011 non-compliance prior to the issuance of a finding following the FFY 2011 APR analysis, in accordance with OSEP Memo 09-02. There was one finding issued during FFY 2011 and that finding was issued to the same RAU identified in FFY 2010. This RAU continued to not meet the 45 day timeline for 100% of initial IFSPs. This RAU has made significant progress, but has not achieved 100% compliance. The WV Birth to Three CQI Coordinator will continue to 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. These actions are resulting in improvement. An additional staff person from the WV Birth to Three State office is assigned to the region to provide direct support and technical assistance onsite and via routine communication.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:

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 2012

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 for whom the Lead Agency has::

- A. Developed an IFSP with transition steps and services at least 90 days and at the discretion of all parties, not more than 9 months prior to the toddler’s third birthday;
- B. Notified the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B services; and
- C. Conducted the transition conference held with approval of the family at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part C preschool services.

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

Measurement:

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

FFY	Measurable and Rigorous Target
FFY 2012	8a. – 100%, 8b. – 100%, 8c. – 100%

Actual Target Data for FFY 2012:

- A.** Based on the lead agency's analysis across all eight regions, 100% of children who exited during the representative time frame reviewed had an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday. Data was gathered through record review for all children who exited at age three during the month of May, 2013. There were 78 children who exited at age three during the period.
- B.** Due to new timeline requirements for providing notification to the LEA and SEA, WV Birth to Three implemented revised procedures during FFY 2012 to track and report notifications. The last two quarters of the period were used for reporting on 8b. During the last two quarters of FFY 2012, 686 children exited WVBTT at age three. Notification was sent to the LEA and SEA for 673, or 98% of the children at least 90 days prior to their third birthday. Notification for 13 children was sent to the SEA and LEA less than 90 days before their third birthday. Late reasons included a few notifications that were missed during the transition to the new process and Interim Service Coordinators' initial confusion about timelines for their entry of the child notifications into the WV Department of Education website.
- C.** Of the 1,434 children exiting WV Birth to Three at age three during the reporting period, 98% of had a timely transition conference. This included 1,126 children whose transition conference was held at least 90 days before their third birthday as well as 218 who had meetings less than 90 days due to exceptional family circumstances. WV Birth to Three included exceptional family circumstances in both the numerator and denominator for the calculation.

In addition, 59 families did not give approval for a transition conference, and were excluded from both the numerator and denominator for the calculation. There were 29 children who had late transition conferences due to other reported reasons including rescheduling because partners could not attend, service coordinators failing to schedule in a timely fashion, and other team member scheduling problems. All noncompliance will be identified and appropriate corrective actions required.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

In previous years notifications to the LEA and SEA were sent from the State WVBTT office. Tracking the new requirement of providing the notification within 90 days of a child's third birthday required implementing new procedures since information could not be forwarded to the state in sufficient time to allow timely notification. For example, if a child's initial eligibility meeting occurs 90 days prior to his/her third birthday, notification has to happen that same day. After guidance for this new timeline was received from OSEP, WVBTT coordinated with the WV Department of Education to establish an online notification process to be used by Regional Administrative Units (RAUs) for children who have their initial eligibility a period of time before the 90 day timeline (all other child notifications continue to come from the WVBTT state office). During the last two quarters as reported, 638 of the child notifications were sent from the state office. All of these notifications were timely. Thirteen of the forty eight notifications through the alternate process were not timely. This was a new process for Interim Service Coordinators. WVBTT hosted another webinar in FFY 2013 for RAU Directors and Interim Service Coordinators to review transition procedures for those children who become eligible close to their third birthday, including review of child notification timelines.

The reporting process for 8c 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 WVBTT Transfer/Transition form to the RAU when the child exits the Birth to Three System. The Transfer/Transition form includes information regarding the transition conference, including 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.

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.

Enrollment requirements for service coordinators include completion of transition training prior to enrollment. Transition items are included in the service coordinator competency test which service coordinators must pass prior to enrollment.

Regional TA Specialists attend 'Orientation to WV BTT' sessions in order to meet potential service coordinators and direct service practitioners prior to enrollment. TA Specialists then follow 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 2011 Findings of Noncompliance:

During FFY 2011, there was one monitoring finding of noncompliance issued under 8A. That finding was corrected timely, with documentation to confirm that correction was made for a future period of time. There were no findings of noncompliance under 8B or 8C. Prior to closing any finding, the CQI Coordinator reviews documentation for a future designated period of time, to assure correction.

Revisions, with Justification, to Proposed Targets / Improvement Activities:

Revisions to targets for this indicator are not appropriate. The current improvement strategies will be continued.

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:

<p>a. # of findings of noncompliance.</p> <p>b. # of corrections completed as soon as possible but in no case later than one year from identification.</p> <p>Percent = [(b) divided by (a)] times 100.</p>

FFY	Measurable and Rigorous Target
FFY 2012	100% of noncompliance findings are corrected within one year of identification

Actual Target Data for FFY 2012:

Twenty four of twenty five, or 96% of findings of non-compliance identified during FFY 2011 were corrected within one year of identification. The one uncorrected non-compliance involved the same RAU that had not corrected noncompliance from FFY 2010. 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 2012:

The one finding of non-compliance 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. The RAU has not met 100% compliance with the 45 day timeline, but has made significant progress, achieving a level of 97% compliance during FFY 2012. The current RAU Director was hired near the beginning of the previous reporting period and has implemented effective communication, tracking and oversight strategies. State staff is providing enhanced technical assistance. 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 to review progress.

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. .

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:

Changes to proposed targets for this indicator are not applicable. During the FFY 2013 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. In addition, DHHR’s commitment to modernize the WVBTT integrated data system will provide the framework for more frequent and varied analysis of data related to all APR Indicators and other system components.

NOTE: Indicator 10 and 11 are not related in the FFY 2012 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.

APR Template – Part C (4)

West Virginia
State

FFY	Measurable and Rigorous Target
FFY 2012	NA - West Virginia does not use Part B due process procedures

Actual Target Data for FFY 2012: NA

Part C State Annual Performance Report (APR) for FFY 2012

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 2012	Not applicable.

Actual Target Data for FFY 2012: There were no mediations held in FFY 2012.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012: N/A

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:

[If applicable]

Part C State Annual Performance Report (APR) for FFY 2012

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 2012	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 2012: 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.

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 2012:

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 2011 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 Epidemiologist/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 data review and desk audit process to assure the validity of the data.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:

Revisions to proposed targets are not applicable for this indicator.